NASEMSO Medical Directors Council

May 13-14, 2019,

NASEMSO Annual Meeting

Marriott Salt Lake Downtown City Creek Hotel, Salon E

Meeting Record – May 13

State Medical Directors Attending – Ken Williams (RI), David Lehrfeld (OR), Joy Crook (NM), Elwin Crawford (AL), Michael Levy (AK), Ken Scheppke (FL), Peter Taillac (UT), Douglas Kupas (PA), Julia Martin (KY), Jason Kegg (IL), Carol Cunningham (OH), James Bledsoe (AR), Sharon Malone (TX), Jeff Beckman (CO), Howard Backer (CA), Bobby Lee (LA), Kate Zimmerman (ME), Matthew Sholl (ME), Curtis Sandy (ID), Michael Kaufmann (ON), Sabina Braithwaite (MO), Garrett Clanton (SC), Riccardo Colella (WI), Joey Scollan (NH), George Lindbeck (VA), Tim Chizmar (MD), Mary Hedges (NASEMSO)

Others (NASEMSO Members and Guests) - Jon Krohmer (NHTSA), Dave Bryson (NHTSA), Michael Handrigan (National Park Service Medical Director), Bob Swor (NREMT), David Tan (NAEMSP), Raffaela Coler (CT state director), Joe House (KS state director), Cathy Scheppke, Lynn White (AMR), Andy Gienapp (WY state director), Tamantha Cumbic, Joe Schmider (TX state director), Mark Lockhart (WI state director, Jim DeTienne (MT state director), Harry Sibold (MT), Mic Gunderson (American College of Cardiology), Dan Batsie (VT state director), Tim Hampton (Kaleo), Cynthia Patterson (Kaleo), Dolly Fernandes (WA state director), Josh Walters (Biospatial), Remie Crowe (ESO)

Call to Order, Welcome, Self-Introductions – Dr. Ken Williams called the meeting to order at 8:35 AM.

Approval of March 4th Meeting Record - The March 4th meeting minutes approved as submitted.

NHTSA Update – Dr. Jon Krohmer, Director of NHTSA Office of EMS, provided an update on NHTSA staff. Eric Chaney, formerly of the Department of Homeland Security, is now with NHTSA OEMS and responsible for NEMSIS-related activities. Kate Elkins, MPH, who is also a paramedic, will be working on 911 Issues and EMS education and two public health fellows are also on board. Jeremy Kinsman has left NHTSA for a position with Yale Emergency Medicine Department (and to be nearer to his fiancée). EMS Agenda 2050 has now been completed as has the EMS Scope of Practice Model. The Naloxone EBG project was also recently completed. The National EMS Advisory Council (NEMSAC) will be meeting on June 9-11 in Washington, DC. An EMS nomenclature project to gauge a potential shift to use the term "paramedic" for all current levels of EMS certification is underway, and a strawman draft has been released. NAEMSP is working on a medical director survey which is waiting for federal (OMB) approval before it is distributed. They have begun a project with AHRQ for a literature review on pain management. They have a contract pending for a number of associations to work on a joint project.

Scope of Practice Model 2018: An Overview - Peter Taillac presented an overview of the updated National EMS Scope of Practice Model, a project that was recently completed by NASEMSO with Kathy Robinson and Dan Manz staffing the project. Dr. Taillac served on the expert panel. He emphasized it is a model with no regulatory authority. There were three opportunities for public comment, and they received a great deal of feedback with one of the most controversial on the topic of endotracheal intubation. Deletions included MAST trousers and "assisting" a patient with own prescribed medications (because "assisting" was confusing). See https://www.ems.gov/pdf/National_EMS_Scope_of_Practice_Model_2019.pdf

Naloxone Evidence Based Guideline – Dr. Ken Williams said the Evidence-Based Guideline for Administration of Naloxone by EMS Personnel was recently completed and published in Prehospital

Emergency Care. The training module is completed but is awaiting finalization of the version which includes narration. The major shortcoming was the lack of evidence in the systematic review addressing intranasal devices and fentanyl analogues because all the studies were completed before these were available or prevalent. The project team favored IV for purposes of titration and the increased opportunity to avoid withdrawal and resulting agitation, as well as increased likelihood of patient being transported to hospital where the patient may be connected to treatment resources. See https://nasemso.org/projects/naloxone-evidence-based-guidelines/

