

**Mobile Integrated Healthcare and Community Paramedicine Workgroup**  
**Virginia Office of Emergency Medical Services**  
**1041 Technology Park Drive, Glen Allen, VA 23059**  
**February 12<sup>th</sup>, 2020**  
**10:00a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
Dr. Allen Yee, Chair	Wayne Perry	Hannah Lyons	Heather Anderson
Amy Ashe	Chris Parker	Tim Perkins	Clarissa Noble
Travis Karicofe	Kathy Miller	Chris Vernovai	Tiffany Hodges
Jeff Woolsey	Marcia Tetterton	Debbie Akers	Lieutenant Dan Stamp
Titus Castens	Dr. Tamera Barnes	Gary Brown	Paul Houde
Jimmy Mitchell	John Bianco	Scott Winston	Brenda Clarkson
Kim Craig		Daniel Linkins	Bradley Beam
Kayla Long			Jason Sweet

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendation</b>
I. Welcome – Dr. Allen Yee, Chairperson	Dr. Allen Yee called the meeting to order at 10:00 a.m.	
II. Introductions	Everyone went around the room and introduced themselves.	
III. Approval of the December 4, 2019 meeting minutes	The committee approved the previous meeting minutes unanimously.	<b>December 4, 2019 meeting minutes were approved.</b>
IV. Chair Report	The Advisory Board approved this committee’s white paper and the notice of intent paperwork. OEMS and OLC will work together to be sure that MIH-CP does not evolve into home care. Additionally, there will be an MIH-CP summit in Waynesboro on March 2nd.	
V. OEMS Report	Mr. Perkins has been traveling and meeting with people about MIH-CP. He has met with representatives from Ballad Health, and expects meetings to increase.	

	<p>There will be a specific MIH-CP track at Symposium this year. There will be no more than ten presentations for the track, seven of which have been submitted so far. If anyone has interest in delivering a presentation about MIH-CP at Symposium they can let Tim Perkins and Debbie Akers know.</p> <p>Gary Brown informed the committee about the quarterly Advisory Board Committee meetings, and said anyone could find relevant information on the OEMS website. Additionally, the advisory board report is posted. There is information on NREMT's; OEMS is working on the EMS Compact with them, as well as working with National Registry to set up a database that is currently being tested. Virginia is the only state in the nation working with NR to create a national certification number to track EMTs. This project will be finished by the end of this month. Stay tuned for more information on these projects.</p> <p>Debbie Akers will be traveling to Dallas in March for the final meeting of the EMS education standards. There are lot of changes regarding MIH-CP, but prehospital care has remained largely unchanged. Updates to be released at the end of March.</p>	
<p>VI. Open Discussion/Program Announcements</p>	<p>The committee achieved all of its original objectives. The meeting consisted of a discussion of five new projects to pursue:</p> <p><b>I. Hospital Tool Kit</b></p> <ul style="list-style-type: none"> <li>a. Although John Bianco is already working on an agency tool kit, hospitals may need their own as they have different processes and procedures.</li> <li>b. Jimmy Mitchell agreed to start constructing a hospital tool kit and work together with Mr. Bianco to ensure the two tool kits align with each other.</li> </ul> <p><b>II. Sustainment</b></p> <ul style="list-style-type: none"> <li>a. An examination of program sustainability should be our priority. Committee discussed collection of hospital readmission penalty data to demonstrate return on investment.</li> </ul>	<p><b>Jimmy Mitchell and Tim Perkins will create the Hospital Tool Kit.</b></p> <p><b>Tim Perkins and OEMS will work MIH-CP sustainment.</b></p>

	<ul style="list-style-type: none"> <li>b. Mr. Perkins is working with the FARC committee to see which agencies can apply for RSAF funds. An EMS agency can apply for a GRV now, but for-profits like hospitals are not eligible. People will be the biggest expense for which we cannot apply.</li> <li>c. Despite planned efforts toward sustainability, an agency will not know until 6-8 years into the program if it is successful or not.</li> <li>d. Some insurance companies will be able to recognize the cost savings by delivering MIH-CP to patients, but it has to be explained the right way. Avoiding emergency room visits will create significant savings in healthcare costs. Any chance to defer patients will be in the insurance company's benefit.</li> </ul> <p><b>III. Data &amp; Proof of Value – Tim Perkins, Dr. Allen Yee, Cam Crittenden</b></p> <ul style="list-style-type: none"> <li>a. Data collection should begin as soon as possible in order to quantitatively prove the value of MIH-CP to insurance companies and others. The committee can look into an analytics team for data collection, and a universal platform can be chosen. A common data set and PCR platform is needed for proper examination. An EMR module or ImageTrend can be discussed with Cam Crittenden for MIH-CP.</li> <li>b. The Chair will contact Ms. Crittenden for the creation of data elements</li> <li>c. Gelata was suggested: <ul style="list-style-type: none"> <li>i. This is an option for the common data platform. It is a simple, user friendly, cloud based app. Gelata would be more effective than ImageTrend, EPIC, CADS, and many human services platforms.</li> </ul> </li> <li>d. A concern: EMS data is owned by the agency, so it is difficult to combine it with hospital outcomes.</li> </ul> <p><b>IV. Mental Health – Travis Karicofe, Jimmy Mitchell, and Tim Perkins</b></p> <ul style="list-style-type: none"> <li>a. Henrico County has effective Crisis Intervention Teams (CIT) which are well-established and can help with mental health aspects of MIH-CP. All their police and almost all their fire personnel are trained.</li> </ul>	<p><b>Tim Perkins, Dr. Allen Yee and Cam Crittenden will start work on data collection platforms.</b></p> <p><b>Travis Karicofe, Tim Perkins, and Jimmy Mitchell assigned to Mental Health.</b></p>
--	--	---

	<p><b>V. Telemedicine – Tim Perkins and Dr. Yee</b></p> <p>a. Committee is considering a vendor attending the next workgroup to demonstrate platform capabilities for telemedicine.</p> <p>ET3 announcements have been delayed until spring, with implementation late this year. They have not officially been awarded, but FDNY has been notified. Even with the number of applications they have in phase one, costs would not be covered for small, medium or even large cities, unless they are “mega” cities like NYC and LA. However, at least three Virginia cities may have applied. There are reports that 00998 was successful in Memphis.</p> <p>The Office of Rural Health is updating the State EMS Rural Health Plan, and their next meeting is on February 19th. They look forward to receiving EMS provider input. Likewise, they want to hear from communities as well. It is the hope that the State Rural Health Plan will address the rural health concerns of the state, which is part of the objective in EMS 2050.</p> <p>Dr. Yee explained that the commonwealth needs to work toward bidirectional integration, though we are years away. HL7-FIHR will allow them to compartmentalize info brought to us.</p> <p>Senate bill 386 has passed unanimously the senate and has passed into the house. It is expected to be passed by the general assembly. Telehealth data could not be integrated now until the commissioner has the latitude to do so.</p> <p>The committee now has five projects to work on - meetings were switched to quarterly, and the Office of EMS will determine when the meetings will be held.</p>	<p><b>Tim Perkins and Dr. Yee will work on Telemedicine platforms.</b></p>
VII. Old Business	None	
VIII. Next Meeting Date – Doodle Poll	Mr. Perkins will send out the next Doodle Poll to determine the next meeting date.	
IX. Public Comment	None	
X. Adjourn	Dr. Allen Yee adjourned the meeting at 10:57 a.m.	