



## **NASEMSO Medical Directors Council**

**September 23, 2019, 1:00 PM EDT**

### **Meeting Record**

**Attending** – George Lindbeck (VA), Joe Holley (TN), Curtis Sandy (ID), Michael Kaufmann (IN), Matt Sholl (ME), Michael Levy (AK), Brian Amy (DC), Richard Kamin (CT), Ken Williams (RI), Dan Wolfson (VT), Peter Taillac (UT), Lynn Wittwer (WA), Gail Bradley (AZ), Mary Hedges (NASEMSO)

**Call to Order, Welcome, Self-Introductions** – Dr. George Lindbeck, Chair, called the meeting to order at 1:04 PM EDT.

**Approval of July 1st Meeting Record** (attached)- Dr. Kaufmann moved approval of the July 1st meeting record as submitted; Dr. Kamin seconded. Motion passed.

**Introduction of New Member** - Gail Bradley, MD is the new Medical Director from Arizona, replacing Dr. Ben Bobrow. She was late in joining the call (AZ has its own unique time zone which led to some confusion as to the meeting time) but was welcomed to NASEMSO.

**Triage Working Group Update** – Dr. Doug Kupas was not available to report.

**Development of MDC Work Plan** – Dr. Lindbeck reported that the steering committee and others who volunteered to participate will be developing the new workplan. He invited others to volunteer and to let Mary and him know if interested. Mary said she would be sending a doodle poll this week to identify the best time to meet by teleconference.

**NHTSA Update** –Dr. Jon Krohmer sent his regrets that he was unavailable to participate in today's meeting.

**Project and Committee Updates** – Various Members

Pain Management Evidence-Based Guideline Proposal – Dr. George Lindbeck said NASEMSO submitted a proposal last week to NHTSA for development of the pain management evidence-based guideline for EMS. We expect to hear from NHTSA by the end of the month as to who is awarded the cooperative agreement. Rich Kamin offered that he participated in the AHRQ systematic review on pain management upon which the project will be based. He noted there was not a great deal of evidence available. Peter Taillac commented that he just finished giving a lecture on the topic and was pleased to have this brand new source. The AHRQ review is available here: <https://effectivehealthcare.ahrq.gov/products/acute-pain-ems/research>

NEMSAC Update – Dr. Peter Taillac stated it has been a learning experience to serve on NEMSAC, which is a federal advisory committee to the Federal Inter-agency Committee on

EMS (FICEMS). They develop advisories. Two of the hot topics are nomenclature for EMS (e.g., should the practice of EMS become paramedicine). The other hot topic is whether to require paramedics to have a minimum of an associate degree. He was not able to attend last week's NEMSAC meeting.

American College of Surgeons-Committee on Trauma's Ketamine Position Paper Working Group – Dr. Aaron Burnett was not available to report.

Code of Ethics for EMS Medical Directors – Dr. Williams has not heard back from the committee. Dr. Lindbeck offered to contact NAEMSP's Standards and Practice Committee and close the loop.

NAEMSP Equipment for Ground Ambulances Revision – Dr. Williams shared that Dr. John Lyng has circulated a request for information with the intent of creating a baseline of equipment to consider during the update and revision of this document.

Defining Ideal Pediatric Trauma System (Childress Grant) – Dr. Joey Scollan (NH) was not on the call to report.

### **Other Matters of Interest**

#### Supervising Hospital Affiliation Requirement for ALS agencies in Indiana

Dr. Kaufmann (Indiana) queried the MDC listserv about this question and received very good feedback collecting 16 responses with about 25% with a similar supervising hospital requirement. Dr. Taillac (Utah) commented that it is best if the hospitals have medical directors who are not paid by them so there is no incentive to steer the patients to the supervising hospital. Dr. Kamin (Connecticut) agreed that there could be some negative outcomes with this requirement but wondered if it was not intended to ensure that EMS agencies receive medical direction from qualified physicians. This requirement exists in Connecticut. Dr. Sandy (Idaho) stated that their corporate compliance officer is very concerned about what could be perceived as illegal kickbacks; therefore, he is very generic with patient destinations in his protocols in Idaho. Peter Taillac added that in Utah, receiving hospitals must be a part of the "system of care" if they want to receive patients from EMS agencies. George Lindbeck said Virginia does not have any requirements that hospitals must provide support to EMS (medical direction, etc).

Dr. Kaufmann said they are working on a community paramedicine / mobile integrated healthcare plan for Indiana. He and a summer intern began with the reference document available on the NASEMSO website and developed a plan for Indiana. He will send the paper to Mary for distribution.

**Adjourn** – The meeting adjourned at 1:59 PM EDT.

**Next Meeting – November 4**

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

***Save the Dates:***

***January 8, 2020 – MDC Mid-Year Meeting, San Diego (in conjunction with NAEMSP)***

***June 15 - 19, 2020 – NASEMSO Annual Meeting, Reno, Nevada***

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