State of Minnesota
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory
Committee Meeting Minutes

September 5, 2019, 7:00 p.m.
Arrowwood Conference Center
Alexandria, Minnesota

Attendance: Aaron Burnett, M.D. (Chair); Gary Foley, M.D.; R. J. Frascone, M.D. (by phone); Jeffrey Ho, M.D.; Charles Lick, M.D.; Pat Lilja, M.D.; John Pate, M.D. (by phone); Kevin Sipprell, M.D.; Andrew Stevens, M.D.; Peter Tanghe, M.D.; Mari Thomas, M.D.; Mike Wilcox, M.D.; Tony Spector; EMSRB Executive Director; Melody Nagy, EMSRB staff; Dave Rogers, EMSRB staff; Brian Shorten, EMS Specialist; Charles Soucheray, EMS Specialist; Greg Schaefer, Assistant Attorney General.

1. Call to Order – 7:00 p.m.

Dr. Burnett called the meeting to order at 7:03 p.m. He asked for introductions from members and guests.

2. Public Comment – 7:05 p.m.

None.

3. Approve Agenda – 7:15 p.m.

Dr. Burnett asked for a motion to approve the agenda. He said the main topic of conversation tonight would be guidelines authorizing patient-assisted medication administration.

> Dr. Lilja moved approval of the agenda. Dr. Pate seconded. Motion carried.

4. Approve Minutes – 7:20 p.m.

Dr. Burnett asked for a motion to approve the minutes from the previous meeting.

> Dr. Lick moved approval of the March 1, 2019, minutes. Dr. Frascone seconded. Motion carried.

5. Guidelines Authorizing Patient-Assisted Medication Administration – 7:25 p.m.

Dr. Burnett said House File 85 was passed and the EMSRB is required to provide guidelines relating to this legislation. Dr. Burnett said when EMS providers encounter a patient that has a rare condition this legislation would allow EMTs to assist with administration of the prescribed medication to the patient. Dr. Burnett said this is a rare occurrence and services would benefit from physician guidance. He said he sees value in physician consultation in the treatment of the patient.

Dr. Lilja asked what happens if an EMT cannot obtain online medical control. Dr. Burnett said he shares this concern and suggested there could be a statewide resource that can facilitate this communication. He said the MRCC is a statewide resource that could be used.

Dr. Sipprell asked about for a definition of the term assist a patient in medication administration. Dr. Stevens said this should be medication the patient should have, and the family should be able to administer the medication. The history that brought about this legislation is a case of adrenal insufficiency and the family was unable to administer the medication.

Dr. Thomas asked about transporting the patient. The legislation does not address this topic. What is the expectation? Do we treat and not transport or if there is long transport then we transport?

Dr. Stevens asked for a definition of rare condition. He said that diabetes is not a rare condition. The legislation should not point out one condition. Dr. Stevens said the legislation could not be stopped mid-session. Dr. Stevens said this is not legislation that defines transport. Dr. Stevens said there is a national and international list of rare conditions/diseases.

Mr. Spector said that when this legislation was originally introduced the EMSRB would have been required to complete the rulemaking process. A fiscal note was created to show how costly it would be to do the rulemaking process. Mr. Spector said the EMSRB is tasked to produce this guideline by January 1, 2020. The Board will need to vote on this in November. Mr. Spector said the MDSAC/Board can suggest legislation if that is what is wanted.

Dr. Lilja said the guideline should include permissive language such as obtain medical control, if possible. Dr. Burnett said he would like to add a statement regarding obtaining online medical control and/or contacting the MRCC for assistance.

Dr. Wilcox said he thinks it would be helpful to know that patients with rare conditions are within the ambulance service's primary service area (PSA). He suggested self-identification of the patient to the ambulance service with a care plan from the personal physician, so ambulance service staff are not surprised by the scenario. Dr. Lilja said this may be difficult given staffing changes at ambulance services. When the family has special needs, it is difficult to make all providers aware of these scenarios.

