Meeting Record - Monday, May 21

Attending – Ken Williams (RI), Harry Sibold (MT), Matt Sholl (ME), Kate Zimmerman (ME), Doug Kupas (PA), Joe Holley (TN), Rick Alcorta (MD), Dan Wolfson (VT), Curtis Sandy (ID), Suzanne Martens (WI), Joe Nelson (FL), Joey Scollan (NH), Bill Fales (MI), Jeff Beckman (CO), James Bledsoe (AK), Garrett Clanton (SC), Joy Crook (NM), Howard Backer (CA), Mary Hedges (NASEMSO Staff)

Guests - Jon Krohmer (NHTSA OEMS), Bob Swor (NREMT Chair), Chris Morgan (Sponsor – Sticky J Medical ID), Arnold Alier (SC)

Call to Order, Introductions – Dr. Ken Williams, Chair, called the meeting to order at 8:32 AM EDT, and welcomed all to Rhode Island.

Appointment of Meeting Secretary /Review of March 5th Meeting Minutes – Dr. Sibold agreed to serve as back up meeting secretary when Mary Hedges leaves for other meetings. The March 5th meeting record was approved.

Orientation/NASEMSO Overview for New Members – Dr. Ken Williams presented a brief orientation of NASEMSO for the benefit of new members of the Medical Directors Council.

Spinal Immobilization for Older Adult Trauma Patients – Dr. Jeff Beckman (CO) presented his Colorado study of spinal immobilization of older adults. Colorado has 405,000 EMS encounters annually. Older adults (60 and older) represent about 15.4 % of the spinal injuries. The study was grassroots and they were able to achieve inter-hospital collaboration. Full immobilization significantly decreased after the implementation of the new protocol – 58% to 27%. Use of the cervical collar increased. Patient disposition remained similar (no change in outcome). The study illustrated the ability of EMS providers to determine who needs full immobilization. Dr. Alcorta commented this protocol change has been one of the most controversial he has seen in a while. They have seen more "no treatment" and possibly missing of secondary injuires. Much discussion followed which focused on experiences with implementing the protocol change without the pendulum swinging too far the other way. Joe Nelson reported that the Athletic Trainers Association has abandoned its effort to create/update its position statement on the issue primarily due to the inability of members to agree on this issue.

Federal Partner Update – Dr. Jon Krohmer, Director of NHTSA OEMS, asked people to submit any comments on EMS Model Scope of Practice and EMS Agenda 2050 by the end of the month. He said they are still seeing far too many EMS vehicle crashes, hearing of one ambulance crash per day (on average) with approximately one fatality per week. Jeremy Kinsman has been an EMS Fellow in the NHTSA OEMS for three years and was recently hired to fill one of the vacant postions. They are still waiting for NEMSAC appointees to be approved before NEMSAC can begin meeting again.

Sticky J Medical ID – Sponsor Roundtable – Chris Morgan said Sticky J Medical ID was founded in 2000 and in 2002 got into fashionable medical ID jewelry. The business delved into Health Care Advanced Planning - DNR and POLST- and learned there was a great deal of differences among states. They create specialized jewelry to comply with the various state laws to ensure they communicate clearly with EMS

and other providers. Dr. Suzanne Martens commented that Wisconsin recognizes the business and has added Sticky J's contact info on their website due to the numerous inquiries the EMS office receives.

Naloxone Evidence-Based Guideline Project - Dr. Ken Williams, PI, Naloxone EBG Project reported on the project underway intended to develop and disseminate an evidence-based guideline for prehospital naloxone aministration. The intent is to review existing evidence to develop the protocol, develop training and performance measures based on the new guideline and develop a manuscript for publication. Dr. Eddy Lang is a consultant on the project and is leading the group through the GRADE process. One problem has been the few number of studies included in the systematic review and the fact that they are very old and do not include the addition of the fentanyl analogs. The EMS Performance Improvement Center has assisted with data from three states (SC, NC and WV) which reflects more recent data on naloxone administration. One issue they are looking at is transport vs. non transport.

