



September 15, 2016 – 1-3:00 pm

Board of Directors Meeting

WDM City Hall -4200 Mills Civic Parkway, WDM Second Floor Training Room

Conference Calling: 857-216-6700, Conference Code 223239

Call To Order – Linda Frederiksen --1:02pm

Welcome/Roll Call/Proxies/Determination of Quorum/Conflict of Interest—K. Hill—Roll Call we have a Quorum. No conflict of interest.

Approval of Agenda – 1st Brian Rechkemmer, 2nd Brandon Smith – approved.

Medical Director Report –Dr. Joshua Stilley – No report.

Approval of Minutes

- July 21st, 2016 Board of Directors Meeting – 1st Mark Sachen, 2nd Rob Marsh – approved.

Lobbyist Report

- Michael Triplett – no report. Linda Frederiksen reported about the Legislative Meeting today. It's an election year, the entire house and ½ the Senate is up for election. Mark McCulloch reported on the results of the 2016 EMS Survey as they appeared in the link on our legislative page: <http://iemsanet/legislature.htm>
- We changed more questions on the Survey this year than we ever have. Because we saw some things were staying very consistent.
- Highlights:
 - Age and years of Service. Heavy 16+ years. Validated by the Age statements. Majority are over 35 years of age. Not a lot of younger providers replacing the retiring providers.
 - How does Behavior Transports effect you—not a lot of services find this a burden.
 - Support partnerships between small EMS agencies in a geographic area to help reduce the burdens. The majority say yes—so it's clear we don't explain the System Standards system well. We need to do some work to improve the understanding of this program and how it can help services and providers.
 - Background Checks—we need to do better about reducing cost of background checks
 - Community Paramedicine – not a lot of support for this. Feeling spread thin already
 - How EMS Agency impacted by increasing cost.
 - Did you find yourself or your colleagues struggling with stress depression, anxiety or sadness routinely—we need to address this as an association
 - Does your service place an emphasis on data collection and reporting? A resounding yes.
 - Does your service report NEMISIS data to the state?
 - What do you expect to gain – this question leads us to believe the majority of responses were administrative level providers.
 - Do you feel connected with what IEMSA is doing? 50/50 we're not ok with that.
 - How can we better assist you?
 - Are there any other things we can do that legislatively we missed?
 - OVERALL – we're headed down the right path legislatively, we continue to promote back ground checks and better reimbursement funding. But we are falling down on educating the public. We need to get better at that.
- We need to add a line that tells us what position the respondent is working in (i.e. line provider or administrator). The response dropped off a lot.
- **TALKING POINTS** – Jerry Ewers reported the talking points – Mike Triplett,
 - Medicaid Reimbursement – trying to do something smaller, so we can get this moving again.
 - Township Taxation – reach out to George on the Fire Service side to try to pick his brain on existing things we can tap into
 - Behavioral Health Transport – supporting local BH facilities
 - Funding to Train Paramedics – looking at other levels as well. Can we tap into funding that is already on the books we can use to help this.
 - System Standards
 - Community Paramedicine and Integrated Healthcare
- We are so far behind in Medicaid reimbursement to begin with and now it's privatized, it's even worse. Ours are the lowest in the nation. To provide service we need funding. Lack of inpatient behavioral. We need our lobbyist to put something together to hit the papers and news. Timing is now with an election in the works. We'll task Michael with getting this done.



IEMSA
Iowa Emergency Medical Services Association

2014 Comparison of Medicaid Rates for States that Border Iowa: Confirmed by the American Ambulance Association 03/10/14

HCCP Code	Service Level	Iowa	Illinois	Minnesota	Missouri	Nebraska	South Dakota	Wisconsin	Medicare	Wellmark MAF
A0425	Mileage	\$ 2.38	\$ 5.00	\$ 6.97	\$ 3.50	\$ 5.35	\$ 2.75	\$ 5.56	\$ 7.16	\$ 12.00
A0428	BLS Nonemerg	\$ 76.98	\$ 104.96	\$ 206.33	\$ 102.52	\$ 130.62	\$ 94.14	\$ 94.90	\$ 205.06	\$ 349.00
A0429	BLS Emerg	\$ 76.98	\$ 104.96	\$ 410.51	\$ 147.52	\$ 160.16	\$ 94.14	\$ 151.84	\$ 328.10	\$ 558.00
A0426	ALS Nonemerg	\$ 124.52	\$ 176.11	\$ 250.06	\$ 167.20	\$ 326.55	\$ 210.11	\$ 113.88	\$ 246.07	\$ 418.00
A0427	ALS Emerg	\$ 124.52	\$ 176.11	\$ 410.51	\$ 239.79	\$ 326.55	\$ 210.11	\$ 180.31	\$ 389.62	\$ 662.00
A0433	ALS2	\$ 124.52	\$ 176.11	\$ 573.13	\$ 239.79	\$ 326.55	\$ 210.11	\$ 260.97	\$ 563.92	\$ 959.00
A0434	SCT/Crit Care	\$ 124.52	\$ 251.11	\$ 670.62	\$ 239.79	\$ 326.55	\$ 210.11	\$ 308.42	\$ 666.45	\$ 1,133.00

