



# FAEMSMD



## Florida Association of EMS Medical Directors

### Quarterly Meeting Summary

**Ocean Center  
Daytona Beach, FL  
January 19, 2017  
9 a.m. - 1 p.m.**

**Members Present:** John Milanick, MD, President; Brooke Shepard, MD, Secretary-Treasurer, David Meurer, MD Member-At-Large; Christine Van Dillen, MD, Member-At-Large; Joe Nelson, DO, State EMS Medical Director; Paul Banerjee, DO; Leon Beeler, MD; Terry Cohen, MD; Dagan Dalton, MD; Frank Fraunfelter, MD; Phyllis Hendry, MD; Todd Husty, MD; Kim Landry, MD; Michael Lozano, MD; Charles Sand, MD; Andrew Schmidt, MD; Robert Spindell, DO

**Call-in Participants:** Donna Dooley, DO; Desmond Fitzpatrick, MD; Mary Ann Kolar, DO; Kathleen Schrank, MD

**Guests/Non-Members Present:** Jorge Aguilera, North Collier FR; Benjamin Abes, Lee County; Paul Banger, Polk County FR; Ken Craft, FL-TFG USAR; Mike Davanzo, Boca Raton FD; Orlando J. Dominguez, Brevard County FR; Shaun Fix, Boca Raton FR; Sebastian Garay, PBCFR; Gerard Job, Miami-Dade FR; Michelle Jones, Adapt Pharma; Keith Lafferty, Ft. Myers FR; Melia Jenkins; DOH; Barbara O'Connor, Sarasota County FD; Terri Repasky, Florida ENA; Laurie Romig; Lou Romig; Rich Scott, Bonita Springs Fire; Joe Schenk, Villages FR; Dan Sieber, San Carlos Park FD; Patricia Stadler, TMH; David Summers, Trauma Agency HCDPCB; Barbara Uzenhoff, Hillsborough Trauma Agency

**FCEP Staff Present:** Melissa Keahey

Topic	Discussion	Decision/Action
Welcome & Introductions	Dr. John Milanick, FAEMSMD President, called the meeting to order at 9:05 a.m. Meeting attendees and call-in participants were introduced.	
Review of Previous Minutes	The October 2016 meeting summary was reviewed and approved without any necessary changes.	Approval of meeting summary.
Announcements	<ol style="list-style-type: none"> <li>The next FAEMSMD meeting will be on: <b>Thursday, April 19, 2017; 9 am – 1 pm</b> at the Omni Jacksonville Hotel in Jacksonville, FL.</li> <li>The FAEMSMD is collecting responses to our Medical Director Compensation Survey, Part 1 and 2. A response is requested for EACH of your EMS agencies.</li> <li>The Emergency Medicine Learning and Resource Center (EMLRC) shared information regarding upcoming programs. Please visit <a href="http://www.emlrc.org">www.emlrc.org</a> for information on upcoming programs: <ul style="list-style-type: none"> <li>Street Drugs Webinar Series</li> </ul> </li> </ol>	

	<ul style="list-style-type: none"> <li>○ Unfamiliar Pediatrics – A Closer Look</li> <li>○ EM Payment Reform Summit</li> <li>○ EM Days</li> <li>○ Advanced Practice Provider Skills Camp</li> <li>○ CLINCON</li> <li>○ Symposium by the Sea</li> <li>○ EM Written Board Review Course</li> </ul> <p>4. Volunteers are still needed for the FAEMSMD Bylaws Review Committee. The bylaws were last updated in 2004.</p>	
<p>Financial Report &amp; Membership Update</p>	<p>Dr. Brooke Shepard, FAEMSMD Secretary-Treasurer presented 2016 year-end financials and reported that the profit &amp; loss statement, as well as the budget, balance correctly and show an overall increase in assets and liabilities. Dr. Shepard also made the group aware of the annual management agreement between FAEMSMD and FCEP for the period of January 1 – December 31, 2017.</p> <p>Dr. Shepard presented current membership numbers. As of January 16, 2017, the association had 49 members (3 associate) and a total of 32 expired memberships that had not been renewed. There are approximately 170 medical directors in Florida, half of which are usually members of the FAEMSMD. Dr. Shepard will work in conjunction with FCEP staff to contact each expired member in the first quarter of 2017.</p>	<p>Dr. Shepard to work in conjunction with FCEP staff to contact each expired member in the first quarter of 2017.</p>
<p>State EMS Medical Director Update</p>	<p>Dr. Joe Nelson reported the following information:</p> <p><b>Medical Director Trauma Alert Criteria</b></p> <ul style="list-style-type: none"> <li>- CDC Criteria for Adult Trauma Scorecard Methodology rule is currently on hold</li> <li>- Data Committee discussed EMSTARS v3.3</li> <li>- CDC criteria already in the new version</li> <li>- Probably will need a mapping scheme to continue using Florida Criteria</li> <li>- Data Committee working on it</li> </ul> <p><b>Stroke Systems of Care Update</b></p> <ul style="list-style-type: none"> <li>- AHA met with DOH Legislative Planning and EMS January 17</li> <li>- Discussion on EMS issues as it relates to stroke care</li> <li>- Potential new legislation/update to Florida Stroke Act</li> <li>- Broward County rolling out an updated RACE score tool called RACE PLUS</li> <li>- Adds Cortical Signs (Gaze, Aphasia, Agnosia/Neglect)</li> <li>- To enhance identification of ELVO</li> </ul> <p><b>Status Update “H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017”</b></p> <ul style="list-style-type: none"> <li>- Now H.R. 304: Protecting Patient Access to Emergency</li> </ul>	<p>PPT slides shared with all members.</p>

