



NASEMSO Medical Directors Council

January 8, 2020, 1:00 – 6:00 PM PST

Meeting Room: La Jolla AB, Manchester Grand Hyatt, San Diego

Meeting Record

Attending: George Lindbeck (Chair), Matthew Sholl (Chair-Elect), Carol Cunningham (Secretary), Ken Williams (Immediate Past Chair), Jeff Beckman (CO), Bill Fales (MI), Eric Ernest (NE), Aaron Burnett (MN), Gail Bradley (AZ), David Lehrfeld (OR), Sabina Braithwaite (MO), Daniel Wolfson (VT), Tim Chizmar (MD), Kate Zimmerman (ME), Joey Scollan (NH), Ken Schepcke (FL), Joe Holley (TN), Riccardo Colella (WI), Peter Taillac (UT), Dave Duncan (CA), Harry Sibold, Jon Krohmer (NHTSA), Joe Ferrell (Biospatial®), Dave Zaiman (Biospatial®), Doug Butler (ImageTrend®), Mary Hedges (NASEMSO)

Call to Order, Welcome, Self-Introductions – Dr. George Lindbeck, Chair, called the meeting to order at 1:05 PM PST. Members and attendees introduced themselves.

Approval of November 4th Meeting Record – The November 4th meeting minutes were approved as submitted.

Biospatial®: Rhode Island and other State Partnerships – Dr. Ken Williams shared how he has been using his state's EMS data which he is able to retrieve from the partnership with Biospatial®. It is helpful for him and others in the state office to be able to easily access the charts and graphs on the state EMS data. Dave Zaiman said that Biospatial® now has 23 state contracts and they are excited about the growing collaboration with state EMS offices. States provide Biospatial® with access to aggregate information about their EMS data down to the county level. The state provides data that is not identifiable by patient, provider or agency. Biospatial® then provides dashboards to the states with many different ways to examine the data. There is no cost to the state for the partnership with Biospatial®.

Interfacility Transport Discussion – Drs. George Lindbeck and Ken Williams co-presented on this topic which is a task in the new work plan. The concern is the level of care needed for the very sick patients now requiring interfacility transports. The average two people staffing an ambulance often do not have the skills necessary to care for these patients, especially in the rural areas. George and Ken have offered to draft a white paper on the challenges and concerns and share with the council for input.

Work Plan 2020-21 – Dr. George Lindbeck led the discussion on the new work plan.

Task 3 – Provide leadership for the development of Version 3 of the NASEMSO National Model EMS Clinical Guidelines in order to update add to and maintain this valuable resource document. Publicize and disseminate widely to the EMS community. Dr. Carol Cunningham discussed the plan to begin work on Version 3 of the NASEMSO Model EMS Clinical Guidelines.

Task 5 – Develop destination guidelines for patients with LVO stroke. Drs. Peter Taillac and Ken Schepcke discussed the task to develop destination guidelines for LVO stroke.

Task 6: Collaborate with NAEMSP in developing a strategy to develop and retain EMS medical directors. George asked if this was something that should be retained in the workplan given the enormity of the task. Mary noted that NHTSA has an active project underway to survey states about EMS medical direction, which is being led by Dr. Christian Knutsen. Dr. Krohmer said it was an extremely elaborate survey designed to gather data to catalogue the data on EMS medical directors nationwide. It was decided to keep the task and coordinate the initiative with the NHTSA-NAEMSP project.

News from NHTSA Office of EMS – Dr. Jon Krohmer reported that he has been serving as the acting associate administrator of NHTSA for the past 15 months following Jeff Michael’s retirement. They have now hired a replacement which will allow Dr. Krohmer to focus on EMS. The new draft of the National EMS Education Standards is presently available for public comment. The EMS Nomenclature project is nearing completion; however, the lack of consensus within the EMS community has been a challenge. NASEMSO is continuing to work on the EMS assessment. The American College of Surgeons’ Committee on Trauma (ACS-COT) is re-examining the field triage guidelines. NHTSA is working on developing a pain management evidence based guideline. They have also been working with the Center for Medicare Innovation (CMI) on the ET3 pilot projects (involving reimbursement for transport to alternative facilities). There is a great deal of activity with NEMSIS. They will soon be filling their last open position in the NHTSA Office of EMS. There has been a significant spike in children dying in hot cars in the last two years. NHTSA is developing a panel to which NASEMSO will be invited. The automotive industry has been working to develop safety technology to communicate between vehicles and other vehicles or infrastructure (known as V2X technology).