2016 Rate Survey

Charge	Medicare	Wellmark	Iowa Medicaid	Illinois Medicaid
BLS Non-Emergency	\$ 208.76	\$ 364.00	\$ 84.67	\$ 127.34
BLS Emergency	\$ 334.02	\$ 582.00	\$ 114.30	\$ 127.34
ALS 1 Non-Emergency	\$ 250.52	\$ 437.00	\$ 101.60	\$ 198.49
ALS 1 Emergency	\$ 396.65	\$ 691.00	\$ 127.01	\$ 198.49
ALS 2	\$ 574.10	\$ 1,001.00	\$ 232.84	\$ 198.49
CCP/SCT	\$ 678.48	\$ 1,182.00	\$ -	\$ 258.84
Add'l Attendants			\$ 19.58	
ALS Refusal				
BLS refusal				
Intercepts				
Metro miles	\$ 7.24	\$ 12.00	\$ 2.61	\$ 5.00
Rural miles	\$ 7.34	\$ 12.00	\$ 2.61	\$ 5.00

Treasurer's Report — Brandon Smith – Brian/Mark – motion carries

- July – P&L a lot of membership monies coming in. Profit side \$-1104.96. Big expenses that stand out are the newsletter postage.
- Balance Sheet July— Accounts Payable is showing a negative because there are discounts are in there. Current liabilities -- \$9,461.80 Total Liabilities of \$8,622.89
- P&L Previous Year Comparison -- \$30,979.57 \$25, 408.26 loss for the year so far, but this happens a lot happens. Negative number is very close to where we were previous year.
- August – P&L Gross Profit \$53,948.25 – Exhibits, Sponsorships and Memberships are all up over last year
- Expenses – Big Expenses to note are the insurance and legal and accounting –with a \$ 45,212.03 net income
- August Balance Sheet –
 - Outstanding A/R balance – Invoices waiting to be paid
 - A/P – has discounts mis-posted from Avectra/Abila
 - Bottom Line Total Liabilities –\$8,757.11
- August Year to date P&L – conference income on track. Memberships have increased 35% -- Jerry and Lisa getting software in line.
 - Expense – Administrative expenses – large amount in there for the Netforum Internet Software – Abila set-up was finally paid which is a large chunk of money.
 - Net Income – about the same as last year \$ 14,232.46
- Aug Checking Balance -- \$375,971.97

Approval of the Treasurer's Report – 1st Brian Rechkemmer, 2nd Mark McCulloch – motion carries.



ISICSB Board Report – L. Frederiksen/R. Dehnert – Last monthly meeting Linda dialed into the meeting. Continuing slowly and laboriously towards a statewide program. Craig Allen’s contract is approaching—they are looking to renewing his contract. Some turnover on the board and some new committee chairs.

Office Administration – L. Arndt

- **Board Nominations for 2017** – Nominations Close September 25. An open position in North Central Iowa position will be appointed. Need an email from all board members email Mark McCulloch to let them know they willing to run again. Rob Marsh, LaDonna, John Jorgensen, Mark Sachen, Brad Buck indicated in this meeting they want to run again. Nella Sievert and Brad Buck were not at the meeting to confirm running again. Mark McCulloch will follow up with them post-meeting
- E-Board Elections happen this year for President and Treasurer ballot will go out
- Mark McCulloch reported – Terry Evans will fill Jeff Eastman’s term in the North Central.

Bureau of Emergency & Trauma Services Report – IDPH Rebecca Curtiss, Bureau Chief BETS

• Time Critical Conditions (all talking points-highlight important components) --Beginning with the Fiscal Year 2018 (July 1, 2017) grant period IDPH intends to combine the funding for PHEP/HPP emergency preparedness, along with the EMS System Development Fund and award this funding to service areas to foster a coordinated effort among local partners to work on improving Iowa’s response to time critical conditions. IDPH received well over 50 pages of comments through August 17, 2016. All public comments are available for review with the materials distributed from IDPH on September 1, 2016.