	<p>Medications Act of 2017</p> <ul style="list-style-type: none"> <li>- Passed House on Jan 9, 2017</li> <li>- This bill passed in the House on January 9, 2017 and goes to the Senate next for consideration.</li> <li>- Referred to Senate Committee January 10</li> <li>- Prognosis: 26% chance of being enacted according to PredictGov</li> </ul> <p><b>HR 304 main points</b></p> <ul style="list-style-type: none"> <li>- Requires EMS AGENCY to register with DEA- not the Medical Director</li> <li>- Requires a Medical Director</li> <li>- EMS Agency required to have only one DEA Registration per State</li> <li>- EMS Agency allowed to order/distribute controlled substances</li> <li>- Allows delivery by standing order</li> <li>- EMS MD need not be present</li> <li>- EMS MD need not have a specific written order</li> </ul> <p><b>State EMS Plan</b></p> <ul style="list-style-type: none"> <li>- Update/Alignment with DOH Plan and Healthy People 2020</li> <li>- SMART objectives : specific, measurable, achievable, realistic, and time-based</li> <li>- For most Objectives involving EMS Medical Direction Lead Subcommittee is Medical Care</li> </ul> <p><b>FAEMSMD Website Protocols Database</b></p> <ul style="list-style-type: none"> <li>- Approximate cost \$1600 in place by mid-late spring</li> <li>- Password protect the search page so that only FAEMSMD members with the password can gain access.</li> <li>- Master list of all protocols that can be scrolled in alphabetical order.</li> <li>- There will also be a keyword search term and there will be a drop down box to select a specific County</li> <li>- We will need each agency that is willing to submit their protocols to send them as a pdf document. But it CANNOT be a scanned document.</li> <li>- It Must be a document created in any of the office programs such as Microsoft Word or PowerPoint etc and then SAVED AS pdf. This then allows the final pdf to be searchable by "Ctrl F".</li> </ul> <p><b>POLST – Florida</b></p> <ul style="list-style-type: none"> <li>- SB 228: Physician Orders for Life-sustaining Treatment</li> <li>- Effective Date: 7/1/2017</li> <li>- Last Action: 1/12/2017 Senate - Referred to Judiciary; Appropriations Subcommittee on Health and Human Services; Appropriations</li> <li>Location: In committee/council (JU)</li> <li>- No House companion yet</li> </ul>	
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- Establishing the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Department of Health; providing limited immunity for legal representatives and specified health care providers acting in good faith in reliance on POLST forms; authorizing emergency medical transportation providers to withhold or withdraw cardiopulmonary resuscitation or other medical interventions if presented with POLST forms that contain an order not to resuscitate, etc.

**Rules –Proposed changes for workshops**

- 64J-1.004 Medical Direction.
- Eliminates most detail required in contract for Medical Direction
- ~~(c) A medical director shall be board certified and active in a broad based clinical medical specialty with demonstrated experience in prehospital care and hold an ACLS certificate or equivalent as determined in Chapter 64J-1.022, F.A.C. Prehospital care experience shall be documented by the provider.~~
- ~~(d) A medical director shall demonstrate and have available for review by the department documentation of active participation in a regional or statewide physician group involved in prehospital care.~~

**Clinical Discussion Epinephrine**

- Auto-Injectors
- “Massive price increases on EpiPens raise alarm”
- Chris Woodyard and Mary Jo Layton, USA TODAY and Asbury Park (N.J.) Press 7:26 a.m. EDT August 25, 2016
- EpiPen, an epinephine auto-injector used to treat allergy reactions that has seen its price rise from \$57 in 2007 to about \$500 today
- Five price increases since 2009; no competitors

Alternatives to Epi-Pen

- Autoject® 2 - Fillable auto injector about \$37 for empty injector
- Adrenaclick – capable of delivering one dose, about \$100

**Adrenal Crisis**

- A description was given of the problem, causes, triggers, signs and symptoms, diagnosis, initial presentation, and treatment. Detailed information can be found within the PPT presentation shared with members.

