

Mobile Integrated Health Workgroup

Final Minutes - approved at 8/28 mtg

Time: 9:00 a.m.

Location: LOB, 1D

Chair: Raffaella Coler, Director OEMS

Meeting Date: August 14, 2018

Attendees: Chris D. Andresen, Marybeth Barry, Joshua Beaulieu, Michael Bova, , Kristin Campanelli, , Susan Halpin, Shaun Heffernan, David Lowell, Dr. Maybelle Mercado-Martinez, Chris Santarsiero, Carl J. Schiessl, William Schietinger, Dr. Michael F. Zanker, Dr. Robert W. Zavoski

Excused: Gregory Allard, Bruce B. Baxter, Dorinda Borer, Jennifer Granger, Dr. Richard Kamin, Dr. Jeannie M. Kenkare, Kimberly A. Sandor/Mary Jane Williams, James Santacroce, Kelly Sinko, Heather Somers, Jonathan Steinberg, Tracy Wodatch

Guests: Stacey Durante, Renee Holota, Mark Schaefer

Agenda Item	Issue	Discussion	Action/ Responsible
1. Welcome/ Housekeeping:		Raffaella Coler welcomed the workgroup members present and discussed emergency procedure and exits.	R. Coler
2. Minutes:	Review of the June 5, 2018 minutes	Changes: None. Motion made by Shaun Heffernan to accept, seconded by Michael Bova, motion carried and the minutes were accepted with no changes. Opposed- none. Abstentions-none. All in favor.	
3. Re-cap of materials distributed:		Over the past 9 months, we've received a lot of information. <ul style="list-style-type: none"> • NAEMT information sent out • NGA information sent out • There are different opportunities and no one set way to do MIH/CP • Payment is not priority; priority is patient care 	R. Coler
4. Data Discussion:		<ul style="list-style-type: none"> • Request for data sent out; can't stress enough that without data we will not be moving forward • Some GAP's can already be identified with current data • We received some data from Mike Bova (ASM/AETNA) and Josh Beaulieu (Manchester FD) • Only services at the table were asked for data • Once we have that, we will be looking at it and may ask for more information 	R. Coler
5. Sub-Groups Reports/ Update:	a. Education	<ul style="list-style-type: none"> • No movement • Waiting until we know what programs will be endorsed, at that time we will move forward identifying education needs • We already have a building block which will need to be tailored to CT • Education will not be a big deterrence – this will not hold us back 	J. Beaulieu R. Coler

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b. Application Process	<ul style="list-style-type: none"> We received good feedback and have updated the application; it is included today Do we have all we need? Add #10 Payment Structure; how will that be accomplished? Good idea – maybe we develop an additional MIH Advisory Board? 	R. Coler
	<ul style="list-style-type: none"> Agrees, funding source important, especially for a municipality 	J. Beaulieu
	<ul style="list-style-type: none"> Add #10 Payment Structure/Funding Source Thoughts regarding approval: <ul style="list-style-type: none"> We would need a FTE position and Medical Director which is a 0.5 position at the moment Can CEMSMAC be responsible for looking at and approving the programs? May not be right – “fox watching the henhouse” QA aspect – who would look at that? 	R. Coler
	<ul style="list-style-type: none"> I think having a board like this workgroup with a broader base of stakeholders would be better 	S. Heffernan
	<ul style="list-style-type: none"> Is it possible to push this back on the program coordinator for the services and already have this established when the application is presented? 	J. Beaulieu
	<ul style="list-style-type: none"> There needs to be regulatory oversight; likes the idea of an Advisory Board that reports back to DPH, but ultimately it’s DPH who has oversight 	C. Schiessl
	<ul style="list-style-type: none"> Agrees Will help consistency as well 	R. Coler
	<ul style="list-style-type: none"> Doesn’t disagree with regulatory oversight, however, MIH is a new concept for us, let’s be cautious about approaching this from the perspective that all of a sudden the entire state is going to adopt different programs and there is going to be an enormous need and frontloading the cost and the structure before the need. We don’t want to cost ourselves out of adopting anything. Year 1 or 2 we have 5 or 10 programs Year 10 we have 100 programs Must be scalable 	J. Beaulieu
	<ul style="list-style-type: none"> Start with a Pilot Program before adding a fiscal note? We know what a fiscal note is going to do to the program, we’ve been transparent with that point We have to be realistic regarding additional staff Add Payment/Funding and take off the table, complete? 	R. Coler
		<ul style="list-style-type: none"> Did you talk about adding a QI component?
	<ul style="list-style-type: none"> It’s already on application 	R. Coler
c. Legislative	No report, G. Allard excused	R. Coler