The comments received can be summarized generally into six main themes:

- “The service areas are too large”
- “Just go back to the EMA regions”
- “I’m going to lose my money to the big counties”
- “XX County should be aligned with XX County/Service area”
- “The service areas do not align with other service maps such as regional Epi, Regional Community Health Consultant, EMA regions, etc.”
- “Let the counties determine their own service areas utilizing current partnerships and agreements.”

Revisions have been made to the map to modify the service areas by introducing sub-areas of “Response Districts” to more effectively manage grant awards at the local level.

Response Districts will also be used to structure funding awards for the grant program.

IDPH will modify the grant award process by eliminating the proposed competitive grant application process. FY18 grant awards will be based on historical funding.

IDPH has created a document titled: “Summary Response to Public Comment (Aug 2016) Re: TCC Service Areas”. This document will provide an overview of the actions IDPH took in response to public comment.

- With the exception of 7 counties (Butler, Clinton, Crawford, Davis, Palo Alto, Tama, & Wright), the Service Areas have largely remained the same as published at the end of July.
- IDPH reviewed in-patient/out-patient data from 2014 for trauma, cardiac, and stroke events to identify where patients seek care for these “time critical conditions”.
- IDPH also took into consideration areas where we were aware of existing efforts to address system wide response efforts, service area planning and coordination.
- The attached map shows 7 Service Areas that emerge using the information noted above, with the introduction of up to three Response Districts that are embedded within each service area.

TIMELINE

- July 29, 2016 – Proposed Time Critical Conditions Service Area Map published by IDPH for public comment. (COMPLETED)
- August 17, 2016 – Response from local partners due to IDPH regarding the service area questions noted above. (COMPLETED)
- September 1, 2016 – Based on comments received, IDPH will finalize and release the service areas that will be used to determine grant awards for FY2018. (COMPLETED)
- September 15, 2016 – IDPH to provide webinar (registration details available soon) to review and address updates to plan effective with Service Area and Response District Map updates presented on September 1, 2016.
- Through Early November, 2016

IDPH will continue to engage local partners by attending various regional meetings, offering webinars/conference calls, and other means to help IDPH develop an RFP that meets federal grant requirements, while at the same time allowing as much flexibility as possible for local system efforts to address service area needs.



IDPH encourages local partners to begin discussions with partners in your response districts NOW so that there is ample opportunity to discuss ideas, concepts, and strategies for working together.

- NOTE: FY 16-17 PHEP/HPP funds can be used to support efforts to build response district relationships, develop strategies, and begin coordinating efforts with partners to address service area and response district efforts to address time critical conditions.

• Early November, 2016 – Funding proposal will be posted on IDPH website.

NOTE: this is later than what was shared during the partnership meetings earlier this year. Based on feedback from several conversations, it was recommended to IDPH to delay the posting of the RFP until November. This will allow time for more open and informal discussions about the best transition of funding strategies.

IDPH will host an applicant workshop as part of the RFP process to provide clarifications, guidance, and examples of appropriate activities under the combined funding effort.

- Early February, 2017 – Grant applications due to IDPH.
- March, 2017 – IDPH deadline to submit FY17-18 grant application to CDC/ASPR.
- July 1, 2017 – Grant awards identified, contract negotiations completed, and contracts fully executed.

Staffing

- Medical Director Position-UIHC has applications
- EMSC position-Eric Enderton
- Field Coordinator-posted internally
- Preparedness Coordinator-posted internally

AMANDA

- Whole new system Registry-In place January 1
- Postcards to all due for recertification
- Postcards to all services due for re-authorization
- Internal Staff Training
- Lucas
- Application Status-NW quadrant-Distribution and training started last Wednesday
- Applications for NE quadrant in Dec-January

ParaMedicine-MIH-

Iowa Code chapter 147A and Iowa Administrative Code section 641, chapters 131 and 132 currently allows certified Iowa emergency medical care providers to render emergency and nonemergency medical care within their scope of practice as part of an authorized service program, hospital, or other entity in which healthcare is ordinarily provided. These provisions would be applicable to a certified Iowa EMS provider functioning as a member of a MIH system either working directly for an authorized EMS program or another component of the MIH. Regardless of which component of the MIH system the certified Iowa EMS provider was working for, they would still be limited to the scope of practice based on their current level of certification. Development of a "Community Paramedic" certification or endorsement currently is not required for MIH systems utilizing Iowa certified EMS providers.

Guidance documents are available.

