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**Massachusetts Department of Public Health  
Minutes of the Mobile Integrated Health Advisory Council  
Meeting of Monday, December 14, 2015**  
Henry I. Bowditch Public Health Council Room, 2nd Floor  
250 Washington Street, Boston, MA

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**Date of Meeting:** Monday, December 14, 2015  
**Beginning Time:** 12:07 PM  
**Ending Time:** 2:43 PM

**Advisory Council Members Present:** The following seventeen (17) appointed members of the Mobile Integrated Health Advisory Council (MIHAC) were in attendance on December 14, 2015, establishing the required simple majority quorum (10) pursuant to Massachusetts Open Meeting Law (OML): DPH Associate Commissioner Lindsey Tucker (Chair); Dr. Toyin Ajayi; Dr. Gregory Bazylewicz; Mike Caljouw; Anuj Goel; Tara Gregorio; Tom Henderson; Chief Theodore Joubert; Pat Kelleher; Dr. Carolyn Langer; Christine McMichael; David Morales; Kathy Reardon; Dr. David Schoenfeld; Sean Tyler; Bryan Urato; Steve Walsh.

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## 1. Welcome and Introductions

Department of Public Health (DPH) Associate Commissioner and Advisory Council Chair Lindsey Tucker called the meeting to order and provided brief introductory remarks. Ms. Tucker asked for introductions from each of the attending members, and provided an overview of MIH across the country, restating background information on the Massachusetts Mobile Integrated Health or "MIH" law and the advisory council's role to guide DPH in its establishment of a regulatory framework for MIH within Massachusetts.

Ms. Tucker stated that DPH's goals are to create a value-driven system of care defined by patient outcomes, reduced costs, and a focused attention to health disparities, and to create a system that truly incentivizes and rewards new, team-based partnerships.

Ms. Tucker reiterated that DPH's goal is to release draft regulations by Spring 2016, and that to successfully accomplish this goal, DPH wishes to explore a regulatory framework with an

appropriately flexible schematic that will allow the market to be innovative with designing programs that are directed to meet actual, identified community-based needs.

Ms. Tucker summarized major themes from the November 16, 2015 meeting and stated that the December 14, 2015 meeting would be focused on what minimum guardrails are needed to ensure patient safety.

## **2. Adoption of November 16, 2015 MIHAC Meeting Minutes (Vote)**

Ms. Tucker asked if any members had any changes to be included in the November 16, 2015 meeting minutes. Hearing no request for changes, Ms. Tucker requested a motion to accept the minutes at 12:16 PM.

Steve Walsh made a motion to approve. Tom Henderson seconded this motion.

The following twelve (12) members voted to approve the minutes: Dr. Toyin Ajayi; Dr. Gregory Bazylewicz; Tom Henderson; Chief Theodore Joubert; Pat Kelleher; Dr. Carolyn Langer; Christine McMichael; David Morales; Kathy Reardon; Dr. David Schoenfeld; Sean Tyler; Steve Walsh.

The following three (3) members abstained: Mike Caljouw; Anuj Goel; Bryan Urato.

Tara Gregorio was not present at the time of this vote.

## **3. Review of Paramedic Scope of Practice**

Ms. Tucker introduced Daniel Saxe from the DPH Office of Emergency Medical Services. Mr. Saxe provided a high-level overview of paramedic scope of practice in Massachusetts.

The clinical care paramedics provide in Massachusetts is based on Statewide Treatment Protocols maintained by the Department, focusing on care in emergency situations.

At 12:20 PM, Advisory Council member Tara Gregorio entered the room.

Several members asked clarifying questions about paramedic scope and Statewide Treatment Protocols which were addressed by Mr. Saxe and in advisory council discussion.

## **4. Special Project Presentations**

Ms. Tucker introduced Ron Quaranto and Karen Host of Cataldo SmartCare, who delivered an overview presentation summarizing the history, targeted patient population, and operations of the program, and identified financial, cultural, data, education, and statutory barriers to program innovation.

Mr. Quaranto and Ms. Host recommended that the Advisory Council consider the following areas in discussing patient safety guardrails: gaps in service delivery; patient-centeredness;

unique nature of programs; standards in treatment protocols; standardized record keeping; quality assurance/improvement; response standards; and information security.

