STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333

JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

WIL O'NEAL
DIRECTOR

Medical Direction and Practices Board – July 17, 2024
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Members present:	*Dr. Matthew Sholl, Dr. Beth Collamore, Emily Bryant, PharmD, Dr. Kelly Meehan-Coussee, Dr. Dave Saquet, Dr. Seth Ritter, Dr. Tim Pieh, Dr. Kate Zimmerman, Dr. Pete Tilney, Bethany Nash, PharmD, Dr. Rachel Williams*
Members Absent:	*Colin Ayer, Dr. Benjy Lowry*
MEMS Staff:	*Marc Minkler, Wil O'Neal, Darren Davis, Anthony Roberts, Anna Massefski, Jason Cooney, Jason Oko*
Stakeholders:	*Chip Getchell, Joanne Lebrun, Michael Reeney, Dr. Norm Dinerman, Rob McGraw, Jessica Page, Patrick Underwood, Kevin Curry, Eric Wellman, John Lennon, Steve Almquist, AJ Gagnon, Mike Choate, Jeremy Ogden, Dr. Jonnathan Busko, Rick Petrie, John Moulton, David Ireland, Chris Pare, Dr. Kevin Kendall, Dr. Bob Brown, Dwight Corning, Logan, Dr. Steve Diaz, Mike Senecal*

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this board, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."

1) Introductions
    a. Dr. Sholl makes introductions and roll call.
    b. Dr. Sholl thanks Chris Azevedo for his years of support and efforts with the MDPB and wishes him good luck in his transition to his new role at MFSI. Marc Minkler will be stepping in to assist with staff support for Maine EMS, and there may be opportunity for additional support from Maine EMS staff in the future.

2) June MDPB minutes
    a. Motion to approve June 14, 2024 minutes made by Zimmerman and seconded by Collamore. No discussion. Passes unanimously.

3) State Update
    a. Office Updates
        i. Director O'Neal gives the state update for the group.
        ii. Notices went out to clinicians who were affiliated with Maine agencies and currently practicing and had not completed the required Narcan leave-behind update education. Approximately 93% of individuals had completed the course work. There was a large

push at the due date of July 1. This date was set by the legislature and did not allow for the best approach to ensure compliance and utilize stakeholders to complete the training. The training is 1-hour and is mandatory for clinicians.

b. Regional Transition Plan

4) Alternate Devices – None

5) Special Circumstances Protocol
   a. Region 5 Medical Director Dr. Collamore and Paramedic Jessica Page present a request for special care for specific patient and use of Ruconest. Paramedics in the community have been trained on the medication and use, and a protocol developed and shared. Dr. Saquet asks about IV access, planned port-a-cath implantation in August. Dr Sholl suggests adding a 2nd special circumstances protocol to access this device in the future. Meehan-Coussee asks about repeat dosing of medication, discussion with Nash and about verbiage. **Motion to approve special circumstances protocol for Region 5 made by Saquet, seconded by Pieh, Passes unanimously.** Minkler reminds that a final copy needs to be submitted to Maine EMS.
   b. Meehan-Coussee expresses process concern about special circumstances protocol process, will meet with Sholl offline and bring to August meeting as an agenda item.

6) Pilot Projects
   a. Sanford Ultrasound IV Access Program – Training is continuing and not yet in service.
   b. Jackman – Dr. Busko presents on 7 potential cases, 4 that were completed in March. 4 potential cases in April and 3 were completed, no concerns or unanticipated visits within 30 days. Zimmerman asks about 1 case and discussion on vaginal examination/care, Busko states patient was referred to PCP. 6 potential cases in May and 2 were completed, no concerns or unanticipated visits within 30 days. Discussion from multiple members express concern over possible lack of thorough assessment of vaginal/penile complaints and scope/patient safety/comfort of doing so with only 1 clinician present as well as follow up with the patients. Busko states this is done routinely in urgent care as is use of OTC meds and 100% get directed to have PCP follow up. Tilney asks how a diagnosis is obtained without physical examination. Busko states that most urgent cares are not doing vaginal exams and that PCP routinely treat these over the phone and that this is well within the scope of urgent care. Sholl states this was not part of the original scope of the pilot program. Ritter states this is a slippery slope and an invitation for misdiagnosis and treatment. Getting the diagnosis right is key. Busko states the treatment is OTC, and the alternative is to take the patient to an ED. Busko states many telehealth programs treat without examination or vitals. Ritter states this is not a standard of care he would want to defend. Busko states he is comfortable defending it and this is well above the standard of care. Pieh asks if a physician is involved in this telehealth and Busko states 100% are with a physician. Pieh states he does not do telemedicine but could be other diagnoses, Busko states this is not the standard of telehealth care. Sholl states what is being expressed by the MDPB is treatment without examination and no assurance about follow up. Sholl asks about the option instead of ED transport, a referral to a qualified health professional (QHP) to ensure the diagnosis is correct and otherwise possibly missing the opportunity to do the right thing for patients instead of focusing on the urgent care/telemedicine part of this. Busko asks if ED physicians ensure follow up, as that is what this program does. Sholl states not to avoid the telehealth but to strengthen that follow up program to ensure no missed diagnosis. This program is unique as the patient could be referred to a QHP the next/same day. Busko states this has been done in the past, but if a patient comes in on a Thurs night, there is no clinic until Monday. Sholl states that this has come up twice and wants to ensure proper evolution of the program with review and consideration. Busko feels this is a not an expansion and that the program is to provide telehealth services and this is done across the US. We cannot anticipate every patient and asks what does the MDPB need to feel comfortable? Sholl states the role of the paramedic is to be the eyes and hands of the physician and no physician assessment was done. Busko states this was

