

## MCA Subcommittee

### Minutes

June 6, 2023

1:00 p.m. to 3:00 p.m.

Microsoft Teams meeting

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248-509-0316 Phone Conference ID: 247 248 624#

- I. Attendance:  
Member Roll call:  
**Debbie Condino-chair, Dr. Domeier, Michael Bentley, Bonnie Kincaid, Bob Miljan, Aaron Sogge, Eric Snidersich, Ken Cummings, Angela Madden, Dr. Reece, Bruce Trevithick.**  
  
**Absent: Dr. Bigsby, Andy Brown, Jason Stevens.**  
  
**Guests: Lance Corey, Kevin Henderson, Carol Robinet, Rob Warnemuende, Bill Priese, John Theut.**  
  
**Bureau Staff: Kallie Piette, Krisy Kuhl, Derek Flory, Emily Baker, Nicole Babb**
- II. Call to Order: The meeting was called to order at 2:07 p.m.
- III. Approval of agenda and minutes-Motion to approve (Snidersich, Reece). Approved.
- IV. Old Business
  - a. Protocol Status – Krisy Kuhl
    - i. Krisy provided an update. All the logos are changed, and cross referencing is complete. Medication section will be complete soon and the MI MEDIC will be reviewed and updated with the help of a pharmacist. Word versions were discussed. The six-month clock will start when the workbook goes out.
  - b. Patient Movement Ad Hoc – Debbie Condino
    - i. Debbie discussed the last meeting. They are still working on definitions and problem statements. She said some of the work is painful, as they are getting into the nitty gritty, but engagement is really good.
  - c. Medical Director Requirements Recommendations– Dr. Reece
    - i. Dr. Reece shared and went over the draft, and it is attached to these minutes. Dr. Reece advised MCEP thinks this should be reviewed periodically, maybe every five years. This is still a draft and a work in progress. The group discussed.
  - d. MCA Assessment Phase 1 Update – Krisy Kuhl
    - i. No update yet. Thirty-nine of fifty-nine MCAs responded to Phase 1.

- e. MCA Assessment Phase 2 Update – Krisy Kuhl
  - i. This will be released soon.
- V. New Business
  - a. Core Information Collection/Discussion
    - i. John Maynard in the EMS office is collecting and will be reaching out for missing information. Evaluation will start after that.
  - b. Bylaws discussion
    - i. Krisy asked if anyone had an idea about what would be an acceptable timeframe for how often these should be reviewed. It was suggested to be three years to be in line with the protocol review. This wouldn't be mandated; it would be included in a best practices document. Derek advised three years is also the time frame that agencies have to review their policies.
  - c. Regional MCA discussion
    - i. Krisy asked everyone's thoughts on moving forward with the regional MCAs. The group discussed. There was concern about the MCAs having to report to a higher body with the regional MCA. Lance discussed Region 6, which is operating as a region.
  - d. Quality Improvement (benchmarks) discussion
    - i. The group discussed. It was suggested to query the MCAs for projects they are working on. People talked about things their MCAs are doing. Bruce suggested putting something in the Wednesday Update to ask MCAs what projects they are working on to see if there is anything that would work statewide.
- VI. Adjourn-Motion to adjourn (Reece, Sogge). Adjourned at 2:03 p.m.
- VII. Next meeting: August 1, 2023. Note: **No meeting in July.**

## MCA MD Discussion

From Kristine Kuhl - “Goal: Currently the department relies heavily on the MCAs for the vetting and qualification maintenance of MCA Medical Directors. This is not inappropriate, however as a department we have little grasp on what the MCAs require and how records are maintained. We acknowledge that each MCA is unique, however it is believed there should be some core elements/functions that ring true for all MCAs. We also acknowledge the level at which MCAs function varies incredibly throughout the state. The department would like recommendations as to what should be monitored/reported and how, along with suggestions on how to possibly prop up or mentor the struggling MCA medical directors.”

Qualification to begin as an MCA Medical Director:

**Status:** “The medical director shall be a physician who is board certified in emergency medicine by a national organization approved by the department, or who practices emergency medicine and is certified in both advanced cardiac life support and advanced trauma life support by a national organization approved by the department, and who meets other standards set forth in department rules.”