Dr. Ho asked for a definition of other rare conditions. This opens many issues. Dr. Stevens said the history was twofold. The ambulance service tried to set up a care plan and there was resistance. A patient with a rare condition traveling may face an unfamiliar situation. Dr. Stevens said there should be civil immunity for this legislation.

Dr. Wilcox said it is prudent patient care to be aware of patients with rare conditions. Then the service medical director can educate crews regarding the patient's condition.

Dr. Wilcox moved to include in the guideline a recommendation of self-identification of the rare condition that is presented to the EMS agency in the PSA indicating the rare illness and a plan of care for management of the patient. This should be presented to the medical director and ambulance service and include an annual update of the condition. Dr. Thomas seconded. A roll all vote was conducted. Motion carried unanimously.

Dr. Lilja suggested a recommendation for the EMS team to discuss the administration of the medication with medical control if available. For services without online medical control facilitation of medical control can be utilized by contact with the MRCC. Dr. Lick said a physician may not have encountered this scenario. Dr. Burnett said this would be an ideal time for online consultation. Dr. Pate said the emergency room physician may not be able to answer the question. He said the scenario of online medical control through the MRCC is a good choice.

Dr. Lilja moved to recommend the EMS team to discuss the administration of the medication with medical control if available Dr. Pate seconded. A roll call vote was conducted. Motion carried unanimously.

Dr. Ho said that this would be a concern for West Metro MRCC. What is the liability for these physicians? He said that online control only and not seeing the patient adds concerns. Dr. Burnett said that is where he would see the need for legislation for civil liability protection.

Dr. Sipprell moved to add a proposal to include civil immunity to this statute for EMS providers and for online and offline medical direction. Dr. Tanghe seconded. A roll call vote was conducted. Motion carried unanimously.

Mr. Spector said that when he testified the scenario presented was regarding a family traveling that had a family crisis. Dr. Burnett said that patient's primary physician should provide a care plan that the patient always carries with the medication.

Dr. Tanghe suggested development of a best practice. Dr. Burnett said this could be a task for a full-time State Medical Director.

Dr. Lick said this care plan should be from the primary physician treating the patient and this physician could have a discussion with the ambulance service's medical director to determine the plan of care that would be included with the medication. Dr. Burnett said this needs to be a reasonable expectation for patient care. Dr. Ho said this is a "may" not a shall. Dr. Stevens said he would see this as a general medical guideline that is provided to services and posted on the EMSRB website. Dr. Burnett said this is a good scenario for a collaboration for the ambulance medical director and the primary care physician.

Mr. Spector said this is a request for guidelines for all EMTs, AEMTs and Paramedics. This guideline is not specific to ambulance service staff only. If this committee submits a guideline that is specific to ambulance services what about providers that do not work for ambulance service. Dr. Lilja suggested the committee needs to keep this guideline simple.

Dr. Lick moved the primary/specialty physician care plan accompany the medication at all times. Dr. Wilcox seconded. A roll call vote was conducted. Motion carried unanimously.

Dr. Burnett said this needs to be presented to the Board in November. The Board will have the opportunity to modify or change the guidelines but will look to this committee's recommendation very favorably. Dr. Burnett asked for a review of the motions passed. The motions were provided in a draft format on the screen for review by the committee members. There was additional discussion and modification of some language of the motions.

Dr. Stevens said achieving general consensus of what the committee feels is important is a good step. He suggested alignment of this with the National EMS Physician's statement regarding patient assisted medication carried for EMS providers. He said there can be further discussion another time after the general consensus is reached.

Dr. Thomas suggested that Dr. Burnett should have the committee's authority to modify and add language to these guidelines as provided in the National EMS Physician's statement. Dr. Burnett said he would be willing to do so with input from other physicians and specifically asked Dr. Steven's to participate because he was involved the original legislation. Dr. Stevens offered to provide a motion to include authority for Dr. Burnett to modify the guidelines. Dr. Lilja seconded the motion. There was not a vote on this suggested motion.

