

EMDAC Meeting Minutes

March 19, 2019

Garden Grove

Scope of Practice 0800 called to order

1. TXA requests approved:
 - a. Merced
 - i. Revised to separate the contraindication of possible reimplantation from isolated extremity hemorrhage (formerly as one contraindication, revised to be two separate contraindications).
 - b. Sacramento County
 - i. Revised to give TXA to age under age 15 with base contact
 - c. Nor Cal
 - d. Coastal Valley
2. Ketamine approved
 - a. Sacramento County
3. Unified SOP approved
 - a. Mountain-Valley
 - b. Imperial
 - c. Santa Barbara
4. Los Angeles County EMS Trial Study Prehospital Administration of Stroke Therapy – Trans Sodium Crocetinate (TSC)
 - a. In Virginia and LA Phase II trial, goal to determine safety
 - b. Administer prehospital to patients age 40-85 if less than 2 hours since LKW as bolus with no other change to stroke protocol
 - c. Approved through ethics with no consent required
 - d. Target 128 patients over 18 months
 - e. Randomized
 - f. Western IRB approval pending community consultation
 - g. Sponsored by industry
 - h. Voted to move to EMSA
5. Buprenorphine
 - a. For withdrawal (acute and narcan-induced)
 - b. Discussion of EMS role in MAT
 - i. Harm reduction
 - ii. Addiction

- iii. How does DEA view EMS role and ordering physician (x-waiver required?)
- iv. How to facilitate behavioral health and addiction clinic f/u
- v. Will patients sign out AMA and re-initiate EMS for more doses
- vi. Sobering centers on community level may be able to initiate treatment
- vii. No consensus on appropriateness/feasibility with above questions or avenues to be explored and further discussion in the future.

EMDAC/EMSAAC

1. Called to order 1000
2. HIE Data report by Tom McGinnis, Chief of EMS Systems Division at EMSA
 - a. 3.7 million records
 - b. 1736 mechanisms of injury in cemsis
 - c. Plan to consider asking for reduced list
 - i. Mech of injury
 - ii. Primary impression
 - d. Once new list published, will be implemented 1/2020
 - e. Data Use Taskforce proposed to mine data and figure out what can be done with data
 - i. Volunteers?
 - f. Ambulance offloads
 - g. Emphasize consistency
3. Backer
 - a. Newsome named new HHS Secretary Dr. Mark Gally from LA
 - b. 6 new commissioners on EMS Commission
 - c. Legal challenge to EMSA complaint to Office of Administrative Law (OAL) that all decisions in past 10 years were based on “underground regulations”.
 - i. If OAL agrees, will need to repeat work on regulations
 - ii. If OAL disagrees, will need to go to court
 - d. Evolution of EMS
 - i. Driver of money and expansion
 - ii. Aetna is reimbursing for non-transport
 1. EMS and EMSAAC guidelines were developed for T&R.
 2. Unknown if anyone is billing for it
 3. Other insurers are likely to follow
 - iii. CMS initiative “Emergency Triage Treat and Transport (ET3)”
 1. Funded by same innovation group that has funded some community paramedicine programs
 2. White paper by CMS stated 40% of transports didn’t need ED
 3. Components
 - a. Pilot projects for which providers can apply

- b. Dispatch triage line by nurse
 - i. Most successful and most popular part of success of community paramedicine program in Reno
 - c. Alternate destination
 - i. Primarily urgent care disposition
 - 1. Did not work in CA community paramedicine programs
 - a. May consider reconsidering with caution
 - 2. Reimburse for this destination at BLS transport rate
 - d. Treat and Release
 - i. Requires telehealth consultation
 - ii. Reimburses at BLS transport rate
 - 4. Application by provider, then LEMSAs
 - 5. No role for state level grant
 - 6. Limitations
 - a. Currently only FFS Medicare reimbursing (small piece of pie)
 - b. Medicare is encouraging recipients of grant to go to other insurers to encourage expansion
 - i. May be role of EMSA if CA gets involved
 - 7. More info pending
 - a. Webinars scheduled
 - 8. Since CMS is largest payor, other companies likely to follow suit
 - e. Another opportunity for reimbursement of activity not previously reimbursement
 - i. Assistant Secretary of Health initiating
 - ii. Documenting CARES statewide
 - 1. Pays EMS for non-transport of dead
4. Statewide Public Health Agencies also doing EMS
 - a. Cal Fire
 - b. Parks
 - c. CHP
 - d. DOJ
 - e. Alcohol Beverage Control
 - i. Desiring to be EMR, carry oxygen, Narcan
 - ii. No unified regulations, some local agency directors signing things off
 - 1. May be better done at state level
5. "Uber ambulance"
 - a. Providers can request patient transportation to/from clinics, hospital