Advisory Council members asked several questions about the operations of the program, which were answered by Mr. Quaranto and Ms. Host.

Ms. Tucker introduced Gregg Davis of EasCare Mobile Health, who delivered a presentation which provided an overview of MIH programs in other states and countries, and summarized the history, targeted patient population, and operations of the EasCare Mobile Health program. Mr. Davis stressed the importance of timely, effective, and secure communication modes and practices between all members of an MIH care team. Mr. Davis discussed practitioner training, and recommended that it should be program-specific and a combination of clinical and didactic. Mr. Davis also noted the importance of electronic medical record access for members of the MIH care team.

Mr. Davis recommended that the Advisory Council consider the following areas in discussing patient safety guardrails: streamlined application process; program oversight by DPH; care coordination and program integration; gap analysis as basis for programs; program specific training; data and reporting requirements; allowance of program flexibility and innovation.

Advisory Council members asked several questions about the operations of the program, which were answered by both Mr. Davis and Advisory Council member and EasCare/CCA medical director Dr. Ajayi.

## **5. Background and Need for 111O**

Ms. Tucker introduced DPH Deputy General Counsel Sondra Korman. Attorney Korman provided an overview of Chapter 111O of the Massachusetts General Laws, statutory limitations for MIH programs in Chapter 111C of the Massachusetts General Laws, and the flexibility for MIH programs allowed under Chapter 111O of the Massachusetts General Laws.

Responding to a question from a previous meeting, Mr. Saxe explained the distinction between the scope of practice of a paramedic and the setting in which a paramedic operates.

Dr. Langer had several clarifying questions regarding the distinction between a paramedic's scope of practice versus clinical setting, which were answered by Mr. Saxe.

Advisory Council member Anuj Goel departed at 1:58 PM.

## **6. Defining MIHAC Questions and Opportunities**

Advisory Council members continued to discuss several topics surrounding the possibility of a responding 9-1-1 ambulance service that is also an approved MIH program transporting the patient as an MIH patient to a destination other than an emergency department, possible distinctions between ambulances licensed under Chapter 111C versus vehicles used by approved

MIH programs under Chapter 111O, what should constitute an MIH provider, and Massachusetts Controlled Substances Registration (MCSR) provisions.

Ms. Tucker asked the group to consider several focused questions regarding patient safety and quality of care: *What obstacles still exist that would prevent an effective program? What minimum guardrails do you believe are necessary to ensure quality care and patient safety? Of these, are there any that should be determined by the applicant versus DPH?*

Advisory Council member Christine McMichael departed at 2:26 PM.

The Advisory Council identified several topics that should be considered in establishing minimum guardrails to protect patient safety, including: training, medical oversight, liability, treatment protocols, complaints and investigations, program oversight, cultural/linguistic competencies, and behavioral health integration. Discussions focused on which of these guardrails should be established by DPH in regulation versus which should be left to the MIH program to establish.

Dr. Ajayi stated that she believes that patient safety “guardrails” may be the only type of protections that require being spelled out in regulation. Several members agreed that minimal protections were required in regulation, and that most of the programmatic details should be covered through the application and subsequent review process.

Ms. Tucker informed members that they would be sent an exercise to be completed before the next meeting focusing on patient safety guardrails.

## **7. Upcoming Meetings and Meeting Close**

Ms. Tucker reminded members that upcoming meetings are scheduled for January 6, 2016, February 1, 2016, and February 26, 2016, and that DPH staff would be sending around a poll to schedule future meeting dates.

Attorney Korman reminded members to submit their COI training certificates, as well as their OML acknowledgements.

Ms. Tucker requested a motion to adjourn at 2:45 PM. Mr. Walsh motioned. Mr. Henderson seconded. All members in attendance voted in the affirmative.

The MIHAC meeting concluded at the time of 2:46 PM.

### **List of Documents Presented to MIHAC at the November 16, 2015 Meeting**

Documents can be found at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/committees/mih/>

1. Agenda: “**MIH-agenda-12-14-15**”
2. PowerPoint presentation: “**MIHAC-presentation-12-14-15**”
3. Minutes from November 16, 2015 meeting: “**MIHAC-meeting-minutes-11-16-15**”