Pharmacy Requirements for EMS Services-

In Iowa an authorized EMS program that carries and administers drugs must identify the ownership of their drugs. In accordance with Iowa Administrative Code (IAC) Section 657, Chapter 11 titled Drugs in Emergency Medical Service Programs, the ownership of the drugs falls into one of three options: medical director-based; pharmacy-based; or a combination pharmacy-based and medical director-based. A signed written formal agreement between the service program and the drug's owner must be maintained at the service's primary program site and be available for inspection. Each of the three ownership options has specific requirements that must be maintained at all times. Guidance documents have been provided to field coordinators and will be highlighted in the newsletter

REMINDER: EMT-P Transition

Joshua Stille – NARCAN confirmed intranasal and auto-injector ONLY will be used by fire and law enforcement.

Epinephrine Auto Injector – EMT's can give it manually. Any support at standing EMSAC or QASP. Pilot is in the works, and they will be reporting on this soon.



Executive – Linda Frederiksen – Conference Activity, Lots of work on Membership, Board Seat and election. Leadership Conference Jay Fitch

Bylaws changes—be sure to bring them to the Annual meeting.

Billing and Management Conference-April 14, 2017-L. Frederiksen

Pediatric Conference –February 25th, 2017 – M. Fults – EMSC position filled. Matt Fults will contact new EMSC contact, Eric Enderton to get him involved in finalizing the Ped’s conference and follow-up on what needs to be done to process funds to support the Ped’s conference to IEMSA.

EMS-Day-On-the Hill/Leadership Conference—February 9th, 2017—Mark Sachen

Annual Conference November 10-12, 2016– K. Hill – Speaker Committee did a great job with the conference sessions and getting information in. CE’S are in and approved. Thursday night entertainment was not booked. Need a sponsor. Hands-On track is going to be good. AHA is doing the STEMI education workshop. A&E Series, New Orleans EMS Crew is going a keynote and one break-out. Gift is Backpack.

Speakers – B. Smith—no report.

Awards – T. Summitt -- no report.

Entertainment – L. Ridge-- no report.

Exhibit Hall – J. Jorgensen—exhibit hall is filling up.

Honoring Our Own – T. Summitt—17 or 18 honorees at this point

Registration/CE – M. Briones-no report.

Marketing/Web – Using our Customer Contact Promotion contact for merchandise this year—Liz Leon-- they are giving us large quantity at low order numbers. Committee will meet with Liz after the next IEMSA meeting on October 20.

Legislative/ByLaws – M. Sachen – be sure to bring them to the Annual Meeting

EMSAC – L. Frederiksen – Cardiology protocols are being reviewed and will be going out to EMSAC/QASP for their next meeting. Mobile Integrated Health—should be run through QASP and then run back through EMSAC. LaDonna Crilly has done a lot of work on that.

Membership – Chair : J. Ewers – Long process. We had high hopes for distributing process out to committee members. But it’s still working through it. 31.8% increase. Affiliates – 104 Individual memberships are up because of Students—we’re trying to develop a process to be sure we turn them into paying individual members. Corporates are up from 18-23. After they’ve expired we want to get back to them to be sure they didn’t just miss something. Need to run a report of drops by regions. Many times they just need someone to reach to them personally.

Marketing/Web – R. Marsh—no report.

EMS Week/Memorial -B. VandeLune—no report.

Leadership Academy – Sept 2017 J. Jorgensen—no report.

Voice – M. Briones—no report.

eNews – R. Marsh—no report.

Scholarships – B. Rechkemmer—Scholarships decided on and will be notified next week.

2017 Group Purchasing Agreement – R. Morgan –no report.

Allied Entities:

911 Telecommunications – Rob Dehnert/Paul Andorf—no report.

Advisory Council – Frederiksen/J. Messerole—no report.

ISICSB-Linda Frederiksen—no report.

Iowa Stroke Task Force – Brian Helland—no report.

NAEMT – Jeff Dumermuth—no report.

State Fire Serv./Emer. Response. Council.– Reylon Meeks –no report.

State Med. Exam. Adv. Council - Tom Summitt—no report.

TSAC – Rosemary Adam –no report.

Training Programs – Cheryl Blazek—no report.

System Standards - Brad Buck—no report.

IPOST Task Force - Jerry Ewers—no report.

DMAT Advisory Group – Rod Robinson—no report.

Community Paramedicine Mobile Integrated Healthcare—Linda Frederiksen—no report.

Old Business

- **Patient experience Surveys** – Board discussed the importance of surveys. Need to find a way to make available survey’s that are already written and designed to help services. Too hard for us to do as an association, but there are some outside vendors they can contract to do this for them. It’s very helpful to them.

Adjourn: 3:21pm 1st Katy Hill, 2nd Brian Rechkemmer