- i. Sedan, “ambulette”, ambulance options
 - ii. Driver = CMS requiring some insurances to offer transport to appointments
 - iii. Multiple companies coming up offering transportation that health plans are outsourcing to
 - 1. Companies give all info needed for compliance with CMS for reimbursement
 - 2. EMTs, paramedics do need to be permitted in their LEMSA
 - a. Often are existing providers for ambulance services
 - 6. Opioid programs and EMS
 - a. EMS potential role
 - i. Participating in naloxone distribution
 - 1. Leave naloxone at client’s house
 - ii. Suboxone dosing for withdrawal
 - iii. Data-sharing
 - 1. Give patient’s information to public health for follow-up
 - a. Public health is entitled to HIPAA protected information in epidemic and crisis
 - i. Marin rolled this out in 5/18
 - ii. Image Trend
 - iii. The EMR emails public health with patient’s information which goes to third party that follows up with patient
 - 1. One successful follow-up known since 5/18
 - iv. LOTS OF MONEY allocated by HHS for opioid crisis
7. Money for community paramedicine total \$1.2million (\$400K/year for 3 years)
 - a. Training
 - b. Data collection
 - c. HIE
8. Opioid money
 - a. \$150,000/year for 3 years
 - b. Project to help facilitate conversations between EMS and community program
9. Trauma Summit April 23-24 in San Francisco at Marines’ Memorial
10. Dan Smiley, Chief Deputy Director at EMSA
 - a. Deadline for HIE was last week
 - b. 6 applications requested \$18 million total
 - i. Most of it likely to be funded
 - ii. Focus on data analytics
 - iii. How to match prehospital with hospital outcomes to create better outcome measurements
11. EMSAAC conference April 30 in Yosemite

- a. Registration open, early bird pricing for a few more weeks
- b. Hotel full, but many nearby options on EMSAAC website

Regular meeting called to order 1100

1. Introductions
2. Joelle Donofrio presentation *Rethinking Neonatal Resuscitation and Postpartum Hemorrhage*
 - a. Slides:
<https://www.dropbox.com/s/h2gy5m5ccj52sd9/Donofrio%203T%2C%20Births%2C%20Babies%21%20.pdf?dl=0>
3. Minutes approved December 2018 unanimous
4. Backer discussion
 - a. Statewide public safety agencies
 - i. Trask states challenge in LEMSA implementation/protocol
 - ii. i.e. naloxone for LE. SB2256 allowed it statewide. LEMSA still needs to approve the skill even if statewide agency (CHP) decides to allow it. Authority to use it is granted by LEMA, even though state allowed pharmacies to dispense to LE
 - iii. Regs allow LEMSA medical director to approve these things, so not needed to be approved by SOP
 - iv. No other state has powerful LEMSAs needing to allow/disallow state-approved scope
 - v. Proposed state letter to allow unified scope, standard training, standard protocol, standard QA/QI that LEMSA could agree to accept to make it easy for LEMSA to adopt and not reinvent wheel
 - b. STEMI data
 - i. Best practice to standardize and combine data for outcomes
 - ii. Heart Association wants data and sponsors Get With the Guidelines (GWTG)
 1. Discussion over adequacy of GWTG and question to group whether to pursue GWTG
 2. Some LEMSAs would prefer standardized database due to local difficulties getting data processed
 3. AHA wants to give money that would pay for hospitals for 3 years to use the dataset and pay for LEMSA to be superuser
 - a. Question of who owns/gets data
 4. Concern over trusting GWTG to get what is needed –
 - a. means depending on GWTG for data and local adaptability/flexibility to be able to be worked in
 - b. May not have what LEMSA may want and optional fields may not meet needs and filter data as LEMSA desires

- 5. Databases are different
- 6. No consensus reached
- 5. EMS Commissioner, Steve Barrow, is requesting support from EMDAC for community paramedicine bill
 - a. Needs core group of a few EMS specialists to manage the editorial process. Draft will be emailed by Kris Lyons. Currently, it is very simple. Meetings pending with CNA
- 6. Treasurer's Report
 - a. Had been attached to agenda. No further discussion.
- 7. Legislative Committee
 - a. 30 bills that touch EMS (on EMSA website)
 - b. 2 bills of significance, current position "watching"
 - i. AB 1211 (Reyes)
 - 1. Regarding prisoners in fire service being able to get a job in the fire service upon release from incarceration
 - ii. Gipson
 - 1. Similar bill passed by house/senate then not signed by governor last year (AB3115)
 - 2. Restructures EMS Commission, mentions alternative destination, mentions community paramedicine, restructures EMCC at every LEMSA
 - 3. Last year, argument was that it would require too much training to be practical to implement
 - 4. Back on the floor in exactly the same form this year
 - 5. Changes EMS Commission to include many more opinions
 - a. Assigns 3 seats picked by labor unions
 - b. Added psych seat
 - c. Added social service seat
 - d. Cal-ACEP keeps seat
- 8. EMS-C
 - a. Regulations sent to Office of Administrative Law
 - b. EMS-C guidelines to be reviewed
 - i. Do we (California) want to adopt as written or change? This will be sent around and comments taken
 - ii. EMS-C Annual Forum in Fairfield Nov 8 for prehospital providers, MICNs
- 9. State Trauma – no report
- 10. TEMS – no report
- 11. SF First Responder Naloxone Distribution Program (Dr. Mercer and Dr. Hern)
- 12. Opioid Overdose and Harm Reduction Initiatives (Dr. Mercer and Dr. Hern)
 - a. Presentation slides attached
- 13. California Stroke Registry