Arnold Alier shared how South Carolina was able to incentivize naloxone data submission by law enforcement. The state has been heavily involved with naloxone administration programs for law enforcement. They received a SAMSA grant and will reimburse community paramedics $200 per patient for follow up visits. Ken Williams said in RI they are giving the first doses of suboxone in the ED and following up with additional doses. Joe Nelson said that in Palm Beach County, community paramedics are following up with delivering suboxone to the patient in the home. Discussion followed about the ability to require transport of opioid overdose victims. In some states there is more liberal interpretation of incapacitated persons (Florida). Doug Kupas said Pennsylvania is considering a bill now that would allow overdose patients to be involuntarily committed. Bill Fales said that Michigan has such a law in place "Timmy's Law" but the requirement that the parents assume responsibility for cost of treatment has resulted in no commitments.

Opioid Shortage and Alternatives: Survey Response - Dr. Jeff Beckman said Colorado's pain management protocols are almost exclusively based on opioids. Eighty-eight (88)% of Colorado EMS agencies are experiencing pain medication shortages. He shared the results of the NASEMSO MDC survey of opioid shortages (21 states responding), where 95% of the states are experiencing this shortage. They are exploring use of expired medications as is allowed in a handful of states. Dr. Beckman referred to the NASEMSO Drug Shortages Summit in 2014 and the strategies mentioned in that document, which is available on the NASEMSO website. Doug Kupas described Pennsylvania's process allowing EMS agencies to use medications that are up to 6 months beyond the expiration date.

State Reports

California - Howard Backer said they are looking at patient offload times which is a significant problem. CMS has a 90 to 10 match grant for Health Information Exchange programs which they are pursuing, so they can get their hospitals linked to EMS. They have exlusive operating areas for ambulances which was challenged and overruled. He said they are trying to get the case remanded.

Wisconsin – Suzanne Martens reported they wrote an expired drug use policy. They also implemented direct draw epi for first responders. An ambulance provider has implemented an essential oils policy for

nausea, anxiety, and pain -- it is not FDA appoved so not required to be reviewed. The state EMS office in conjunction with the Office of Rural Health, recently created an interactive map identifying the level of trauma centers because EMS providers were not informed with hospital trauma levels were down graded. The map is updated regularly. Dispatch-assisted CPR legislation passed. They have a year to develop the training.

Idaho – Curtis Sandy reported the minimum staffing is 1 EMT, 1 driver. They use national scope model but with modules adding scope to basic levels. The new basic level for transport is EMR with optional module. This would be open to anyone but is utilized most by frontier services. Frontier federally qualified clinic midlevels are covering the ambulance with an EMT (BLS level agency). Midlevels are functioning only at the BLS level since ambulance licensed at that level. The state may open agency licensure to modification this year because of this. They are working on interfacility transfer with nurse in the back. Questions: what does that look like? What equipment do they use? What orders are they following?

Vermont – Dan Wolfson - National SOP state with statewide protocols just updated, including ketamine for pain and nitrous ox for pain. They include endovascular procedures for stroke out to 24 hrs. Lots of work with high performance CPR and have hosted a resuscitation academy. The Vermont EMS conference is October 18-21.

Maryland – Rick Alcorta said National Registry will no longer be certifying I-99s. Unsure of plan: adding AEMT? Or just going to EMR, EMT, paramedic levels only. Maryland needs a Director (open for hiring now). Medical Director will be open soon as Dr. Alcorta is retiring. Wrestling with how to do Health Information Exchange so data can be uploaded and seen in patient's electronic medical record, medical director review is open and hoping for EMS provider to access health information at the bedside. Research-<5% are going to be candidates for endovascular salvage, thus not all have to go to endo. Sobering/Stabilization center based on SF mod. Pediatric destination protocol attempting the address secondary transfers. There are 6 CP/MIH programs. How to get reimbursement for sustainability? There are "safe stations" for safe haven for narcotic use. They have seen synthetic cannabis with blood thinner.