From Kristine Kuhl & Emily Berquist: “Education (ongoing) that is required by the department needs to be tracked better by our department. We are proposing resumption of the medical director specific training that was offered at the MCA/Trauma Conferences several years ago. We are requesting guidance on core elements that we should be providing for both initial and ongoing medical director training.”

EMS Boarded:

- Basics of Michigan MCA structure and legal underpinnings.
- Financial / business structures of MCAs
- Liability Issues / Legal / Political Background
- Protocol Process
- Systems of Care (STEMI, Stroke, Trauma)
- Data Systems; ImageTrend; BioSpatial

## EM Boarded

- Scope of Practice
- Role of Medical Director; Credentialing Process
- QA/QI Process
- Culture of Safety
- Field Termination
- Refusals

## Current Administrative Rules:

The medical director shall do all of the following: (a) Participate every 2 years in not less than 1 department-approved educational program relating to medical control issues. (b) Be responsible for the supervision, coordination, implementation, and compliance with protocols of the medical control authority. (c) Receive input from, and be responsive to, the advisory body. (d) Complete, within 1 year of initial appointment, a medical director's educational program provided by the department.

MCA Medical Director Requirements Matrix

**For first 5 years after implementation: (0-5 years)**

		Rationale		
MCA Population	<50K	50-250K	>250K	Using current population cutoffs from other MCA Guidelines
MD/DO (MI) Unrestricted license	Required			Practicing EMS is a component of practicing medicine; it requires a license to do so.
ABEM EMS Boarded	Recommended	Recommended	Required*	EMS physicians are uniquely equipped to manage a complex EMS system. Aspire to require BE/BC EMS for all MCAs. Start with larger systems.
ABEM/ABOEM w/o EMS Subboard cert	Recommended	Required	Not Adequate	As per current statute.
EM Experience with added credentials: ACLS, ATLS, PALS/APLS	Required	Not Adequate	Not Adequate	As per current statute.

NAEMSP Fundamentals of Medical Oversight Course (online)	Required (within 12 months)			Minimal acceptable training for non-EM trained MCA MDs.
NAEMSP National MDC	Recommended	Required within 2 years of appointment	Recommended	
MDHHS Medical Director Course - Online (TBD) and/or in-person	Required within 1 year of appointment.			As per statute.
MDHHS-Approved MCA Educational Program (per current Administrative Rules)	Required every 2 years.			As per statute.
FEMA ICS 100, 200, 700, 800	Required			
FEMA ICS 300, 400	Recommended	Required within 1 year of appointment	Required	
BDLS	Required within 2 years	Required within 2 years	Recommended	
ADLS	Recommended			

\*Legacy/Grandparenting Progress: Medical Directors serving at the time of implementation will not be required to meet this requirement while continuing in office as long as they hold an unrestricted MI physician license and are an MCA Medical Director in good standing.

**For 6+ years after implementation:**

MCA Population	<50K	>50k
MD/DO (MI) Unrestricted license	Required	
ABEM EMS Boarded	Recommended	Required*
ABEM/ABOEM EM w/o EMS Board Certification	Recommended	Not Adequate*
EM Experience with added credentials: <ul style="list-style-type: none"> <li>• ACLS, ATLS, &amp; PALS or APLS</li> </ul>	Acceptable	Not Adequate*
NAEMSP Fundamentals of Medical Oversight Course (online)	Required within 12 months	
NAEMSP National MDC	Recommended	Required within 2 years (if a legacy medical director who is not EMS boarded certified)
MDHHS Medical Director Course	Required within 1 year of appointment	
MDHHS MCA Educational Program	Required every 2 years	
FEMA ICS 100, 200, 700, 800	Required	
FEMA ICS 300, 400	Recommended	Required

BDLS	Required within 2 years	Recommended
ADLS	Recommended	

\*Legacy/Grandparenting Progress: Medical Directors serving at the time of implementation will not be required to meet this requirement while continuing in office as long as they hold an unrestricted MI physician license and are an MCA Medical Director in good standing.

These requirements will be reviewed every 5 years by the State, the Michigan College of Emergency Physicians, and/or other EMS Physician stakeholder group(s).