



## NASEMSO Medical Directors Council

July 13, 2015

### Meeting Record

**Attending:** Peter Taillac (Chair), Brian Froelke (MO), Matt Sholl (ME), Dan Wolfson (VT), Jim Suozzi (NH), Carol Cunningham (OH), Sarah Nafziger (AL), Rich Kamin (CT), Joe Nelson (FL), Stephen Vetrano (NJ), George Lindbeck (VA), Michael Olinger (IN), Doug Kupas (PA), Curtis Sandy (ID), Harry Sibold (MT), Ken Williams (RI), Rick Alcorta (MD), David Lehrfeld (OR), Joe Holley (TN), Mary Hedges (NASEMSO)

**Call to Order and Roll Call** – Dr. Peter Taillac called the meeting to order at 1:05 PM EDT.

**Approval of May 4 Meeting Minutes** – The May 4 meeting record was approved without changes.

**FDA Naloxone Meeting** – Drs. Cunningham and Lindbeck represented NASEMSO at a 2-day meeting of the FDA regarding naloxone on July 1-2. Carol Cunningham prepared a summary, which was included with the meeting materials. The panel included physicians, social workers and others who ran public naloxone programs. Some of the participants were not familiar with NASEMSO. Carol said she emphasized the need for resuscitation training and data collection. Carol informed attendees that she had seen at least two “saves” at her emergency room who had complications which later resulted in their deaths. Dr. Lindbeck commented that the vast majority of people at the FDA meeting were the true believers in Narcan and their focus was to get the drug into the hands of lay persons. The VA gave a very interesting presentation about the increase in opioid dependence in veterans. They discussed the possibility of naloxone becoming an over-the-counter drug. If a user gets Narcan, it is most likely to be from another user. Joe Nelson said that when he checked the drug shortage list, naloxone was not on the list. Carol said that shortages can be regional. Drs Nelson and Cunningham both reported on the spike in naloxone use during holiday weekends in places in their respective states, where the EMS supply was exhausted. Peter Taillac described a report on San Francisco’s lay naloxone program, which found 9-1-1 had been activated only 29% of the time following the administration of naloxone. He will send the San Francisco report via the listserv.

**Revised Naloxone Issue Brief** – Peter referred to the NASEMSO revised naloxone brief, which was recently updated to replace the 2014 version. Carol said it was revised prior to the FDA meeting.

**DEA Update** – Dr. Taillac said he did not have any new information since the last meeting, where he reported that draft legislation was being developed with input from NAEMSP, ACEP and NASEMSO to address the problem of EMS not being addressed in the Controlled

Substances Act. Mary added that she believes that NAEMSP had hoped to tack language on to an existing bill but after that bill was pulled, they now have to introduce a separate bill which will take much longer.

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

- **EMS Compass Project (Performance Measures)** – Dr. Brian Moore was not able to join the call. Dr. Taillac said the project is actively seeking draft performance measures and has received a great deal of input.
- **NEMSAC Update** – Dr. Carol Cunningham reported that 25 members were appointed to NEMSAC, 5 of whom were current members reappointed, including herself, Terry Mullins and Katrina Altenhofen from NASEMSO. The next meeting will be July 30.
- **New Member Orientation** – Dr. Ken Williams said he and Mary Hedges have been planning a brief orientation for new members of the Medical Directors Council at the Fall Meeting. He is preparing a short power point to be given at when the meeting begins on October 12.
- **Statewide Implementation of a Prehospital Care Guideline** – Drs. Sholl and Taillac said the project is in a data collection mode currently. A survey is underway in an effort to learn lessons from the participating states.
- **ACEP’s Advanced Automatic Crash Notification (AACN) Project** - Dr. Lehrfeld reported that the project website is up and running and he just emailed the draft course outline via the listserv. The goal of the project is to increase the understanding and use of AACN data by PSAP directors, trauma directors and medical directors and to incorporate the data into patient treatment. While the number of subscribers to Onstar (and similar) is limited now, it is believed that this will increase and that Europe will mandate it in all new cars in the future.
- **Model EMS Clinical Guidelines Continuation** - Drs. Kamin and Cunningham reported that the project is included in this year’s cooperative agreement that NASEMSO has with NHTSA. They prepared a report, which proposed the need to develop a web platform to enhance the sharing of information about the guidelines. They plan to form a small, nimble group from NASEMSO to continue to work on developing new guidelines and updating existing guidelines. Dr. Kupas asked how they see this fitting into Dr. Chris Martin-Gill’s EBG Consortium project through NAEMSP. Carol responded that NASEMSO wants to be the holder of the model guidelines, but she would be open to collaborating. Rich had asked Dr. Martin-Gill how they thought they may be able to fit together, and received a generally supportive response.

- **National Prehospital EBG Consortium (NAEMSP)** – Dr. Taillac reported that the next meeting of the Consortium will be in January at the NAEMSP meeting. NASEMSO, NAEMSP and ACEP are at the highest levels of responsibility in the consortium and are members of the steering committee.
- **Air Medical Model Rules** - Drs. Lindbeck and Sibold both reported that they were unable to participate in the most recent meeting of the committee. The goal is to have the final draft of the model rules at the Fall Meeting.
- **Other** – Dr. Alcorta asked how others are handling the transition of hospital reimbursement under the Affordable Care Act. It is moving from cost for hospital stay to cost per patient. Hospitals are considering how to get patients back to them within the 30-day period (rather than going out of network). In Maryland, hospitals are also looking at mobile integrated healthcare (community paramedicine) to prevent patient readmission. Dr. Lehrfeld said they are seeing some movement in Oregon with their Medicaid accountable care organizations, where they are trying to keep patients from being readmitted. Some have partnered with EMS and some have denied payment. This will be included on the agenda in Louisville.

**Fall Meeting Planning: October 12-16, Louisville, KY** - Dr. Taillac suggested adding state reports and the Hartford Consensus III, if Dr. Kamin is willing to address it. The SUDDEN project does not have any commercial interest but is a grant supported project. Dr. Kupas suggested the IOM Report on Cardiac Arrest (30 minutes or so after the SUDDEN presentation). We could ask Ben Bobrow, who was on the Committee, to present it. Dr. Kamin suggested we ask members to share what they are doing in response to the IOM Report.

**NASEMSO Abstract Review Committee** – Mary reported that a member of each council is needed to serve on the abstract review committee for the Fall Meeting competition. Sarah Nafziger volunteered.

**Election of Secretary at the Fall Meeting** – Peter reminded members that we will be electing a secretary at the Fall Meeting to replace Dr. Chuck Cady, who recently left his position at the Medical College of Wisconsin for private practice.

The meeting adjourned at 2:10 PM EDT. The next meeting will be October 12-13 in Louisville.

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