NASEMSO Update – Dia Gainor, Executive Director; Keith Wages; President, and Kyle Thornton, President-Elect. Keith Wages noted his tenure as President of NASEMSO comes to an end on Thursday. He is retiring from the Georgia Office of EMS at the end of this month and will miss NASEMSO. Kyle Thornton indicated he looks forward to stepping in as President of NASEMSO. Dia Gainor distributed a one-page summary of the NASEMSO Strategic Plan recently completed by the NASEMSO Board of Directors. She highlighted the focus on emerging specialties with community paramedicine as one of the more prominent examples.

NAEMSP Update - Dr. David Tan, President, shared warm greetings from the National Association of EMS Physicians. NAEMSP has become much more involved in advocacy at the federal level and recently participated in EMS Day on the Hill. Questions followed.

Remarks from Harry Sibold – Harry indicated that he attended this meeting on his own time to personally say farewell. He has offered his resignation as the Chair-Elect of the MDC and must resign from the Council. He continues as the Medical Director at the Montana Board of Medical Practice but is not able to participate at the national level representing Montana. There has been a change in administration and other issues that have resulted in this decision. It was clarified that he is employed by the Montana Board of Medical Practice, which is in the Department of Labor, while the State Office of EMS is within the Department of Health.

State Reports

Wisconsin – Riccardo Colella reported that Wisconsin statute (not administrative rule) directs that patients must be conveyed to a hospital. As such, preliminary feedback from their legal team is that the CMS ET3 pilot may not be viable in Wisconsin. He requested feedback from other states that may have similar legislative barriers and any recommendations. Regarding the statewide CARES registry, they continue to face a barrier to funding for hiring a statewide CARES coordinator. The state enacted a well-meaning law in 2017 to potentially increase access to paramedic providers on rural services, but the operational logistics are formidable.

South Carolina – Garret Clanton said they are spending a great amount of time implementing pediatric trauma destination protocols. There is little evidence available that it impacts outcomes. They have obtained grant funding to purchase video laryngoscopes and plan to implement training in the rural areas.

Idaho – Curtis Sandy noted they are still dealing with staffing of interfacility transfers, especially in the rural areas where the nurses staffing the transport have limited experience in critical care. They are offering training for staff tasked with interfacility transports. They are getting more rural hospitals enrolled in the trauma system. Wayne Denny, the state director, is a member of the REPLICA (EMS Compact) Rules Committee, and they are addressing many issues that arise.

Indiana – Michael Kaufman has been the state medical director in Indiana for 15 months. Just after he started, the state data manager resigned and the state director had a stroke. He has spent most of his time covering the duties of those vacant positions. They have established a reimbursement mechanism for naloxone administration by Medicaid. There was a rule moratorium put into place by former Governor Mike Pence. On the clinical front, they have published their first data report. They are the first state agency in Indiana that has made their non-patient identifiable data publicly available. Workforce development has become a major problem with applications for EMS personnel having decreased by 33%. They have started an initiative for increasing the qualifications for EMS medical directors. EMS is within the Department of Homeland Security in Indiana. They have been actively involved in the legislative process and passed a mobile integrated healthcare (MIH) bill which created a MIH fund. Legislation was enacted requiring dispatchers to be trained in CPR. He is contracted for 25 hours a week but has put in more time than that. He also works clinically.

Maine – Matt Sholl said their state director position is vacant and they have recently posted the position. Former director (now retired) Jay Bradshaw has agreed to serve as interim director until they fill the role. He noted the vacuum created as that position is unfilled. He said Kate Zimmerman (assistant state medical director) has been working with their trauma advisory committee on several matters including getting patients aftercare resources. They are on a two-year cycle to update their protocols and enjoy working with other New England states including New Hampshire and Vermont. Mechanical chest compression is dominating the protocols discussion this year. They are in the early phase of trying to re-invigorate staffing on interfacility transfers, and addressing the stress resulting from the behavioral health transports and lack of bed availability. Their QI activity is focused on four areas currently including opioid overdoses. The former governor was very resistant to REPLICA so they are excited to be working with a new governor. In 2015, NASEMSO helped them with an off-site system evaluation, and they are working to implement some of those recommendations.