Note: Please don't put this meeting in EMS week in the future. Dr. Williams will bring that message to NASEMSO Board.

NREMT Update: Dr. Bob Swor, President of the NREMT Board, reported on the NREMT. They will no longer be supporting I-99 level. Drew Dawson continues as the interim executive director. He has reorganized the leadership structure. They are recruiting a new executive director, proceeding with a vote in June. 46 states utilize the National Registry at one level or another. They are exploring the 50th anniversary history project. They invested resources in updating IT interface. Recert 2.0 is active where they can directly upload documents and medical directors can verify electronically.

NASEMSO Leadership Update – Keith Wages, President; Dia Gainor, Executive Director greeted the members. They reminded MDC members of two comment opportunities: National Scope of Practice Model document open to comments for one more week. The EMS Agenda 2050 is open for comment until the end of the month also. Another important item is the FICEMS **Federal Register Notice to Solicit Comments on Improving Prehospital Trauma Care**. NASEMSO leadership is seeking a representative from the Medical Directors Council to serve participate in a group to brainstorm and develop answers to these questions. Road

to Zero is an initiative where NHTSA and the National Safety Counsel are primary movers. The document advocates for zero road deaths.

NAEMSP – Dr. Brent Myers, President, and Jerrie Lynn Kind, Exective Director, were welcomed. Dr. Meyers announced that NAEMSP will be celebrating its 35th Anniversary when they meet in Austin in January of 2019. Regarding legislative matters, the Pandemic and All Hazards Preparedness Act (PAHPA) is up for reauthorization in Congress and will address drug shortages. It will define essential emergency drugs in an effort for address barriers with quotas. There will be more ASPR emphasis over CDC in this version of the bill. He added that the NAEMSP political action committee (PAC) is active and taking contributions. Regarding payment reform at CMMI, he stated that they have approached them regarding alternative transport models. They have congressional champions from New York state which improves the possibility of being seriously considered (he guessed it had a 15% probability of passing). They have received no responses from the DEA on rulemaking on the Patient Access to Medication bill. He was asked where are we going on reimbursement for medical direction? What is proposed is an evaluation project around that G-code. He said it is on the NAEMSP legislative agenda.

Federal Register Notice to Solicit Comments on Improving Prehospital Trauma Care, and to Request Responses to Specific Questions. federal-register-RFI-improving-prehospital-trauma-care A member of the MDC is needed to participate in response drafting team led by Past President Paul Patrick and President-elect Kyle Thornton. It will involve up to 6 teleconference meetings before July 12. Dr. **Joy Crook (NM) agreed to serve as the MDC representative.**

Project and Committee Updates

NASEMSO Fatigue in EMS Project – Doug Kupas reported that the fatigue in EMS guidelines are completed and being used. The documents are available at: https://www.nasemso.org/Projects/Fatigue-in-EMS/index.asp and emsfatigue.org.

2018 EMS Scope of Practice Model Revision – Dr. Kupas reported they are still meeting by teleconference. The proposed model is open for comment until the end of the month. There is NO recommendation to change the 4 basic levels. The model emphasizes points noted on Venn diagram especially the medical director credentialing. The skill list has some proposed changes from the 2007 list, with a few things removed. Some skills have been pushed down to the lower level. (e.g. supraglottic airways moved to the EMT level). Doug urged all to check the executive summary for a compendium of changes proposed as well as the appendix.

EMS Agenda 2050 - No report. Comment by Dr. Myers: Version 2 is much better than Version 1, especially the improved emphasis on medical direction. Comments are taken seriously (witness changes from Version 1 to 2).

Recess until following day – The council recessed at 3 PM.

