



NASEMSO Medical Directors Council

January 21, 2015

Hyatt Regency, New Orleans

Meeting Record

Attending: Peter Taillac, Chair, Jeff Beeson (TX), Carol Cunningham (OH), Brian Froelke (MO), Joe Holley (TN), Joel Hornung (KS), Rich Kamin (CT), Doug Kupas (PA), David Lehrfeld (OR), George Lindbeck (VA), Ross Megargel (DE), Brian Moore (NM), Sarah Nafziger (AL), Paul Patrick (NASEMSO President), Matt Sholl (MA), Harry Sibold (MT), Jim Suozzi (NH), Stephen Vetrano (NJ), Ken Williams (RI), Rachael Alter (NASEMSO Program Manager), Mary Hedges (NASEMSO Program Manager)

Guests: Clay Mann (NEMSIS TAC), Susan McHenry (NHTSA), Alexandra Williams (PA student), Paul Savino (EMS Fellow, CA), Craig Manifold (Chair, EMS Committee, ACEP), George Hatch (CoAEMSP), Mic Gunderson (AHA), Cory Richter (NAEMT), Chuck Burnell, (Medical Director, Acadian Ambulance), Brent Myers

Call to Order and Roll Call – Dr. Peter Taillac, Chair, called the meeting to order at 12:07 PM CST.

Approval of Meeting Minutes – The November 3rd 2014 meeting minutes were approved.

Comments from NASEMSO President – Paul Patrick opened his comments by saying one of his first accomplishments after becoming the state EMS director in Utah was to hire a part-time state medical director. He recognized the importance of this position which Utah did not have. Peter Taillac has been an important addition the Utah EMS Bureau. Paul thanked the medical directors for their commitment, as he knows most do not get paid for the amount of time they invest into the role of state EMS medical director.

CAN Breathe – Circulation, Airway, Naloxone, Breathing – Brian Froelke (MO) explained that he was prompted to develop this idea when Missouri recently passed legislation allowing first responders to administer naloxone. Naloxone has a number of side effects that could have potential harm. It is more effective when linked with CPR. There should be appropriate oversight when naloxone is administered. Similar to an AED, it should be available as a resuscitative tool. We can use this momentum for expanded naloxone use to push for better BLS skills for providers. The *CAN Breathe* mnemonic is a way of getting the lay population to understand it is important to call EMS when administering naloxone. Dr. Taillac asked if there were training modules available for lay people who want to administer naloxone. There are training videos online, including training developed by several state EMS offices. Discussion ensued about who would be the audience for this program. Ken Williams said they have seven different naloxone programs in Rhode Island. Rich Kamin said Connecticut is considering mandating that all EMS providers carry naloxone. Storage is a concern due to temperature variations.

HRSA's Rural Access to AEDs grant program was recently appropriated additional money to fund devices to administer naloxone in rural areas. Mary Hedges has communicated with Michele Pray Gibson from

HRSA's Office of Rural Health Policy regarding this new program. Ms. Gibson is requesting input to help her develop grant guidance and she has submitted questions for the Medical Directors Council. Members agreed that training should be required. Brian Moore said New Mexico has a great deal of experience with public naloxone programs. Dr. Taillac asked Brian Froelke, Carol Cunningham, Rich Kamin and anyone else who is interested to put together some recommendations and a training program for HRSA. Mary said HRSA would like the information by the end of the month. Doug Kupas recommended that funding for medical direction be eligible in the grant. Mary will send the questions to the MDC listserv for shared comments. Peter offered to compile the comments for HRSA.

NASEMSO National Model EMS Clinical Guidelines: Next Steps – Drs. Kamin and Cunningham reported that since the guidelines were posted on the NASEMSO website (three months ago) there have been 102,720 hits and 1889 downloads of the guidelines. In 2015 it has been the 5th most downloaded document from the website. The next steps are to develop a process for maintaining the guidelines, including updating and adding to the existing guidelines. Questions included: 1) How do we stay current? 2) How do we ensure we have the input of the experts in the field? 3) How do we keep track of the extensive amount of literature in the field? An annual review process was suggested, as well as a strategy for continuing to market the guidelines. Mary said a state director called her yesterday about the guidelines; although he has been on the job for over a year, he just discovered the guidelines. This is a good illustration that we need to keep publicizing their availability. Mary suggested a survey of state directors. Susan McHenry agreed that it was important to get feedback on the guidelines. Rachael said it would be easy to develop a survey monkey and link it to the model guidelines website. Rachael showed the document to the wildland fire community, and they were excited about guidelines that could be used in the various states. Some questioned if it was too early for a survey, and suggested waiting until more people are using it. Doug Kupas suggested asking other associations to include a link to the guidelines on their website. Susan McHenry congratulated everyone who worked on this complex and comprehensive project. She suggested that in future funding contracts that NASEMSO has with NHTSA, it is important to look at sustainability for long-term projects. Although it may not necessarily be included the last year of the NASEMSO contract, it could be considered in future cooperative agreements. Drs. Kamin and Cunningham said they assume that the core group who developed the guidelines will continue to participate in the long-term maintenance effort, but new members could also be added.

