

SPECIAL INTEREST SUBCOMMITTEE
WV EMSAC

December 12, 2017 0800 – 0845

MCC, Flatwoods, WV

1. **Community Paramedic**
2. **IFT: CCT, C2IFT, C3IFT**
3. **TECC - Tactical EMS**

COMMUNITY PARAMEDICINE MEETING MINUTES

October 31, 2017

James 'Buzz' Mason, Chairperson (757-334-4543) buzz.mason@gmail.com

Present: Teresa White, Matt Morris, John Dearnell, Jeff White, Bradley Hughes, Dr. Michael Mills, Monica Mason, Phil Shimer, Jerry Long, Larry Cole, Travis Copenhaver, Ed Bays, Chelsea Slack, Patricia White, Darren Johnson, Justin Lutsy, Rich Meadows, Marsha Knight, Rita White, John Thomas, Barb McGee, Dr. Dave Seidler, Via conference call, Carla VanWyck

Old Business – Nothing noted

Education

- Travis Copenhaver indicated that New River IBM and TNHP need to join together, waiting on approval from the State.
- *Buzz J. Mason note: Anticipate a correction here, as we did not capture it completely.*
- There are six campuses at New River.

Technical – Nothing noted

Medical Direction – Nothing noted

Sustainability – Buzz J. Mason reported

- Effective January 1st, 2018, Anthem BCBS will start paying for Medicaid patients for
 - **Treatment and Release**
 - **Alternate Destinations**
 - 911 calls and non-emergent calls
- An EMS consultant works with **Anthem Blue Cross Blue Shield (BCBS)** and made the above announcement at the **International Roundtable of Community Paramedicine (IRCP)** in Las Vegas, Buzz had lengthy discussions with the consultant at IRCP and how best to integrate the different payers into CP programs.
- Anthem's **Home-Visit** piece is tentatively scheduled for April 2018. Buzz will be following up with Anthem's National Medical Director for updates in 2018.
- Pocahontas County – Travis Copenhaver indicated this is a low volume rural area with a doctor on duty 24/7 at the hospital. Question arose as to whether **tele-medicine** is considered face to face evaluation. It was noted by Dr. Mills that it is not. Barb McGee stated that **FaceTime** is considered to be a face to face encounter.
- Discussion on costs associated with APCO (Association of Public-Safety Communications Officials) and MPDS (Medical Priority Dispatch System) certifications for 911 Dispatchers. APCO can be obtained as low as \$75.00; MPDS can go as high as \$1500.00.

- MedStar EMS, Texas – **Jerry Long** mentioned MedStar with 40 ambulances covering approximately 500 square miles. Hospitals in this area will need to look for other modes of transportation.
- **Dr. Mills** stated concerns regarding **medical malpractice** at approximately \$30.00 per hour. There are additional concerns as to patient safety. CP/MIH Providers need to be in contact with their liability insurance agencies.
- **Dr. Mills** indicated that **Medical Direction for Community Paramedicine** is drastically different and **very in-depth**. **James Mason** said this needs to be looked at holistically. All parties agreed that future CP/MIH Medical Directors need to be **highly involved** from the application to WV-OEMS and all stages to implementation afterwards, as the demands of CP/MIH requires an EMS agency's directorates/departments to develop CP/MIH programs with a **"whole of agency" approach**.

Legislation – Miscellaneous

- Discussion on what is an **"appropriate facility"**
- **Dr. Mills** stated that **Urgent Cares and Med Express** might be but they don't normally want patients treated there that arrive by ambulance.
- Medics still have to operate under a Doctor's license.
- **Rich Meadows** – What are we going to do to **move forward?** Discussions taking place this day are the same as they were some time ago.
- **Monica Mason** – **payers must be involved**.
- Accountable Care Organization – taking control.
- Question from **Rita White on Nurse Lines** – noted by **James Mason** that nurses were never the initial call taker or answer the 911 lines in any system he has visited yet.
Trained dispatcher
- **Community Paramedicine is not new**; it is only new to West Virginia (**James Mason**). He has just returned from the 14th Annual International Roundtable on Community Paramedicine where speakers covered education, response, development of CP/MIH in New Zealand, Great Britain, Scotland, Australia, Canada and at least 8 States in the US.
- **KCEAA is the only provider to date in WV**. **Jan-Care** is expected to achieve initial operating capability on 01 DEC. **Putnam EMS** is approved and partnering with Quality Insights for data analysis to launch their program soon.
- **Several CP/MIH agencies have applications** in various processing stages with WVOEMS.
- There are differences in crews not wanting to transport and patients not wanting transport. 64C noted, 2-28.
- **Mobile Integrated Health Care** – **James Mason** questioned who needs to be **educated at facilities** to increase local awareness of CP/MIH. He requested **"touch points"** or **"influencers"** in your area.
- **Travis Copenhaver** – Should this be looked at as a **Medical Command issue?**
 - Doctors are linked by phone
 - WVU has a resident in the ER

