NASEMSO Medical Directors Council

Fall Meeting, Louisville, KY

October 12-13, 2015

Meeting Record

Attending: Peter Taillac (Chair), Rick Alcorta (MD), Howard Backer (CA), James Bledsoe (AR), William Fales (MI), Brian Froelke (MO), Joel Hornung (KS), Rich Kamin (CT), Art Kanowitz (CO), Doug Kupas (PA), David Lehrfeld (OR), George Lindbeck (VA), Julia Martin (KY), Michael Mills (WV), Brian Moore (NM), Joe Nelson (FL), Michael Olinger (IN), Curtis Sandy (ID), Jeffrey Sather (ND), Harry Sibold (MT), Jim Suozzi (NH), Stephen Vetrano (NJ), Ken Williams (RI), Lynn Wittwer (WA), Mary Hedges (NASEMSO)

Guests: Jane Brice (NAEMSP), Ritu Sahni (NAEMSP), JerryLynn Kind (NAEMSP), Paul Hinchey (NAEMT), Bryan McNally (CARES), Dolly Fernandes (WA State Director), Saad Albaiz (RI EMS Fellow), Mohammad Alotaibi (RI EMS Fellow, Brown University), Mark Reis (Telefex Medical), Randy Szlabick (ND State Medical Director for Trauma), Diane Pilkey (HRSA)

Call to Order and Roll Call – Dr. Peter Taillac called the meeting to order at 8:38 AM EDT.

Orientation of New Medical Directors – Dr. Ken Williams presented an overview of NASEMSO for benefit of the new members, which included the structure of NASEMSO, some current projects, and the Medical Directors Council workplan. Mary Hedges demonstrated how to use the NASEMSO website, including how members can access member contact information, meeting minutes and other documents in the members-only section.

Discussion: Bypass Primary Stroke Center for Comprehensive Center - Dr. Peter Taillac presented slides prepared by Dr. Sarah Nafziger of Alabama, who was unable to attend. Questions discussed: What are the ramifications at the state level of bypassing PSCs for CSCs? (Unhappy hospitals who are bypassed; Overburdening CSCs; increased transport time = fewer patients qualify for TPA.) Is the data good enough to recommend bypass? (None of the scales have yet been prospectively validated.) Identify and verifying 24/7 interventional capable facilities is a concern.

Discussion: IOM Report on Cardiac Arrest – Dr. Doug Kupas led the discussion of the Institute of Medicine Report on Cardiac Arrest.

SUDDEN Unexpected Death Project – Ross Simpson, MD, PhD, Principle Investigator, University of North Carolina, introduced his team and noted the importance of relationship with EMS. There is an epidemic of our of hospital sudden unexpected death (OHSUD) in the US and we have tools to change this. 15% of death in each age range is sudden unexpected death -- most

databases do not count patients when resuscitation is not attempted. OHSUD is not reported, and a majority are not candidates for resuscitation, and for those who are, resuscitation is often futile. Prevention is the only strategy that will lower the incidence of out of hospital sudden unexpected death (OHSUD) -- EMS can be an important prevention force. The project is seeking to use EMS and ED data to better define incidence, epidemiology, etc., and then risk model to guide prevention.

Dr. Simpson disagrees with the IOM statement that 2/3 of cardiac arrest cases are witnessed. They are working with the CDC to deal with death certificate data problem -- death certificate data calls cause of death in 50%, but they are finding much lower number -- may advocate for "unknown" or a profile that will guide better data.

Summary: OHSUD is underreported; the majority are not candidates for resuscitation and for many that are, the resuscitation is futile. Prevention is the only strategy that will lower the incidence.

It was noted that that SUDDEN is not a substitute for CARES -- different goals and datasets. SUDDEN is focused on prevention, while CARES is focused on treatment during cardiac arrest.

Dr. Taillac thanked Dr. Simpson for sharing the work he is doing in this area.

Workplan Review – Dr. Taillac reviewed the Medical Directors Council workplan, commenting on our progress in completing the tasks. He asked if there were any suggestions for changes for the future. Dr. Williams reported on the invitation extended to EMS Fellows.

Report from NASEMSO President – Paul Patrick (UT) commented that he was pleased to see that the new Michigan state director appointed a state EMS medical director after he spoke with her about his experience in Utah. He explained that NASEMSO now refers to its meetings as Fall and Spring meetings (rather than Annual and Mid Year). The intent is for the Spring Meeting to become the larger of the two meetings of the year, which will occur in 2017, after the Fall Meeting 2016 in Albuquerque. He urged members to attend the Spring Meeting in Bethesda in April.

