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/ Vacant, Vice-Chair
Thursday, April 15, 2021

INFORMATIONAL MEETING

IN ATTENDANCE

Members
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 (recorder)
Del Toro, Nicole (recorder)

Guests
Conner, Jesse
Jagienlinski, Jakub – SDCFA/ CalFire
Percival, Shawn

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Cheryl Graydon, Chair called the meeting to order at 9:38 am.

2. APPROVAL OF MINUTES

Meeting minutes from February 18, 2021 were not approved as there was no quorum.

3. PUBLIC COMMENTS/PETITION

There were no public comments or petitions received.

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

- Pre-COVID, pilot had 19 enrollments. During pandemic, staff was reassigned to convention center to help with service navigation.
- Pilot did not completely go on hiatus during pandemic. Staff remotely managed two individuals who could not be discharged from the program because it would have been unsafe.
- In original pilot group of 19 enrollees, 11 were homeless and eventually moved into permanent housing. Program still monitors their 9-1-1 activity and so far they have not popped up.

- Since staff have been reassigned back to WRAP and the convention center closed, six new individuals have been enrolled plus the two carryovers from pre-pandemic, we have a total of eight enrollees. Still in the beginnings of case management for them.
- Top caller in the system who was enrolled and carried over has recently been put on a temporary conservatorship. Anne will check whether he can be included in the voluntary pilot because of consent issues.
- Not heard back from State whether we should re-enroll or carry over the two from pilot pre-pandemic. Anne has decided to carry them over and will figure it out with the State later.

Suggestion for Anne to include in this report:

- (Dr. Kahn) Been working closely with legal partners at City Attorney's office and a Psychiatry colleague in trying to become multi-modal and making sure we can link enrollees to services best suited for them even if they are not strictly medical services.

ACTION: Anne will give this group an update at the next meeting on how the legal process is going and lessons learned.

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

(Cheryl)

- Included in the packet for today's meeting is a summary of previous projects that had been done and approved by the State. There are seven different categories: Post discharge short-term follow up; Frequent EMS users (which City of San Diego deployed); Tuberculosis direct observation therapy; Hospice patients; Alternate destinations for mental health; Alternate destinations for urgent care; and Alternate destinations for sobering centers.
- Most projects were quite successful. One that had the least number of enrollees was Alternate destinations for urgent care due to several different factors including: all urgent cares are not the same and do not offer the same care; they are not open 24/7; do not all have same equipment; and insurance issues. This seems to be the hardest one logistically to put together.
- The review was to give an idea of projects that had been approved in the past, the number of enrollees for each project, and in some cases, we were able to determine how much money it saved individual agencies or the health system. It is impressive the things they were able to do.

(Brian)
This is informative to our process. The evaluation on the Alternate destinations for urgent care in this review is one reason it is not included in AB-1544 models. We have Chief Molloy who is involved in the regulation process and Chief Jagienlinski from County Fire. They both have additions to the discussion as well.

Questions:

Q1. (Cathy) Seems we need a lot of community buy-in especially for the sobering centers, do we have places like that willing to partner to take on at-risk population?

- (Dr. Kahn) A possibility could be the McAllister Institute in downtown, which is interested in participating. They would meet the staffing model required as they always have a Registered Nurse available. There has been discussion on whether the mental health center that will be located on 3rd avenue, can be an inebriated intake center. We are several years away from this option because they have not broken ground, but they are a potential partner. There is a local Physician who works with hospice who has reached out to see if we can provide additional hospice education as he is looking at pursuing a grant, that we may end up having an opportunity to be involved in and improve care for hospice patients. Would love to engage local hospitals and cares to come up with a unified model.

Q2. (Cheryl) At Palomar, we have walk-in triage for our Crisis Utilization Unit. Besides doing COVID clearance, the insurance question is a delay. How does that get addressed for these kinds of programs? For Medi-cal/Medi-care we don't have to get pre-approval, but other insurances we do.

- (Dr. Kahn) Dr. Dunford engaged Molina (leading care for Medi-cal population who end up being utilizers) with this. Although there has been movement at a legislative level to consider paying for transport to non-Emergency Department destinations, we still do not have a firm agreement with any of the local players, which makes things complicated.

(Chief Molloy)

- Is on the State's Oversight Committee as a representative of the California Fire Chiefs Association for community paramedicine and alternative destination transport policies being developed because of AB-1544. Oversight Committee wants to ensure all the different agencies have their own needs come from community paramedicine.
- AB-1544 is not recreating the wheel; very familiar with the projects mentioned in the report that have gone on throughout the State. Going to be community paramedics that are alternate destination accredited and community paramedicine accredited, which are the two different models in the bill.
- We share a lot of resources regionally, but still have individual communities that have individual needs. Good news is State recognizes this with AB-1544 and does not require a one-state program. Leaving it up to the LEMSAs to make decisions about programs that will be available in their communities. Will allow progressive communities like San Diego to come up with a program and take it to LEMSA.
- Process for AB-1544 will be slow; going through Oversight Committee right now because there are many people involved who want to make sure it works for them. Going for public comments in August (there will be three rounds of public comments before it goes to Office of Administrative Law for final approval). This will give communities enough time to make sure they are ready to come forward with programs. San Diego has a lot of great programs, but some communities do not, for example Carlsbad had the alternative destination to Urgent Care pilot, but one person enrolled within nine months, and it went away.
- Financing part is huge for all of us. However, we do have a County that is friendly toward patient care and programs that can help people in need, so there are opportunities there. Nationally, ET3 is a pilot that has come out which is different funding models for CMS. Under this pilot, agencies are eligible for CMS reimbursement for treating a patient on-scene.
    - (Cheryl) Trying to figure out the process and where it is going, and we will have questions in the future. Thank you for the update. Encouraged coordinators of different hospitals to take this to their Physicians and different departments to spark ideas for potential projects. May be groups out there that are not aware of the concept and if you approach them, they may have ideas that we can go for, work with agencies, and be beneficial to all involved.