Missouri – Sabina Braithwaite has served as the state EMS Medical Director for about a year and a half. She thanked Doug Kupas for helping Missouri to become a CARES state. High air medical bills have gotten the attention of the state legislature, especially a state legislator who was flown for a STEMI and did not understand why he could not have been driven by car.

New Hampshire – Joey Scollan said they have been collaborating with New England states which has been helpful. They received a SAMSHA grant for their Opioid First project in the state EMS office. She added they are struggling with the medical director's lack of authority to restrict EMS personnel whose skills or performance are problematic. The only avenue is to suspend a paramedic's access to medications.

California – Howard Backer explained that California EMS is a two-tier system which is based on medical control from both himself and the local medical director. The positive aspect of this approach includes their health information exchange system they have been developing. They are hoping they will have most of the records within the next year. They began the HIE program with a federal grant from the Office of the National Coordinator of Health Information Technology (ONCHIT). It includes the ability of EMS providers to receive patient health information in the field. Now they are tackling the next phase of getting outcome information. They have promulgated regulations for stroke, STEMI and, more recently, an EMSC system. Most local systems already have stroke and STEMI systems, so the state's goal is to achieve some consistency for these systems. They have been working on CP/MIH legislation but are getting resistance from nursing and even emergency physicians. Their state continues to have battles regarding exclusive transport agencies even though they have had a state statute in place for years.

Non-Transport Payment Initiatives (ASH Initiative on CARES, ET3) – Dr. Doug Kupas (PA) shared that he is on the CARES oversight board and that they have scholarships available for states that want to become CARES states. He shared data from the CARES 2018 data set. He reported that there is interest in reimbursing EMS at a higher level for cardiac arrest patients as an incentive for agencies to report cardiac arrest data through CARES.

Opioid Initiatives in Indiana – Dr. Michael Kaufman (IN) shared information about his state's opioid initiatives. They developed the Naloxone Administration Heatmap which shows where overdoses are occurring throughout the state. This helps target efforts where overdoses are occurring. This helped prompt the state to promulgate new rules targeting the opioid overdose epidemic (in spite of former Governor Pence's moratorium on rule promulgation). They soon will be releasing the Naloxone Dashboard. He also shared information on Crawfordsville Fire Department's Mobile Integrated Health program which follows up with patients who have experienced overdoses based upon information from the Heatmap. Their program includes behavioral health team members. The Carmel Fire Department has instituted a quick response team which involves a similar approach of follow-up care to those who have overdosed.

Joint Meeting with Trauma Managers Council: NASEMSO/Biospatial Collaborative - What Is It and What Can It Do for Your System? - Josh Walters, Vice President of Product, Biospatial and Dave Zaiman, Director, Data Partnerships

> *The Biospatial Platform has been enhanced to provide state and local EMS officials with data-driven insight into critical care issues such as opioid overdose, motor vehicle injury, operational performance metrics and benchmarks, and actionable alerting capabilities. To enrich these capabilities, the Biospatial Platform uses machine learning to probabilistically link records across multiple data sources, including EMS, trauma registry, motor vehicle crash, and other health and safety-related data sources.*

Dave Zaiman explained there is no charge to the states when Biospatial provides high level analytics of the state's data. They now have 18 states that are submitting their EMS data, one state (Montana) submitting its trauma data, and one state (Florida) submitting its motor vehicle crash data. They also have 14 states where partial EMS data is being submitted via EMS agencies. Josh Walters demonstrated their syndromic surveillance dashboard, including their new time-sensitive syndromes dashboard.

Members whose states partner with Biospatial expressed strong support. Ken Scheppke said the QA opportunities has been unbelievable, and Ken Williams said Biospatial analytics has provided quick access to important data at no cost.

State Reports (cont.)