Drug Enforcement Administration (DEA) Background Information

Dr. Taillac said he wanted to address some issues before the DEA officials arrive. The DEA is preparing to promulgate administrative rules regarding EMS, and DEA officials have been attending national EMS meetings to collect information. Harry Sibold explained that the DEA has a number of guidance documents which are intended to interpret the statute and the rules. Concerns include the ability of EMS to administer controlled substances by standing order, as well as consistency on who must hold the DEA license. Dr. Taillac reviewed some suggestions that could be proposed to the DEA when they address the Council.

NASEMSO EMS Performance Measures Project – Nick Nudell introduced himself as the Project Manager for this new two-year project funded by the NHTSA OEMS and the HRSA EMSC Program. The EMS Performance Measures Project is the largest project ever undertaken by NASEMSO. Earlier performance measure efforts were focused on clinical measures, but this project will go beyond that. This initiative is intended to be a unifying effort to bring together different groups and ideas that have worked on performance measures during recent years. Nick reported they began by conducting a literature review and have compiled 120 articles in their library. They intend to solicit input from all EMS stakeholders,

especially the boots-on-the-ground stakeholders. They will develop a guide to teach people how to use measurements in EMS. They will seek National Quality Forum (NQF) endorsement to help meet CMS requirements. The project includes four project work groups (Execution, Measurement Design, Technology Developers and Communications) and the Steering Committee, which is led by Dr. Robert Bass. A blue ribbon panel will meet to review the product one month prior to completion. Those interested in participating in the project should contact Nick Nudell at nick@nasemso.org or (760) 405-6869. Dr. Brian Moore was selected to serve on the Steering Committee for his pediatric expertise. Dr. Taillac asked about the role of the Medical Directors Council, especially in relation to the clinical measures. Nick said there will be opportunities for review and comment; also, additional members will be determined by the Steering Committee which will soon be holding its first meeting.

Planning New Member Orientation – Ken Williams inquired if the medical directors should develop something more formal to orient new medical directors? He suggested the development of a document to offer to new Medical Director Council members. He offered to begin working on the document and welcomed other members who are interested. Some of the other councils have developed toolkits for new members and we may be able to borrow from that. Mary will work with Ken.

Conversation with DEA Officials – Imelda “Mimi” Paredes, Executive Assistant, Courtney Mallon, Policy Analyst, Alex Kim, Economist

Ms. Paredes explained that the DEA is preparing to draft proposed new regulations under the Controlled Substances Act, which address emergency medical services. There is no direct reference to EMS in the current regulations and they are trying to address this. Their biggest challenge is addressing the different state requirements for EMS. They requested dialog with members of the Council. Dr. Taillac opened the conversation with the issue of EMS practitioners in the field being able to administer controlled substances by standing order. He and others added that this has been the practice for 30 or more years in this country. Ms. Paredes explained that they are limited to drafting regulations that comply with the existing Controlled Substances Act. The definition of practitioner in the Controlled Substances Act does not include paramedic. She added that she does not know of any paramedic who has been disciplined by the DEA for doing this or any physician whose DEA license has been jeopardized for this practice. Dr. Taillac suggested that the Controlled Substances Act was enacted prior to the advent of paramedics being able to administer these drugs. The DEA’s primary interest is protecting against diversion of controlled substances. They plan to publish proposed rules in the fall of 2015, at which time there will be a solicitation for public comment. Ms. Paredes said the Controlled Substances Act deals primarily with procedures for distributing controlled substances and each state has different laws regarding the handling of controlled substances. Susan McHenry added that the NHTSA Office of EMS and FICEMS have had conversations with the DEA regarding this issue. Whether it is the state board of pharmacy or the board of medical practice that regulates who can dispense the controlled substances, there is variance state by state. Dr. Beeson said that in Texas, the DEA regional offices are inconsistent in their interpretations. Ms. Paredes said when they write the proposed rules, they are considering how EMS must register. Almost every state has its own controlled substance act, which is based on a model law. This state law dictates who has authority to dispense and distribute controlled substances. Ms. Paredes explained the definition of dispense and distribute under the Controlled Substances Act. Dispense means to prescribe or administer the medication. Distribute means any transfer of a controlled substance to anyone other than the patient. Dr. Hornung said there should be the development of a single protocol for EMS to handle controlled substances. Ms. Paredes said it would be very helpful if EMS developed a best practices document. Ms. Paredes said she understands that every state requires EMS agencies to be overseen by a medical director, but that medical director is not necessarily the person whose DEA number is “on the hook.” Ms. Paredes said they are very interested in

standardizing how states authorize the handling of controlled substances. They requested input on the four following topics within the next two weeks:

