

## **TCD Committee October 11, 2018 at DHSS 912 Wildwood Drive, Jefferson City MO –Magnolia Conference Room**

**Attendees:** Mark Alexander, Cox Health; Dr. Lynthia Andrews, SAC Chair, NW Region Medical Director; Gene Bradley by phone, MAA; Dr. Sabina Braithwaite by phone, State Medical Director; Dr. Jeffery Coughenour by phone, U of MO; Terry Ellsworth, DHSS; Brian Froelke by phone, Wash U; Pam Jackson, St. Luke's Hospital KC; Robin Kiser, AHA; Debbie Leoni, SE Health; Dean Linneman, DHSS; Sarah Luebbert, MO State Medical Association; Heidi Lucas, MO Nurses Association; Ruby Mehrer, MEMSA and Air Ambulance; Patrick Mills, MO State Medical Associations; April Ostendorf-Morris; Kat Probst by phone, Adair County Ambulance; Mike Wallace by phone, MARC; Sarah Wilson, MHA.

Dean Linneman opened the meeting shortly after 10:00 am. Self-introductions. Attendance as above.

Meeting summary for September reviewed. No changes suggested.

Drop Box: Anyone not able to access the drop box information should contact Dean Linneman.

Organizational Chart: Dean Linneman provided a DHSS organizational chart. TCD falls under the Division of Regulations and Licensure which Dean leads. DHSS is undergoing some reorganization.

***Subcommittee Discussion:*** Three subcommittees have been formed.

Rules and Regulations: Chair is Mark Alexander. Serving on the committee are Ruby Mehrer, April Ostendorf-Morris, Mike Wallace, Sarah Wilson, Debbie Leoni, Robin Kiser, Dr. Sabina Braithwaite, Pam Jackson.

Data Group: Dr. Braithwaite, Chair. Committee members: Pat Miller, Robin Kiser, Sarah Wilson, Kat Probst

Funding and Finance: Sarah Wilson, Chair. Committee members: Dr. Andrews, Dean Linneman, Mark Alexander, Ruby Mehrer, Pat Miller and Heidi Lucas.

### **Funding Options Discussion:**

Sarah Wilson cautioned that the Missouri constitution needs to be followed. Fees are often channeled to specific projects by virtue of the language. For instance, casino dollars go to education. MHA is running ideas by a team of experts to be sure we are in compliance as we move forward. Focus has been on the Virginia model, but other models have been examined as well. The Texas system includes an FRA-like system that includes a draw-down of federal dollars. Mark Alexander indicated that anyone touching a TCD patient may be able to get reimbursement with this system. More discussion needed on Texas system. It will be important to be able to show the Return on Investment (ROI) for dollars saved and health outcome. Not difficult to do with trauma, harder in general for stroke and STEMI patients. Using Arkansas' data may be helpful.

Pat Miller asked for clarification on the DHSS budget for TCD in 2019. Dean Linneman indicated it was \$153,000 which is earmarked 100% for staffing of three positions. The state has asked MHA to poll their

members to determine what the real cost is for the designation process including the hidden costs of preparation etc. Sarah Wilson said MHA is preparing a survey for the hospitals to capture this information. They are hoping for 100% participation from the hospitals. There was interest in having an EMS Survey as well to determine the fixed and variable costs, including the ambulance cost, equipment costs etc. Cost reporting is just starting in EMS. In response to a question, Dean Linneman indicated there was a square footage cost for each DHSS program already calculated.

Discussion on possible grants—Terry Ellsworth reported the only one he is aware that may be available is through MoDOT and has to go to training. Sarah Wilson mention new interoperability grants through CMS that we may qualify for. Dean said he does not have staff for grant writing, but he has access to others who can help. Missouri Foundation for Health (MFH) was mentioned since they funded the initial efforts in getting TCD established.

Debbie Leoni said SE Health just had a STEMI survey. Up front costs were about \$5000. Dean indicated that most surveys cost between \$5000 and \$10000.

Data for Return on Investment (ROI) is available through different resources including AHA and the state. We may have to rely on national data.

Pat Miller said we need 5-25 good examples/stories of how the TCD system saved lives etc.

Sarah Wilson asked for clarification on the purpose of the subcommittee. Dean Linneman indicated it was to offer DHSS options for the TCD System. It was also clarified that Missouri does not want a fragmented approach but want the system to be flexible enough to encompass Stroke, STEMI and Trauma as well as Sepsis or other time critical diseases as they are identified. A fluid approach that is not restricted by regulations is desirable. Data on patient outcomes or new treatments should drive changes, not regulations.

Using a consulting firm was suggested. Dean Linneman said there is no funding to support that.

#### **Data Elements Review:**

MHA will be posting survey results. They have a skeleton proposal for data. Waiting on approval. They would like to have data from EMS as well.

Pat Miller suggested we need to figure out what reports we want before settling on specific data elements. Currently gathered data elements was the focus of the MHA survey.

Peer review protection for EMS can be achieved by filtering data through the Center for Patient Safety but not all EMS Agencies belong. Sarah Wilson cautioned that the info going through CPS may not be as protected as once thought. She suggested we talk to Jane Drummond to get her thoughts.

MEMSA and MAA have a survey for EMS out now. Results should be in by Oct 17<sup>th</sup>.

**Open Discussion:**

**Timeline:**

Dr. Williams wants the committee to be finished by July 1, 2019 so legislation can be ready for the 2020 session. The first goal is to change statute and then move on to regulations to take out clinical care. Also, to be considered is to remove clinical pieces from the regulations first so the changes needed in statutes would be more apparent. Statute is 192.43.

**Participation:**

The committee members agreed it was desirable that all hospitals in the state participate in the TCD system. Motto should be "Do No Harm". Education responsibilities and how to finance it for participation hospitals were discussed. If responsibilities are pushed to the regions, how do they get clerical support etc. Probably will need financial support as well.

**Assignments:**

Dr. Sabina Braithwaite will set up a data call

Funding group is to work with Dean Linneman/DHSS

Mark Alexander will arrange a conf call to address rules and regulations

Terry Ellsworth to post the current data points being gathered

Robin Kiser has posed the Stroke and STEMI data in the drop box

**Next Meeting**

October 25, 2018, 10am to 12noon. Same location.

Summary respectfully submitted by Ruby Mehrer.