Mobile Integrated Healthcare – Community Paramedicine Workgroup
Virginia Office of Emergency Medical Services
Embassy Suites by Hilton Richmond
2925 Emerywood Parkway, Richmond, VA 23294
June 25, 2019
10:00a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Allen Yee	Kelly Parker	Tim Perkins	Amanda Lavin
Marcia Tetterton	Ron Passmore	Scott Winston	Clarissa Noble
Wayne Perry	Anthony Wilson	Hannah Lyons	Jeff Woolsey
John Bianco	Steve Higgins	Heather Phillips-Greene	Don Stamp
Kim Craig		Chris Vernovai	Cory Middlebrook
		Gary Brown	Bradley Beam
		Adam Harrell	Heather Anderson
		George Lindbeck	Daniel Linkins
			Charles McLeod
			Nana Noi
			Ingrid Phillips
			Thomas Schwalenberg
			Amy Ashe

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Dr. Allen Yee:	The meeting was called to order at 10:02 am. Previous meeting minutes were approved	
II. Introductions:	Everyone introduced themselves.	
III. Approval of May 30, 2019 Minutes:	The May minutes were approved as submitted.	**The meeting minutes were approved as submitted.**
V. MIH-CP Concept Document:	Dr. Yee recapped what occurred at the last meeting; the workgroup reviewed the MIH-CP regulations and almost completed the first draft of the regulations. Today, the workgroup has a choice to review the changes from the last meeting or start where we left off on the Vehicles section. The workgroup decided to start at the top and work their way down. Dr. Lindbeck stated that MIH-CP does not substitute for home health licensure. Ms. Tetterton expressed that it does not need to be included, but the rest of the workgroup disagreed. Ms. Tetterton recommended another change, and Mr. Winston expressed that this meeting is to create a conceptual document, not wordsmith it. Dr. Yee agreed. Mr. Woolsey suggested that paramedicine should be defined, but OEMS will define it later.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Mr. Perkins on Training: The first sentence seems like it says everyone in the agency must have special training, but the chiefs should give everyone in the agency an option to participate in MIH-CP. It should say "personnel" instead of "all personnel". The workgroup agreed. The workgroup continued to discuss the training section. Dr. Yee: infection control can be removed. Mr. Woolsey: hazardous material can be removed in the same vein – this is already required of the agency. Mr. Perry: does it need to be expressed that it should be internal to the organization. Mr. McLeod asked why the restriction? Why are we restricting something that we have no control over? Everybody that needs to be involved in this document creation is not here, they should all be invited, and there should be a response to an email that acknowledges that there are other individuals that want to be here. He also spoke about not having minutes published and that they are not inherently correct and haven't been for the past four months. Dr. Yee stated that he has been working with OEMS for over 20 years and this is the most collaborative effect that he has ever seen. Dr. Yee: This discussion is done. We will address the stakeholders later. This is not the time to criticize. Mr. McLeod: This is not criticizing. This is merely stating that we are no longer in diversion of EMS for healthcare that we've had for the last decade or longer. There are more people that are involved and more people need to be involved, sir and they are not here. Dr. Yee agreed, but we need a starting point. Amy Ashe stated that it is hard to get social workers at the table. Dr. Yee stated that we have invited people to the table but they are not able to attend. Wayne Peer made a valid point that it should be internal to the organization. Ms. Tetterton: Explained how her agency works with others, and that this is an open process. Agency can decide to hire staff, contract, have a memorandum of agreement, etc. Mr. Woolsey: I am looking at the document in the view of an agency, and this seems like a subset of the agency. Dr. Yee agreed; he said we should specify that the personnel is "MIH-CP Agency Personnel". Dr. Lindbeck: There will be licensed EMS Agencies with only an MIH-CP endorsement. Agencies do not need to have other endorsements; can do only MIH-CP if they want. Dr. Yee: What should we require for continuing education? What would we like to see?	