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Massachusetts Department of Public Health
Minutes of the Mobile Integrated Health Advisory Council
Meeting of Wednesday, February 26, 2016
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston, MA

Date of Meeting: Monday, February 26, 2016
Beginning Time: 1:31 PM
Ending Time: 3:06 PM

Advisory Council Members Present: The following eleven (11) appointed members of the Mobile Integrated Health Advisory Council (MIHAC) were in attendance on February, 1 2016, establishing the required simple majority quorum (10) pursuant to Massachusetts Open Meeting Law (OML): DPH Associate Commissioner Lindsey Tucker (Chair); Dr. Toyin Ajayi; Anuj Goel; Tara Gregorio; Chief Theodore Joubert; Pat Kelleher; Dr. Carolyn Langer; David Morales; Kathy Reardon; Dr. David Schoenfeld; Sean Tyler.

Ms. Amanda Gilman, a non-appointed member designee of Mr. Vic DiGravio, and Mr. Reginauld Williams, a non-appointed member designee of Mr. Mike Caljouw, were present but permitted to vote.

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1. Welcome and Introductions

Department of Public Health (DPH) Associate Commissioner and Mobile Integrated Health Advisory Council (MIHAC) Chair, Lindsey Tucker called the meeting to order and provided brief introductory remarks.

2. Adoption of February 1, 2016 Meeting Minutes (Vote)

Ms. Tucker asked whether any members had any changes to be included in the February 1, 2016 meeting minutes. Hearing no request for changes, Ms. Tucker requested a motion to accept the minutes at 1:32 PM.

Sean Tyler made a motion to approve. Dr. Schoenfeld seconded this motion.

The following nine (9) members voted to approve the minutes: Dr. Toyin Ajayi; Tara Gregorio; Anuj Goel; Pat Kelleher; Dr. Carolyn Langer; David Morales; Kathy Reardon; Dr. David Schoenfeld; and, Sean Tyler.

Chief Theodore Joubert was not yet present at the time of the vote.

3. Interactions between EMS and MIH

Ms. Tucker presented a slide restating key questions that were raised by MIHAC members during previous meetings. Ms. Tucker stated that the February 26, 2016 meeting would be focused on the interactions between EMS, MIH, and Community EMS. Ms. Tucker presented Slides 8 and 9 regarding interactions between MIH and EMS. Ms. Tucker stated that in previous meetings, MIHAC members have made reference to:

1. The high percentage of 911 calls that are deemed more appropriate for referral or alternate destination, but under MGL c.111C (EMS statute), EMS has no other option except ED transport; and,
2. Interest in potential utilization of existing EMS resources, including EMS-compliant vehicles (i.e. Class I or Class II ambulances, certified by the Department for transport, hereinafter "transporting ambulances") and dually approved paramedic/EMT staff in achieving ED aversion (versus prevention).

Ms. Tucker presented Slide 10, reiterating that the law requires the Department to evaluate and approve MIH programs that meet each of eleven criteria specified within Section 2, one of which is that programs shall "ensure activation of the 911 system in the event that a patient of an MIH program experiences a medical emergency, as determined through medical direction, in the course of an MIH visit."

Dr. Schoenfeld commented that this criterion also includes another phrase that is important to the discussion (the italicized portion): (ix) ensure activation of the 911 system in the event that a patient of an MIH program experiences a medical emergency, as determined through medical direction, in the course of an MIH visit; *provided, however, that the activation shall be in the best interest of patient safety and takes into account how MIH programs affect EMS first response services; and provided further, that the department shall examine how 911 triage assessment tools may be incorporated into MIH*.

Ms. Tucker stated that in planning for this MIHAC meeting, DPH staff sent MIHAC members an exercise to complete in order to solicit feedback regarding the interactions between EMS and MIH. Ms. Tucker shared that this exercise included several hypothetical scenarios involving EMS/MIH interactions, each with a set of questions for MIHAC members to respond to.

Ms. Tucker shared that DPH staff synthesized common themes from the submissions received from MIHAC members for discussion and feedback, and that the syntheses are included on the next several slides. Ms. Tucker noted that these common themes represented DPH staff synthesis of responses received from MIHAC membership, and at this time, did not represent official DPH policy positions.

Ms. Tucker presented Slide 12, which posed a hypothetical situation in which a transporting ambulance is dispatched to a patient for a 911, emergency call and
after an initial assessment, the EMS personnel determine that the situation can be handled most appropriately through a referral or by transporting to an alternate destination.

Dr. Schoenfeld noted the importance of the definition of "Emergency Medical Condition," and Mr. Tyler agreed.

Ms. Tucker presented Slide 13, which posed the question, "Should only MIH programs that are approved by DPH specifically for ED Aversion be allowed to "downgrade" a patient to non-emergent or direct to an alternate destination?"

