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Medical Direction and Practices Board
Meeting
March 19, 2014
Minutes

There will not be an IFT Subcommittee Meeting

Called to order: 0912

Present: Dr. Sholl, Dr. Busko, Dr. Randolph, Dr. Pieh, Dr. Chagrasulis, Dr. Kendall, Dr. Zimmerman by Phone

Absent: Dr. Goth

Staff: Jay Bradshaw, Jon Powers, Don Sheets

Guests: Kevin Gurney, Shawn Evans, Joanne Lebrun, Nate Yerxa, Myles Block, Rick Petrie, Christopher Pare, Dan Batsie, Dennis Russell, Butch Russell,

- 1) No minutes to approve this month as last month was the retreat there were no formal minutes taken.
- 2) State Update –
 - a. Process of conducting interviews for the licensing agent will be done within the next week and Maine EMS will hopefully have the positioned filled shortly
 - b. The proposed Narcan bill is being watched to see the end recommendation
 - c. Budget for this year and next year is expected to be cut. Jay expressed concern about the next fiscal year
- 3) Community Paramedicine Update – 11 of 12 sites are seeing patients with North East ramping up to begin this process.
 - a. A work group is getting together to share success ideas as well as discuss funding opportunities.
- 4) New Devices – time frame for PEEP Valve discussion
 - a. Dr. Busko and Dr. Pieh have been tasked with reviewing PEEP literature. Dr. Pieh sent information to Dr. Sholl this morning which will be reviewed and brought back to this group in the next month or two.
Dr. Pieh will be vetting this through his regional group first to get recommendations to bring forward.

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5) Special Circumstances Protocols -

- a. Elderly family medicine patient receiving B12 injections is attempting to maintain independence but needs assistance to have injection. The service would be able to provide a monthly injection for this patient as part of a wellness check. This agency is part of the community paramedicine project and this would be specific to that project.
 - i. Dr. Pieh voiced concern that this would be the first time the MDPB has stepped into primary care as all other special circumstance protocols. Dr. Busko voiced that this tool was not intended for home health but the emergency case
 - ii. Jay acknowledged that this may tread on the home health agencies which Dr. Sholl offered it may be worth reaching out to the agencies to ensure that they are aware of this process.
 - iii. Further discussion was had about precedent and mechanism for this type of approval
 - iv. **Decision was made to table this and have Dr. Randolph reach out to home health and discuss a new approval tool for the CP projects. Additionally if this is brought back to the MDPB there were some additional items that needed to be completed in the information packet**

6) PEGASUS Update

- a. Process began in 2013 with stakeholders contributing information
- b. Group has broken down into subgroups to find and review literature based upon PICO criteria(Patient problem or population(P), intervention(I), comparison(C), and outcomes(O)
- c. Draft version of the protocols will be sent out this fall to the stakeholders for vetting and comments
- d. Final version will be implemented in Houston initially to process
- e. Spring of 2015 protocols would be ready for the New England states
- f. There are some recommendations coming out that will be coming out of this group that the MDPB will need to reflect upon while moving forward with protocol revisions.

7) Lactate Monitor

- a. There have been questions about the lactate monitors from services
- b. Device that was waived is no longer being made and test strips will be no longer produced in three years.
- c. Dr. Sholl has been encouraged by the studies demonstrating EMS use of lactate. There are some concerns about the misuse of lactate testing for patients whom are evidently sick from other causes such as massive trauma or post arrest. Offering some education may be called for at this time to remind providers about the intent of the protocol.
- d. Don and Dr. Sholl will put something together for the podcast.

8) Medical Direction Project Update

- a. Dr. Kendall is asking for guidance from the MDPB with editing
 - i. Two books the large guidebook with an essentials book

- ii. Dr. Kendall has asked for help reviewing the document and providing feedback. The plan is to have one MDPB member assigned to each chapter with at least one other reviewer.
 - 1. This should be a gap analysis a condensing effort and proof reading. Also think of test questions
 - 2. Further discussion was had to remind folks about the various mechanisms intended to make this training and documents available to potential and current medical directors.
- iii. **Jay – offered to send out a signup list for Dr. Kendall via email to have people sign up for sections.**

9) Protocol Review Process –

- a. Dr. Sholl asked Dr. Busko to reflect on the past process for Dr. Zimmerman as she has not been through this before.
 - i. Content review including literature and try to have that out to the MDPB a month ahead of the discussion to allow a chance to digest the material
 - ii. The MDPB comes together discusses the material and drafts new protocols related to that section
 - iii. Dr. Sholl produces the revised content for the next meeting and review continues
 - iv. The MDPB needs to ensure that providers engage now and not during the review period
 - v. Dr. Kendall made the point to involve the specialists in areas that may be able to offer guidance to the MDPB about new proven trends.
 - vi. Dr. Pieh reminds utilizing other states and watching what programs like PEGASUS are doing as they may have best practice or evidence based guidance.
- b. Goals and Objectives
 - i. What worked
 - 1. Literature out early
 - 2. Slides out early
 - 3. Change document – summary of section changes
 - 4. White papers
 - 5. Podcasts
 - ii. What needs to change
 - 1. MDPB - Read and educate yourselves with the sent information before the meeting
 - 2. Pre-educating specialists coming in about what is happening to avoid the need to educate at the meeting
 - 3. Create a deadline for comment before a meeting for information to be included.
 - 4. Put out the monthly change document for providers
 - a. Develop a mechanism for comments from providers.
 - b. Maine EMS will come back with some options for the MDPB next month
 - c. The idea of putting out info to providers now about some major topics to engage them.

5. An effort to balance input from providers with functional forward movement.
 - a. Possibility of using Survey Monkey to collect information or other such mechanism
6. All level protocol updates independent on MEMSEd

c. Calendar

- i. 4 months for training
- ii. 2 months for education development
- iii. 2 months for final comment/first month for final arguments/drafts of protocols being finalized over 3-4
- iv. Can we implement by July 1st, 2015

Recommendation to roll out Pediatrics for July 1st 2015 maybe spinal and the remainder of protocols for Dec 1st 2015 This will be revisited next month after regions have time to speak with services.

10) Old Business

- a. Education – Education has not met recently but is working on collecting retention and pass rates for programs.
- b. Operations – working on the CBRNE document and familiarizing with WebEOC and the HAN
- c. IFT – We have ongoing work happening with updating education protocols and process
- d. QI – Meeting today for an update on the cardiac arrest project.

11) MDPB Executive Session – postponed for later date

- a. Adjourned at 1228