- registration
- security
- record-keeping
- reporting

Federal Partner Update – Susan McHenry spoke about the activity surrounding the Ebola outbreak. Joe Schmider, who is the current state EMS director representative serving on FICEMS, was appreciative of the information he received prior to the Ebola outbreak in Texas, and really gained from participating with the Federal partners in the development of the Interim Ebola Guidelines for EMS & 911. NHTSA is very excited about the EMS Performance Measures Project, particularly to help the local EMS agencies get outcome data on some of the emergency medical care they are providing. The AACN project that was awarded to ACEP kicked off this morning. Later this week, NAEMSP will report on the National EMS EBG Strategy they developed with broad input from all major EMS stakeholders. She announced that NEMSAC appointments will expire in April, 2015 and new applications are being considered now. Many of the current appointees are not eligible to re-apply because they have served two terms. Transition of Military Veterans to Civilian EMS is a new project for NASEMSO. This issue has received much attention from the White House, particularly the First Lady. Portions of NHTSA’s funding (and funding for FHWA) are facing the possible expiration of the Highway Trust Fund in May of this year and the Agency is hopeful there will be a long-term extension of authorization for the Highway Trust Fund.

NAEMT Update – Dr. Paul Hinchey encouraged everyone to consider participating in EMS on the Hill Day sponsored by NAEMT, which will be held April 28-29 this year. He commented that elected officials take notice when physicians meet with them in Washington. NAEMT has a new second edition of the EMS Geriatric course. The organization is also heavily engaged in the Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) initiatives.

American Heart Association’s EMS Registry – Dr. Robert Suter said that because EMS data has not been connected to the rest of the health care system, the American Heart Association decided to develop the **National Data Interface and Repository for Cardiovascular Care Data**. He introduced Mic Gunderson, who started as the AHA’s Director of Clinical Operations last year, and Earl Whetstone, Senior Manager of Information Technology. Mr. Gunderson explained that EMS needs metrics on quality, which will create pressures on EMS providers to improve efficacy (quality) and efficiency (cost). Conversations between CMS and EMS have suggested that EMS may be moving toward a pay for performance model. The general idea is to connect EMS data with different data registries (CARES, ROC, NEMSIS, etc). The goal is to develop infrastructure that brings existing data together to drive quality and research for Improved health.

Clay Mann, Principal Investigator for the NEMSIS Technical Assistance Center, explained the role of NEMSIS in this effort. NEMSIS currently has 25,000,000 records and receives data from all but two states presently. NEMSIS Version 3 contains improvements that will assist in developing performance measures and obtaining outcome data. Two states are submitting Version 3 data: California and Nebraska. Version 3 will make it much easier to align NEMSIS data with CARES data. He explained they now have surveillance mechanisms in Version 3. There is system performance information, as well as a local EMS benchmark toolkit, where the information can be sent directly to the local EMS agency with the permission of the state data manager.

Mr. Gunderson said the general idea is to build a data pipe between NEMSIS and other data sources. Dr. Suter said the goal is to obtain outcome data by building the connection between the various sources of the health care data.

Susan McHenry mentioned that much Federal, State and local effort, in coordination with the Office of the National Coordinator at HHS and the NEMSIS Technical Assistance Center, has focused on the integration of electronic EMS patient care reports with State and/or local Health Information Exchange (HIE).

NAEMSP – Dr. Taillac introduced Dr. Ritu Sahni, NAEMSP President, and Dr. Jane Brice, NAEMSP President-Elect. Ritu welcomed the NASEMSO Medical Directors Council. He noted that they will be meeting with Paul Patick, Dr. Peter Taillac and Mary Hedges tomorrow. He congratulated NASEMSO for the great work on REPLICA.

Project Reports

Inter-Association Task Force for Appropriate Care of the Spine Injured Athlete - Dr. Joe Nelson called in to report on his recent meeting regarding the spine-injured athlete. He apologized for not being able to attend but he was required to attend their state EMS meetings. He attended the National Association of Athletic Trainers meeting in Pensacola, Florida last weekend. There were several emergency physicians and other specialty physicians in attendance. Most everything was agreed upon with the exception of use of spine boards. He believes they are going to recommend use of spine boards to move the patient off the field and into the ambulance. He recommended they contact their local EMS agency beforehand to ensure their protocols are consistent.

Joint Trauma Committee – Dr. David Lehrfeld reported that the Joint Trauma Committee has not met since the last time the MDC met. He explained the American College of Surgeons and NASEMSO formed the Joint Trauma committee to discuss issues of mutual interest. They are developing a list of the top 10 performance indicators. He was unsure why they have not met but he understood there may be some reorganization at the NASEMSO level.

