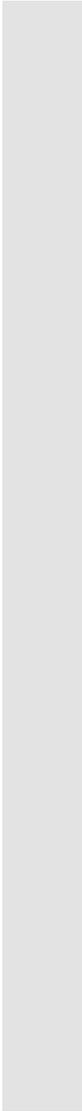


MCA Orientation

Emily Bergquist

We Have A Handbook

- Housed Online (Michigan.gov/ems, then click on Medical Control)
- Working on a “Short” Version
- Hyperlinked to make it easier to use
- Issues or edits come to me (bergquiste@Michigan.gov)



The Structure of an MCA

Definition of Medical Control Authority

- Designated by the State of Michigan
- Entity unto itself (Remember the word Authority)
- Every hospital has the opportunity to participate and are subject to protocols
 - Hospitals
 - Free-standing ED
 - Outpatient Surgical Centers
- You can lose the opportunity to participate (if you don't meet standards)

What Do You HAVE to Have?

- Medical Director
- Advisory Body
- Board
- Professional Standards Review Organization (PSRO)

Medical Director

- Board Certified in Emergency Medicine
- Practices Emergency Medicine and is Current in ACLS and ATLS
- Can have more than one
 - Agent of the MCA
 - Ensures the provision of medical control
 - Participates in educational programs
 - Responsible for:
 - Supervision
 - Coordination
 - Implementation
 - Compliance with protocols
 - Receives input from and is responsive to the advisory body

The Board/ Advisory Body

- Can be the same entity/people
- Board must be majority participating hospitals
 - Can have life support agencies
- Advisory Body
 - At least one representative from each life support agency and each level of personnel
 - Not more than 10% employees of the medical director or other an entity owned by the medical director
- If they are the same entity they have to meet ALL of these things

The Advisory Body

- As described in previous slide
- Advise in appointment of Medical Director
- Advise on the development of protocols
- Meet AT LEAST quarterly

Other Key Stakeholders

- Dispatch (reps from each if you have many)
- Health Facilities
- Police Departments
- Other local agencies

Staff or No Staff?

- Staffing
 - Funding
 - Administrative Tasks
- Shared staff with
 - Hospitals
 - Agencies

Who is in Charge?

R 325.22205 Medical control authority; medical director; responsibilities.

Rule 205. (1) The medical director is an agent of the medical control authority and is responsible for medical control for the **emergency medical services system.**

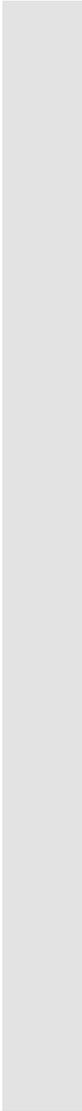
(7) Each hospital and freestanding surgical outpatient facility **shall comply with protocols** for providing services to a patient before care of the patient is transferred to hospital personnel.

- The Medical Control Authority is separate, even if funded by a hospital
- The Medical Director is Responsible
 - For the SYSTEM
 - Regardless of hospital or agency involved
- This is a difficult conflict to overcome, but the system comes before any one hospital, agency, or other stakeholder



There is a Method to the Madness

Protocol Development, Approval, and Adoption



What is a Protocol?

(9) “Protocol” means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

- Patient Care Standard
 - Standing Orders
 - Policy
 - Procedure
- Established by MCA
- Approved by the department

Why do we have Them?

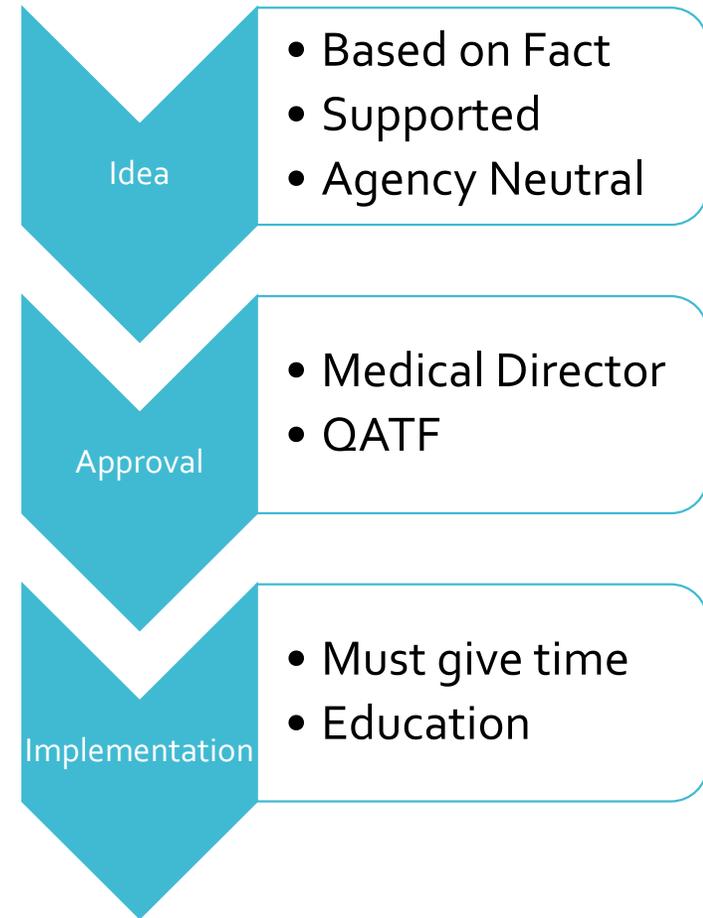
(9) “Protocol” means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

