

**Mobile Integrated Healthcare – Community Paramedicine Workgroup**  
**Virginia Office of Emergency Medical Services**  
**Embassy Suites by Hilton Richmond**  
**2925 Emerywood Parkway, Richmond VA 23294**  
**December 4, 2019**  
**10:00a.m.**

<b>Members Present:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
Dr. Allen Yee	Hannah Lyons	Clarissa Noble
Kim Craig	Scott Winston	Heather Anderson
Wayne Perry	Ron Passmore	Paul Hyde
Dr. Kayla Long	Tim Perkins	Jason Sweet
Kim Beazley	Daniel Linkins	Mike Riddle
Dr. George Lindbeck	Debbie Akers	Ingrid Phillips
	Chris Vernovai	John R. Dugan
		Patrick Wiggins

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendation</b>
I. Welcome – Dr. Allen Yee, Chairperson	The meeting was called to order by Dr. Allen Yee at 10:04am.	
II. Introductions	Everyone went around the room and introduced themselves.	
III. Approval of the October 23, 2019 meeting minutes	Dr. Yee made a motion to approve. The motion was seconded and the October 23, 2019 minutes were approved.	
IV. AccessMeCare App Presentation	Wayne Perry introduced the AccessMeCare App. The app provides the consumer with direction to insurance and other health care needs they may have.  Ed Connors from Heudia Health LLC gave a presentation about the AccessMeCare App. The program aimed to improve primary care access for the Latino community in	

	<p>North Carolina. This company has worked with other offices to increase the rate of referrals to primary care. They are focused on moving people to get proper care and address barriers to care, to ensure care for target populations. Thus, AccessMeCare is a platform for identifying the appropriate care. Populations targeted might include the uninsured, Medicaid, substance abuse victims, etc. AccessMeCare wants to build supportive relationships with clinics, hospitals and MIH programs in order to create a community resource. EMS providers will be able to create profiles and track initiatives, post articles, add events, and start online support groups. This app is to be used with other social media.</p> <p>Plenty of community groups can use the AccessMeCare App, and some have already expressed strong need for an application like this. Referrals that patients need can be automatically distributed to the patient, their care provider, the MIH program and the hospital. Only properly authorized MIH-CP providers will have access to those referrals, and then provide the care note back to the providers. The application is setting up an interface in order to integrate with EMRs and similar entities. The application will only allow appropriate individuals to see necessary information, a practice which complies with HIPAA requirements. The goal is that hospitals and payers achieve more value with this app.</p> <p>Heudia Health LLC can do a series of focus groups in communities interested in the app, and then develop a resource network around the target population.</p>	
<p>V. MIH-CP White Paper Review/NOI Application Review</p>	<p>The distributed white paper encompasses the MIH-CP discussions of the past year. There were no changes.</p> <p>The committee reviewed the Notice of Intent to Provide MIH-CP Services. The purpose of the document is to inventory of MIH-CP across the state. It is not an authorization/approval, but more of a recognition in order to simplify the process. The office will recognize that the agency is seeking to provide MIH-CP care. When an agency fulfills all the requirements, they will be able to fill out the application, then submit it to OEMS.</p>	

Should agencies want to provide regional support (spanning across counties), a county must have written approval from the other counties in which it wants to provide support. This is so random agencies cannot set up shop wherever they want. There was concern that all the different agencies in Virginia would do MIH-CP in a different way, which would be cumbersome.

Mr. Passmore, the Regulations and Compliance Officer added that the county needs to be at the table when an agency applies. However, it is difficult to get localities/agencies to agree to obtain a legal ordinance. For example, AMR is not jurisdiction based, so they need an ordinance.

The timeline for the approval process with Mr. Perkins would be a matter of weeks or days. The Notice of Intent to Provide MIHCP Services is ready to be posted and has been approved by the Office of EMS. The office would provide agencies with recognition that their application has been reviewed. Agencies who currently provide MIHCP services will still have to submit an application with the Office of EMS.

The next step is that this document goes to the MDC so that they are aware, then to the GAB in February.

Although there are no specifications in the NOI, the white paper addresses all that the NOI should encompass.

When agencies add other processes to their MIH-CP program, they do not need approval from OEMS, but must notify Mr. Perkins. During biannual inspections, a CHATR representative will accompany the EMS Program Representative to ensure that which was included on the application is consistent with the EMS agency. None of MIH-CP is regulatory except that an agency must be EMS certified in order to offer MIH-CP services. This can be considered a specialty designation.

A committee member made a motion to approve this document, but there was no second. Committee members can send Mr. Perkins any concerns or comments about the document by January 9, 2019.

	<p>There is a licensure issue with the document, which is why the motion to approve the document was not seconded: Agencies need to get licensure from the OLC to make sure they aren't doing anything that infringes on HomeHealth. There needs to be some sort of documentation from OLC stating that these agencies are approved for this type of service. Mr. Perkins will share applications with OLC in order to ensure that agencies meet this requirement.</p>	
VI. Open Discussion/Program Announcements	<p>Augusta County indicated they are having talks to investigate how they can pursue this MIH-CP venture.</p>	
VII. Old Business	<p>There was no old business to report.</p>	
VIII. Next Meeting Date – Doodle Poll	<p>Mr. Perkins will release a Doodle Poll once he gets everyone's open dates. The end of January or beginning of February is the target date for the next meeting.</p>	
IX. Public Comment	<p>Mr. Wiggins indicated that the implementation MIH-CP services may help greatly with the goals of the Office of Family Health Services.</p>	
X. Adjourn	<p>Dr. Yee adjourned the meeting at 10:55a.m.</p>	