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		<ul style="list-style-type: none"> • Program is permissive – no changes to put forth under 19a-179 for initiating program • Scope of Practice (SOP) – CT has adopted some of the SOP, this would go through CEMSAB • Mark Schaefer had suggested we look at Medical Control and it's definition – one of the things we may look at is having a PCP Medical Control (something other than Emergency Medicine MD) 	
		<ul style="list-style-type: none"> • Rate setting would have to be addressed with other funding sources involved, that language would have to be permissive. 	D. Lowell
		<ul style="list-style-type: none"> • K. Sinko is working with this aspect • We need to be cautious, can't have rates fall to the state to pick up, we'll continue to look at that, however, we would have to address the rate setting during the application process, we'll have further discussion on this. 	R. Coler
	d. MIH/CP Programs	<ul style="list-style-type: none"> • Bruce and Dave had put together a summary. Read summary. • These programs are not written in stone, they are examples of what's happening in other communities, they are examples of what could be used. 	R. Coler
		<ul style="list-style-type: none"> • A revised document was sent out June 8th, based on June 5ths comments 	D. Lowell
		<ul style="list-style-type: none"> • We will send out with the minutes for the next meeting 	R. Coler
	e. Reimbursements	No report, K. Sinko excused, however, meeting with her subcommittee	R. Coler
	f. Public Education/Marketing	No report, R. Kamin excused	R. Coler
6. Next Steps:		<p>What are the group's next steps?</p> <ul style="list-style-type: none"> • Do we continue to work on the subgroups and report out? • I have enough information to start putting a draft together of what our report will look like, not for 8/28, but next month 	R. Coler
		<ul style="list-style-type: none"> • Do we have any major disagreements amongst the group as far as where we are right now, that we need to hash out? • Do we believe we're all on the same page as far as what program we're looking at and how we're going to move forward? 	J. Beaulieu
		<ul style="list-style-type: none"> • Conceptually, yes. In terms of casting a vote regarding a particular thing – I don't think the particular thing has been developed. • On the right track, working through the process, but we need the particulars • Not prepared to vote on anything today 	C. Schiessl

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		<ul style="list-style-type: none"> • Payments and Reimbursements subgroup meeting next Tuesday. 	
		<ul style="list-style-type: none"> • Echoes Carl's point • On the right path, too early to say if there are major issues • Need a draft, makes sense to have something concrete in front of us 	S. Halpin
		<ul style="list-style-type: none"> • There is a lot of conceptualizing • Conceptually, we can agree? • Based on research and needs of the community 	R. Coler
		<ul style="list-style-type: none"> • Echoes other comments – once we have something concrete, we can all look at it and it's hard to figure out how to reimburse things without a plan 	K. Campanelli
		<ul style="list-style-type: none"> • Should we choose one item from our list and move it forward as an example • Continue subgroups • Draft 	R. Coler
7. Public Comments:		No public comment	
8. Adjourn and Next Meeting:		<ul style="list-style-type: none"> • Motion to adjourn made by D. Lowell with a second by K. Campanelli at 9:41 am • August 28, 2018 at the Legislative Office Building, 1D 	