Reimbursement under the ACA – Dr. Rick Alcorta presented a slideshow on Maryland's experience as a pilot state under the Affordable Care Act (ACA) noting that Maryland is exempt from Medicare rules as a pilot state. The state is experimenting with a new All-Payor Model approved by CMS and implemented, effective January 1, 2014. The model is based on population rather than patients (per capita). The state envisions $330 million in savings. Currently Maryland has one of the lowest patient readmission rates. This is viewed as a safety risk and they intend to increase the 30-day readmission rate. The proposal is designed to integrate with other critical health reforms underway. Some hospitals are dropping inpatient services. This will create an incentive for hospitals to work with other providers (EMS) to keep patients healthy. Patient satisfaction surveys will impact reimbursement. Maryland's health

information exchange provides access to patient care records, but unfortunately is not available to EMS. Mobile Integrated Health (MIH) projects have an opportunity to help keep patients from needing readmission and should look to their hospitals for financial support. In some cases, the MIH projects are in competition with home health care agencies. In some cases, the nurse practitioner accompanies the EMS provider (rides in the ambulance) to conduct home visits. Dr. Jim Bledsoe reported that Arkansas is developing a MIH program. Dr. Howard Backer reported on California's MIH experience.

Model EMS Clinical Guidelines Continuation Project – Dr. Rich Kamin provided background on the Model EMS Guidelines project for the benefit of new members. The guidelines were developed by a work group of physicians from a variety of EMS-related physician organizations. Rich explained that they intend to reconvene and continue with the project in order to add new guidelines as the initial project was limited to developing a core group of guidelines. He noted that with a new web-based discussion group they will be better able to track who is downloading the guidelines. Dr. Taillac encouraged members to promote the availability of the guidelines when presenting to groups. The work group will meet by teleconference and hopefully meet in person annually. Dr. Alcorta asked what kind of financial support can we expect for this long term? Mary commented that NHTSA Office of EMS has been very supportive and pleased with the project, but we do not know what lies in the future, especially with Drew Dawson's recently announced retirement. One shortcoming, Mary commented, was that we did not build in a better way to measure who is using the Model Guidelines. Dr. Ritu Sahni added that NAEMSP developed the Evidence Based Strategy through the grant awarded by NHTSA.

NATA Statement: Appropriate Care of Spine Injured Athlete – Dr. Joe Nelson reported that he participated in a meeting held by the National Association of Athletic Trainers (NATA) last January, representing NASEMSO. The final report from that meeting has not been released, but an executive summary has been published. One change includes the removal of all protective equipment from the patient in most cases, which will be a change for EMS. One of the most controversial recommendations coming out of the report involves the use of c-collars and spine boards. They are recognizing that EMS protocols are moving away from the automatic use of spine boards and cervical collars. Dr. Alcorta commented that he is hearing concerns from orthopedic surgeons that they are seeing deficits in patients when they have not been back-boarded. Although he agrees there is no evidence the patient deficits are caused by this change in protocols, he wanted to relay what he is hearing. Dr. Nelson also commented that the recommendations include pre-planning with athletic trainers and EMS. Dr. Joe Nelson made a motion that the Medical Directors Council recommend that NASEMSO support the NAEMSP response to the NATA statement. Motion passed. Joe Nelson and Peter Taillac will draft the response for consideration by NASEMSO Board of Directors.

DEA Update – Dr. Ritu Sahni provided background for the benefit of new members and those who did not attend the MDC meeting in January in New Orleans. The federal Controlled Substances Act (written in the 1970s) does not address EMS, which is the source of the problem. Without enabling statute, the DEA is unable to address the problem in administrative rules. In essence, the DEA interprets that the Controlled Substances Act does not allow the

administration of controlled substances by paramedics by standing order. Representatives of the DEA pointed out that they have not taken action against any EMS providers for administering controlled substances by standing order. NAEMSP has hired a lobbying firm which is working on getting legislation introduced to do a "carve out" for EMS in the Controlled Substances Act. The Chair of the House Energy and Commerce Committee identified Representative Richard Hudson (R-NC) to be the champion of the bill. The bill will create a section on EMS; it will allow the EMS agency to be the registron of the DEA license (rather than the medical director) and allow for the provision of standing orders to administer narcotics, provided the EMS agency has a medical director. Art Kanowitz and Harry Sibold discussed the problems with state statutes (Boards of Pharmacy) that conflict with federal law. Brain Froelke asked if mass disaster teams will be affected by or included in this legislation. Ritu saud they are trying to draft the language as broadly as possible. Stephen Vetrano said he chairs the ACOEP EMS Committee and they support this effort. Senator Grassley is a supporter on the Senate side and he will likely assign it to a junior member in the Senate to be the champion.

