Mobile Integrated Health Workgroup
Minutes

Date: May 8, 2018 Time: 9:00 a.m. Location: LOB, 1D

Chair: Raffaella Coler, Director OEMS,

Attendees: Gregory Allard, Marybeth Barry, Bruce B. Baxter, Joshua Beaulieu, Michael Bova, Jennifer Granger, , Shaun Heffernan, Dr. Richard Kamin, David Lowell, Dr. Maybelle Mercado-Martinez, Kimberly A. Sandor, Chris Santarsiero, William Schietinger, Tracy Wodatch, Dr. Robert W. Zavoski

Excused: Chris D. Andresen, Kristin Campanelli, Dorinda Borer, Susan Halpin, Dr. Jeannie M. Kenkare, Kimberly A. Sandor/Mary Jane Williams, James Santacroce, Carl J. Schiessl, Kelly Sinko, Heather Somers, Jonathan Steinberg, Dr. Michael F. Zanker

Guests: Joel Demers, Stacey Durante, Renee Holota, Mark Schaefer

Agenda Item	Issue	Discussion	Action/ Responsible
Welcome/ Housekeeping:		Raffaella Coler welcomed the workgroup members, emergency exits.	Director Coler
Minutes:	Review of the April 24, 2018 minutes	No changes, R. Kamin made a motion to accept B. Baxter seconded, motion carried, minutes accepted; opposed- none, all in favor. Tracy Wodatch noted that the VNA should be referred to as “Licensed Home Health” and other home care should be referred to as “Non-skilled Home Care”	
Discussion/ Presentation:	Goal Summary:	Overall revue of goals/write-up: • Over-all Goal of program is to improve the health of the population. • Right care given at the right time. • Reduce health care cost. • Improve the patient’s experience of care. • EMS has the communities ultimate health care safety net, when all else fails, who do we call? • Reduce re-admissions. Group agrees: • Individual EMS services to investigate and identify the GAP’s in their health care and communities and assist by directing resources to those places. Possible GAP’s that have been discussed include these main topic headings: • Nurse triage • Post-discharge care • Disease management	Director Coler

		• High utilizer
		• Alternative destination
		• Hospice collaboration
		• Others – home safety checks, etc.
		
		The model WILL:
		• Align GAP's with data.
		• Look at funding.
		• Enhance utilization under the current EMS scope of practice.
		• Increase efficiency and decrease time.
		• Provide coordinated and integrated care between:
		  ○ Medical directors.
		  ○ Hospitals.
		  ○ Long term care.
		  ○ Home health.
		
		The model WILL NOT:
		• Replace current practices.
		• Change the EMS scope of practice.
		• Take away anything.
		• Decrease the level of care.	

	Education:	EMS education component? Summary of current education models provided (attached) Questions/Discussion: • A mental health component should be included • Can you explain the wide variations across the country? Currently, there is no national board that has become the authority. • It is important to recognize that we have a clean slate/blank pallet to work on with many examples and no authoritative body. This may be an opportunity to give the EMS Advisory Board Education & Training Committee a charge to come up with an educational model with a broad scope and adding more specific modules. • Eagle Colorado Handbook great resources (attach) NAEMT MIH/CP 2nd survey from end of April available, will send around via email Education standpoint is an ongoing discussion across the country: • Urban models differ from suburban models which would differ from NW corner of CT models • Important to set one standard	J. Demers T. Wodatch R. Kamin J. Demers R. Kamin R. Coler S. Heffernan B. Baxter

