

Mobile Integrated Healthcare Workgroup

Of the Connecticut EMS Advisory Board

Draft Minutes

March 12, 2015 Meeting

Connecticut Hospital Association, 110 Barnes Road, Wallingford, CT

Attendance: John Spencer, Erin Maloney, Chris O'Brien, Steve Conley, David Bailey, Josh Beaulieu, Sean Fitch, Scott Worcester

Meeting called to order at 1305 hours

Watched video of testimony given on March 11, 2015 to the Public Health Committee, regarding Shell Bill 800. Included in this was David Bailey's testimony representing the MIH workgroup in favor of the bill, along with testimony from the Vising Nurses Association, opposing the bill. Other information shared was that the CT Nursing Association supports the bill with some restrictions, and that CT DPH will submit testimony opposing the bill. The Public Health Committee addressed a few concerns repeatedly, including payment for pilot projects and data showing the need for MIH in CT.

David Bailey will reach out Bruce Baxter, David Lowell, AMR, and ACAP regarding their work on MIH in CT. Objective is to share ideas and build unified EMS support for MIH and SB 800. Chris O'Brien offers to build a visual representation of the benefits of MIH and ideas of the workgroup. Josh Beaulieu will email document from Medtronic regarding MIH. Workgroup members are encouraged to reach out to their local legislators to voice support, and possibly educate legislators on the need for pilot programs.

Motion Made by Josh Beaulieu, and seconded, to accept February 24th, 2015 Draft Minutes. Motion passed unanimously.

Data needs were discussed. Branford will be releasing data on psychiatric/mental health call volume. Hartford Hospital is currently looking into discharge data. Chairperson David Bailey recommends that workgroup members look into their service's data on frequent, low acuity patients. Threshold is any EMS system user who required services 10 or more times per year.

Group had discussion regarding draft language for SB 800. Some of the points mentioned were a definition of Mobile Integrated Healthcare, limiting the amount of pilot programs, length of pilot programs, and having specific criteria for pilot programs, such as hospice revocation or decreased hospital readmissions. Group addresses possible Primary Service Area concerns with pilot programs. Discussed whether PSA wording should be included in the legislative language. Reiterated the need for all local stake-holders to be involved in any MIH program.

The next meeting is tentatively scheduled for Thursday April 2nd, at 1300 hours, location to be determined. Requested to bring data to next meeting and emailing of ideas is encouraged.

Meeting Adjourned at 1520 hours.