Air Medical Model Rules – Drs. Harry Sibold introduced Greg Brown, state director from Arkansas, who chairs the NASEMSO Air Medical Committee. Greg explained they were given directions from NHTSA on how to develop these rules. The Airline Deregulation Act (ADA) has made it very difficult for the states to regulate air medical services because it prevents sttes from regulating anything on the operational side. State EMS Offices are limited to regulating the medical aspects only. The air model rules are high level so that the states can address any minutiae they feel is necessary. Drs Harry Sibold and George Lindbeck served on the Air Medical Committee. Harry explained there will be an opportunity for further comment before the final model is adopted. Members from some states discussed their concern with the proliferation or air medical services in their states as well as the complaints they receive on a daily basis, in some cases, about the high fees being charged, and the fact that nothing can be done to address the costs charged or who is transported by air.

State Reports

Connecticut – Dr. Kamin reported that the New England is nearing the achievement of uniform EMS Guidelines. The Connecticut EMS office is currently without a director or an education coordinator. Connecticut is not supporting the Advanced EMT (AEMT) level as practical in the state. Paramedic coverage is statewide.

New Hampshire – Dr. Jim Suozzi stated they have released their 2016 protocols. A NHTSA EMS assessment is scheduled. Their office is developing a trauma registrars course. They have a five-year waiver to develop a pilot program for MIH. They are working on high performance CPR protocols for EMS.

Indiana – Dr. Mike Olinger reported they recently underwent a NHTSA EMS Assessment. The EMS data system was recently transferred form the State Health Department to the Department of Homeland Security where EMS is located. They recently received training from ImageTrend on using the software.

Maryland – Dr. Rick Alcorta said that thanks to Bob Bass's vision, the entire state is finally using a single electronic PCR system (ImageTrend's product). He has been working with the NEMSIS TAC. They just completed a statewide training on CARES and will be launching it for EMS in the near future. He alerted members of the recent finding that those who have been cured of highly infectious disease (Ebola) may continue to carry the virus. Maryland has multiple search and rescue teams without medical capabilities, so they are trying to recognize a single search and rescue team with medical capabilities. They have completed a successful pilot protocol with supervisors trained to use ultrasound. Dr. Kevin Seaman is addressing concerns of volunteer EMTs who do not want the NREMT test as a minimum requirement as too many are failing the written exam.

New Mexico – Dr. Brian Moore reminded everyone that two years ago New Mexico removed pediatric (defined as 12 and under) intubation from scope of practice in the state. Although it was controversial, it has been successful to date. Air medical services have specialists who are approved to intubate pediatric patients. Many providers were thankful as it has removed a major stressor for them. Brian said the majority of providers are using bag valve masks. They do not have enough data yet to evaluate the results. Anecdotally they are seeing much less intubation on adults as they are doing more BVM. They are trying to get REPLICA passed as well as background checks for EMS personnel. They have robust scopes of practice at all levels which is poses a problem with the NREMT. The AAP is beginning to see success in its efforts with the FAA to require airlines to update their emergency medical kits to include medications and equipment for children HR 3379 Airplane Kids in Transit (KiTS) Act has been introduced in Congress.

Recess - The Medical Directors Council recessed at 4:45 PM.

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Reconvene – Dr. Taillac reconvened the meeting at 8:35 AM EDT on October 13.

Approval of July 13 Meeting Minutes – The July 13th meeting record was approved without changes.

State Reports (continued)

Florida – Dr. Joe Nelson reported that Florida is requiring use of the CDC Trauma Triage guidelines which will require training all EMS personnel. They are transitioning to becoming a NREMT state and soon be requiring NREMT certification for paramedics. They are trying to get support for REPLICA—Dia will be at their quarterly meeting in Orlando. There is a CT ambulance in the state.

Virginia – Dr. George Lindbeck said any new affiliation with an EMS agency has to get finger-printed (all providers, including physicians). Virginia is still dealing with intermediates, but they are counting on it going away when the NREMT no longer offers the test. There have been interactions with the DEA after a major drug diversion case. They are switching over to National

Registry this year. They hope to have better luck with REPLICA this year (it failed last session). They are still dealing with scope of practice issues.

Arkansas – Dr. Jim Bledsoe said he became the state medical director earlier this year. They are having problems with excessive air medical transports in an area where the ground ambulance does not like to leave the area. The office is receiving many complaints about air medical charges. Blue Cross and Medicaid will pay no more than $5000 for air medical transport and people then get billed for the difference. They do not have statewide protocols and are gingerly trying to approach them as non mandatory guidelines. Community paramedics have been codified in Health Department rules. They have shown the cost savings and are trying to get financing from the hospitals.