Hot Topics:

Limiting Number of Epinephrine Doses in Cardiac Arrest – Dr. Tim Chizmar opened the discussion noting the epinephrine doses in cardiac arrest widely vary. He cited a study indicating that while epinephrine has been shown to increase return of spontaneous circulation (ROSC) numbers, it has not been shown to increase survival rates. He asked for input from other states. After much discussion, the general consensus was that epinephrine does not improve outcomes. The important thing is to concentrate on CPR rather than the drug.

Transporting Working Canines to Veterinary Clinics – Drs. Kate Zimmerman and Ken Williams reported on the current efforts to create a canine trauma system that overlaps with the human EMS system. There are CPR guidelines for canines. There is legislation in a number of states allowing EMS to treat and transport canines. The idea is to treat the handler and the dog as a unit. Kate has taken the course. The legislation allows treatment without concern for practicing veterinary medicine without a license.

Ketamine Joint Position Statement - Dr. Aaron Burnett shared the draft joint position statement to the MDC listserv a few weeks earlier. The statement breaks it down by specific populations. It stresses the importance of weight estimation. There has been discussion about dosing although dosing is not typically included in a position statement. Dr. Sheppke said he thought the group did an excellent job. Motion made by Taillac; seconded by Schepcke to submit the statement to the NASEMSO Board for final approval. Motion passed.

State Reports

Rhode Island – Dr. Ken Williams reported on the recent media attention involving concerns with prehospital intubation and EMS documentation. The state office investigated and could not substantiate improper care but there were concerns which have become very political.

Minnesota – Dr. Aaron Burnett reported that they now have a mobile extracorporeal membrane oxygenation (ECMO) team at Regions Hospital EMS. The biggest problem now is the lack of ECMO beds available.

Colorado – Dr. Jeff Beckman reported they just signed a partnership agreement with Biospatial®. There is legislation involving EMS providers working in healthcare settings. They recently had a couple of ketamine cases that received a great deal of media attention.

Michigan – Dr. Bill Fales reported that the state reached 98% compliance with EMS data submission; however, recent legislation was introduced to exempt volunteer EMS agencies. It was encouraging to see the support from fire and EMS providers on the value of submitting data.

Nebraska – Dr. Eric Ernest reported that the legislature is trying to lower requirements for EMS staffing. Their office was awarded an ASPR grant to develop regional disaster response. They were recently awarded funding to be the first hospital to deal with infectious disease.

Arizona – Dr. Gail Bradley reported that the state now has HIE and HDD data linkage with the statewide EMS registry. They have a military to civilian transition project underway. Their Treat and Refer program has been updated, as has their triage, treatment, and treatment guidelines (T3Gs).

Oregon – Dr. David Lehrfeld noted that they are a small office in a large state. They have been talking with the state Medicaid offices regarding performance measures which is required for Medicaid reimbursement. The fire system proposed response times, and he has countered with cardiac performance measures. They have multiple EMS data systems which they are trying to integrate into one system to create aggregate data. The state hosted the NASEMSO West Regional Meeting. They had an excellent presentation on racial disparities in treatment by EMS. The fire service continues to oppose REPLICA (the interstate compact for EMS). Today is the 30-year anniversary of the state's trauma system which has been very successful.

Vermont – Dr. Dan Wolfson reported they are issuing their latest 2-year update to the state protocols. They have been doing a lot of high performance CPR and have held several resuscitation academies.

Maryland – Dr. Tim Chizmar reported that they developed an alternate destination pilot project in anticipation of ET3. All but one county has signed an agreement with CRISP to participate in HIE. Hospital records are linked to HIE also. They have a stroke pilot project underway, as well as a whole blood pilot with their air medical system. They brought all their counties together for a performance measure summit. They have seen overdose reductions in the area of 20%.

Maine – Dr. Matt Sholl reported that they have a new state director, Sam Hurley, who had been the EMS director in Washington, DC. They are one of the new Biospatial® states and he is very impressed with the ability to access data. They have had difficulty with their HIE system and recently lost access. Kate led a project to retain certain patients in local hospitals rather than transferring them to trauma hospitals.

Ohio – Dr. Carol Cunningham reported that they had their second annual state EMS conference which was hugely successful. Mel House will be retiring as state EMS director on Friday. Deputy Director Rob Wagoner will be taking over the duties until a new EMS director has been hired. The National Rural EMS Conference will be held in Columbus in April. They are one of two states that have been selected by ASPR to develop a pediatric disaster triage and response plan that will involve several neighboring states. Their CARES registry has gotten off to a good start.