the physician decision and not anything to do with a paramedic decision. Ritter states that if this is entirely a physician decision, why is an EMS agency involved – this is a physician extension. Further discussion on the role of telehealth and standards. Busko states we are not going to agree on the standards of care. Pieh states the concern is the involvement of the paramedic and the pilot program, not the physician decision. Pieh states the visit with telehealth physician could continue but not involve the paramedic. Recommends taking discussion offline. Sholl and Busko to discuss further offline.

7) Medication Shortages
    a. Nash reports no significant med shortages
    b. Nash states medication costs have increased significantly and in many cases 25-50% (e.g. glucagon has doubled in price), and states a complete standard med "box" or minimum quantity is about $200 higher in cost per minimum par level

8) Emerging Infectious Diseases – None

9) Board update
    a. Sholl states the Board of EMS has requested update from Committees and Board about IFT and he will present at the next EMS Board meeting, thanks all for feedback on his update draft and was supportive and positive.

10) CCT Matrix
    a. Discussion of Critical Care Transport matrix proposal to Board of EMS. Discussed credentialing of EMS clinicians. Sholl describes the 4 equal components of scope of practice that are Education, Certification, Licensing, and Credentialing. Very few services in Maine currently credential clinicians (Lifeflight is one example) and would be new process and designed by each agency's medical director that an EMS clinician works at. Resources for the medical director for a credentialing process would be advantageous.
    b. Motion to bring to Maine EMS Board by Pieh 2nd by Meehan-Coussee, No further discussion, passes unanimously.

11) Protocol review process
    a. Op K9 Protocols/Application Packet/Documentation Standard
        i. Zimmerman presents, goes into effect Aug 9. Dr. Domenico, DVM is the Veterinary liaison. Protocol is an annex and requires specialty training and approval to utilize – not for everyone to use.
        ii. Packet developed to apply to use that includes application, MOU, medical direction info, training, education & renewal requirements, as well as resources for destination and other materials
        iii. Presents on updates and changes based on new statute in intro page for K9 annex, including cricoid palpation location, dosing of TXA, not to use Diphenhydramine IV as it causes hypotension, and IVs should be placed in forelimb due to decreased venous return in sites below the diaphragm. Presents on documentation form. **Motion to approve updated K9 protocols by Pieh, 2nd by Collamore. No discussion. Passes unanimously.**
        iv. Sholl thanks Zimmerman for her dedicated and extensive work and championing these protocols.
        v. O'Neal discusses efforts for approval process and submission of packet and work in progress. Zimmerman states no agencies have submitted applications previously, but many services have had individuals complete the training and obtain MOUs but never actually submitted to Maine EMS for approval. This process will better track and document approval and the process
    b. Timeline review & deliverables

i. Blue section authors to present after Gold section authors

c. Gold Section tabled to August

12) Old Business
    a. Ops – O'Neal - no update
    b. Education Committee – Minkler - work on IC license concepts and possible changes, discussed IFT education
    c. QI – Getchell - July 17 meeting cancelled, will report next month to board.
    d. Community Paramedicine – O'Neal – CP rule is going to Board for consideration of public comment
    e. EMSC – Minkler - EMSC survey at 68%, financial and federal reports to HRSA for past year, Franklin Memorial recognized as Always Ready for Children
    f. TAC – no update, meeting July 23 at 1230
    g. MSA – Zimmerman – Revamping website, Meets July 23 at 1130
    h. Cardiovascular Council – no update
    i. Data – Davis/Meehan-Coussee - meeting July 17 at 3pm, considering changing meeting date/time change for future
    j. EMD – no update
    k. Maine Heart Rescue – no update

13) Delta ventilator pilot project
    a. Getchell and Diaz present on data from 3 cases, no adverse events or concerns, all had RN, 2 had RT accompany
    b. **Motion to enter executive session made by Saquet. Second by Collamore. Passes unanimously.** Executive session under 1 MRS 405.6.f at 1115 to discuss specific patient and clinical information.
    c. Sholl reminds all that no votes occur in Executive Session and is only to obtain specific information that may include protected health information. Return from executive session at 1125. No further action.

14) Next meeting to do
    a. Gold Section tabled to August

15) **Motion to adjourn made by Saquet. Meeting adjourned at 1125 hrs.** Lifeflight of Maine CPC meeting follows at 1125 with separate minutes recorded by Lifeflight.

16) Next MDPB meeting will be August 21, 2024 at 0930.

Draft minutes by Marc Minkler.

Approved August 21, 2024