Montana – Dr. Harry Sibold reported that Mission Lifeline is active in Montana which has impacted medical directors. They have distributed monitors and automatic CPR machines. The Legislature is looking at a study about firefighters and there may be an opportunity for EMS and community paramedicine. They are cleaning up their administrative rules. The new ASC-COT trauma rules are affecting trauma centers in rural state like Montana, and the Missoula Level 2 hospital may lose its status.

Hartford Consensus III – Dr. Rich Kamin was a member of the second Hartford Consensus meeting and was invited to the third but unable to participate. The third version of the Hartford Consensus recommends making use of bystanders, hemorrhage control, uniform integrated approach to training and operationalization. The HC III is one component to be included in the planning for these events. Dr. Reed Smith pointed out that the original Hartford Consensus was written for police. The recommendations were built from military data sets because there is no evidence of what victims die from in civilian active shooter events.

Special Joint Session: Tactical Emergency Casualty Care - *Reed Smith, MD*

Nationally recognized for his work in developing the Rescue Task Force Concept, Dr. Smith presented evidence-based best practices for the immediate medical management of wounded in high-risk scenarios.

Special Joint Session: Prehospital Resuscitation in Traumatic Cardiopulmonary Arrest: Assessing Risk of Legal Liability & the Impact of TOR Guidelines *Mary Fallat, MD, and Karen Jorden, JD*

The speakers addressed the legal liability of EMS providers when, due to futility, particularly in pediatric cases, resuscitation efforts are withheld or terminated in out-of-hospital traumatic cardiopulmonary arrest.

CARES and HeartRescue Projects: Opportunities for State Participation - *Drs Doug Kupas (PA), Peter Taillac (UT)), Rick Alcorta (MD), Bryan McNally (CARES)*

Both CARES and HeartRescue are now open to state participation.

Dr. Doug Kupas reported on the HeartRescue Project. It began with 5 states. The intent was to engage the entire population of the state, rather than select areas or systems. The Resuscitation Academy is one of the foundations of the project. Pennsylvania saw a 23% increase following the citizens' CPR training.

Dr. Bryan McNally, CARES Program Director, provided a short overview and update on the Cardiac Arrest Registry to Enhance Survival (CARES). Established by the CDC and Emory University, CARES goal is to improve survival from cardiac arrest. CDC funded it initially but due to budget cuts is no longer funding it. They are moving to a business model with states paying $15,000 to subscribe.

Dr. Alcorta reported on Maryland's experience getting started as a participating state in CARES. It began with the vision of Dr. Bob Bass who wanted a single statewide electronic reporting system. After building the necessary political support for the idea, they put CARES in contact with ImageTrend to make the data set compatible with NEMSIS. They have a trauma data coordinator who also took on the responsibility as CARES coordinator. They anticipate turning it on statewide in January of 2016.

Dr. Taillac briefly described how Utah implemented CARES in their state.

Partner /Liaison Reports

Federal Partners – Drew Dawson, NHTSA OEMS, reported that Susan McHenry will be assuming responsibility for NEMSAC and Noah Smith will have responsibility for the NEMSIS program. Due to sale of a radio spectrum, they will receive significant funding for the 9-1-1 program.

Diane Pilkey, HRSA, said they are funding an EMSC Innovation and Improvement Center with a focus on quality improvement. They will be funding 4 EMSC awards of $200,000 each. They will also be funding 4 Targeted Issues grants.

NAEMT – Dr. Paul Hinchey thanked NASEMSO on behalf of NAEMT, noting that they really enjoy their relationship with NASEMSO and including him as a liaison. NAEMT has developed a toolkit for Mobile Integrated Health/Community Paramedicine. They have a workforce committee developing a position statement on violence to EMS personnel. They will be conducting their 6th Annual EMS Day on the Hill. He encouraged medical director participation in this event. They currently have 12 EMS courses and continue to develop them.

NAEMSP – Jane Brice, President of the National Association of EMS Physicians, said she was delighted to attend the NASEMSO Fall Meeting. One of her priorities as President is to reach out to EMS partners. They are working to develop leadership within NAEMSP. She welcomed NASEMSO to their meeting in January, commenting she hoped we get as much from their meeting as they are getting from ours. They are using their medical directors course to reach out and are willing to bring the course to various regions and states. They have also been delivering their courses internationally.

Election of Secretary – Dr. Harry Sibold was nominated for secretary to replace Dr. Charles Cady. There were no other nominations. Dr. Sibold was elected by unanimous vote.

MDC Meeting, January 13, 2016, San Diego – Dr. Taillac reminded everyone that the Medical Directors Council will be meeting from 1:00 – 7:00 PM, January 13, in San Diego, the day before the NAEMSP Meeting convenes.

The meeting adjourned at 3:15 PM EDT. The next meeting will be November 2, 2015 at 1:00 PM EST.

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