

**MOBILE INTEGRATED HEALTHCARE
(COMMUNITY PARAMEDICINE)
AD HOC COMMITTEE MEETING**

Minutes from December 16, 2014	TIME 3:00 PM	LOCATION ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218
--	------------------------	--

ATTENDEES	<p><u>Committee Chairperson:</u> Deanna Harris</p> <p><u>Committee Members:</u> Mary Ahlers, Karen Beavers, Pam Bradshaw, James Davis, Geoff Dutton, Ernest Hatmaker, Holly Herron, JD Postage, Joshua Tilton, Joseph Toth, Dr. Paul Zeeb</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Dr. Carol Cunningham, Melvin House, John Sands, Dawn Vondracek</p> <p><u>ODPS Staff:</u> None</p> <p><u>Guests:</u> Vincent Gildone, Bruce Graham, Adam Howard, Daryl McNutt, Barry Seth, Chief Chip Welch</p> <p><u>Absent Committee Members:</u> Matthew Dick, Tom Duffee, Dr. David Keseg, Bruce Shade, Dr. Brian Springer, Mike White</p>
------------------	--

AGENDA TOPICS

TOPIC	Welcome
DISCUSSION <i>(Chn. Harris)</i>	The meeting was called to order at 3:00 PM by Chairperson Deanna Harris.

TOPIC	Meeting Minutes
DISCUSSION <i>(Chn. Harris)</i>	<p><i>ACTION:</i> A motion was made by Chn. Harris to approve the June 17, 2014, draft meeting minutes. Mr. Toth—First, Ms. Beavers—Second. None opposed. None abstained. Motion approved.</p> <p><i>ACTION:</i> A motion was made by Chn. Harris to approve the August 18, 2014, draft meeting minutes. Mr. Postage—First, Ms. Ahlers—Second. None opposed. None abstained. Motion approved.</p>

TOPIC	Old Business
--------------	---------------------

DISCUSSION <i>(Chn. Harris)</i>	<p><i>Progress of MIHC Stakeholder Group:</i></p> <p>Chairperson Harris gave a presentation at the Ohio Fire Chiefs’ Association conference, where EMFTS Board Chair Daryl McNutt, EMS Executive Director Melvin House, Chief Welch, Larry Bennett and several MIHC Committee members were in attendance. Although not all fire chiefs would want to implement MIHC in their areas, the concept was met with overall support.</p> <p>Since ODPS cannot be the primary promoter of MIHC, the Ohio Fire Chiefs’ Association has agreed to lead MIHC with the Fire Alliance support (the Fire Alliance is comprised of the Ohio Association of Professional Firefighters, Ohio State Firefighters Association and the Ohio Fire Chiefs’ Association).</p> <p>Thus far, there appears to be minimal opposition. Many different groups have been involved in discussions, including nurses, the Ohio Hospital Association (OHA), the Columbus Council on Hospitals, hospice, city managers and the Ohio chapter of ACEP. Due to the apparent lack of opposition, it was agreed to implement via the simplest path possible to take the first step to allow MIHC in Ohio. Therefore, the Fire Alliance and Ohio Fire Chiefs’ Association agreed that their recommended action would be to amend the law by striking the word “emergency” from the language resulting in an expansion of the definition of emergency medical services (EMS). The requirements and detailed actions to support MIHC cited by the Committee would then be incorporated into rule as opposed to law.</p> <p>The intent is to fit the law change into existing bill rather than drafting new proposed legislation. They are monitoring what legislation is going to move in lame duck session during November and December and are strategizing on which bill it can be added.</p>
---	--

Materials and Resources:

DISCUSSION
(Chn. Harris, Ms. Bradshaw, JD Postage)

Ms. Bradshaw and JD Postage shared the article “Nurses Balking About Proposed California Paramedicine Program” which can be accessed online at emsworld.com. The group reiterated Ohio’s intent to “fill in the gaps” in a community’s healthcare resources rather than “taking over” the duties held by other healthcare professionals. The Committee’s intent is to “enable” and not “mandate” MIHC programs.

Chairperson Harris shared and encouraged all to subscribe to the publication, *Integrated Healthcare Delivery*.

Chairperson Harris received a Power Point presentation from an OAMTA program that was created by Matt Zavadsky from MedStar.