Colorado – Jeff Beckman said Colorado is still recovering from the active shooter event at a school last week. Fortunately, there were only 9 injuries (1 fatality). They had 23 bills introduced in this legislative session that impacted the EMS Division. One of those bills dealt with peer assistance. Another bill was intended to clarify the role of the EMS provider who worked in the hospital setting. It created an avenue for EMS clinicians to practice at their EMS scope of practice level in the hospital under the supervision of a nurse and under the medical direction of a physician at the hospital. Previously they could work in the hospital as technicians but not as EMTs or paramedics. Another bill's purported intent was to change EMS certification to EMS licensure, but it went beyond that to change nomenclature. It did not pass.

Recess until Tuesday, May 14 – The meeting recessed at 4:30 PM.

May 14

The meeting reconvened at 8:00 AM.

State Reports (cont.)

Arkansas – Dr. James Bledsoe reported that the Arkansas Office of EMS/Trauma started a Rapid Sequence Intubation (RSI) Committee. They surveyed bordering states about how they handle RSI. Twice a year they hold a medical directors conference. He displayed a video their department created on the opioid epidemic. Their Stop the Bleed Campaign has existed for 6 years where they send a trainer to the public schools and leave a kit. A new law requires all graduating seniors to have taken the Stop the Bleed course.

Texas – Dr. Sharon Malone said she is honored to have been designated as the state EMS medical director for Texas. She became a paramedic after she became a physician and no longer works in the Emergency Department but works solely as an EMS medical director. She is a member of the Governor's EMS and Trauma Advisory Council (GTAC). They are a medical director-driven state. EMS medical directors are now required to complete an EMS medical director course. A few years ago, a bill passed that allowed paramedics to work in the ED in spite of opposition from the Board of Nursing. This has been very helpful to physicians in the ED.

Ohio – Dr. Carol Cunningham noted that Ohio is now a CARES state. They are taking their data back in house. She completed a gap analysis comparing Ohio's EMS scope of practice with the National Model Scope of Practice Model. They held a medical directors conference which drew 3 times as many as they anticipated, and since then have formed a NAEMSP state chapter.

Illinois – Dr. Jason Kegg said this is his first NASEMSO meeting and appreciates the welcome from everyone. Illinois is going to become a NREMT-P state. They launched an opioid dashboard where one can find who the high prescribers are as well as naloxone administrations. Law enforcement is asking them if they should hold people they revive with naloxone until EMS arrives, and he is looking for feedback from other states. They are piloting direct transports to behavioral health facilities bypassing hospitals. They were surprised to learn recently that some of their downstate ALS agencies did not have 12-lead EKG capability.

Rhode Island – Dr. Ken Williams reported that state agencies were required to simplify their regulations. They were informed that their protocols were supposed to be administrative rules; however, they successfully managed to avoid doing that. The office invested two year in updating their rules until opponents took their concerns to the Governor, at which point they had to lessen their proposed qualifications for EMS medical directors. They have doubled the size of their state EMS office to 8 people largely due to grants they were awarded. They have been doing alternate destination for behavioral health for about a year now largely due to the closure of a major hospital.

Kentucky – Dr. Julia Martin said Kentucky is still working on stroke destination guidelines, primarily LVOs. All EMS agencies are now reporting EMS data, but they have 2 weeks to submit; they will shorten the reporting time in the future. Another problem is there is not connectivity to the hospitals and they are not leaving the required run report at the hospital. They are collecting data on the community paramedicine project. They are initiating antibiotic administration in the field. Her hospital received a

grant where they will be taking leftover blood and urine samples at her hospital to learn what is showing up in these drug screens.

Pennsylvania – Dr. Doug Kupas shared that their state trauma system now requires DMIST report. They have been holding an annual community paramedicine summit for several years now. Their pay-for-non-transport law passed last year which requires reimbursement for non-transport of patients that have Medicaid or other insurance. They are writing the rules presently so it has not yet been implemented.

Virginia – Dr. George Lindbeck said that Virginia has signed a contract for the 25,000 annual mental health transports that will cover about half of the transports. EMS has traditionally not done psychiatric transports. He asked about EMS provider exposure to deceased patients, i.e. at accident scenes, etc., as there is concern about HIV and other exposures without a good system to test. There were 2-3 bills introduced relating to air medical billing, and they ended up with one bill that passed requiring hospitals to inform patients of air medical cost before transferring non-emergent patients.