- Dr. Mills inquired as to the amount of **monies saved on CP**. Monica Mason will have KCEAA data for October submitted in early November. That data will be a continuous process. Remember, future CP/MIH agencies need to supply Dr. Mills with data, as he must be able to support and defend CP/MIH at the Legislature level with numbers.
- **Quality Insights is helping us do this justification** on the Federal level to CMS-Centers for Medicare and Medicaid Services. With the end goal being billing codes and other **payments from CMS** for CP/MIH. The Quality Insights projects just began its two year clock in Sept 2017.
- **ICU Nurses** are primarily sought for the **CP/MIH advanced call centers**; they are highly effective in the MEDSTAR system. In rural medicine, paramedics often work like doctors in the ERs.
- Carla VanWyck, Quality Insights WV Director – discussed Medicare fees for service, having an opportunity for placement. Readmissions are being tracked. Goal is to have recognition for this program, hard data is required.
- **“CP in WV”** is one of only seven CMS Special Innovation Projects awarded in the country by CMS for 2017-2019. While the “CP in WV” project is for Only West Virginia, Quality Insights provides QIN/QIO services in PA, Delaware, Louisiana and New Jersey.

Protocols – Nothing noted, the MPCC meets Friday.

EMSAC

- **Governor appointment Marsha Knight to funnel back information to his office.**

Evaluation Date

- Time frame needs clarified, Buzz reviewing 04-11-17 notes.
- Discussion on two year end date.
- Dr. Mills has to have running tally on data. One report that includes three agencies.
- All information is to be funneled back to Dr. Mills (Buzz)
- Next Legislative session will be November 10th through the 12th – per Phil Shimer. We need to provide an update as to where we are at. Monica Mason indicated we do not have access to claims data. Quality Insights will be able to provide CMS claims data, with a 6 months’ time latency, to partnering CP/MIH agencies.
- **CP Agencies: KCEAA, Jan Care (approved), Putnam** – on hold till they can get reimbursement. **Pocahontas** has not applied.
- Person Center Care discussed via Carla VanWyck
- Problems noted by Rita White on connectivity issues. Can anyone reach out to AT&T and/or First-Net? Ask the CP Tech Task Force to engage on that subject.

EMSAC Meets this TUESDAY, 12 DEC, in Flatwoods

Sent by James “Buzz” Mason

Next Meeting: Community Paramedic Large Group: 01-10-2018 KCEAA 10 am

CCT Guidelines Subcommittee

EMSAC Update: December 12th, 2017

- CCT Guideline flowcharts approved by MPCC (January 2017).
- CCT Medication references to be added to Guidelines
- CCT Procedural references to be added to Guidelines

Submitted by: **Beth Hammons** 304-640-5257 elizabeth.hammons@air-evac.com

CCT Education Subcommittee

CCT Education Subcommittee proposals to be submitted to WV-OEMS - EMSAC for consideration:

1. MCCP / MCCN Recertification requirements have been revamped.
2. MCCP / MCCN Reciprocity option has been defined and will now allow an individual to become CCT certified in WV after meeting certain requirements.
3. Expired CCT providers now have a "grace" period of one year to recertify without taking the entire CCT course and after meeting the required hours that any other provider is required to take.
 - a. If a provider is expired more than 1 year, they will be required to attend a full CCT course.
4. The CCT course has been revamped to include more hours of both lecture and practical.
 - a. Course will use a portfolio system of skills and scenarios.
 - b. More scenarios will be incorporated into the course. STILL IN DEVELOPMENT.
 - c. State final exam will be less selected skills and will move to scenario testing.
 - d. The written exam is under review and will likely change.

Rich Meadows 304-633-3744 richardmeadows@kceaa.org

C2IFT Pilot Subcommittee

- C2IFT pilot began September 2017 (Princeton Rescue Squad, Webster Springs EMS)
 - Low volume of data
 - Request to add Jan-Care with limited facilities to pilot
 - Official "draft" application to be submitted
 - Start date to follow application approval and facility/employee education
 - Four additional EMS, after Jan-Care, have volunteered to be added to the pilot
 - Held at this time per Dr Mills pending data collection numbers

Rita White 304-532-5000 ritawhite@kceaa.org

Next Statewide CCT – C2IFT Meeting: **01-04-2018 KCEAA 8 am – 4 pm**

C3IFT Statewide Subcommittee

EMSAC Update: December 12th, 2017

First Statewide Meeting: Flatwoods: **09-26-2017** 10 am

Second Statewide Meeting: Flatwoods: **11-07-2017** 10 am

Chairperson: **Tracey Corbin**

Vice-Chair: Darlene Scott

Medical Liaisons: Dr. Jonathon Newman

Dr. Michael Mills

EMS Agencies: 20 – 30 EMS providers

Representing multiple C3IFT Agencies statewide

Projects Nearing Completion, to be submitted to WV-OEMS – EMSAC – MPCC as appropriate:

Revised - **Updated Guidelines / Protocols**

Increased **Scope of Practice:**

Levophed

Insulin

Additional IFT medications

Updated Initial and on-going **C3IFT Education**

Integration of C3IFT; C2IFT & CCT in IFT (Interfacility Transport)

