

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

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
Dr. Allen Yee, Chair	Jimmy Mitchell	Tim Perkins	Amanda Lavin
Brian Hricik	Carolyn Rinaca	Chris Vernovai	Heather Anderson
Travis Karicofe	Jeff Woolsey	Hannah Lyons	Clarissa Noble
Kelly Parker	Marcia Tetterton	Dr. George Lindbeck	Mike Riddle
Wayne Perry		Scott Winston	Steve Higgins
Titus Castens		Gary Brown	Patrick Wiggins
John Bianco		Debbie Akers	Dr. Andrew Ramsey
Amy Ashe		Daniel Linkins	Paul Houde
Kayla Long		Cam Crittenden	Jason Sweet
		Ron Passmore	Kim Beasley

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome – Dr. Allen Yee, Chair</b>	The meeting was called to order at 10:00 a.m. by Chair Dr. Allen Yee	
<b>II. Introductions</b>	Everyone went around the room and introduced themselves.	
<b>III. Approval of August 27, 2019 meeting minutes</b>	Mr. Steve Higgins made a motion to accept the previous meeting minutes which was seconded by Mr. Wayne Perry. The rest of the workgroup agreed.	
<b>IV. MIH-CP White Paper Review</b>	The white paper was distributed and the committee members examined it before discussion.  Mr. Higgins advised that the white paper represented the aims of this workgroup very well, giving guidelines rather than restricting agencies. Clarification was given under the employee classification section that individuals hired (such as social workers) by agencies would fall under MIH-CP rules, but if an agency used someone that worked for another agency, the worker would follow their home agency's rules.	

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	<p>There was speculation about a conflict about agency licensure. Mr. Perkins explained that an agency has to be licensed in order to provide MIH-CP. After some discussion, the committee agreed that a paramedic would either have an EMS or a home health care license, and would operate under the respective regulations.</p> <p>The OLC representative indicated that the home care organization could not perform as many skill certifications under their license, and therefore their license would define what they could do. Home care agencies are exempt from other licensure, and do not fall under MIH-CP.</p> <p>There was discussion as to whether or not clinical competency requirements should be standardized for all agencies that will have MIH-CP functionality. The committee agreed that each OMD would establish clinical competency standards, and that language would be added to the regulations detailing the OMD's responsibility.</p> <p>Concern was expressed that private companies would use MIH-CP as an opportunity for profit. Those companies have potential to create a public health risk if they only meet the minimum requirements listed in the document. Dr. Lindbeck explained that though this risk is worthy of concern, most agencies will have a very similar model that exceeds expectations. Representing a private company, Mr. Higgins agreed and told the committee that most private industries prioritize public health as well. Likewise, Mr. Perkins explained that companies such as ACME would have to become a licensed EMS Agency prior to entering a jurisdiction.</p> <p>Dr. Yee addressed interface concerns with various workgroup members:</p> <ol style="list-style-type: none"> <li>a. Representatives from OLC, OHE, and VHHA indicated that there would be no problems as no interference would be created.</li> <li>b. Dr. Ramsey (Medicaid) explained that putting all the responsibility on the OMD muddles what exactly MIH-CP is. This would make it harder to fund because tax payers may not understand what they are paying for - every agency would look different being led by a different OMD.</li> </ol> <p>After establishing there were no more concerns, the workgroup agreed to review the document before the next meeting.</p>	

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<b>V. Open Discussion/Program Announcements</b>	<ul style="list-style-type: none"> <li>a. Chesterfield just ran their numbers and had reduced their calls by about 60%, among other improvements which have resulted in saving a staggering quantity of money.</li> <li>b. Mr. Perkins made a few announcements about symposium, mentioning that the MIH update will be on November 8<sup>th</sup>, 2019.</li> <li>c. OHE is updating the rural health plan throughout the state. Local leaders will lead discussions around supper, and anyone who is stationed in a rural area is invited to attend. Community participation is appreciated.</li> <li>d. There is a new app called AccessMe which is like a digital version of yelp for healthcare agencies. Agencies can manage their visibility to the public. Users can choose which services they desired and then provide feedback after receiving the services. Agencies using the app may attend the next meeting.</li> </ul>	
<b>VI. Old Business</b>	<ul style="list-style-type: none"> <li>a. Mr. Bianco plans to bring the toolkit during next month's meeting. The white paper will be brought to the next meeting as well. There will probably be one meeting between November and December.</li> <li>b. A workgroup member told the committee about his trip to Charleston, South Carolina. There was a basecamp at which there was document sharing, et cetera, and he asked if an agency that had a generous budget could think about providing that in Virginia. Dr. Lindbeck said similar sites in the past have been attempted, and there were issues with usage. Nonetheless, Mr. Perkins asked that the committee member send him information about this suggestion.</li> </ul>	
<b>VII. Next Meeting Date – Doodle Poll</b>	Mr. Perkins will send the Doodle Poll to establish the next meeting date.	
<b>VIII. Public Comment</b>	An EMS inventory service will be released, asking if an agency is interested and ready to start up an MIH-CP function.	
<b>IX. Adjourn</b>	At 11:26 a.m. the chair asked if there was a motion to adjourn. Mr. John Bianco made a motion to adjourn, and Mr. Higgins seconded the motion.	