Mobile Integrated Health Workgroup

Minutes

Date: April 24, 2018 Time: 9:00 a.m. Location: LOB, 1D

Chair: Raffaella Coler, Director OEMS,

Attendees: Michael Bova, Kristin Campanelli, Melanie Flaherty for Susan Halpin, Shaun Heffernan, Dr. Richard Kamin, David Lowell, Chris Santarsiero, William

Schietinger

Guests: Kim Aroh, Joel Demers, Stacey Durante, Renee Holota

Agenda Item	Issue	Discussion	Action/ Responsible
Welcome:		Raffaella Coler welcomed the workgroup members, noting that it was a small group attending	Director Coler
Minutes:	Review of the March 27, 2018 minutes	No changes, Dr. Kamin made a motion to accept, M. Bova seconded, motion carried, minutes accepted; opposed- none	
Discussion/ Presentation:	Next Steps and Summaries:	Director Coler noted that next steps are to hand out assignments to develop the following new programs, however, due to lack of attendance today, waiting for next session. Education – program OEMS New licensure level Statutes and regulations: Scope of Practice allows with Medical Direction / CEMSAB / CEMSMAC approval DSS – Reimbursement Plan KEY issue and biggest problem – DSS working on this Concerns of MIH workgroup: Integrated Not compromised Outcome measures met Fiscally sustainable Address/regard concerns of other groups: VNA, DSS, Hospice, etc. Address the publics lack of understanding regarding EMS capabilities and skillsets Lack of regulations in Urgent Cares Increased premiums? - K. Campanelli ACA increase due to: treat and release – MD works with Paramedic Complexity of protocols to operationalize – Director Coler directs attention to N.H. Protocol handout language: "To meet the needs of the local population." – important and discussed at the last meeting	Director Coler

	Fiscal impact – will this be a positive or negative to the stated Medicaid Program?	
	 Proposed expansion of scope of healthcare worker 	
	Outcome:	
	 Creation of program that encompasses GAPS by community assessment: 	
	o Falls	
	o Pt. Referrals	
	o Opioid OD	
	 Decreasing readmissions 	
	o Etc.	
	Discussion opened up to group for comment.	
	o Great summaries.	
	 Involve CEMSMAC, CEMSAB, and the Education & Training committees in the education process 	Dr. Kamin
	and protocol changes.	
	 Suggestion made to make the initial delineation of objectives broad so not pigeonholed later. 	
	 Address underserved populations with stakeholder agreement. 	
	o Agreed.	Director Coler
	 Different needs in different populations. 	
	 Broad list, not inclusive. 	
	Approves of NH protocol as a template	D. Lowell
	 Moving forward with this to subcommittees 	
	o Good start	
	Shall we send the NH Protocol to subcommittee for vetting?	Director Coler
	Will we be following the same boundaries as PSA's?	S. Heffernan
	How to assign PSA's for MIH? Key point – we have to look at this	Director Coler
	Statewide protocols – how does MIH fit into that?	B. Schietinger
	MIH program might be very specific, but as localities meet needs, other will use same protocol, medical	Dr. Kamin
	oversite, etc.	211114
	 Suggests we look deeply into training programs – Distributive, hands-on, clinicals, etc. 	S. Heffernan
	 General discussion: depends on what we are implementing, one size does not fit all. 	
	 Yes, we have to start process now, tasks Joel Demers with a summary. 	Director Coler
	Making a task list to discuss at next meeting	200.0.
	Volunteers to be on a "Reimbursable Subcommittee"	K. Campanelli
	Volunteers to be on a "Payment Model" or "Services to be Offered" Subcommittee	C. Santarsiero
	Asks all to think about subcommittee formation and service	Director Coler
Next Meeting:	May 8th at the Legislative Office Building, 1D	
Public		
Comments:	No public comment	
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