



State of Maryland

**Maryland  
Institute for  
Emergency Medical  
Services Systems**

653 West Pratt Street  
Baltimore, Maryland  
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*Larry Hogan  
Governor*

*Donald L. DeVries, Jr., Esq.  
Chairman  
Emergency Medical  
Services Board*

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**Mobile Integrated Health Workgroup  
Phase #2**

December 1, 2016

**Agenda**

- I. Welcome & Introductions**  
Dr. Tim Chizmar – Ms. Karen Doyle
- II. Approval of Meeting Summaries from October and November 2016**
- III. MIH Survey**  
Mr. Andrew Naumann
- IV. Charge and Scope of MIH Phase #2**
- V. Discussion**
- VI. Next Steps and Timeline**



**Mobile Integrated Health (MIH) Workgroup  
Phase II  
December 1, 2016**

**Meeting Summary**

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**Attendees**

Ms. Doyle; Dr. Chizmar; Ms. Dousa; Mr. Dousa; Chief Frankel; Mr. Barto; Chief Butsch; Dr. Hinchey; Ms. Gainer; Chief Matz; Ms. Sierra; Ms. Harne; Ms. Lessin; Mr. Fletcher; Ms. Myers; Mr. Naumann; Ms. Witten; Ms. Negy; Ms. Ailiff; Ms. King; Chief Packard; Ms. Chervon; Dr. Hexter (phone); Mr. Kitis (phone); Ms. Goff.

**Welcome:** Dr. Chizmar and Ms. Doyle welcomed everyone and introductions were made.

**ACTION:** A motion was made by Chief Frankel, seconded by Ms. Sierra and unanimously agreed upon to approve the meeting summaries from October 6, 2016, and November 3, 2016, MIH Workgroup meetings.

**MIH Survey**

A paper copy of the completed survey was distributed.

Mr. Nauman said that the MIH Readiness Survey was completed by 26 different EMS organizations within the State of Maryland. The majority of respondents were from municipal public safety-based EMS agencies. One half of survey respondents had completed or had a partner who completed a gap analysis regarding areas of MIH involvement within their jurisdictions. Of respondents who had completed a gap analysis, the majority had identified ways in which they could implement MIH programs within the current scope of practice; a similar result was identified in services that had not conducted a gap analysis. Overall, the survey indicated that there are many organizations within the State interested in participating in an MIH program, within the current scope of practice of Maryland EMS providers, while altering the role in which EMS providers are utilized.

Several comments were made regarding the lack of resources for funding MIH planning, especially in smaller less populated jurisdictions.

**Charge and Scope of MIH Phase #2**

The Workgroup agreed that it should aim to complete its task by late March or early April 2017 by developing a framework which can provide structure with recommendations, ground rules and boundaries for EMS jurisdictional participating in a MIH program.

The following five items on the phase #2 “Charge to the Workgroup” were discussed at length. Each of the charges is shown below, followed by the Workgroup comments.

1. Workgroup Charge: Broad stakeholder support and consensus for MIH and for EMS as part of the healthcare team that can contribute to reducing the gap between healthcare resources and needs in a community

Workgroup Comment: The Generic MICH pilot protocol has been established. Jurisdictions interested in pursuing a MICH program would need to:

- a. Initiate an inter-agency committee with stakeholders to individualize a MICH

program; i.e. EMS, hospitals, health departments including behavioral health, state agencies

2. Workgroup Charge: Answer the question “What is necessary for community paramedicine in Maryland? (Scope of Practice, curriculum, protocol, regulation)?”

Workgroup Comment: MICH program necessities:

- b. Conduct a regional or local gap analysis
  - c. Determine a floor and ceiling for initial level of participation in a MIH program
  - d. Decide on any additional educational requirements for EMS participation
3. Workgroup Charge: Explore and make recommendations regarding reimbursement and funding sources to provide EMS MIH  
Workgroup Comment: To be discussed with reimbursement entities at next meeting
  4. Workgroup Charge: Address the issue of Alternative Destination- continue as a part of the  
a. Protocol Review process or should it be an option in the MIH choices?  
Workgroup Comment: The MIH Workgroup decided to defer the Alternative Destination discussion to the Protocol Review Committee.

5. Workgroup Charge: Establish the floor for EMS to participate in MIH recognizing that each community has different resources and gaps/needs

Workgroup Comment: The Workgroup decided that the floor for EMS participation in a community paramedicine program is the Queen Anne’s County pilot protocol.

- a. After gap analysis, the jurisdictional inter-agency committee would need to determine and request additional educational modules to fit their requested program

Participating in a MIH program will be determined by the individual jurisdiction. Chief Butsch said that MIEMSS will need to assess viability for each proposed program. Chief Frankel added that, although it will take some time to acquire enough data, safety and efficacy of the assessment of current pilot protocols would assist other jurisdictions considering a MICH program.

Mr. Naumann said that MIEMSS will develop competencies; educational models will need to meet criteria. A list of core topics for competency including the development of curriculum without expanding EMS scope of practice was discussed. Mr. Naumann will draft list of possible educational modules maximizing current scope of practice.

Mr. Naumann will compile a list of states and their respective requirements for MICH reimbursement.

Mrs. Witten said that the Maryland Hospital Association is monitoring any proposed legislation regarding reimbursement for mobile integrated healthcare and telemedicine. Ms. Witten will report back to the Workgroup when she has more detailed information.

The next meeting will be held on January 19, 2017 at 9 am in room 212 at MIEMSS.