

Florida Aeromedical Association

Meeting Minutes
April 14, 2005
Tallahassee

Meeting called to order by Jeff See, President elect at 13:00.

Motion to accept previous minutes by John Scott and seconded by Jerry Pagano.

Treasury Report: Mark Clemens

Balance 01/22/05:	\$3776.18
Deposits	\$00.00
Withdrawals	\$16.00
Balance 1/20/05	\$3760.18

Please note all dues for this year are now due. Applications are available from Mark Clemens, make checks payable to FAMA.

Old Business

Medicaid update: Jeff See

Jeff, Mark, and Dr. Hutton have appointments w/ key legislators re: M/Caid reimbursement. Our goal continues to be to try to get the rates increased from it's current \$1275 to the Medicare allowable. As you all are aware we have been working on this for a number of years. I will keep you all informed as we progress.

ASTNA / State Report: Karen Chamberlain / John Scott

Scope of Practice was discussed.

Increasing Fees

Increasing participation in ASTNA possibly including Dispatchers and other disciplines.

See ASTNA Minutes for all details.

Education for EMS: Mobile Simulation Lab is coming out May 12th 14:00-16:00 unveiling at the hanger for Orange County Fire Rescue

FLNPTN/

No report

New Business:

AAMS / Accident Trends / Investigations: Kevin Hutton

Safety becoming the #1 Issue. Bob Davis
NTSB, TSA, CAMMTS, and others all met in a forum to discuss safety and came up with the concept of Concept Vision Zero: This group has a number of safety initiatives including discussion of having a national safety conference related to safety, a safety tract offering at AMTC, etc. I am also aware

of this group's efforts and the safety day planned for May 6. A major goal is to solve our own problems before the FAA implements rules.

Discussion continued regarding recommendations and issues with safety. Night flight incidents, night vision goggles, expanding industry, pilot levels of training, utilization, etc. FARE and AAMS have combined funding resources for air medicine research and education. Two types of grants: Small initial investigation grants, and larger than ever study grants.

- CMS published a list of authorized requesters: Now includes Paramedic or First Responder on scene, and a social worker or MD for interfacility. RNs were removed from the list. This is part of the 415 Medical Modernization Act.

-Denial Process: As a result of HIPPA. ALJ hearings for denials that once took up to two years to resolve, and were preceded by phone hearings are now going to phone hearings that will need all expert testimony witnesses and evidence in place from the start.

-Medicaid reform on the federal level is causing the states to look carefully at their process running everything through CMS. The goal is to restrict Medicaid funding, and state responses are to only fund mandatory programs of which air ambulance is not part.

-Utilization review needs to be looked at. Due to medical malpractice fears, patients are being transferred by air to other areas (ie: transferring children or amputations to other institutions) that end up not doing anything for the patient. UR probably needs to be put to the forefront.

AMTC in Austin, TX. There were 65 research abstracts submitted. 3x the usual amount of educational abstracts have been submitted.

Jeff See re: Medicaid Check your e-mail for links and letter templates. Please send hand written letter to your legislators. It may help stabilize Medicaid reimbursement

State Report: Susan McDevitt, Dr. Lottenburg, Dr. Byers

Dr. Lottenburg: FCOT-State mandated study of trauma centers completed. Please see the Florida website myflorida.com to view it. Major conclusions are: The sickest patients are being seen at Trauma Centers, but only 38% of all trauma patients are seen in a SATC. Goal is to increase to at least 50%. Tallahassee and Bay County are in need of a Trauma Center.

Funding: Trauma Centers have lost close to \$92million/yr and funding sources are sorely needed. Considerations for recurring funding are tax millage changes. DUI and licensee revenue has also been suggested. Bill 497 for red light running is moving along well. The initial impact for Trauma funding was expected to be \$20 mill, but is now looking more like 7.5 mill, to be distributed unequally among the Trauma Centers based on volume, injury severity and a number of other factors. This of course translates to approximately \$250,000/per trauma center per year but is the first ever recurrent funding for trauma.

Susan McDevitt: \$120,000 HRSA grant for EMS-- 1st year to look at rural areas, that may have problem with overtriage, with continuing programs of education in areas that have been identified in the study. Trauma Centers have received financial support annually from HRSA. As a requirement from HRSA, we are looking at a model for Trauma Center planning and evaluation and are including EMS and Aeromedicine as part of Trauma as a System of Care. We will make sure that we interface with _____ as we move forward. We will continue to work on the aftercare and placement of Trauma patients, which continues to be problematic. Issues we continue to work on are: burn care planning, disaster preparedness, ICU surge capacity, EMS and air component, and diversion issues which have become a major problem. \$3.8M for disaster preparedness: money already allotted for ICU surge capacity.

Burn care strategic planning continues

Dr. Schatz discussed burn care planning and the lack of burn care facilities and beds.

Discussion of concerns of specialty care availability and transfers to Trauma Centers or in the event of disaster how we would move large volumes of patients.

Noreena Steparowski—consider using USAF for evacuation. Dr. Schatz stated that would be addressed thru FEMA.

Air Secondary: Randy Pierce

Hospitals are required to have the air secondary frequency monitored. EMS inspectors will try to raise your dispatch center along with the periodic inspections that are now being done by ACHA of the hospital on a UHF Med channel. Radio over IP for aeromedical is now being looked at and is cost effective. Technisonics has narrow band technology. Wolfsburg has come out with the same.

Closing remarks / Jeff See

Safety Round Table May 6, in Tampa. Sponsored in part by FAMA and others. Many thanks are due to Johnny Delgado, Chris Church and Diane Foyt.

Diane talked about the meeting agenda and ideas to think about. Jeff discussed the need for a variety of people to attend: Pilots, Communication Specialist, etc. We are one of the first organizations to try to look at safety from the perspective of our individual unique issues.

Next Meeting July and we would like to combine all the aeromedical groups for one meeting with break out sessions to occur after.

Motion made by Karen Carter to have a combined meeting with FAMA (and the three aeromedical groups) and have a break out sessions to follow.

Seconded by Jim Howard

None opposed. Motion passed.

Meeting adjourned at 14:00

Next Meeting July