

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

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| Name of Governmental Body: State EMS Board         |                     |                   | Attending: Separate list compiled by DHS EMS Section. |
| Date: 6/6/2018                                     | Time Started: 09:00 | Time Ended: 12:01 |   |
| Location: 1 West Wilson, Madison, WI (DHS Offices) |                     |                   | Presiding Officer: Biggart, Jerry (EMS Board Chair)   |

### Minutes

1. Welcome and introductions.
2. No public comments.
3. EMS Office Report
  - a. Scope of practice project. EMS Board forwarded draft working documents prior to the meeting (format is not finalized; provided for content review only). Document goes to forms first (been there since February), then returned to the Office for final review before distribution.
  - b. Community EMS implementation. Grant through Medical College of Wisconsin a couple years ago to conduct a survey of providers and agencies to determine possible scope of any implementation project. Formal process to determine and develop curriculum will need to consider the feedback received through the study (18% return rate). Office wants to ensure that public health is involved. Needs assessments for individual communities will need to be performed. Regulatory and other documents have been (and will be) obtained from other states. E-licensing, elite, and other logistical support platforms must be updated as part of rolling out community EMS. Rules will need to be drafted, but need to know the targeted outcomes first. High EMS Board priority per Chair Biggart. A lot of risk reduction activities are already occurring throughout the state (operating within scope; not community EMS-specific programs).
  - c. Act 97 (2017; “flexible staffing”) and operational plan project. Office has been working over the course of the last three years on updating the operational plan process from paper to electronic through e-licensing. Implementation process started in January of this year (2018). Operational template moved from paper to electronic format (e-licensing). Act 97 services will be licensed independently (along with other agencies, such as CCP, interfacility, etc.); agencies will hold separate licenses for each level of service provided. Project will provide additional functionality to “link” data through e-licensing to other electronic data sources. Anticipated roll-out of electronic operational plan updates in fall 2018. Full implementation of Act 97 will need to entail some additional work (including the scopes of practice, state standardized protocols, controlled substances, equipment lists, etc.) DEA is still unsure of how this will be handled with non-ALS (24/7/365) agencies handling controlled substances. Concern shared that PAC, EMS Board, state medical director, and other pertinent stakeholders have not been actively involved in the drafting of these documents. DHS would like feedback on documents shared with the Board within seven days (feedback to Dr. Zils).
    - i. Recent legislation also provided opportunity to regulate dispatch centers, which will be included within the system as well (part-time FTE just approved last week). Unofficial number is 104 to 105 dispatch centers in the state. Additional discussion on dispatcher training and CQI (in-house call review at the PSAP). No medical oversight unless full EMD.
  - d. Standardized EMS protocols. NASEMSO standardized protocols have been adopted by the state and the Office is in the process of being updated within the office for statewide implementation. Will go to review physician before forwarding to PAC/EMS Board. Will be mandated across the state for 911 from the EMR through Paramedic levels. Some modifications will be permitted within the standardized protocols by individual agencies.
  - e. Continuous Quality Improvement project. Office received seven samples of CQI protocols/guidelines from various agencies. One challenge is that many agencies claim to have a CQI process in place, but are unable to readily produce a physical document regarding that CQI process. There is a CQI module available through WARDS Elite. Work is continuing. Will schedule a meeting with the Board Chair to discuss further.
  - f. Model Uniform Core Criteria (MUCC) for Triage initiative. Still issues where adjacent agencies use different triage tags and systems. Is it

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possible to mandate MUCC-based systems across the state? Next coalition meeting in July, and this is a discussion there as well. SALT is the only system compliant with MUCC. There was a joint EMS Board/STAC recommendation/resolution/statement on this topic. Suggestion to possibly incorporate this requirement within the upcoming mandated protocols. Is there an opportunity to tie into FAP funding? (May require an update to the formulary, or the required submission elements.) Maybe tie into the operational plan for each agency? (No approval without a MUCC-compliant system in place.)