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		We should add "defining the educational component" to the list of things each MIH/CP Program must do for the application process Education also depends on the resources available in the community In summary, Educational Component will be a collaborative effort with the EMS agency, the Medical Director, and the stakeholders in the community	R. Coler S. Heffernan R. Coler
	Next Steps:	What are the group's next steps? • Program Template? • Application Process? Discussion: Creating many different models is a concern, home health is defined under one umbrella federally • Could we talk about one educational/training umbrella for all, then sub-training based on communities focus and needs? Focus should be on creating a base educational/training model with "a la carte" specific module add-ons based on communities focus and needs. Statewide perspective for MIH/CP: • Greater clinical aspect on modular approach – more communications, etc. • Community resource integration education – more administrative Currently, EMS is trained to care for people for approximately 20 minutes at a time during an emergency and care ends when the hospital takes over. There is a big difference when caring for patients ongoing for days, weeks, months, etc. This requires building relationships. We are looking for a different, more matured approach to EMS. Having a generic education starting point is a good idea. The Advisory Board MIH Committee has compiled programs as well. Core curriculum w/ broadening for local concerns works. Keep in mind that this will also be different for EMS Agencies who are municipally based vs. hospital based vs. volunteer based. A concern with broad based curriculum would be the expense, if a community would like to participate in one specific aspect of MIH/CP and would like do to so without a huge expense this would be difficult. 1. Standard – Advisory Board Educational Committee to work with Joel Demers for a Standard Program development. 2. Application Process – Should be part of it, Standard Program w/ specific adjuncts.	R. Coler T. Wodatch R. Coler D. Lowell B. Baxter J. Beaulieu B. Schietinger

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		Yes, and Medical Direction should be added to this that discussion. I think we're getting ahead of ourselves, first: 1. We should send something to all stakeholders (not EMS) regarding this process. 2. Development of Education – something to go out to every EMS provider. 3. Consistent approach to MIH – no silos	R. Coler R. Kamin
		Let's step back and go to group assignments, DPH will create an application process Questions if this is legal? To break into subcommittees? As long as you publish the meetings and have call-in numbers available, etc. The groups should have 2 members of the larger group present and meeting summaries must be available. Renee Holota @ DPH OEMS will be point person for publishing notes and agendas, etc.	R. Coler B. Baxter M. Schaeffer R. Coler
	Tasks:	What constitutes an MIH Program? This should be a task of a small group complete with recommendations. The following six topics are what we have talked about, but we are not limited to these six: • Nurse triage • Post-discharge care • Disease management • High utilizer • Alternative destination • Hospice collaboration #1 Task – which of the examples to look at? Let's identify break out groups – Ed. & Training, Legislative, etc.	J. Beaulieu R. Coler G. Allard R. Coler

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Groups and Liaisons Identified:

Group	**Liaison**
Education	Josh Beaulieu 860-647-3260 Beaulieuj@manchesterct.gov
Application Process	Director Raffaella Coler 860-509-7157 Raffaella.coler@ct.gov
Legislative	Greg Allard 860.383.1363 GAllard@americanamb.com
MIH/CP Program	Bruce Baxter (860) 225-8787 Ext. 8701 bruce.baxter@nbems.org David Lowell 203-235-3369 davidl@huntersamb.com
Payment/Reimbursable	Kelly Sinko 860-418-6226 kelly.sinko@ct.gov

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		Public Education / Marketing — Dr. Rich Kamin 860-509-7984 Richard.Kamin@ct.gov Contact for publishing dates, agendas, call-in numbers, and summaries of meeting: Renee Holota 860-509-8103 renee.holota@ct.gov	
	Wrap-Up:	• We have our tasks, groups and a plan for the next meeting. • Renee is available to post meeting dates. • If there are any other questions, please call me. • We will forego the May 22, 2018 meeting so the work groups can meet	R. Coler
		If there are any questions regarding home health or hospice, we are available to help.	Chris Santarsiero & Tracy Wodatch
Next Meeting:		June 5, 2018 at the Legislative Office Building, 1D	
Public Comments:		No public comment	
Adjourn:		Motion to adjourn made by W. Schietinger and second by T. Wodatch at 9:52 am	W. Schietinger

Respectfully submitted by Stacey Durante, Region 3 EMS Coordinator, revised 6/6/18 per 6/5/18 meeting

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