Welcome to the Joint National EMS Leadership Forum



March 8, 2013 Washington, DC The mission of the **Joint National Emergency Medical Services Leadership Forum** (JNEMSLF) is to facilitate a shared vision, collaboration, and unity in purpose to improve emergency medical services and conditions that affect emergency medical services throughout the country.

It is the vision of the **JNEMSLF** that timely, stable and accountable local and regional emergency medical services systems with the capacity and performance to ensure optimal patient outcomes must be available throughout the United States. The **JNEMSLF** will achieve this vision through:

- <u>Maintaining contemporary and mutual awareness</u> of the priorities, challenges, and accomplishments of national associations with a leadership role in emergency medical services systems in the United States
- <u>Fostering an environment of trust and information exchange</u> among and between national EMS associations and partners in the executive branch of the federal government
- Identifying matters of mutual importance and developing consensus-based positions for emergency medical services stakeholders and partners at the all levels – local through federal
- <u>Serving as a collective voice</u> for interactions with federal and national organizations when a multi-association, multidisciplinary educational approach is of benefit to all stakeholders

- Introductions
- Agenda Review/Additions
- Emerging Priorities/Select Action Topics
- NEMSIS: progress and next steps
- Federal Partner Updates
- Select Next Meeting Date Range (to be held via teleconference or @ NEMSAC/FICEMS?)
- Adjourn by 12:00 pm

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- NAEMT
- Community Paramedicine
- Regulatory challenge (precluding practice)
- State Officials: what would the regs be?
- NV setting up a study
- Main driver may be reimbursement

- The sooner we can craft the best practice the better
- May find new allies
- Who is going to be the "parent" of all of the professionals working in the out of hospital setting?
- Will need to rethink/redefine EMS, and hire completely different people

- There may be EMS personnel ready to transition to a different scope
- NREMT addressing affective domain
- Putting regulations around something experimental is premature
- Experimentation is essential, and shouldn't be predicated on reimbursement

- More advanced provider preparation (nutrition, socioeconomics, etc.) and bigger scope of vision
- EMS personnel set up to be disappointed
- Building around the community instead of building around the paramedic
- Figure out what the right provider is to fill the community need

- NAEMSP working on models—financial and operational, and metrics that can be used on a national level
- All community health and EMS is local, concern about putting walls around it
- CP is beneficial for rural communities but a bigger challenge for volunteer agencies

- This is a priority concern for states, and no desire to rush to regulate, but need to identify the regulatory framework
- AHRQ very interested, there may be continuation of focus
- Mobile Integrated
 Healthcare (Medtronic) and
 pilot projects in several
 cities met last fall,
 concluded "it's not about
 the paramedic"

- There may be multiple types of personnel need, and it has to be integrated
- Some non-sustainability can result from finance issues, others due to isolation from the rest of the healthcare system
- "Mobile Integrated Healthcare Practice", significance of every word, meeting again soon, publishing an article, window of opportunity

- Creating website to share information
- CMS Innovation Grants, HHS reported no downstream savings based on awards made several years ago.
- JNEMSLF should publish white paper to broaden the dialogue
- Survey to identify what's going on where
- "Anything different than EMS" as a snapshot

- AHA, visiting nurses
- Surveying what's already happening brings us back to the practitioner again
- Need gap analysis at the community level
- "912", "Not EMS"
- What we don't have is time due to ACA
- Survey the membership of every JNEMSLF organization to capture what's happening now.

- Do both: survey and white paper
- NAEMSP considered white paper, but not enough consensus so they formed a task force
- JNEMSLF should identify what it is NOT
- JAMA 2/20 issue had article about nontransport and alternate uses of prehospital resources
- Could the white paper outline the current landscape and provide a vision for the future?

- If we don't know where we are but can identify that, then we can discuss the definition
- Work to do the snapshot and white paper, but also need to maintain situational awareness
- This goes beyond the boundaries of the US
- White paper would make an appeal to other organizations to work with us
- Has to begin with a literature review

- Some groups may be working to protect their economic interests
- We can all benefit from the findings even if the needs/interests of our members vary
- Medtronic Foundation may be interested in providing \$\$ to get the survey done
- NAEMT volunteered staff to create the survey, other associations should submit questions of interest

- All JNEMSLF members and federal partners should submit questions to NAEMT by 3/31
- What is the purpose, audience, etc.?
- Literature search performed by NAEMSP turned up minimal results
- Concerns about multiple responses from the same organizations

- Then what? Start preparing white paper while the survey is on the street?
- Framework being constructed by the stakeholder group funded by Medtronic is intended to be multidisciplinary and calculate metrics
- Can we come to agreement on guiding principles? We should have the tough dialogue

- Multidisciplinary group funded by Medtronic hasn't surveyed the landscape. A healthcare finance group is assisting by developing a model
- Who's the audience for the white paper (which needs to be a separate discussion after the survey results)?
- NAEMT will distribute final draft survey to all JNEMSLF members with request for a fast turnaround

- NAED interested in the role of the dispatcher in CP
- NAED and conversion to digital "Next Generation" PSAPs. National 9-1-1 Office looking at training issues.
- Public perception that they have EMS capable disatch centers when they don't
- Landline based fees declining
- High priority issue for NACo

- NEMSMA Leadership Competency Project Phase 1 coming to fruition, they may be bringing it to next JNEMSLF. Includes core competencies for supervising, managing, and executive EMS officers
- NAEMT released fitness guidelines
- AAMS believes 85-90% of all helo crashes involve behavioral causes, posed four questions:
 - Can we put a successful mechanism in place to capture data about frequency of transports by air?
 - Can we set a reasonable timetable to outfit all aircraft with black boxes?
 - Can we work with manufacturers to standardize the equipment installation?
 - Can we get a robust low altitude route & weather information system

- Model Rules for Ambulance Vehicle Design
 - NASEMSO led requests for Technical Interim Amendments of NFPA 1917 were successful:
 - Elimination of speed governor set at 77 mph
 - Modification of language related to variations from the standard
- NFPA workgroup meeting in late May to look at other differences between KKK specs and NFPA 1917
- Next Model Rules meeting probably in the fall

- Drug shortages: GAO analysts interviewed and requested information from NASEMSO
- ACEP advised that there may be a forthcoming meeting with BOTH FDA and DEA in the same room.

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JNEMSLF 2013 Meeting Schedule

- March 2013 @ EMS Today
- TBD- May 15 2013 @ NEMSAC (May 16-17)
- TBD- 2nd Week of September 2013 @ EMS World Expo
- (11/12: Gregg Lord made gracious offer of meeting space)

Action Items

- All survey questions due to NAEMT by 3/31/13
- NAEMT will distribute final draft of survey to JNEMSLF members
- NAEMT will build SurveyMonkey and send a link to all JNEMSLF members
- NAEMT will generate reports of results
- NASEMSO will send the ASTHO drug shortage paper to all JNEMSLF members, ASTHO is requesting sign ons.

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