**NAEMSP Position Statement**

- Treating Patients with Immediately Life-Threatening Conditions Requiring Previously Prescribed Medications Not Routinely Carried by EMS
- Version 3.0, 24 March 2016 Approved by NAEMSP Board of Directors, 29 June 2016

	<ul style="list-style-type: none"> <li>- General emphasis on assisting patients with their own medications</li> <li>- EMS medical directors may consider developing protocols addressing specific conditions and/or administration of patient carried medications</li> <li>- Computer aided dispatch systems, and electronic EMS patient care record software, should allow “flagging” of specific patients</li> </ul> <p><b>Eagles Survey</b></p> <ul style="list-style-type: none"> <li>- General consensus was the EMS should not carry corticosteroids just for this small group of patients with a rare disease (especially since initial care with normal saline and/or dextrose can temporize).</li> </ul> <p><b>Intranasal Naloxone</b></p> <ul style="list-style-type: none"> <li>- Alternative for Lay public, First Responders, BLS trained personnel</li> <li>- LMA® MAD NASAL™ INTRANASAL MUCOSAL ATOMIZATION DEVICE</li> <li>- 2 mg/3 ml saline</li> <li>- Teleflex Announces Urgent Recall for MAD Nasal Intranasal Mucosal Atomization Device</li> </ul>	
REPLICA	<p>Sue Prentiss provided an update on REPLICA. Additional detail can be found in her PPT presentation – available by request through Melissa Keahey, FCEP.</p> <ul style="list-style-type: none"> <li>- <b>RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT</b></li> <li>- interstate compact model legislation for states’ consideration and enactment</li> <li>- Intended to facilitate the day to day movement of EMS personnel across state boundaries</li> <li>- Allow EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state</li> <li>- Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels</li> <li>- The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state; two states passed the legislation last year (Colorado and Texas) and several more states are expected to enact the legislation in 2016.</li> </ul>	PPT slides shared with all members.
Firstnet/Floridanet	<p>Brent Williams shared an update on Firstnet/Floridanet:</p> <ul style="list-style-type: none"> <li>• Florida’s strategy for connecting with a Nationwide Public Safety Broadband Network</li> <li>• Goal: Provide an interoperable, state-wide public safety data network linking public safety agencies across the state</li> </ul>	

	<p>You must be engaged because EMS requires:</p> <ol style="list-style-type: none"> <li>1. High-speed data networks that are HIPAA secure and will allow you to rapidly access and exchange multi-media data in urban, suburban, and rural areas.</li> <li>2. Reliable and stable networks that will be there when you need it and will not be impacted by congestion on commercial cellular networks.</li> <li>3. Faster and more efficient emergency medical response based on access to incident location data, updated GIS maps, and real-time GPS tracking of emergency vehicles and crew members.</li> <li>4. Access to incident video and data received by the PSAP from 9-1-1 callers, advance automatic crash notification devices and other data sources, including patient condition and vehicle crash impact status.</li> <li>5. Enhanced situational awareness at the scene in real time, including the ability to share imagery, voice and data for better disaster response, scene documentation, triage, and resource allocation.</li> <li>6. Ability to provide mobile telemedicine to send pictures and video to the Emergency Department when consulting with a physician, or record video of a patient interaction to document an uncooperative patient or patient refusal.</li> <li>7. Ability to reliably transmit 12-lead EKGs and patient biomedical data to the Emergency Department or patient receiving facility to enhancing readiness and supporting early alerts to specialty teams including trauma, stroke, and STEMI groups.</li> <li>8. Electronic access to and transmission of patient medical records; health information exchange (HIE) databases, mobile integrated healthcare resources, and other online resources while also being able to transmit your patient care report electronically to the Emergency Department or patient receiving facility.</li> <li>9. Leverage emerging prehospital care technology including remote laboratory screenings and ultrasound image transfer that can support Community Paramedicine and mobile integrated healthcare.</li> <li>10. Greater levels of interoperability and real time data sharing between other first responder organizations and agencies.</li> </ol>	
<p>Hot Topic Presentation: Telemedicine &amp; Equipment</p>	<p>Dr. Kim Landry provided a presentation on The State of Telemedicine in Florida 2017. Additional detail can be found in his PPT presentation slide shared with members and available by request through Melissa Keahey, FCEP.</p> <p><b>Definition of Telemedicine and Telehealth</b></p> <ul style="list-style-type: none"> <li>- <b>Telemedicine</b> – The practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located for the purposes of evaluation, diagnosis, or recommendation of treatment. (AHCA definition)</li> </ul>	<p>PPT slides shared with all members.</p>