- g. Patient tracking. State is looking at updating the patient tracking system and replacing the current system (WI Trac/EM Track) with the ImageTrend product. (Maintaining different systems by different vendors is proving to be cost-prohibitive.) Hospitals use WI Trac and would need to utilize/maintain two separate systems. Suggestion to have ImageTrend provide a presentation to the EMS Board as the process moves forward.
  - h. EMS involvement in adverse childhood experiences (ACEs) as a public health concern. (Part of the state EMS plan.) Chair Biggart will touch base with the Office to see where this fits in the current EMS landscape.
  - i. EMS Office activity and desired EMS Board involvement. No updates on this item given the new Section Chief has been in the Office only six days.
  - j. Future EMS Board meetings. Initiative to pull together all EMS-related meetings within the same time and space. Trying to secure 111 rooms and dates at the Kalahari in October. May look at starting the meeting later (10:00 instead of 9:00) to accommodate travel.
4. Break from 10:12 to 10:21
  5. Standing EMS Committee – System Management & Development
    - a. Pre-arrival instructions by PSAPs. Important to remember that the science is occasionally updated, which will require updates to pre-arrival instructions. Group needs documents updated. Office will assist.
    - b. Medicaid supplemental reimbursement update. PAAW asked for a meeting with the new Medicaid director (and met for about one hour with four personnel from that office approximately one month ago). No increase in Medicaid rates since 2008. \$7.2 to \$9.2 billion increase between recent biennium budgets. Asked that Medicaid matched Medicare reimbursement rates (knowing that Medicare does not even cover the costs associated with EMS transports). Team stated they reimburse at 60-80% of Medicare; current reimbursement rates are at 42-43% of Medicare rates. Also asked questions about the GEMT program (indication was given that the program is very labor intensive). Impact on BLS reimbursement from current to 80% would be \$94 to \$177. ALS2 impact would be \$260 to \$489.
    - c. STEMI/Stroke/Trauma position statements. STEMI and stroke will be forwarded to office given PAC work from yesterday. Trauma will be reviewed with STAC at the joint meeting later today.
    - d. Critical care transport workgroup. Formed, but asked to hold-off by Office leadership given recent changes in leadership. Question as to the current status or direction for this workgroup. Office asks to wait on this until the August meeting.
    - e. Healthcare coalition update. Transitions given recent funding and staffing/reorganization changes. Medical directors will be contracted through the regional entities, not the state. May request MABAS to speak with the advisory group. No significant updates from previous report.
    - f. Unlicensed EMS event coverage concerns. Insurance companies typically require an ambulance, so many race tracks or organizers simply purchase their own physical ambulances and hire hourly EMS staff. Ties in to what licensed providers can do when not functioning under a medical director. Suggestion that the Office send out a Memo series to remind providers of what they can or cannot do under their licenses. Maybe a special events webpage would be helpful? Committee will forward key points to Chair Biggart, who will follow-up with the Office on this topic.
  6. Opiate and overdose updates. Senator Baldwin has held some talk-groups within the state. Dane County ED-to-recovery program allows EMS and law enforcement to make referrals now. Marathon County is forming an overdose fatality review team.
  7. No additional legislative updates.
  8. Interoperability council and 911 subcommittee. 911 subcommittee is currently trying to determine how many PSAPs exist within the state. Wiscom
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request for information (RFI) to possibly replace or upgrade the system. Regional meetings are being held. Need additional funding to support the existing 911 system (put the burden on those who use the system, not those who respond). Letter from the fire/EMS coalition would probably be helpful. Firstnet (AT&T) is being actively marketed. Data costs appear to be relatively reasonable and agencies will have priority on the network. Individual members can purchase Firstnet and possibly have priority through the system. (Verizon is trying to do something similar on their own; they are not part of the Firstnet system. Firstnet priority is from AT&T to AT&T, not across different providers.)

9. Behavioral health and wellness for EMS workers. Project is moving forward with support from the Office and the WTCS. Train-the-trainer information is developed and WCTC has free resources available on its YouTube fire and EMS channels.
  10. Subcommittee elections. Individuals given an opportunity to introduce themselves and say a few words.
  11. Motion by Biggart to enter closed session to review applications received by the WI EMS Board/EMS Office for standing EMS Board committees per Wis. Stat. 19.85(1)(f). Roll call vote taken. Motion passed unanimously.
    - a. Motion by Biggart to return to open session. Roll call vote taken. Motion passed unanimously.
  12. Electronic voting for EMS Board committees membership conducted by the EMS Board.
  13. Election of officers.
    - a. Kimlicka made a motion to pass unanimous ballot for Biggart for Chair. Motion passed.
    - b. Biggart made a motion to pass unanimous ballot for Fredrickson for Vice Chair. Motion passed.
    - c. Biggart made a motion to pass unanimous ballot for Anderson for Secretary. Motion passed.
  14. No Office actions to be considered by the Board.
  15. Results from committee voting were shared.
  16. Motion Colella to adjourn. Meeting passed at 12:01.
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Prepared by: West, Gregory on 6/6/2018.

These minutes were approved by the governmental body on: 8/1/2018