



## **NASEMSO Medical Directors Council**

**May 1, 2017**

**1:00 PM EDT**

### **Meeting Record**

**Attending** – Ken Williams (RI), Chair, Rick Alcorta (MD,) Mary Hedges (NASEMSO), James Bledsoe (AR), Daniel Wolfson (VT), Curtis Sandy (ID), Tim Cathey (OK), Joe Nelson (FL), Kate Zimmerman (ME), Matt Sholl (ME), Doug Kupas (PA), Jon Krohmer (NHTSA), Joe Ferrell (NASEMSO), David Lehrfeld (OR), Julia Martin (KY), Peter Taillac (UT), Joe Holley (TN), Lynn Wittwer (WA), Richard Kamin (CT), Jeff Beckman (CO), Lu Zawistowich (Capview), Alexandra Spratt (Capview), Purva Rawal (Capview)

**Call to Order, Welcome, Roll Call**– Dr. Ken Williams, Chair, called the meeting to order at 1:04 PM EDT. He welcomed the guest presenters from Capview Strategies.

**Approval of March 6 Meeting Minutes** – The meeting record of March 6 was approved as submitted.

#### **SPECIAL PRESENTATION: CapView CMMI LVO Stroke Initiative** *(See attachments)*

Presenters included: Lu Zawistowich, ScD, President, Purva Rawal, PhD, Principal, and Alex Spratt, JD, Policy Analyst.

The presenters explained that Capview Strategies has extensive background in health care. Purva Rawal has been working on this policy since June 2017. She previously worked for the U.S. Senate on the Affordable Care Act (ACA). The Center for Medicare and Medicaid Innovation (CMMI) was established by the ACA to test value of new delivery systems within Medicare and to jump start those that proved to be successful. Even with all the discussion of “repeal and replace,” the CMMI has remained strong. The new administration really likes physician-led projects. The patient care model in this initiative is based on the 2015 standard of care for treating LVO strokes utilizing Mechanical Thrombectomy (MT) outlined by the American Heart Association (AHA). The LVO project is regionally-oriented. The core Physician Leadership group is comprised of representatives from the Society of NeuroInterventional Surgery (SNIS), the CV Joint Section, and the Society of Vascular and Interventional Neurology (SVIN). The project is underwritten by Penumbra, a medical device manufacturer, but the company has not been otherwise involved in developing the project. The goal of the care model is to set a floor for everyone and then allow for regional variation. They requested feedback on the draft white paper and would like to have a representative of the Medical Directors Council to assist in making recommendations to CMMI. Dr. Williams asked if the project model would be similar to the model they have been using in Rhode Island. Dr. Zawistowich acknowledged that it would be. It was noted that the model came from Rhode Island. Dr. Taillac commented that he is the NASEMSO representative to the Brain Attack Coalition and they are currently also working on a white paper on the same issue. He congratulated the speakers for this initiative. He commented on the goal to train EMS on the stroke scale, explaining that it is a large job for a small subset of the people treated and transported by EMS. Dr. Alcorta agreed, noting that they are

establishing a referral system and asked about the various stroke center designations. Unless the designations are standardized, the comparisons will not be accurate. Jeff Beckman asked if other physicians were involved (neurologists, neurosurgeons) and how false positives are handled. He noted that comprehensive stroke centers may not have the high-level trauma designations. David Lehrfeld noted the issues are very similar to what they experienced with developing STEMI systems a few years earlier. Rich Kamin said the transparency and collaboration from other physician types and organizations is critical. Capview representatives said they learned from the process that occurred in developing STEMI systems. Jim Bledsoe said that Arkansas EMS recently reported data on EMS treatment of stroke which is very impressive. A problem is that most of the stroke patients arrive by private vehicle and they wait much too late. Arkansas is 6<sup>th</sup> in the nation in mortality from stroke. Capview representatives said the data from EMS would be very helpful. Doug Kupas asked if this was a proposal or if it had been funded. The speakers clarified that it is a proposal at this stage. Doug said there is little scientific evidence from a systems standpoint and asked if there would be community notification or IRRB approval. Dr. Zawistowich said they are aware there has not been data per a systems approach but there has been evidence to support the medical component. Dr. Williams thanked the presenters for sharing this information about the project.

**NHTSA OEMS Update** – Dr. Jon Krohmer, Director, reported that Noah Smith left the office of EMS for a position at the DC Department of Health to work with the health information exchange. He is unsure if they will be hiring a replacement presently. The EMS Agenda 2050 is moving forward with a meeting planned in June in the Washington, DC, area. The Scope of Practice project team members will also be meeting in June. They have been asked to expedite the administration of naloxone. NHTSA has received a proposal from ACEP and the National Quality Alliance to continue with the EMS Compass project. They are moving forward with accepting applications for NEMSAC, which are due by June 16.

#### **Project and Committee Updates** – Various Members

- Model EMS Guidelines – Dr. Richard Kamin reported they are moving along with the review and revision of the Model EMS Clinical Guidelines. The draft document will be released soon for public comment.
- NASEMSO Fatigue in EMS Project – Dr. Doug Kupas said the Fatigue in EMS project has been a massive effort with more than 1000 pieces of literature reviewed. It is wrapping up soon and there will be information published in the Prehospital Emergency Care journal.
- NASEMSO High Consequence Infectious Disease Transport Project - Dr. Ken Williams did not have new information as he was unable to participate in the most recent call.
- 2018 EMS Scope of Practice Model Revision – Dr. Peter Taillac said the project is in an early phase but is underway. NHTSA has requested that five specific prehospital areas be reviewed (hemorrhagic control, naloxone, hypothermia, CPAP / BiPAP, and pharmacological pain management for trauma-related pain). They will also be developing a plan to process emergency revisions to the Scope of Practice Model.
- Government Information Committee (DEA Bill - HR 304/S 916) – Mary Hedges reported that the Senate version of the bill to amend the Controlled Substances Act (S. 916) was introduced last week. It is expected to pass the Senate as did the House version in January. Dr. Krohmer noted that the Senate bill contains a new section related to

detoxification treatment, which would result in the bill having to go to Conference Committee since it is different language that was passed by the House.

- Dr. Williams asked about the status EMSC program funding in the new comprehensive funding bill upon which Congress has reached agreement. He understood that EMSC had anticipated a large funding reduction.

**Adjourn** – The meeting adjourned at 2:10 PM EDT.

**Next Meeting – July 3**

**Mark your calendar – Oct. 9-12, Fall & Regional Meetings, Oklahoma City - See <https://www.nasemso.org/Meetings/Fall/FallMeeting2017.asp>**

*The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges.*