Dr. Burnett said that if another meeting was needed the meeting it would need to occur in early November. The meeting would be in the metro area with call in capabilities. No recommendation was made to have another meeting.

6. MDSAC Committee Chair Report – 8:25 p.m.

Dr. Burnett said there are six Board vacancies. He said that there is currently not a family practice physician on the Board. He said he sees this as a critical deficiency for the Board. The Board vacancies also affect the work of the Complaint Review Panel and affect public health and safety. Mr. Spector said other state agencies are waiting for Board appointments also.

> Dr. Thomas moved that Dr. Burnett write a letter to the Governor expressing concern regarding the lack of appointment of a family practice physician and how this affects public safety. Dr. Ho seconded. A roll call vote was conducted. Motion carried unanimously.

Dr. Stevens asked about auto renewal for appointment of Board positions. Mr. Spector referred to the two statutes regarding Board appointments and that the EMSRB is not included in the statute that allows auto renewal of Board positions. Dr. Stevens suggested that this is a legislative issue that should be looked at in the future.

Number of Meetings per Year

Dr. Burnett said this is an opportunity to discuss how many meetings are needed for this committee in a year. If there continues to be increased legislative activity, the committee may want to consider additional meetings. He said he feels that, at this time, two meetings per year is adequate to cover the agenda for the committee.

EMS Providers not working at Ambulance Services

Dr. Burnett said this was discussed previously. Minnesota Statutes were developed before this scenario was widespread and this is an opportunity for the committee to suggest if statutory changes are needed. Dr. Burnett asked for volunteers to continue this discussion. The following members agreed to participate: Dr. Burnett, Dr. Ho, Dr. Tanghe, Dr. Lick, Dr. Sipprell. Dr. Burnett said he would like to set up a meeting before the end of the year. Dr. Lilja asked to receive notification of the meetings.

7. Discussion of Emergency Triage, Treat & Transport (ET3) – Dr. Pete Tanghe – 8:35 p.m.

Dr. Tanghe said this is a unique opportunity for ambulance services and he wanted it known that he does not have a conflict of interest regarding this discussion. Dr. Tanghe explained that ET3 is a five-year demonstration opportunity that allows payment for care of Medicare patients and provides an opportunity for alternate transport and care by a physician assistant or by telemedicine and the service would receive Medicare payment. There is a Request for Proposal (RFP) posted on this issue. This addresses transportation and model treatments.

Dr. Sipprell said this would involve EMTALA. How does a hospital-based service address this? Dr. Tanghe said the service must comply with EMTALA and provide a medical screening. There would be options for taking patients to the emergency room or an alternate destination or providing the appropriate care.

Mr. Peter Carlson of Mayo Clinic said they are reviewing the triage arm of this question. Dr. Stevens said prehospital and prearrival triage provide a different scenario. He said this would be viewed differently in other states.

Dr. Stevens there should be support for physicians. This could be considered an opportunity to regionalize the medical care. He said that this committee can provide additional support for medical guidelines for rural medical directors. Physician medical directors need to be in compliance with the statutes regarding medical direction. He would encourage regionalized and statewide discussions.

Mr. Buck McAlpin said there is a divide between the payment issue and the health care issue. Can a model from another state be adopted in Minnesota? He commented that in Nevada there are contracts with health plans to set up triage health care centers.

Dr. Burnett said the Executive Director update was not included in this meeting, but Mr. Spector will provide a full update at the Board meeting. Mr. Spector introduced new EMS staff. Dr. Burnett said he would welcome a discussion in the future of how best to utilize the EMS Specialists.

8. New Business – 8:55 p.m.

None.

9. Adjourn – 9:00 p.m.

Dr. Pate moved to adjourn. Dr. Tanghe seconded. Motion carried.

Meeting adjourned 8:47 p.m.