New Hampshire – Dr. Joey Scollan reported that they are close to finalizing their updated state EMS protocols which includes a new protocol for anxiety. Their CARES funding has ended so they are unsure if they will be able to continue their CARES registry. New Hampshire has now posted a part-time state medical director position for which she has applied. It has been an uncompensated position until now.

Pennsylvania – Dr. Doug Kupas reported that based on the information collected about antibiotics in the field by the MDC, they are beginning a pilot project on administering antibiotics in the field for open fractures to collect data. The Pennsylvania Trauma Systems Foundation is very excited about the pilot proposal.

Utah – Dr. Peter Taillac reported that they are updating their third iteration of the state EMS protocols. They have conducted nine resuscitation academies and are working to promote more bystander CPR as their rates are low. The state is working aggressively on a state data exchange based on the California model. They were able to pass legislation last year for a stroke registry, and they plan to promote STEMI registry legislation in the next year.

Montana – Dr. Harry Sibold informed members that the Montana Board of Medical Practice eliminated the full-time position of state EMS medical director, effective December 31st. He served in the position for 8 years and is looking for alternate employment. Everyone wished Harry well in his future endeavors.

NAEMSP Advocacy – Dr. Ritu Sahni provided an update on NAEMSP advocacy. One of their accomplishments was enactment of the “DEA legislation” by Congress two years ago. The law amended the Controlled Substances Act to allow EMS providers in the field to administer controlled substances by standing order. This longstanding practice was not previously authorized by the federal Controlled Substances Act. Now they are waiting for the proposed rules to be published in the Federal Register. Once published, there will be 90 days for submitting comments before the rules are finalized. Ritu also encouraged members to donate to the EMS Political Action Committee (PAC). Another area they are working on is drug shortages. The pharmaceutical industry is not fixing this ongoing problem so they are looking at legislative strategies and incentives. NAEMSP now has 38 state chapters which can be effective in state advocacy.

Project and Committee Updates – Various Members

Prehospital Airway Management Systematic Review – Dr. Michael Levy was not able to attend due to other commitments.

Pain Management EBG Proposal – Dr. George Lindbeck reported that the NASEMSO proposal was submitted to NHTSA in September but no response has been received on this project.

Innovations in Post Overdose Response (ASTHO Project) – Mary Hedges reported that she was contacted by ASTHO (Association of State and Territorial Health Officials), and they invited NASEMSO to participate in project involving EMS response to overdoses. They will be holding a workgroup meeting in March in Atlanta to develop a survey to gather information on the variety of programs EMS has been conducting to respond to the opioid crisis (beyond administering naloxone). She requested anyone interested in participating to contact her for a possible invitation to the meeting in March.

NEMSAC Update – Dr. Peter Taillac said that NEMSAC will be meeting next week. They are looking at developing multiple advisories, including ET3, violence against EMS professionals, strategies for transitioning paramedics into formalized education, and other initiatives.

Prehospital Guidelines Consortium and the National EMS Quality Alliance (NEMSQA) – Dr. Peter Taillac is seeking members who may be interested in representing NASEMSO on these two groups. He has been the representative but is interested in reducing his commitments. Both groups typically meet at the NAEMSP meeting.

Code of Ethics for EMS Medical Directors – Dr. Williams summarized the evolution of this document. NAEMSP approved it with some editions; however, several members suggested additional slight editions to the amendments added by NAEMSP.

NAEMSP Equipment for Ground Ambulances Revision – Dr. Williams reported that Dr. John Lyng (NAEMSP) has been leading this effort. After multiple meetings, it was proposed that the equipment list be abandoned since there was such a variety nationwide. There is now a rejuvenated interest in creating the list. Dr. Peter Taillac

added that there has been interest in modeling it after the NASEMSO Model EMS Clinical Guidelines. The pediatric community strongly supports the equipment list. Dr. Doug Kupas added this would not be a mandatory equipment list but would serve as a model.

Defining Ideal Pediatric Trauma System (Childress Grant) – Dr. Joey Scollan is the NASEMSO representative on this project which was awarded in 2017 to address the need for a national pediatric trauma system. They are on the third round of developing a survey to distribute to states.

National Pediatric Readiness Project (NPRP) - HRSA EMSC has funding to develop this joint policy statement. Dr. Joey Scollan has not heard anything since she volunteered to serve on this project.

Adjourn The meeting adjourned at 6:18 pm PST.

The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges and MDC Secretary Carol Cunningham.