- a. Web-based data entry
- b. ICEMA on it x one year. Riverside starting this year.
- c. There is some money to help with setting up Stroke Registry targeted at rural or small hospitals (<170 beds)
 - i. Reza can get you information if interested. Contact him.

14. ET3

- a. Comments on disappointment with non-transport agencies (Fire) not being eligible
- b. Need own dispatch center
- c. Need to apply for approved EMS Provider
 - i. When contracting, transport to alternate site would be reimbursed at BLS rate only
 - ii. When negotiating with other payors, may affect (lower) transport reimbursement rate
- d. Application due July 1
- e. Currently alternate destination only approved on state level through community paramedicine pilot projects.
 - i. Money available if state approves alternate destination (in legislation)
 - 1. not currently the case with the exception of community paramedicine in CA
- f. Webinars able to be viewed
- g. More information on the ET3 program can be found at <https://innovation.cms.gov/initiatives/et3>
- h. You can email and ask to be put on their list serve: ET3Model@cms.hhs.gov

15. Determination of Death Dr. Greg Gilbert San Mateo LEMSA

- a. If patient meets 3 criteria ALL do not survive to hospital discharge in his system and he wants to create protocol to not resuscitate
 - i. Unwitnessed arrest
 - ii. No bystander cpr
 - iii. Asystole (on 12 lead)
- b. CARES data 2008, 2009 show abysmal outcome
 - i. More recent data pending and will be sent on listserve
- c. Accepted in other states

Round Table

- Steve Barrow from the commission spoke about draft legislation to authorize Community Paramedicine projects in statute that has not yet been introduced and is awaiting a legislative vehicle.
- Dave Duncan thanks SOP for Unified SOP for flight medics
- Nichole Bosson (LA)

- clarified opiates vs non-opiates in pain control and decision process of other EMSAs regarding use of opiates for pain levels of 5/10 vs 7/10 in some LEMSAs
- Brett Rosen will be new medical director for Cal Fire as well as EMS Section Chair for AAEM
- Greg Gilbert (San Mateo)
 - initiated Mobile Stroke Unit. First patient entered in control arm.
 - Paramedic intubations are videoed.
- John Brown (San Francisco) - ? special diversion based on labor action
 - Responses:
 - UCD no
 - UCLA no
- Kristi Koenig (San Diego)
 - Health Screenings at Families Seeking Asylum Shelter
 - 7000 screenings since December with only 1% referred to ED, hardly any by EMS
 - Nurses with physician oversight
 - IV APAP working well. Anybody using for fever?
 - San Joaquin planning to use po apap for fever
 - Narcan dosing for LE inconsistent in San Diego (4mg LE, 2mg EMS)
 - No clinical reason to use higher dose per Sporer
 - LA went higher to 4 because nasal formulation higher
 - AJ Singh (Merced)
 - ? regarding question of needing to contact base for DNR
 - Alameda honors wishes for DNR by family bystanders
 - Eric Rudnick (NorCal)
 - WestQ CPR plunger. \$1000 for plunger and \$200 for ITD. Not a fan.
 - EMR and fire chiefs want pulse ox.
 - Not in training
 - Trask: "Is it prohibited?"
 - Cal Fire not training to EMR cert
 - Backer: we were told to back off from doing training for EMR. "Training standards in regulation for EMR", but "cannot add to scope of practice."
 - Duncan: Public Safety/First Aid certification more encompassing than EMR
 - Ken Miller (Santa Clara)
 - Apple Watch 911 activation being responded to like any other 911 call
 - EMD 32B2 might be more appropriate?
 - EMD 32D2 current category
 - Important: If your iphone is upside down in cup holder while driving your Jeep Wrangler and the side buttons get hit consecutively 5 times, it will automatically call 911.

- Brian Hartley (Boundtree Medical)
 - Everything available except ketamine is only in 200 and 500mg vials with 50mg on backorder. Certa-dose for BLS epi available. Epi-safe not available.
- Adjourned at 1430
- Next Meeting June 18 in Sacramento.