Comments from Michael Handrigan, National Park Service (NPS) – Dr. Handrigan, who became the EMS Medical Director for the NPS in March, explained that the National Park Service has an EMS program. Several of their parks include EMS transportation which are primarily BLS. The goal for the National Parks is to locally manage EMS and to centralize training. The US Forest Service envied the National Park Service's program so they decided to become part of the program. The National Park Service is required to provide EMS care to visitors whereas the US Forest Service is prohibited from doing so.

Florida – Dr. Ken Scheppke stated that stroke centers are now required to be designated by a third-party organization. They are also now required to submit data to the stroke registry. The texting while driving law fines will be deposited in the EMS trust fund. Florida does not have state protocols, but some counties (South Florida) now require prehospital administration of antibiotics for septic shock. They are studying this and will report the results. They have a state-funded Narcan leave behind program. They are pushing medication-assisted therapy for opioid addicts. Many of the treatment programs are unfortunately abstinence-based programs, which have been ineffective.

Alaska – Dr. Michael Levy said this is his first NASEMSO meeting. They have a new governor who was elected on promises of cutting taxes. They have been examining their state EMS scope of practice which has not been touched for years. They have been providing resuscitation academies. They have a stroke grant. They also have a project to install telemedicine in ambulances. CARES is now covering about 80% of the state. They are a Biospatial state and have also discussing REPLICA.

Comments from Bob Swor, President of NREMT Board – The NREMT will allow board-certified EMS physicians to sit for the NREMT exam. Bob also shared **Bill Fales' report from Michigan**. Michigan has a substantial shortage of EMS providers. They have updated their protocols to address pain management. They moved to NEMSIS 3. They now partner with Biospatial, and Bill highly recommends it to other states. Neonatal hypothermia is being addressed by providing EMS services with a new thermal warming device. It was used incorrectly during an infant transport, and they now will be providing training on its use.

Maryland – Dr. Tim Chizmar said they are pleased to have Dr. Ted Delbridge join the Maryland Institute of EMS Systems as the Executive Director in February. They are now using a new statewide EMS data system. A community paramedic program is in place. Maryland does not have advanced EMTs and he requested feedback on whether it would be beneficial to add. Several hospitals converted to free-standing EDs. They continue to be focused on cardiac arrest and are a CARES state. Their trauma

manager is also the CARES coordinator. They continue to run resuscitation academies. They have a $200,000 grant to reimburse for treat/no transport opioid overdoses.

Alabama – Dr. Elwin Crawford said that the ACS conducted an assessment of their trauma system. The state has submitted its CARES application. Legislation requiring PSAPs to complete EMD training was enacted. They are working on destination guidelines for stroke centers. The bill requiring FBI background checks for EMS providers is meeting with strong resistance, and they are waiting to see if it passes. Variances can be obtained for transporting to behavioral health facilities.

Oregon – Dr. David Lehrfeld said this is his 5th year as state EMS medical director. They are gradually getting to 100% reporting of data, but the quality of the data is lacking. They have purchased ImageTrend's licensing system after doing it by paper until recently. They have implemented rules to require quality programs. The fire chiefs introduced a bill to allow any fire department to begin an ambulance service; however, it did not pass. Trauma is still the only time-sensitive state system they have established. He learned that Oregon had enacted a law in 2011 requiring hospitals to report stroke data so they are going to begin requesting that it be enforced. Approximately 70% of their agencies are reporting CARES data. They are hosting the NASEMSO regional meeting in Portland this year.

Resuscitation Centers – Dr. Ken Scheppke presented on the *No No GO* dispatcher Life Support program they initiated in Palm Beach County, Florida. The thoracic pump theory stresses that it is all about chest compressions. They now position the head and torso higher when performing CPR rather than having the patient lying flat, and they use a mechanical CPR device. They have increased their ROSC rate 10-fold over an 8-year period.

Election of Chair, Chair-Elect, Secretary and 5 Regional Representatives – Doug Kupas nominated and Carol Cunningham seconded Dr. George Lindbeck for the vacant chair position due to Chair-elect Harry Sibold's resignation. Carol Cunningham nominated and Julia Martin seconded Dr. Matt Sholl for the chair-elect position. There were no further nominations for either position. Dr. Lindbeck was elected chair by acclamation and Dr. Sholl was elected chair-elect by acclamation. Dr. Julia Martin was elected South regional representative. The existing regional representatives were re-elected. Dr. Carol Cunningham was elected secretary.

