

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Physician Advisory Committee		Attending: Separate list
Date: 3/1/2022	Time Started: 1300	Time Ended: 1600
Location: Online via Zoom		Presiding Officer: Dr. Steven Zils, PAC chair

Minutes

- a. Roll Call of Committee Members (Zils) 1300
- b. Approval of previous Committee Meeting Minutes
 - i. Motion by Dr. Chinn, seconded by Dr. Eberlein.
- c. Public comment opportunity to Committee (2 minutes per attendee unless pre-authorized by Chair)
 - i. No public comment
- d. EMS Office Report (Bates)
 - i. 6 employees have been added (3 to go!) to the EMS section, including community coordinator joining in April.
 - ii. Anticipate some role shifting/responsibilities within the EMS section
 - iii. Electronic operations plans are in progress to be housed in E-licensing
 - iv. EMS town hall listening sections will continue on fourth Tuesday afternoons, publicly posted including Q and A at the end of sessions
 - v. FAP one time boost of \$8 million opening in May, with goal to roll out funds in July (standard FAP application by service directors); \$12 million grant opportunity opening in September prioritizing EMR services
- e. State Medical Director Report (Colella)
 - i. SOP released to medical directors and services including powerpoint to be used in training/planning for implementation – 2022 SOP formally posted on 3/31/22 which is when it formally effective
 - ii. Attestation form for optional skills is now embedded in E-licensing
 - iii. 2022 Protocols will be posted and updated for the 3/31/22 deadline to align with the updated SOP
- f. Discussion, review and possible action EMS facilitated Medication-Assisted Therapy: Buprenorphine
 - i. Status of buprenorphine pilot programs (Bates)
 1. Bates brought forward to OLC -- they are attempting to track down statement that pilot programs are not included in the EMS office purview.
 2. Biggert commentary on naloxone pilot program creation (noted previous pilot programs for CPAP and other advanced airways in the past as well)
 3. Schultz – discussed CPAP pilot program that was rolled out with very specific guidelines that were required to submit data on all uses. It became SOP after a few years of following pilot programs. Notes it came from the EMS Office after presentation and approval by PAC, approved by EMS Board, EMS Office administrated the pilot program
 4. Colella – discussed that initial MIH programs were also considered pilots. Consider whether this could also be utilized to determine precedent.
 5. Zils – notes that per 12/7/21 PAC notes, this is a specific ask from PAC for the EMS Office to evaluate the opportunity to move forward with pilot programs.