(Anne)

- As frequent utilizer pilot, we tested all the concepts listed in the paper (some on a smaller scale), except for Tuberculosis Management. We do alternate destinations for our frequent utilizers. Have some experience on a small scale of what these projects might look like as far as receiving facilities. State data format does not collect our site's data the way they do other alternate destination sites, but it does happen. We get contacted by other departments in the county a lot, so there is interest from other agencies. If there is interest, we can discuss having a community needs assessment where agencies may have ideas about what they want to address. There are data definitions and things we can do in the NEMSIS data dictionary to help agencies articulate how much of a problem they have with things like substance use disorders or mental health. Will be happy to facilitate a focus group.
- In terms of insurance, it is nice to have somebody backing you financially because they have a financial stake in it, but at the same time we have city issues we want to address. When we take money from other people our agenda becomes their agenda. Need to identify population we want to serve, stakeholders and financial backing.
- Sobering centers are County-funded and some are County facilities. EMS has not been included in their statement of work and we find sobering centers are enthusiastic about working with us. Need work at this level to provide for it. Process of finding destinations and partners is a long one but you build a net of resources after a good amount of time.
- Best projects are where we maintain close social communication with people. Having the networks of people introduced to each other and having ongoing communication, even if it is not for an agenda, is where good collaboration comes from.

Question:

Q1. (Brian) If Chiefs on the call had a program to design for rural areas, is there a particular model or program that this stage looks ideal or workable? One of the things I would love to get from this group is a couple of different models. The RAP model works in an area that has high utilizers, densely populated, and able to locate and have multiple partner agencies to meet with. In rural areas it is different, that's why I am hoping to hear from Chief Molloy and Chief Jagienlinski on outlines for programs.

- (Chief Jagienlinski) Been involved in operation collaboration with 21 fire agencies. County Fire was tasked a year ago to start COVID testing; so far administered eighty thousand in unincorporated rural areas, and in targeted communities such as agriculture workers and homeless shelters. Been the extension of HHSA in rural east county communities as part of their plan to continue vaccinations in the long term, and any other needs in the rural communities that they logistically cannot get to. County fire stations are often the only government buildings in rural communities. On the rural side, it will be additional services because there are no county clinics, there are very limited medical facilities and 9-1-1 is the primary access to healthcare.
- (Brian) AB-1544 includes methods for intervening within the 9-1-1 system and this potential County Fire program is running up to the edge of the 9-1-1 system. Not necessarily included in AB-1544 but its informative to some other potential models, particularly as the pandemic is on the wane.
- (Chief Molloy) Programs need to have capacity to cross borders as well. It will take a lot of coordination with County EMS, Fire departments, community hospitals. There is a lot riding on this for the future.

Thoughts from group:

- (Dr. Kahn) Is there a County agency or NGO central organizing group that can help service a thoroughfare for communication? Been learning a lot through trial and error. We have built up a good contact list with the City of San Diego, but there are people we are going to be missing. Being able to make communication easier is helpful.
- (Anne) Is it possible to get a list of people from different departments who might be interested in a test concept? If so, we can approach it a few different ways for example among the top 10 frequent utilizers, 7 of them are chronic alcoholics, and so we need EMS protocol that does not rely on law enforcement to address this type of patient. We could look at this in terms of cohorts of people and the best approach to take them. There is a lot of power in case conferencing and there is a standard format used that might be helpful.
- (Cheryl) In north county, two main hospitals meet with social workers and talk about patients and try to work out plans. Would it be helpful if we can bring someone from that group to this meeting? Or are we not at that stage yet?
  - (Brian) Plenty of room in the intersection between mental health, case management and EMS. We have a few steps to get to before we start inviting them to this group. In the next six months, I would like to see three or four sketched out proposals for programs. Can have models in east, north and south counties whereby each may have all, none or one of the options, as resources and partnerships are available in that region. Standing by for next round of regulations to give us a better idea of what the rules are, and then we can start pulling in partner agencies and making connections.
- (Cheryl) Should we encourage that this gets brought up to BSPC? It is a large group of Physicians and they often have ideas as they are dealing with same population. One project we came up with had a Physician downtown who was there in case there was a code in the building and would do telemedicine with local agencies. Unfortunately, we came on too late and could not get it with the last approval. We no longer have a Physician downtown because the property got sold. There may be Physicians out there who may have an idea but do not know this forum exists.
- (Brian) Dr. Koenig is interested and supportive of providing excellent care in different forms, so I will bring it up to her.

ACTION: Potential presentation at a future BSPC meeting.

6. ADJOURNMENT/NEXT MEETING

- Will be a bi-monthly meeting as far as requirement for pilot and because we are awaiting information from the State.
- Next Meeting June 17, 2021.
- Adjourned at 10:20am.