Dr. Schoenfeld commented that this is not an MIH question, but a question that could be more simply addressed by amending 105 CMR 170.000, the EMS regulation. Dr. Langer commented that it might be worth exploring what constitutes an emergency, who has the authority to "downgrade" a response, and how in a future MIHAC meeting. Mr. Morales stated that the answer to this question should be "yes" if it is the MIH program's patient, but "no" if it is not a patient of the MIH program. Ms. Kelleher, Dr. Ajayi, Dr. Schoenfeld, and Mr. Tyler commented that while this is a worthwhile question, it is beyond the scope of MIH, and would be more appropriately discussed in the context of the EMS regulation.

Ms. Tucker presented Slide 14, which posed the question, "If allowed, how should an MIH ED Aversion Program handle coordination with the 911/EMS-required Affiliate Hospital Medical Director (AHMD)?" Members generally agreed that if allowed, clear processes would have to be put in place for communication and coordination with the AHMD, and that data should be collected on these cases.

Ms. Tucker presented Slide 15, which posed the question, "Should dual programs (Primary Ambulance Services which are also ED Aversion MIH Programs) have distinct EMS/MIH medical directors/control?" Several members noted that there could be potential benefits with having a distinct MIH medical director with expertise tailored toward the MIH program's target population, but reiterated that this would require clear processes and a clear authority scheme to govern the interaction between the MIH medical director and the AHMD.

Ms. Tucker presented Slide 16, which posed the questions, "Should the process (form/method) for obtaining patient refusal of transport be carved out from Statewide Treatment Protocol 7.5 and updated for the purposes of MIH ED Aversion Programs only? If so, how?"

Mr. Tyler drew attention to the distinction between patient consent and patient refusal. Dr. Schoenfeld reiterated that this is a question for the EMS regulation, not for MIH. Several members raised concerns regarding the safety of paramedic-initiated refusal with the current level of paramedic training.

At 2:27 PM, Advisory Council member Chief Theodore Joubert entered the room.

Ms. Tucker presented Slide 17, which posed the questions, "What is the MIH ED Aversion Program's responsibility in determining alternate destinations or referrals? Warm handoff? Ensuring capacity where referring?"

Several members agreed that MIH program administration should be left to the application, and that DPH's role should be to determine whether or not adequate patient protections will be put in place. Several members engaged in a conversation about whether an MIH program should be required to check whether an alternate destination would accept the patient's insurance before transporting. Mr. Morales noted that as provider organizations move toward assuming full risk, they will be the most appropriate party to figure out the economics and answer these questions. Dr. Schoenfeld commented that the answer to this and many other questions depends on whether the patient interaction was initiated by a 911 call, and that providing different levels of service to patients who call 911 gets very complicated very quickly, and that MIH should not be the place for this discussion. Several members suggested that if allowed, the MIH program should be required to submit a list of partners they would transport to, as well as copies of the agreements they have made with each.

Ms. Tucker presented Slide 18, which posed the questions, "When does EMS-911 immunity end? At the time patient refuses transport to ED?"

Mr. Tyler stated that for a community paramedic to work under M.G.L. c. 111O, they must first be certified under M.G.L. c. 111C. Mr. Tyler also noted that DPH regulation cannot offer immunity, so this question should be left to MIH program attorneys.

Ms. Tucker presented Slide 19, which posed the questions, "What if the patient is not a patient of ABC's ED Aversion MIH Program, but a competitor's MIH Program? Must ABC either 1) transport to the ED; 2) be allowed to avert; or 3) contact and refer the patient to their MIH provider?"

There was disagreement among the members on this question, with some stating that it should not matter who a patient is or how they are enrolled, and others stating the MIH program should only be allowed to transport to the emergency department in this case.

4. Upcoming Meetings and Meeting Close

Ms. Tucker reminded the members of upcoming scheduled MIHAC meetings for March 24, 2016; and April 20, 2016. Several members commented that April 20, 2016 is during school vacation week. Ms. Tucker indicated that DPH staff would poll members to determine if there is a more suitable date in April or early May that would work for members' schedules.

Ms. Tucker requested a motion to adjourn at 3:06 PM. Mr. Tyler motioned. Chief Joubert seconded. All members in attendance voted in the affirmative.

The MIHAC meeting concluded at the time of 3:06 PM.

List of Documents Presented to MIHAC at the *February 26, 2016* Meeting

Documents can be found at:
http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/committees/mih/

1. Agenda: **"Meeting Agenda – February 26, 2016"**
2. PowerPoint presentation: "**Meeting Presentation (PowerPoint)"**
3. Meeting Minutes: **"Approved Minutes of February 26, 2016 Meeting"**