Larry Bennett from the University of Cincinnati is holding a summit on October 10 and 11, 2014. Senator Bill Seitz will be speaking and has shown interest in leading the cause to the Senate. As part of the summit, hospital administrators will be meeting on October 10th to discuss their interest and role. Deanna will share the flyer to register. The summit is open to public, but requires registration.

JD Postage stated that a Mobile Integrated HealthCare Summit in Minneapolis will be held on October 23 and 24, 2014.

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
Chn. Harris will email the resources shared at the meeting to any interested attendees	Chn. Harris	10/19/14
DISCUSSION (Dr. Cunningham)	Dr. Cunningham provided an update on potential funding sources and matrices for MIHC programs.	

DISCUSSION
(Chn. Harris)

The first step toward the implementation of MIHC is to change the wording of the definition of EMS in the ORC. Following the completion of this step, the work from the MIHC Committee, subject to feedback received during the legislative process, will be used as the basis for incorporating MIHC into rule (OAC).

Chairperson Harris reiterated that MIHC cannot be practiced in Ohio until the ORC and OAC have been changed.

Chairperson Harris also reiterated it is imperative that Committee members communicate a consistent and unified message regarding the status of MIHC in Ohio to the EMS community and potential MIHC stakeholders. Committee members should use the white paper, the honeycomb matrix, and the Power Point presentation as a basis for sharing information to others.

Chairperson Harris stated the October meeting will be canceled. She anticipates sharing the MIHC stakeholder group’s progress at the next scheduled meeting in December.

TOPIC	New Business
DISCUSSION (Chief Welch)	Chief Welch of The Ohio Fire Chiefs’ Association provided an update on the legislative progress of the community Paramedicine Task Force, led by the Ohio Fire Alliance. Executive Director Michelle Fitzgibbons was unable to attend. As a result of many meetings with interested parties and in conjunction with making no changes to scopes of practice, the Task Force concluded to introduce community paramedicine legislation via the simplest means. ORC Section 4765.36, passed in 1995, allowed medics to work in a hospital emergency room environment. By building on a section of the ORC already providing for an exception, the Task Force proposes adding Section 4765.361 to the ORC to allow for community paramedicine as follows:

4765.361

Authorized non-emergent services

An emergency medical technician—basic, emergency medical technician-intermediate, or emergency medical technician-paramedic may perform emergency medical services in a non-emergent basis if the services are performed under the direction of its medical director or cooperating physician advisory board.

DISCUSSION
*(Chief Welch
Cont'd)*

The titles are outdated, but they reflect the current wording in the ORC. Using the term “non-emergent” opens up Ohio EMS law to allow community paramedicine.

Chief said the Task Force hoped to find a legislative vehicle on which to tack on the amendment during this last lame duck session, but that did not happen. They are still looking for House and Senate sponsors to introduce it, and more than likely it will not be a stand-alone piece of legislation. Chief hopes to see some movement by the beginning of summer. The executive summary and white paper will be tools to share our vision of community paramedicine in finding sponsors and moving legislation forward. Additionally, once the legislation is passed, the MIHC ad hoc committee will be instrumental in writing rule.

When pushing this legislation forward, we must reiterate that the intention of MIHC is to fill in gaps within communities that identify a need. Participation is not mandated, and programs that are developed are based upon community need.

It was suggested that we include updating the provider names to match the national nomenclature as part of this legislative process.

DISCUSSION
*(Chn. Harris,
Executive
Director
Melvin House,
Dr. Carol
Cunningham)*

Two alternative approaches to changing legislation were presented for Task Force consideration. In general, the ad hoc committee felt that simple, general wording in the ORC with supporting detail in the OAC is the best approach as it offers more flexibility for future changes.

Executive Director Melvin House expressed concern about the slimmed down, very broad proposed ORC wording, because it could potentially be used for unintended purposes, such as using EMS providers in prisons and schools. Additionally, there continues to be a concern about immunity.

Other committee members also express concern about immunity and about using the term “non-emergent” because it may be too broad.

ATTACHMENTS

- None

NEXT MEETING

- The February 2015 meeting has been CANCELLED.
 - The next scheduled meeting is tentatively scheduled for April 14, 2015.
-