- Establishes the system
- Helps establish the standard of care
- Protects the public health and safety
- Gives the MCA its “Authority”
- Makes the policies enforceable

Great!
But
We
Want
Our
Own.

(9) "Protocol" means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

- The State Model
 - As general as possible
 - One size fits most
- Local protocols
 - Specific to an area
 - Still need to meet criteria
 - Justifiable
- QATF will review



And
So
Does
Everyone
Else

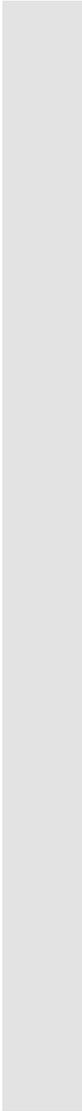
(9) “Protocol” means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

- RMCAN
 - Pivotal for all to adopt
 - Better if all adopts
- Bring them together
- Replicating a protocol is dependent

Summary/ Questions

(9) “Protocol” means a patient care standard, standing orders, policy, or procedure for providing emergency medical services that is established by a medical control authority and approved by the department under section 20919.

- Protocols create the basis for most of the EMS System
- Without the proper protocols, the system can falter
- Well written protocols offer guidance and protection



Pharmaceutical Issues

The Single Most Common Telephone Call I Receive

She
is
Going
to
talk
about
Laws
again

- Michigan Pharmacy Law
- EMS Law
- Stark Law

Michigan Pharmacy Law

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 177
PHARMACY PRACTICE AND DRUG CONTROL

(2) "Dispense" means to issue 1 or more doses of a drug for subsequent administration to, or use by, a patient.

(3) "Dispensing prescriber" means a prescriber, other than a veterinarian, who dispenses prescription drugs.

(4) "Drug" means any of the following:

dispensing involves only the issuance of complementary sterile dose units.

(2) Except as otherwise authorized for expedited partner therapy in section 5110 or as provided in section 17744a or 17744b, a dispensing prescriber shall dispense prescription drugs only to his or her own patients.

(3) A dispensing prescriber shall include in a patient's chart or clinical record a complete record, including

(5) A dispensing prescriber shall store prescription drugs in a substantially constructed, securely lockable cabinet. Access to the cabinet shall be limited to individuals authorized to dispense prescription drugs in compliance with this part and article 7.

R 338.493g Persons to whom drugs may be sold or distributed.

Rule 23g. With respect to prescription drugs, a manufacturer or wholesale distributor shall only supply, distribute, sell, offer for sale, barter, or otherwise transfer drugs to persons who are licensed by the board or to persons who are licensed to prescribe drugs in this state.

EMS Administrative Rules

This is Where The Protocols Appear Again

(k) Written procedures for the security, control, dispensing, and exchange of pharmaceuticals, intravenous solutions, tubing, and related apparatus. Life support agency medication exchange shall only take place with a participating hospital or freestanding surgical outpatient facility.

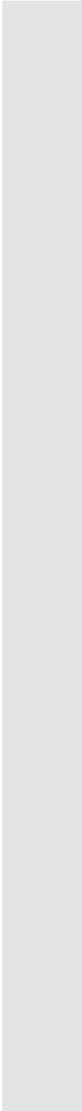
(3) Each medical control authority shall develop specific protocols applicable to the acquisition, storage, and use of drugs, intravenous fluids and medical devices. All drug and intravenous fluids shall be under the control of a pharmacist licensed in this state affiliated with a participating medical control authority hospital or free standing surgical outpatient facility.

Stark Law

- Anti-Kickback
- Everyone does it (There isn't really an option)
- Safe Harbor
 - If not billing
 - Or prescribed in law (protocols again)
- Done evenly

What Does This Mean?

- EMS Agencies CAN'T OWN MEDICATIONS
 - They are not a licensed prescriber or dispenser
 - Unless they are the end user (TB/immunizations)
- If they can't own it, the hospital surely can't charge them for it (otherwise they own it)
- Can bill a restocking fee - evenly



Questions?
(I may defer to the Panel)