Tuesday, May 22

Reconvened at 8:35 AM. **State Reports** (continued from previous day)

Tennessee - Joe Holley shared that his state is stuggling with stroke and STEMI system model legislation. Also, the EMS Board is a separate board from the Medical Board, and when he goes to the Medical Board regarding concerns with an EMS medical director, they are uninformed about EMS. Other members shared that this is the same structure in their state, except for Montana where Dr. Sibold is an employee of the Board of Medicine. Dr. Lindbeck sais that Virginia Office of EMS endorses EMS medical directors.

Pennsylvania – Doug Kupas reported they have a new state director selected among 100 applicants. They added more non-opioid medicaitons to their statewide protocols. There is now another stroke level designation from the Joint Commission which impacted his state's stroke designation levels. Modified RACE scale to identify large vessel CVA. Joint Commission thrombectomy capable stroke center is now available (supported by Genetech). They have a POLST bill at the Legislature now which religious groups are working to weaken. They have organized a government physician group (MDs working for govt) and have quarterly phone meetings.

Maine – Matt Sholl reported that Maine is going through change after an EMS Assessment and change in state directors a couple of years ago. They do not have service-level medical directors, but have regional medical directors. They are strengthening regional medical direction. They were the only state that did not have EMSC grant funding until this year. They received their 2017 CARES data. Recutiment and retention is a major concern and it was recently examined through a survey/study by an MPH student. They review protocols every two years and are in the proccess of doing that now. They cannot utilize air medical transport 33% of the time due to weather, so criticial care transport is an ongoing issue.

A Code of Ethics for EMS Medical Directors – Ken Williams gave an overview on code of ethics for EMS medical directors. The four principles are: Nonmalfiecence, Beneficence, Autonomy and Justice. When there is a complaint, the code of ethics provides a guide to reference. ACEP has a code of ethics, based on the AMA code. NAEMSP does not have one, nor does NASEMSO. Ken proposed we develop one in partnership with NAEMSP. He asked for volunteers: **Rick Alcorta, Joe Nelson, Joe Holley volunteered to assist with Code of Ethics.** Rick suggested this would be a good opportunity to bring back the Resource Document first developed by the MDC.

Biospatial/NCBP – Paul Runkle, CEO, Biospatial; Joe Ferrell, NASEMSO; Josh Walters, VP of Product; Jon Woodworth, COO; and Peter Shargo introduced themselves.
Biospatial does syndromic surveillance and links to other data sources. They like linking with NEMSIS because it is standardized and timely received. They work with ImageTrend states and also Intermedix. They are artificial intelligence people by training. They take security seriously and data is de-identified. There is no cost to the state that works with them. They are paid by federal partners and others interested in the data (now talking with the automotive industry). They have developed a number of dashboards. The first dashoard created is the opioid dashboard showing naloxone administrations. Resuscitation dashboard was recenlty released, as well as operational dashboard. They can do agency to agency comparisons, available to state EMS offices but agencies cannot compare each other. Motor vehicle crash dashboard is another one (will be demonstrated later today at the HITS Committee meeting. Biospatial now has agreements in place with 10 states and many more states are in the midst of processing data use agreements. Linking data is not easy as much of the data is not clean, but this is their wheelhouse because they have done much probalistic data linkage in the past.

Cardiac Arrest Registry to Enhance Survival *(Joint meeting of MDC and DMC on CARES)*
Dr. Bryan McNally provided an update on CARES. Their mission is to become the standard out of hospital cardiac registry. CARES is internet based, HIPPA-compliant, and unifies EMS, 911 dispatch and hospital data. It uses two methods for data collection – data entry and ePCR extraction. Current CARES members represent EMS agencies and hospitals that serve more than 100 million people in the US. He demonstrated some data, including survival rate by witnessed event and response time. Bystander CPR nearly doubles the survival rate in cardiac arrest (13% vs 7%). CARES data shows public AED use in 11.4% of the events and CPR in 38% of events. He also showed pre-hosptial and in-hospital patient outcomes as well as arrest characteristics and outcomes (survival outcomes by arrest etiology). Why should a state participate in CARES? Measuring outcomes is the way to make improvements.

