County of San Diego

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MISSION STATEMENT

"As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system."

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)
Education/Research Subcommittee Meeting (Zoom)
Cheryl Graydon, R.N., Chair/ David Blacksberg, Vice-Chair
Thursday, February 18, 2021

MINUTES

IN ATTENDANCE

Members
Adler, Fred – GenBio
Blacksberg, David – UCSD
Froelich, Dan - San Diego Fire Rescue
Graydon, RN, Cheryl - Palomar Medical Center
Jensen, Anne - San Diego Fire Rescue
Kahn, Christopher – District 4 - UCSD & EMS Medical Director San Diego Fire Rescue
McJannet, Catherine – District 1- Sharp Healthcare

County Staff
Christison, Brian
Dama, Val (notetaker)
del Toro, Nicole (recorder)
Pacheco, Cheryl

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Cheryl Graydon, Chair called the meeting to order at 9:33 am.

2. APPROVAL OF MINUTES

A motion was made by Catherine McJannet, seconded by Chris Kahn to approve the March 22, 2018 minutes. Motion carried with no changes.

3. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

4. PROJECT UPDATES – CITY OF SAN DIEGO PILOT (Anne Jensen)

- Staff has been reassigned to other duties because of COVID, for a number of reasons:
  - There was a system breakdown because of the pandemic.
  - Didn't have partners to accept our medically vulnerable patients.

- Two weeks ago, the pilot program started re-enrolling clients. Will start with new enrollment for our clients who will be in the pilot. Will review past consent forms and see what is appropriate to consider for former enrollment as it still applies now.
- State has been requesting data for the individuals even though we have not been actively working on the pilot. Will work with them on evaluation methodology, and whether they want us to completely start from scratch, have new consents or carry some patients over from the last time. More to be determined by the next meeting.

Overview by Anne

- Pilot was started in 2013 or 14. It is a frequent utilizer program, and the State at the time released an RFP for community paramedic concepts. The initial pilot program request included several models: Frequent utilizer management, Care for chronic conditions, Alternate Destinations, and Asses, treat and refer. State approved the San Diego City pilot to implement all the concepts under the umbrella of frequent utilizer management.
- For frequent utilizers consented into the program, clients are eligible to have specialized care plans in the City. Can take them to alternate destinations or can leave them in place. The alternate destination is not limited to the destinations listed in AB-1544.If approved by the Care Committee, we can transport them back home, to a day center, a senior center or leave them in place if we believe it's safe. Can also provide care for chronic conditions if the Oversight Committee approves.
- Have a surveillance/monitoring system that watches over the 9-1-1 system. It identifies frequent 9-1-1 callers and holds care plans for them that get automatically transmitted to crews when they show up on scene.
- Some people are very complex and may be better served by a different plan. Have a way to store those plans to disseminate that information to crews on scene and care for them in a way that is more appropriate than traditional protocols.

5. AB-1544 OVERVIEW AND DISCUSSION- Cheryl Graydon, Chair / Brian Christison

- Sent AB-1544 for everyone to look at. Exploring at the county level what different agencies want and the unmet needs that these different Community Paramedicine programs could be considered. Also looking at the potential for alternate triage destinations involving sobering services and mental health providers.
- State is standing up their committee and they are supposed to finalize the group by March 1st. These State regulations will provide the guidelines we can utilize. It will vary either by agency or by area of the county (north, south, east and San Diego metro) as all have very different needs and populations.
- Discussed potential steering committee assignments and membership as described in AB- 1544 statute. Further definitions may be forthcoming in regulation.

ADVISORY COMMITTEE DISCUSSION AND QUESTIONS

(Cheryl Graydon)

- Hoping to get clarification on membership.
- Does not have clear guidelines yet from the State but exploring and getting people thinking about it.
- Helpful as part of the needs assessment is a resource inventory. Information on destinations that people can be taken to, resources, hours-limitations, etc. Might not have by next month, it can take time to build a directory but would be useful.
- She can bring back a list of other programs that were approved in the past to spark ideas for what we might want to look at in the future.