- **Telemedicine:** The use of medical information exchanged from one site to another via electronic communications to improve patients' health status. (ATA definition)
- **Telehealth:** Encompasses a broader definition of remote healthcare that does not always involve clinical services.

**American Telemedicine Association – ATA**

- National organization based in Washington DC
- The mission: The safe and equitable deployment of telemedicine
- Provides **Advocacy-Education-Network** opportunities.
- Monitor legislative activities in each state

**ATA Gap Analysis – Physician Practice Standards and Licensure**

- Information collected from state statutes, regulations, medical board statements, and other federal and state policy resources.
- Extract and compare physician practice standards for telemedicine for every state
- Assign a grade

**Florida Board of Medicine – Telemed Rule**

1. Definition of “Telemedicine”
2. The standard of care, shall remain the same
3. MD responsible for quality & safe use of telemedicine equipment
4. Cannot prescribe controlled substance except for psych pts and hospitalized patients
5. No Rx based solely on a medical questionnaire
6. Shall not provide treatment recommendations, including issuing a prescription, unless the following elements have been met:
7. Maintain confidentiality
8. Physician-patient relationship may be established via telemed

**Florida Board of Medicine – Telemed Rule**

- (9)(a) Nothing contained in this rule shall prohibit consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians or other qualified providers related to the care of Florida patients.
- (b) **This rule does not apply to emergency medical services provided by emergency physicians, emergency medical technicians (EMTs), paramedics, and emergency dispatchers.** Emergency medical services are those activities or services to prevent or treat a sudden critical illness or injury and to provide emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise incapacitated persons in this state.
- (c) **The provisions of this rule shall not apply where a physician or physician assistant is treating a patient with an emergency medical condition that requires immediate medical care.** An emergency medical condition is a medical

	<p>condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.</p> <ul style="list-style-type: none"> <li>- (d) The provisions of this rule shall not be construed to prohibit patient care in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient’s treatment, including the use of any prescribed medications, nor on-call or cross-coverage situations in which the physician has access to patient records.</li> </ul> <p><b>Where does the Board currently stand on Telemedicine?</b></p> <ul style="list-style-type: none"> <li>- The current regulations regarding Telemedicine can be found in <a href="#">Rule 64B8-9.0141, FAC</a>. In recent years, telemedicine has begun to expand beyond the boundaries of prescribing to include areas of practice such as remote robotic surgery and video conferencing. <b>The Florida Board of Medicine acknowledges that the scope of telemedicine has broadened and will be discussing these changes at future meetings of the Surgical Care and Quality Assurance Committee.</b></li> </ul> <p><b>Chapter 2016-240, Comm Sub for HB 7087 requires AHCA to:</b></p> <ul style="list-style-type: none"> <li>- Create the Telehealth Advisory Council</li> <li>- Survey practitioners, healthcare agencies, insurers on use of telemedicine</li> <li>- Make recommendations in a report to the Governor and the Legislature by Oct 31, 2017</li> </ul> <p>Additional discussion occurred.</p>	
Old Business & Discussion	A motion was made to approve and move forward with the FAEMSMD searchable protocols website upgrade as presented by Dr. Nelson. The motion was seconded and passed unopposed.	Motion approved.
New Business & Discussion	<ol style="list-style-type: none"> <li><b>1. Request for Sponsorships</b> A request for sponsorship of EM Days 2017 was approved in the amount of \$1,000.</li> <li><b>2. EMS Clearing House</b> FEMF is seeking state appropriations to establish an EMS Clearinghouse to maximize use of our state dollars to reach more of our first responders. It will include the mobile simulation platform to travel to agencies to provide the hands on training. It will include on-line learning modules on current Florida identified needs based on our Dept of Health and individual agencies. It will bring together existing, emerging and new innovations in the delivery of emergency medical care. FEMF has been and will continue to be good</li> </ol>	



	stewards of our State and local funding.	
Adjourned	The meeting was adjourned at 12:30 p.m.	

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