Rollout of the *New* NASEMSO website – Jay Bradshaw introduced the new NASEMSO website that will soon be live. Phase 1 will be moving the content to the new site. Phase 2 will included an opportunity to dialog via a forum, which had been requested earlier by the Model EMS Guidelines team. Matt Sholl echoed that sentiment, clarifying the need to be able to dialog and look back at comments and attachments. He urged people to look a the temporary website and provide comments. He also urged people to submit photos.

State Reports (cont.)

Montana – Harry Sibold said the Montana Medical Board endorses EMS medical directors on their medical license. The Medical Board in Montana licenses paramedics as well. Montana's Legislature is every other year. They have experienced large budget cuts which has impacted various programs. They had 13 place holders for air medical bills. Subscription air medical services were outlawed. They still have some community paramedic programs in spite of questionable legality per the existing statute. Naloxone administration is now allowable at EMT and EMR levels. There is grant funding available for naloxone training for law enforcement.

Rhode Island – Ken Williams shared Rhode Island is revising its rules. They presently do not require EMS agencies to have medical directors but are now proposing medical directors with pretty hefty requirements, incuding board-eligible or certified in Emergency Medicine. The proposed rules require the Center for EMS to develop protocols. Ken encouraged everyone to attend Dr. Rayn McTaggert's stroke presentation on Thursday. RI is currently doing 3 x as many as the national average clot retrievals and are seeing great results. Regarding cardiac events, they revised their protocols to mandate 30 minutes of scene time (for CPR) last year and received backlash-- until they saw their save rate increase from 12% to 20%. Now the fire chiefs are out promoting it. They have also added RSI, per a committee recommendation. The RI Department of Health is now beginning quarterly physician meetings wihich has been interesting. Ken reports he is really enjoying using Biospatial for monitoring EMS events. The state has its first licensed air ambulance service, but it is not based in Rhode Island.

Florida – Joe Nelson reported that the first bachelors degree in Florida was earned in community paramedicine – mobile integrated healthcare. The state started licensing emergency medical dipatchers, requiring those who give medical advice to the public to be licensed. They have a new stroke statute defining stroke-ready hospitals and comprehnisive stroke cnters. They are using vatiety of sroke scales across the state, including RACE-plus. Florida implemented a new law capping the number of trauma

centers in the state for 3 years (at 35) resulting from a long term dispute between a for-profit hospital corporation and academic institutions.

Arkansas – James Bledsoe shared information on the state's Stop the Bleed campaign. They have a pilot on head injuries due to the excessive number of unnecessary transfers from level 3 trauma centers for head injuries. It's created overcrowding in emergency departments.

Colorado – Jeff Beckman reported that Community Paramedic programs are now limited to using paramedics now due to regulation changes by the Colorado Medical Board, which has removed Advanced EMTs from this opportunity.

South Carolina – Garrett Clanton informed members that he is the Associate Medical Director, a new position at the SC EMS office. They had a major update to EMS regulations and recently updated state protocols. There has been no outside independent evaluation in 20 years. The state has moved to NEMSIS 3. They have a narcan program at all service levels. They are paralleling the trauma program with STEMI/Stroke. The state is also delving into CP/MIH with education program for it. SC became REPLICA state yesterday.

Anniversaries with NASEMSO – Mary Hedges announced that NASEMSO traditionally recognizes anniversaries in 5-year increments. She awarded certificates of appreciation to

- Curtis Sandy (ID) – 5 years
- Dr. George Lindbeck (VA) – 10 years
- Dr. Ken Williams (RI) – 20 years

Ken introduced Wendy Wesley, the Brown University EMS Division Administrator. She brought EMS T-shirts for members.

Adjourn – The meeting adjourned at 3:30 PM.

The meeting record was respectfully prepared by Dr. Harry Sibold and NASEMSO Program Manager Mary Hedges.