

Mobile Integrated Health Working Group

January 16, 2018

Location: State of CT Lab, West St., Rocky Hill

Time: 9am

Agenda

1. Welcome
 - a. Review of room Logistics
2. Approval of Minutes from December 5, 2017
3. Presentations by subject experts:
 - a. Department of Social Services Dr. Balaski
 - b. CT MIH Data/Need Assessment EMS Partners
4. Next Steps
5. Public Comment
6. Adjourn, Next meeting February 13, 2018

Mobile Integrated Health Workgroup

Minutes

Date: January 16, 2018

Time: 9:00 a.m.

Location: State Lab in Rocky Hill

Chair: Raffaella Coler, Director OEMS,

Attendees: Gregory Allard, Christian Andresen, Marybeth Barry, Bruce Baxter, Joshua Beaulieu, Michael Bova, Kristin Campanelli, Jennifer Granger, Shaun Heffernan, Dr. Kamin, Jeannie Kenkare, David Lowell, Dr. Maybelle Mercado-Martinez, James Santacroce, Chris Santarsiero, Carl Schiessl, William Schietinger, Kelly Sinko, Tracy Wodatch, Dr. Michael Zanker, Dr. Donna Balaski on behalf of Dr. Zavoski

Agenda Item	Issue	Discussion	Action/Responsible
Welcome		Raffaella Coler welcomed the workgroup members	
	Housekeeping	Reminded members to check in with security	
Minutes	Review of the December 5, 2017	The minutes were accepted and seconded as written. All was in Favor; Opposed- none	
	Follow up from previous meeting	Directive from the last meeting was that the group would identify gaps that currently exist.	
	CT MIH Data/Needs Assessment	There are different services and different landscapes from region to region with regards to EMS services. Josh Beaulieu used Manchester, CT as an example and discussed the landscape and some the gaps he faces.	

		<p>Gaps Identified:</p> <ul style="list-style-type: none"> • Reoccurring patients (high utilizers) • Patients who are not eligible for home care or not processed for home care services timely. • Bruce Baxter provided some statistics for his service. • Underinsured or does not have adequate coverage for home care • Can't afford support services • When 911 shows up there is not the ability to recommend no transport to a hospital and there is no ability to refer to a doctor. • The business model is the EMS service is paid only if they transport to the hospital. • Need to be regulatory amendments to the statutes. • Protocols would need to be rewritten • Post Hospital discharge- equipment is not always in the home when a patient is discharged. <p>There will need to be more discussion on gaps.</p> <p>MIH in Texas was discussed on how it works and how the EMS service has been integrated.</p> <p>There was discussion on how other states have 911 dispatchers that are certified and have low level protocol in their EMD algorithm. In some cases those calls are referred to a nurse or another health care provider.</p>	
	Follow up:	<p>Reach out to Discharge Planning Nurse</p> <p>Webinar Link and send out data and analysis information</p>	Bruce Baxter

	Presentation Dr. Balaski	Presented on the Utilization of Transportation Services	
	Comments:	There is an office of health strategy. The mission of MIH may fall under that. The office addresses in part systems and issues and they may have worked or are working on MIH related issues. A suggestion was made to keep that in mind and it may be a good idea to reach out to them.	
	Public Comments:	None	
	Adjourn	Meeting adjourned at 11:08 a.m.	

DRAFT