Mobile Integrated Healthcare – Community Paramedicine Workgroup
Virginia Office of Emergency Medical Services
Embassy Suites by Hilton Richmond
2925 Emerywood Parkway, Richmond, VA 23294
July 23, 2019
10:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Allen Yee, Chair	Christina Maxson (Excused)	Tim Perkins	Amanda Lavin
Marcia Tetterton	Brian Hricik (Excused)	Scott Winston	Amy Ashe
Wayne Perry	Steve Higgins (Excused)	Hannah Lyons	Lori Knowles
John Bianco	Kathy Miller	Wanda Street	Paul Houde
Travis Karicofe	Kelly Parker	Chris Vernovai	Amanda Bryant
Anthony Wilson	Tamera Barnes	Cam Crittenden	Michael Herndon
	Susan Sekerke	Ron Passmore	Clarissa Noble
			Mr. Richard Zucker
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Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome – Dr. Allen Yee:	The meeting was called to order at 10:12 a.m.	
II. Introductions:	Everyone introduced themselves.	
III. Approval of June 25, 2019 Minutes:	The June minutes were approved as submitted.	**The meeting minutes were approved as submitted.**
V. MIH-CP Finance/Reimbursement:	Dr. Yee stated that the conceptual document that the workgroup worked on at the last two meetings is being finalized by OEMS. Today we will discuss finances. How do MIH programs in the Commonwealth get reimbursement? How do we sustain ourselves? Mr. Richard Zucker from Aetna/Medicaid has joined the discussion today. Dr. Yee asked him if he knows what MIH-CP is. He stated that he did not. Dr. Yee explained what MIH-CP is and the purpose of the meeting. He explained that when people call 911 they get an ambulance and we go out and transport them to the hospital. We identify high risk patients and try to prevent them from being readmitted to the hospital. Our goal is to keep patients from calling 911. They should be going to their primary care physician or to the clinics. Mr. Zucker stated that this is a Community Health program that they are striving to get more case	

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	studies on. Dr. Yee stated that we use EMS assets. The question is, how can agencies recoup costs? B There a few here who have programs up and running and some are actively developing programs. The workgroup members explained some of their services and they also discussed funding and reimbursement for MIH-CP. Mr. Zucker explained what his organization can and cannot do as far as community paramedicine. Dr. Yee asked about insurance companies in Virginia, not just Aetna, if there has been discussions about the concept of community health workers in EMS agencies. Mr. Zucker stated that there are executive meetings where they get together every month and talk with DMAS about initiatives. He will certainly mention this to his CEO who attends the meetings. This is something they could discuss with other CEOs who have Medicaid contracts. Mr. Zucker stated that the commercial side is a totally separate entity from Medicaid. Dr. Yee asked if one or two of the CEO's could attend this meeting. Mr. Zucker stated that he could ask. Dr. Yee stated that we could do demonstrations of the programs across the state. It was suggested by Ms. Tetterton that Dr. Yee talk with Senator George Barker. Mr. Barker is very interested in MIH-CP and perhaps he can get some language in the budget for this. Dr. Yee asked if other states are doing community health. Mr. Zucker stated that some of them are. He partners with hospitals to look at ways to streamline some of the processes. The workgroup also discussed getting data and Mr. Zucker would like to have it to take back to the CEO. Cam asked what data he would like to see so OEMS can extract it. The workgroup discussed funding sources, best practices and Tele Help. The greatest need is far south west. Funding is the biggest reasons why programs fail. The workgroup continued to discuss their challenges with funding and other issues. Dr. Yee stated that in order to start billing for services, we need data. What data elements do we really need and what do we have now? Cam is here from OEMS and has a team that gather data for the workgroup. She asked what you are already collecting and we can extract it from ImageTrend. The workgroup explained the data that is collected. Dr. Yee stated that Chesterfield has created an MIH agency within Chesterfield within the ImageTrend software. They created a PCR and set the validation score to -200.This allows plenty of space to enter patient information. However, they don't have data that can be easily queried. Often patients are seen multiple times. Cam said that OEMS is working on patient encounters if seen 15 times by different agencies. Cam and Dr. Yee spoke about an HIE feature that ImageTrend has. We just need to figure out what is important	

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	to our business per Cam. Dr. Yee stated that if we want to show value to our customers and stakeholders, we need to be inputting data. Dr. Yee asked if it would be beneficial for ImageTrend do a webinar to show new products. The workgroup agreed that it would. Scott stated that looking at it from a different angle, as reimbursements become more prevalent for this type of service, perhaps we can reach out to the payers and ask them what data elements or information they need to help demonstrate the value to them in providing services to their clients. Great point said Dr. Yee. Dr. Yee asked Dr. Zucker to come back to the next meeting with data elements that he would like to see.	
VI. Open Discussion/Program Announcements:	Dr. Yee stated that on August 16th we are having a MIH-CP Summit in Charlottesville at the Holiday Inn. He would like to bring in a lot of stakeholders, providers, patients and payers. Amy Ashe reported that a MIH-CP Summit will be held on October 4 and the main topic will be How to pay for MIH-CP. It will be held at City Center Newport News. More information to come.	
VII. Old Business:	None,	
VIII. Date of Next Meeting – Doodle Poll:	Recap: The next meeting will focus again on reimbursement. We will see if ImageTrend will do a webinar presentation on their MIH platform. Jimmy will do presentation on Lynchburg's MIH program. Concept document to be reviewed. Mr. Zucker will bring back desired data elements. Review Arlington's treat and refer. John Bianco stated that it would be great if a presentation can be done at every meeting of the different programs - program element showcase. Tim will send out Doodle Poll for the next meeting date.	**The next meeting will be held on August 27, 2019 at 10 a.m.**
IX. Adjournment:	The meeting adjourned at approximately 11:35 a.m.	