MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

EMSCC Patient Movement Ad Hoc
Minutes
July 22, 2024
9:00 a.m. – 11:00 p.m.
Click here to join the meeting
248-509-0316 Conference ID: 311 036 897#

Members: Debbie Condino-chair, Dr. Bigsby, Ken Cummings, Dr. Krohmer, Ralph Ortiz, Ed Unger, Kelsey Ostergren, Doug Pratt, Ron Slagell, Rob Warnemuende.

Absent: Connie O'Malley, Angela Madden, Jason MacDonald, Alyson Sundberg.

Guests: Mark Meijer, Life EMS; Dustin Hawley, Superior; Dr. William Beecroft; Kevin Henderson, WL MCA; Carl Hartman; Renee Gray, Kinross EMS; Patrick Fox, MCRH.

MDHHS Staff: Babb, Bergquist, Schaible, Nelson, Worden, Baker, Chadderton, Flory, Bliss, Jamie Anderson, Jill Jean, Verlinde, Fales.

1. **Call to Order: The meeting was called to order at 9:03 a.m. by Debbie Condino.**
1. **Roll Call: There is a quorum today.**
2. **Approval of Agenda and Minutes**
   - **Motion to approve the agenda and minutes from 4/22/2024 (Unger, Krohmer). Approved.**
3. **Old Business**
   - Emily Bergquist advised there have been multiple meetings held regarding Behavioral Health Transport, including with Medicaid, and she briefly discussed. If a Medicaid managed care plan wants to contract with an entity to do it, they can, but Medicaid proper and fee for service is still up in the air because it is not defined, and it does not have a code associated with it. There was a numbered letter that came out last week that caused confusion. There are still ongoing conversations about this area.
4. **New Business**
   - Interfacility scope of practice
     - Review current interfacility protocol and discuss.
       - Emily introduced the topic, and Dr. Bigsby discussed. The group worked through the current protocol, discussed, and suggested changes.
         - Emily asked if MCAs distribute this type of protocols to the hospitals. The answer was no. She asked if a communication was put together, could MHA help distribute that to the hospitals. Kelsey said yes, and they also like to include education to accompany it. They are willing to collaborate.
           - Eileen Worden said we would have to think about who will be identified to be the champion for this. There will be difficulties.

- Ed Unger spoke about difficulties to educate the proper people, as well.
- Emily discussed opportunities to make any number of transfers easier.
- Dr. Bigsby talked about responsibility to physicians to know mode and modality and personnel for transfers.
    - Emily asked about MCEP and Dr. Bigsby advised they don't reach that far into the rural areas.
- Ron Slagell spoke about the importance of doing this, but it will also be complicated. This is the right thing for the patient but creates challenges with reimbursement and discussed that there are financial components to this.
- Ken Cummings spoke about this committee has to remember that we're not trying to solve every problem encountered by the diverse membership of this group. He spoke about education. He spoke about the lack of MCA control over the hospitals, and the responsibility of the MCA to inform/educate their local hospitals.
- Dr. Krohmer said he agrees with the comments on educating the general emergency physicians. There is no question the general emergency physicians don't understand EMS and because of that, they don't understand the interfacility aspects and many of them don't understand EMTALA. Some of them do, but they're caught in the middle with their hospital administration and with what needs done for the patient's care. He agrees with the need to Figure out how to best educate that population, He spoke about MCEP's EMS committee because they have already had some discussions about the need to educate emergency physicians statewide about EMS. This could very easily roll into the college potentially, in in conjunction with this committee and others, develop the program that can then be shared with the local medical control authorities. Ken is right, the local MCAs have to be the ones that are engaging their local healthcare resources. It will be lost if the colleges EMS committee is the one that decides everybody needs to be educated. The college can help with this process, but it has to be done at the state and local level.
- Mark Meijer said he appreciates the offer from the MHA to help in the education. He spoke about there being no downside to doing this separate from this protocol,

because if we tie some initial education to this protocol, that might give folks the idea that this protocol will free up a lot of resources, which it will not, getting back to the basics of the issues that generated this committee to begin with. One of the biggest contributors to availability and moving patients is the perception that the receiving facility has a short window to get the patient there, whether it's a, a critical care, transport or behavioral health, transport, anything in between, and we found that for the most part that's not true and that there's more flexibility than people. It becomes a vicious circle. Because then it is between the discharging physician and the facility and there's this intensity to exit the patient stage left as soon as possible. Often times, the rationale is that the receiving facility only could take them between 10:00 and 10:30 AM and that isn't always practical. Volume has shifted tremendously because the reality is receiving patients happens most all hours of the day and weekends and he discussed. Maybe in the meantime, we start having some general discussions with the hospital folks both because they have both the sending and receiving facilities in their association to say what the realities are. He said he thinks it's a great idea to start some education, he just wouldn't tie it to the protocol so that people don't think this is a this will solve their issue.

- The group continued to discuss.
- Kelsey Ostergren said she thinks this is something MHA can explore and look into without having the detailed knowledge of what is included in contracts. She thinks at the base level, we can certainly have a conversation with our hospital executives just to flag this and just to come in on doctor fails point. She thinks having a foundational concept of what EMS is, whether that audience is intended for executives, or it's intended for unit management or frontline staff, can be thought through. We can have conversations with our executive staff just to key them into the fact that this is an issue and pose that question to them.

- How to proceed from this discussion/next steps:
    - Go back to the problem statements and review/prioritize.
    - Dr. Bigsby asked about a survey but the state office does not have the resources to take that project on at this time.
    - Local/regional to start.
        - Dr. Krohmer suggested coordinating centers.
    - Eileen advised they will be having discussions on the Trauma side.
    - **ACTION ITEM: Emily and Debbie to touch base before the next meeting.**
    - **ACTION ITEM: Send out the problem statements with a ranking document for the group to complete prior to the next meeting.**
    - **EMResource was discussed and will be looked into with Fitzpatrick, Obiden, and Preparedness.**
- Rural availability and options -not discussed.

5. **Additional Items from Attendees**
6. **Adjourn at 10:19 a.m.**
7. **Next Meeting: August 26, 2024**