(Cathy)

- We are tracking the abuse of the system so that we can help the problem and try to redirect care.

(Anne) Project ideas:

1. In Stanislaus County, they did a mental health alternate destination that was incident centered, meaning there were no strategic analysis and targeting of specific people. They showed up on 9-1-1, and 9-1-1 called the screens (it was either appropriate or not) and they transported to an alternate destination which was a behavioral health facility. Had some issues initially with their well person protocol (a screening program) and whether it was effective in preventing secondary 9-1-1 calls after the transport. Worked on a protocol that seems to be effective and if that concept is interesting, we can reach out to them.
2. Ventura County did a Tuberculosis Directly Observed Therapy pilot, and the pilot learned a lot if that's a model of interest.
3. The Hospice pilot in Ventura is working with Hospice companies to be kind of like a stop gap until Hospice service can be there.
4. San Francisco has a good sobering project and has a frequent utilizer pilot.

- Any special project that starts takes about two years to develop and implement and it is important to find allies. We can work with Dr. Dunford or Dr. Krelstein at Behavioral Health, who is very familiar with our program.
- Agrees with a community needs assessment. We can build a framework and different departments to run their data to see how many calls would potentially fall under alternate destination if cities wanted that help.
- Discussed the ET3 model and where it fits in to the California EMS regulatory framework. ET3, among other things, offers a reimbursement model for alternate destination transportation. Currently, there is not a clear reimbursement model for transportation to an alternate destination. ET3 is what makes up for that, but an EMS service provider must be a pilot site and a Medicare biller. Fire departments do not qualify as primary ET3 sites. They could qualify as a secondary if contractor was a site and they add on a dispatch project. With ET3 models, there are payment methods for diverting calls from dispatch to a nurse line, but it doesn't fall under legislation.

(Brian)

- We have the law, not the regulations. There are two AB-1544 models: Community Paramedicine and Triage to Alternate Destinations. Are independent of each other—can do one, can do both, can do both in a particular jurisdiction, can do one in one jurisdiction and the neighboring jurisdiction can do something else, or as a County, can determine not ready for either. The regulations will give information on what the programs look like, reporting requirements, defining the role of agency, LEMSA and State. Will know more of what to do after State regulations are written and passed. Anne or Dr. Kahn may want to give an overview of other projects under the OSHPOD pilot.
- We have 57 ALS agencies each with their own culture, patient set, resources, potential partnerships, etc. Finding a sobering center or a mental health resource within a reasonable driving distance for some agencies will be a challenge. Discussion on reviewing the role for alternate destinations for paramedic transport during the pandemic. For instance, there are only two urgent cares that

are open 24/7 in the county and that limited resource does not offer extra resources for EMS. Resources that work in one area may not work in another.
- Public Health Preparedness and Response branch maintains a list of healthcare resources. Could be a starting point and is based out of the ability to provide mid-level care and not as focused on sober or mental health resources. Currently don't have spare staff at the County to devote to this project at this point, so the group is being asked to give thoughts on their perspective.

(Dan)
- Represents County Paramedic agencies and works for the City of San Diego Fire Rescue. His department is very interested in Community Paramedicine. He is willing to fill whatever role is needed.

Possible future agenda items:
- **ET3 Model, list of other programs from the past, needs assessment for local managers, resource inventory, and project ideas from other counties.**

6. ADJOURNMENT/NEXT MEETING

- The State initially required the subcommittee to meet once a month. Susan Smith got permission to meet every other month, but those meetings were short.
- Anne to send an introduction to Lou that Brian is taking over Susan 's role.
- Anne is trying to ramp up right now because things are improving as far as services that can be referred.
- Brian will defer to the pilot to state what level of activity they are in, which will determine if the meeting will be held every other month or quarterly and will let everyone know.
- Brian is the contact for the pilot related issues.
- Meeting adjourned at 10:17am.