Joint Meeting with HMPC on Triage – Dr. Doug Kupas and Joe Schmider
Joe Schmider, State Director (TX) and Chair of the Health and Medical Preparedness Council, opened the discussion. Is our triage system working? He noted that Israel does not triage, but lets the hospital sort it out when the patients arrive. Also, the reality is that we are not good at triaging in mass casualty incidents in spite of the triage systems we have learned. They are awaiting a paper from ASPR on the topic. Most patients are already gone by the time EMS arrives on the scene. Peter Taillac commented that this does not mean our system is not working. Carol Cunningham commented that Israel is much different than the US as they do not have long transport times, all physicians are employed by the government, and destination decisions are pretty simple. Doug Kupas noted they also have the advantage of nationally required service and thus, many of their citizens have more training on these matters. Ken Williams said they have been using the wrist bands for patient identification for about 10 years, but they use them every day so it works well in MCIs.

The following people volunteered to serve on a working group to review and comment on the ASPR/TRACIE document when it is released: Carol Cunningham, Jason Kegg, Ken Williams, Peter Taillac, Sharon Malone, Sabina Braithwaite, Riccardo Colella, Tim Chizmar, Doug Kupas and Michael Handrigan.

Prehospital Stroke Discussion with CDC and ASTHO - Colleen Barbero (CDC, Division for Heart Disease and Stroke Prevention), Aunima Bhuiya (CDC), Dr. Marcus Plescia (ASTHO), Erika Odom, (CDC, Coverdell Team)

The Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention (DHDSP) supports states in enhancing communication, coordination, and quality in their stroke systems of care. This presentation will describe CDC DHDSP's programs and research to enhance stroke systems of care, provide published findings to date, and facilitate discussion about strategies for disseminating and implementing evidence-informed prehospital stroke interventions across states.

Lieutenant Commander Ericka Odom reported on the Paul Coverdell National Acute Stroke Program. The Coverdell program currently funds 9 state health departments. Colleen Barbero and Aunima Bhuiya are on the Applied Research and Translation Team. Dr. Marcus Plescia is the chief medical officer for the Association of State and Territorial Health Officers (ASTHO) which represents the senior leadership of the state public health departments. They worked closely with the CDC on numerous projects, many of which involve EMS and their role in stroke, opioids, and other conditions. They will be reaching out to the state EMS directors in MO, WY, LA, RI, IL, and IN regarding this project. LCMR Odom emphasized how important EMS providers are in the Coverdell stroke program. They need good quality EMS data.

Aunima shared that they completed early evidence assessments on prehospital, in-hospital, and post-hospital interventions. Colleen said they completed a policy surveillance of state laws to see which states had laws that their evidence found make a difference in stroke outcomes. She shared the results of that surveillance. Currently, they are studying 6 states with different approaches to regulating stroke systems of care.

Colleen added they are very interested in studying time-sensitive emergency systems of care, and they need case study partners. They are also interested in community paramedicine.

Project and Committee Updates – Various Members

ACSCOT Ketamine Position Paper Working Group – Dr. Aaron Burnett (MN) was not in attendance.

Code of Ethics for EMS Medical Directors **–** Dr. Williams reported that NASEMSO has now partnering with NAEMSP, AEP and AMPA on the draft. AMPA has approved it and he is waiting on response from ACEP and NAEMSP. Dr. Kaufmann said they used the draft to incorporate into their state EMS administrative rules.

NAEMSP Equipment for Ground Ambulances Revision – Dr. Williams reported this project is being led by Dr. John Lyng. It is still in the early stages. They are trying to determine how detailed it should be.

Defining Ideal Pediatric Trauma System (Childress Grant) – Dr. Joey Scollan (NH) said there was previous summit on pediatric trauma . The University of Louisville was awarded the Childress grant to define the ideal pediatric trauma system and NASEMSO is one of the partners.

Adjourn – The meeting adjourned at 3: 31 PM MDT.

The meeting minutes were respectfully prepared by NASEMSO Program Manager Mary Hedges.