

MOBILE INTERGRATED HEALTH CARE MEETING MINUTES

Committee Minutes	Mobile Integrated Health Care
Date	June 30, 2014
Time	10:00 A.M.
Location	Iris Room 665 Mainstream Drive
Participants	<p>Members present: Wallace Elliot, Nathan Sweet, Jim Morgan, Tiwana Bricker, Jimmie Edwards, Larry Wilson, Sherrie George, James Thompson, Shannon Seaton, Thomas Perkins, Kevin Spratlin (Chair), Michael Nolen, Dr. Pat O'Brien, Chip Cook, Julia Triplett, Sharon Adkins, Bill Mize, Susan Veale, Bill Jolley, Angie Allen, Nancy Judd, Tim Strange, Eric Ethridge, Tim Lankford, Donna Tidwell, Brandon Ward and Keith Hodges.</p> <p>Members via phone: Dr. Steven May and Dr. Joe Holley</p> <p>Members absent: Jim Perry, Bernie Hayes, Frank Able, Dr. Roger Brooksbank, and Dr. David Chambers.</p>

Overall Lead	Topic	Summary/Decisions	Assignments / Next Steps	Responsible Person	Time Frame
Donna Tidwell	Roll Call/Introduction	Ms. Tidwell asked everyone to introduce themselves and who they are representing			
		Ms. Tidwell gave an overview of how the original task force members were selected and the reason for expanded to a focus group that would assist the taskforce in the development of Community Paramedics and Mobile Intergrated Health Care in TN			
Donna Tidwell	Review of Information Obtained from THA meeting with Dr. Beeson	Ms. Tidwell emphasized the task at hand is to focus on how to create the program and set standards so that they do not run into the same problems that other states are and have had within their states. Ms. Tidwell stated that there are several National groups looking at community paramedic and are asking should there be standards and what would such standards include. All of these different National groups are coming to the table to look at this. There is the question can national standards be set, because it goes back to the Communities needs. Hurdles that have to be			

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		<p>overcome are medical oversight; the physician has to be committed to be willing to have that medical oversight necessary to make it work. Community evolment has to be there and one very important is the buy in from the reimbursement community, because if there is not buy then funding will not be there and the programs will fail. She stated she is hopeful as this Committee works through the process solutions for these and other hurdles will be identified. The next step is a needs assement which will help to guide the Committee to the next steps. A packet was distributed to the Committee of health statistics in TN broken down by regions and counties. The Department of Health Planning committee is getting ready to release new report soon. However the document disturbed will give a start point toward the the needs assessment. Angie Allen stated that they will have more up to date information with the new one. Ms. Tidwell stated that the complete document is on the website the link is provided in the handouts.</p> <p>There is also a HRSA tool Paramedicine Evaluation Tool which is another tool to use as start developing the assessment for Community Paramedicine. A link to the website for the tool was included.</p> <p>It was discussed there are questions that need to asked to both the health care community to include but not limited to the primary care providers, homehealth, hospitals, hospice, and EMS in the community. Questions to determine</p>			

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		<p>the unmet health needs of the community. Ms. Tidwell asked for a chair to be appointed. Kevin Spratlin and Larry Wilson were nominated. After votes were counted Mr. Kevin Spratlin was Chair.</p>			
<p>Kevin Spratlin</p>		<p>Ms. Tidwell turned it over to Mr. Spratlin. Mr. Spratlin stated that the most important thing to find out is the needs of the Community. What he thinks should happen is a small subcommittee be put together to look at the needs. There was discussion on what subcommittees were needed. It was determined for present there would be two subcommittees; Standards and one for Needs Assessment. It was determined the focus break down on assessment would be counties with critical access hospitals or no hospital and those without. Mr. Spratlin wants to look more into that and get something together to bring back to the Task Force by email and not have to wait for the next meeting. Chip Cook stated another area to look at, the people that are not in the hospital. These are people that are repeat callers and the only people that have access to that are through the ambulance service and this will be a large part of the needs assessment. It was suggested the committee also look at the health information exchange. As they are gathering information as it has to be accessible to the primary care practitioners or the follow up to the hospital so everyone is looking at the same thing. Shannon Seaton stated that waiting</p>	<p>Subcommittee Standards/Education</p> <p>Sharon Adkins, Larry Wilson Michael Nolen, Tiwanna Bricker, Julia Triplett Tim Strange Nancy Judd Jimmie Edwards</p> <p>Subcommittee: Credentials/Authorization</p> <p>Shannon Seaton, Nathan Sweet, Chip Cook Lynn Thompson Wallce Elliott</p>		