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6. Per Bates, will update pending OLC response.
- ii. Status of EMS task force (Bates)
 1. Bates/Zils notes that this should be on hold until we get direction from OLC on pilot programs.
 2. Colella notes that there are multiple partners who have already expressed interest in participating.
 3. Discussed if there is a parallel path to consider to move forward with this – Colella noted that it could be considered to be added to SOP, but previous discussion on PAC had demonstrate reluctance to do this without further information.
 - g. Discussion, review and possible action on Advanced Practice Provider role in medical direction (Marquis)
 - i. Status on OLC opinion on 110.04 (Bates) -- There is a contradiction within DHS 110 regarding APP role in online medical direction – awaiting OLC opinion. Zils notes likely will need to be reevaluated when DHS 110 is reopened.
 - ii. Marquis shared updates to draft white paper that reference to online medical control consultation was removed recognizing the contradiction in DHS 110 with recommendation to revisit
 - iii. Schultz motion to endorse white paper as submitted.
 - iv. Seconded by Dr. Lohmeier.
 - v. Discussion – Dr. Zils notes goal is to post this on website along other position papers.
 - vi. Unanimous support.
 - h. Discussion, review and possible action on State Protocols (Colella) (standing item)
 - i. Suncana Pavlic and Ela demonstrated field guide of the state protocols
 - ii. Anticipate this version will be available for 2023 cycle
 - iii. Discussion and suggestions for minor modifications to support implementation including how to finalize document for individual agency, inclusion of required/optional within format, how to add option for individual medical director modifications.
 - iv. Question of goals of level of customizability of this document. Ela notes that if an individual edits then they would follow standard process of protocol review. Colella notes that increased customizability may push us away from over arching goal of a standardization of care under approved state protocols.
 - v. Discussion regarding development of an app – Colella noted the challenge is with all of the optional skills, we can create one app that has all of the optional skills.
 - vi. EMS office will continue to develop and bring updates to PAC.
 - i. Discussion, review and possible action on State EMS plan and give suggestions for 2022-2023 plan (Zils)
 - i. Reviewed 2018-2019:
 1. Regulation and Policy Section: Provide education programs for onboarding of new medical directors.
 2. Resource Management: Opportunities to support cross credentialing.
 3. Resources and Training: No suggestions.
 4. Transportation: Trans 309 sunseting July 2023, subsection 3 (medical equipment) - will need to update. Anticipate subcommittee joint between systems and PAC to develop this list to bring to both subcommittees for further feedback.
 5. Facilities: No suggestions
 6. Communication: No suggestions
 7. Public Information and Education: No suggestions
 8. Medical Direction:
 - a. Opportunity to engage medical directors to meet with EMS medical director and EMS office staff/PAC?
 - b. Dr. Colella will follow up on needs assessment
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- c. Onboarding: Colella and Kronenfeld to f/u on NAEMSP FOMO course and feasibility of bringing the course to WI/costs/asynchronous vs synchronous.
 - d. Create a survey for outgoing medical directions. Request to move up in priority.
 - 9. Trauma System: no suggestions
 - 10. Evaluation: no suggestions
 - ii. Reviewed 2020-2021
 - 1. Education: Onboarding similar to 2018-2019
 - 2. Licensing: No suggestions
 - 3. Operations: Continue to work with EMS office on implementation of community EMS.
 - 4. Telephonic Assisted CPR – discussion regarding medical oversight, development and implementation of QI, integration into health care systems/cardiac arrest outcomes
 - 5. Other suggestions: EMS diversion, role of EMS in interfacility movement of patients
 - j. Discussion, review and possible action on revision of DHS110 (Zils)
 - i. Noted some discrepancies were found in published version of DHS 110 from final recommended versions.
 - ii. Requesting PAC members to review 110 in anticipation of reopening for edits and to notify Zils.
 - k. Review and possible action on Community EMS and Community Paramedic Curriculum (Bates) (standing)
 - i. Kronenfeld noted that introduction/overview references CEMS providers would not exceed state approved scope of practice but that we do not have a CEMS scope of practice from the state. Discussion that this likely should be reworded to reflect as approved by medical direction as previous discussion was that due to anticipated diversity and breadth of this level of service, that a state wide scope of practice is not going to be developed.
 - ii. Eberlein question regarding if this adequately addressed potential training outside of Wi – Bates responded affirmative that this was covered.
 - iii. Zils question regarding who is able to teach this curriculum –
 - 1. Bates noted that this curriculum was developed per a public grant and that the curriculum needed to be made public
 - 2. Discussion regarding whether this was required to go through formal training center. Some discussion on advocacy to not require this, question if required it, require partnership with accredited training center? -- EMS Office will review – referenced 256.21(3)
 - 3. Zils noted in page 10 reference to scope vs not expanded scope – Bates to follow up.
 - 4. Zils asked about notation of Materials/resources/references as being noted in development – what is that status?
 - 5. Zils noted utilization of community paramedic vs community EMS provider in module 7.
 - 6. Bates commented on DHS 110 references to CEMS.
 - iv. Zils requested f/u from EMS office and anticipates bringing back to PAC for next meeting.
 - l. Discussion, review and possible action on Critical Care Interfacility workgroup (Clark) (standing)
 - i. Clark: no updates, anticipate it to be incorporated into the EMS work plan.
 - m. Discussion, review and possible action Ketamine utilization (Eberlein, Kronenfeld)
 - i. No updates.
 - n. Discussion, review and possible action EMS Continuing Education and method to submit training (Bates)
 - i. Bates will review and update next meeting.
 - o. Discussion, review and possible action on physicians as credentialed member of an EMS agency (Kimlicka)
 - i. Sent to OLC for review, no response yet.
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- ii. Discussed physician submission as equivalency of EMT to constitute as a legal crew. Noted DHS 110 does not specify physician scope of practice being limited by agency level but does specify a PA/NP/RN specifically cannot operate at a scope of practice above level of service.
 - iii. Clarified question does medical director have oversight of a physician on the EMS agency – will take to OLC.
 - p. Discussion, review and possible action on EMR curriculum (Colella)
 - i. WCTS is working through EMR, goal to have completed by May
 - ii. Colella shared expectations provided to workgroup – minimum hours set by required skills by EMR, pre-approved for training centers to add in optional skills but are left to local decision on implementation.
 - iii. Discussion regarding challenges given the ongoing 'optional' skills and impact this has on agencies and oversight.
 - iv. Anticipate working to obtain further information on needs of EMR agencies with consideration for review of optional skills this year to determine opportunity to clarify when possible.
 - q. Discussion, review and possible action on EMR, EMT, AEMT, Paramedic scope of practice (Zils) (standing item)
 - i. Benzodiazepine use at AEMT level (Zemple) - Discussed request for additional data to be obtained prior to further discussion. Colella and EMS office will work on this.
 - ii. Expanded POCUS use at Paramedic level (Colella) – Zils asked if we would be able to obtain data regarding current usage prior to discussion about expanding indications. Requested additional discussion at the next meeting.
 - r. Discussion, review and possible action on controlled substance use by AEMT (Zils, Colella) – Discussed request for additional data prior to further discussion. Colella and EMS office will work on this.
 - s. Discussion, review and possible action on aligning protocols (use of medication groups rather than specific medications) and/or have a statement that allows for local interchange - deferred due to time limit of meeting.
 - t. Discuss and develop future new business
 - u. Adjourn Committee
 - i. Motion made by: Schultz, seconded by Chinn. No objections.

Prepared by: Kacey Kronenfeld on 3/1/2022.

Approved 6/7/2022