ACEP AACN Project - Dr. David Lehrfeld was recently appointed as NASEMSO's representative on the new AACN project being undertaken by ACEP and funded by NHTSA Office of EMS. The Advanced Automatic Collision Notification Project is intended to effectively integrate the crash data collected by automobiles that have this feature into the PSAPs for the purpose of improving the predictability of severity of injury. Agero and GM (OnStar) are the two companies that produce telematics for the AACN option for vehicles. It is unclear if the data is being used presently, but the purpose of the project is to develop training for use of the data, particularly training for the EMS and 911 medical directors.

Statewide Implementation of an EBG Guideline – Dr. Matt Sholl reported the goal of the project is to identify best practices, as well as barriers to implementing an evidence-based guideline at the state level. They are working with five states. Wyoming has now gone live with pilot of the EBG. Another state has determined they are not going to use it, which is part of the learning process meant to occur as part of the project.

State Reports

Maine (Dr. Sholl) - Maine is in the midst of developing pediatric guidelines and vetting the EBGs. This could be a kickstart to the New England EMS Guidelines.

New Hampshire (Dr. Jim Suozzi) - They are working on a drug diversion project as well as naloxone issues.

Delaware (Dr. Megargel) - Naloxone and Ebola have both been prominent issues for EMS.

Virginia (Dr. George Lindbeck) – The public naloxone issue is surfacing in Virginia. They now finger print all EMS agency personnel, including medical directors.

Connecticut (Dr. Rich Kamin) – Connecticut experienced an interesting process to identify four EMS agencies for transporting Ebola patients. A MOLST process will soon be going live in the state. There is discussion about naloxone being mandated for EMS providers. They are considering the development of state EMS protocols.

Ohio (Dr. Carol Cunningham) - Carol thanked everyone for answering her inquiry regarding use of capnography. Waveform capnography for patients requiring invasive airway intervention will be mandatory in the near future in Ohio. They are addressing the role of EMS in active shooter events by proposing the creation of rescue task forces. Carol will be a panelist on an upcoming APEX Ebola panel at the Center for Homeland Defense and Security. Regarding the inquiry she sent regarding CLIA and blood glucose monitoring, she is requesting further information from Dr. Patrick Conway, the chair of the committee who produced the memo. She will share the response with everyone once it becomes available.

Utah (Dr. Peter Taillac) - Utah has a POLST process and their health information exchange is interested in sharing this information.

Rhode Island (Dr. Ken Williams) - The EMS office is moving up within the hierarchy at the Department of Health. They are working on their state protocols. They have handled 7 suspected Ebola patients in the state. All EMS agencies are expected to be able to transport Ebola patients.

Texas (Dr. Jeff Beeson) - New rules pertaining to EMS Providers (Programs) in Texas were enacted following Senate bill to fight fraud and abuse. In Houston area, there has been a decrease of over 100 providers since the rules were enacted. New programs applying also decreased significantly due to new requirements. DSHS also worked with Medical Board to require EMS medical director specific education to physicians who provide EMS medical direction. Of course dealing with AAR for Ebola.

Alabama (Dr. Sarah Nafziger) - Alabama will be hiring a new state EMS director as Dennis Blair is accepting another position in the Health Department.

New Mexico (Dr. Brian Moore) - Stroke and STEMI center designation was enacted during the last legislative session. They were also able to enact requirements for background checks for all new and renewing EMS providers. There have been 3 aircraft crashes in the last year, which they are unable to address.

New Jersey (Dr. Stephen Vetrano) - The recent state EMS conference shattered all previous attendance records. They are working on standing orders. A couple of their ALS services are piloting high performance CPR. The state will be contracting with ImageTrend for EMS data collection.

Montana (Dr. Harry Sibold) - He has found their state trauma committee to be very interesting. The state has one of the original five hospitals nationwide that were designated as an Ebola-ready hospital. The Legislature is currently considering mobile intensive healthcare language.

Pennsylvania (Dr. Doug Kupas) - Pennsylvania found that Ebola occupied much time and attention which prevented them from doing other things. The naloxone bill that passed in October requires that EMS providers have a naloxone protocol by the end of December.

Oregon (Dr. David Lehrfeld) - The Oregon legislature will be going into session this week and there are several interesting proposals, such as the expansion of layperson epinephrine with no training. They have layperson naloxone and layperson glucagon measures in place. Regulations are being developed for free-standing EDs. They are waiting for another organization to introduce a bill to adopt the interstate compact for licensure of EMS personnel (REPLICA). They now have 90% of EMS agencies reporting to NEMSIS. The state is in its final year of transition to the national EMS provider levels. Mobile integrated healthcare remains pretty immature in the state. They are following the CDC recommendations for EMS regarding Ebola.

Adjourn - The meeting adjourned at 7:05 PM CST.

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