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		<p>would not benefit this Committee and suggested that they go ahead and form the subcommittee. Brandon Ward suggested that they set some state standards. Mr. Spratlin asked Ms. Tidwell if they would have to form a new license level or just a separate authorization on the licenses. Ms. Tidwell stated it would be an authorization to the license but would have to go through rulemaking with the Board once they establish it as a separate authorization. Ms. Tidwell stated an authorization would require identifying credentials, the educational standards and an exam. There was discussion on additional state authorization. Mr. Edwards stated there would need to be state recognized authorization with credential if EMS is get reimbursed. Mr. Spratlin asked if it has to go through Legislation. Ms. Tidwell stated not for an authorization, the board has the authority to set certification/license levels. Mr. Spratlin asked for a discussion for what the provider would look like, committee agreed should be a Paramedic as the minimum level and there should be minimum standards for Tennessee. Mr. Thompson motioned to establish subcommittees to come up with the level of licensure and criteria/ requirements for authorization and needs assessment and standards. Mr. Sweet seconded. There was a discussion on skill set individual would need. It was determined that will be determined with standards set after needs assessment. Mr. Perkins stated that the lay out what the</p>			

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		<p>subcommittees will need to figure out the standards we are seeking, the education requirement, level of licensure, and experience of prior to getting this authorization. Mr. Cook stated that he feels the license level should be a Paramedic preferably a Critical Care Paramedic. Mr. Nolen asked a question on what are the requirements for a nurse to go to the next level and Ms. Adkins explained the process. Mr. Wilson stated he thinks this would be a great opportunity for the older Paramedics to be able to stay active in the field and stated that they need to make sure it is within reach of our Paramedics. Dr. May stated he agreed with the last comment not to put the education so far that they will not be able to do it. Mr. Elliot stated that we do want to send good educated Paramedics, but there is a cost, that they just keep in mind about the rural areas. Mr. Cook stated that he does not suggest that they have to be Critical Care just they need the skills to be able to do the assessment when they go out on a call. The second item they need to be paramedics that have experience. Mr. Nolen suggested they look at the way they do the ventilator program for this. Dr. May suggested that they include somebody from a training program that are certificate based. Mr. Wilson stated that we need to remember the niche that they are filling. Mr. Cook suggested that they make sure they have a good array of educators and they do not want to make the standards unreasonable. Ms. Adkins stated that they need</p>			

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		<p>to make the sure they know what the role is supposed to be so the educators can work off that. Mr. Jolley asked what the authority group. Ms. Tidwell stated that this group's role is to serve as advisor to the Board to make recommendations and suggested rule changes is needed. Ms. Adkins stated that it would be helpful to know what the education is for EMS. Ms. Tidwell gave her the website for the educational standards. Question was called for and Motion restated Mr. Thompson motion was to establish subcommittees to come up with the level of licensure and criteria/ requirements for authorization and needs assessment and standards. Mr. Spratlin asked for a voice vote. Motion passed. Mr. Spratlin asked for some volunteers to be on the subcommittee. Mr. Thompson suggested that they have someone form the state side to help with the state regulation, an educator that is familiar with EMS, needs to be on the committee. Ms. Tidwell stated she will talk to Dr. Smith (chair of the EMS Board) to have a paramedic program director and a Critical Care Parameidc Progam Director appointed as EMS educators on this Committee. Mr. Spratlin asked for volunteers. Mr Wilson motion was made to meet monthly and Mr. Nolen seconded. There was a discussion on when they should meet and when the subcommittee should meet. There was discussion on meeting dates. The motion was made to meet the fouth Monday of every month starting in August being able to alternate when</p>			

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		<p>it is needed due to room availability. Motion passed. Mr. Spratlin asked when the subcommittee would like to meet. It was suggested to meet before the meeting on the same day at 9:00 a.m. Ms. Adkins asked if they would provide a list of members with email not only the subcommittee but also a list of the whole committee. There was a question about the rest of the agenda and if they should make subcommittee or make it run with the next agenda. Mr. Perkins suggested that they make it a running agenda for every meeting. Mr. Cook agreed and it was agreed to put all items left to be put on the next agenda. Ms. Tidwell let the Committee know that she will send the Chair and the committee a list of all the Committee members and asked if they have any corrections that needs it.</p>			
		<p>Motion was made to adjourn</p>			