## 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.	

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	Gaps Identified:	
	Reoccurring patients (high utilizers)  Patients and a Heith Lands are a second at the second at	
	Patients who are not eligible for home	
	care or not processed for home care	
	services timely.	
	<ul> <li>Bruce Baxter provided some statistics for his service.</li> </ul>	
	<ul> <li>Underinsured or does not have adequate coverage for home care</li> </ul>	
	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.	
	<ul> <li>Need to be regulatory amendments to</li> </ul>	
	the statues.	
	<ul> <li>Protocols would need to be rewritten</li> </ul>	
	<ul> <li>Post Hospital discharge- equipment is</li> </ul>	
	not always in the home when a patient is	
	discharged.	
	There will need to be more discussion on some	
	There will need to be more discussion on gaps.	
	MIH in Texas was discussed on how it works and	
	how the EMS service has been integrated.	
	now the Livis service has been integrated.	
	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.	
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Follow up:	Reach out to Discharge Planning Nurse	
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	Webinar Link and send out data and analysis	
	information	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.	