Tracey Corbin 304-216-0221 tcorbin@jancare.com

Next Meeting:

_____ Date

_____ Location

_____ Time

Tactical EMS WV-EMSAC Subcommittee Agenda

1. Attendance: Paul Seamann, Chairman of EMSAC Special Interest Subcommittee
 - a. Marsha Knight, Dave Perry, Rich Meadows, Jack Linville, Jeff Broyles, David Richmond, Dylan Handley
Robbie Johnson, Shane Wheeler, Ed Hannon, Dr. Dominique Wong.
2. WV-OEMS TECC course has received approval
 - a. WV-CIS course # 01702
3. Agenda for the 1st Meeting
 - a. Roll Call
 - i. Sign in Form with names, cell phone, email, EMS Agency
 - b. Initial Appointments
 - i. Temporary Chair to lead inaugural meeting
Robbie Johnson
 - ii. Temporary Secretary to take minutes; Paul Seamann, EMSAC
 - c. Introductions and Overview of Tactical Medicine Program from each member
 - i. Training Level, Law Enforcement affiliation, Types of Tactical responses, Equipment, etc.
 - d. 'Statewide' training requirements discussion
 - i. TECC
 - ii. Other programs
 - e. 'Statewide' Protocols discussion
 - i. ALS Protocols
 1. Fentanyl Lozenges
 2. Etc.
 - ii. BLS Protocols
 1. Multiple Tourniquets
 2. Wound packing
 3. Etc.
 - f. Med/Legal discussion
 - i. Hot Zone, Warm Zone, Cold Zone
 - ii. Firearm policy
 - iii. Interaction with other agencies
 1. Cohort of Law Enforcement
 2. Other state LE agencies, State Police
 3. Federal agencies, FBI, etc.
 - g. Other Business
 - h. Report of Meeting Minutes to be presented during the December 12, 2017 WV-EMSAC committee.
 - i. Next Tactical Medicine Meeting Date

Sincerely,

Paul Seamann 304-673-5773 pseamann@jancare.com

Tactical EMS WV-EMSAC Subcommittee Minutes

11-17-2017 KCEAA 1300

1. Roll call (see above)
 - a. Paul Seamann, Chairman of EMSAC Special Interest Subcommittee
 - b. Jan-Care, KCEAA, Cabell EMS, Mason Co. EMS, Mt. Hope, Jefferson Co. EMS, Dr. D. Wong
2. Review of current status of WV Tactical EMS
 - a. Description of current status of each EMS Agency's Tactical EMS program
 - b. Review of training, TECC, sample tactical policies (38 page handout of information)
 - c. Report on current national programs by Dr. Dominique Wong
 - d. National SOMA conference in Charlottesville, NC in May, 2018
3. **TACTICAL EMS SUBCOMMITTEES**
4. **Operations / Protocols**
 - a. Marsha Knight (CCEMS), Ed Harmon (Jefferson Co. EMS)
 - b. Review of National Tactical EMS policies; Best Practices
 - c. Review of WV EMS Agency's Tactical EMS policies
 - d. Make recommendations on different levels of Tactical EMS programs (sample)
 1. Level 1: Cold Zone: General EMS; Situational-Threat Awareness
 2. Level 2: Warm Zone: Tactical Awareness – TECC, etc. training
 3. Level 3: Hot Zone: Advanced Tactical – SWAT medic training with Law Enforcement
5. **Training**
 - a. Shane Wheeler (Mt. Hope EMS), Dr. Wong
 1. Tracey Corbin (Bridgeport FD Tactical Program policies)
 2. 1st meeting; December 1, 2017
 - b. TECC (WV CIS approved, 16 hr.)
 - c. Other programs under consideration (sample)
 1. HHS-TSA tactical awareness program (8 hr.)
 2. Threat-Situational Awareness (perhaps 4 hr.)
 3. NRA Gun Safety Program (Weapon handling safety of injured LE, others) (8 hr.)
 4. Rescue Task Force (5 day)
6. **Equipment**
 - a. Robbie Johnson (Jan-Care), Dave Perry (KCEAA)
 1. IFAC (Individual First Aid Kit)
 2. Junctional Tourniquets
 3. Wound Packing, Fentanyl Lozenges
 4. Body Armor, Ballistic Helmets, etc
 5. Combat Drag Harnesses
 6. Etc.
7. **Law Enforcement Liaison**
 - a. Dr. Dominique Wong, Marsha Knight (CCEMS), Dave Richmond (Jan-Care)
 1. Joint Mission Goals (Tactical Medicine), ICS
 2. LE 1st Aid Training (taught by EMS) K9 1st Aid Training
 3. Narcan, IFAC, etc.
8. **Community Outreach**
 - a. Dylan Handley (Mason Co. EMS), Rich Meadows (KCEAA)
 1. Stop the Bleed (for the lay person)
 2. Active Shooter School Drills

Next Meeting: 01-19-2018 KCEAA 1300