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Mr. Woolsey: it just needs to be addressed, and OEMS can add it in. Dr. Lindbeck: Would this be in addition to their initial CE? Council: yes Clarissa Noble: Will behavioral health be included in disease specific? Heather Anderson: The question is whether behavioral health will be its own category because of the prevalence, especially related to substance abuse. Was created as its own category Dr. Yee: what do we envision for clinical components? Council: we can start with medication and equipment that supports this mission scope. Yee: Agency can create policies for contact hours, etc. Council: CE should be much the same as the clinical component of initial education Equipment (previously unaddressed) Wooley: can we add in specifics so that OEMS can remember to add it in? Perry: if we require MIHCP vehicles to be licensed, that will encumber the entire agency. Should we go down that route? Lindbeck: perhaps ALS BLS package is sufficient. But another vehicle that does not have ALS/BLS kit can be equipped to go if it has certain requirements Yee: perhaps it should be that the MIHCP vehicles have AED, CPR supplies etc Lindbeck: a more specific kit that is less than an ALS one should be for MIH-CP, allows opportunity for MIH-CP missions in absence of vehicle equipped with ALS supplies Vehicle Markings for non ALS/BLS vehicles: Perkins: I have always been of the opinion that a MIH-CP vehicle should be able to do 911 calls too. Wooley: I disagree Yee: That creates a need for a lot of equipment that likely will never be used. Tetterton: does this family deserve some sort of privacy? This may violate HIPPA laws? Anderson: This regulation must be applicable from largest agency to smallest one and community must be educated about what mobile integrated health care is. Perry: broad copy pasted definition for vehicle communications Yee: Lets take a ten minute break and then reconvene to talk about what we are missing. Return: What are we missing? Tooley: I think its broad.. But as long as this document only addresses that this is mobile and para-medicine, we have been broad enough. Definitions must be included though for they key terms like para medicine, community para medic (examining trademarks which may have already expired), Unknown: the more well defined it is, the better the tax payers understand what they are paying for. Yee: this is being inserted in our existing infrastructure, so we will not have a Virginia certification for this. Three definitions: - MIH Definition	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	- CP definition - Paramedic Definition Yee: and the OEMS will define these on their own. Yee: anything else we are missing? Stakeholders? Unknown: Are epidemiologists listed? Are substance abuse counselors listed? Lindbeck: can an MIH-CP agency be categorized as mobile? Wooley: citizens want to know where their tax dollars go – personnel cost can be justified. Harrell: Specificity should be in the document that this can be a brick and mortar operation, or that it can be mobile. Yee: how can we ask OEMS to mitigate some of the barriers? Hricik: discrepancy between doctors and EMT Yee: can we ask EMS to reevaluate this communication in order to avoid conflicts Yee: must make sure we address treat and release, treat and refer, and treat and defer. Wooley: What are regulations of refusing a 911 call, and how it relates to MIHCP? Harrell: in combination, we will need to examine this from the EP3 perspective. Nothing new from EP3 right now Yee: Any other barriers we want to discuss? Wooley: would RSAF grants be available for these programs? G Brown: it is a possibility. Harrell: There would have to be a fiscal plan and the locality would have to sustain the program for at least 5 years to received funding Unknown in audience: OEMS supply image trend for localities to submit info? Harrell: That is possible and we welcome agencies to submit their info	
VI. Open Discussion/Program Announcements:		
VII. Old Business:		
VIII. Date of Next Meeting – Doodle Poll:	Yee: Lets now discuss the focus of our next meeting – I'd like to have Jimmy present his program. He has an existing program so he will do a presentation on how the document we worked on meshes with his program. Wooley: can we invite Anthem to tell us which reimbursements they will do? Perkins: Yes Yee: We will probably meet again at the end of July. Yee: we will have this presentation and do funding. Noble: Conference on August 16, and September 17 for EMS Economics, and how to fund this program Audience member: can we get the meetings minutes posted? And the next date?	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
IX. Adjournment:		