# NASEMSO Data Managers Council

## ANNUAL MEETING MINUTES
### Salt Lake City, UT – May 13 & 14, 2019

**MONDAY, MAY 13, 2019**

### Call to Order

Meeting was called to order @8:37am Mountain

### Roll Call

*DMC Members*

Felicia Alvarez (UT)
Charles Becvarik (NM)
Laurel Boyd (OR)
Peter Brody (NY)
Daren Burrier (GU)
Drew Chandler (KY)
John Cramer (ID)
Christina Crowley (RI)
Dan Dao (TX)
Donna Etheridge (MS)
Benjamin Fisher (AZ-proxy)
Shari Graham (MT)
Chuck Happel (WI)
Adam Harrell (VA)
Adrienne LeFerre (IL-proxy)
Tom McGinnis (CA)
Tim Nangle (ME)
David Newton (GA)
Jay Ostby (WY)
Britnei Outland (TN)
Kevin Putman (MI)
Aaron Rhone (PA)
Tim Seplaki (NJ)
Joshua Sturms (FL-proxy)
William Thompson (MD)
Amber Viitanen (CO)

*Other NASEMSO Members*

Melissa Belgau (WA)
Scott Munson (UT)
Scot Phelps (NJ)
Patrice Secrist (UT)
Sharon Steele (NE)

*Others/Partners:*

Rachael Alter (NASEMSO)
N Clay Mann (NEMSIS TAC)
Lisa Young (NEMSIS TAC)
Monet Iheanacho (NEMSIS TAC)
Julianne Ehlers (NEMSIS TAC)
Joshua Legler (Consultant)
Eric Chaney (NHTSA)
Steve McCoy (FL Director)
Keith Wages (NASEMSO President, GA)
Dia Gainor (NASEMSO Exec Director)
Jennifer Correa (AMR)
Robyn Hughes (AMR)
Dave Zaiman (Biospatial)
Adam Mihlfried (emsCharts)
Doug Butler  (ImageTrend)
Joe Graw (ImageTrend)
Dan Vanorny (ImageTrend)
Keenan Early (Zoll)

### Welcome/Introductions

Kevin opened the meeting welcoming everyone. Introductions followed going around the room.

### DMC Elections

Nominations for Chair Elect were opened. Jay Ostby had been previously submitted. Tim Seplaki nominated Tim Nangle from the floor. Nominations closed with a ballot vote taken. Majority vote resulted with Tim Nangle being elected.

Nominations were opened for Secretary. Drew Chandler was nominated by Tim Nangle. Charles Becvarik moved and Tim Seplaki seconded that Drew be elected by acclamation as no other nominations were presented.

Regional Reps were needed for the Midwest and South Regions. Dan Lee is the incumbent. Kevin Putman nominated him to continue in this position. No other nominations were forthcoming so Dan was elected by acclamation to this position.

For the South Region Drew Chandler is the incumbent. With him being elected Secretary, Kevin Putman nominated Britney Outland to fill this position. No other nominations were forthcoming so Britney was elected by acclamation to this position.

## State Updates

- Maine – Have posted for new Director, Shaun St. Germain resigned to pursue other opportunities. Working with Imagetrend to create an export of data to Maine CDC.  This will give Maine CDC nearly real time NEMSIS data for syndromic surveillance.  Looking forward to completing that task.  Continue to struggle with privacy rules with regards to their trauma registry. Because they are not a HIPAA covered entity, hospitals are reluctant to use the trauma registry.
- New Jersey – Working with data quality passed some laws to mandate ePCR submission. Currently validation is their biggest issue. Would like to see a separate group to tackle the opioid crisis from a unified approach with all states. There needs to be a formal establishment of an official NASEMSO Opioid (SUD) task force that focuses on standardizing and sharing data across state boundaries and is the "voice" of all things opioid SUD related in NASEMSO.  It should include representatives from not only the DMC, but from all committees as it affects everyone.  NASEMSO is the key organization representing state EMS – we need to have a formal committee to work on opioid/SUD related issues and projects. There are a lot of grants that we are missing!
- Florida – Integrating their EMS data with their trauma data also ODMAP. Try to support data requests. Gave $500,000 to local services to provide v3.4 NEMSIS data
- Nebraska – Updated from 3.3.4 to 3.4.0 only. Got their v3.4 data dictionary finalized and uploaded to NEMSIS. Restricting submissions to use only their Destination Code list. Working on improving their data, run form improvement, and updating lists.  Getting others involved as they make these changes. Developing and implementing data policies, includes development of a data request form. Discussing how they can implement the 3.5 update. Would like to discuss how others are planning for the 3.5 implementation and what others have for data policies.
- Tennessee – Just went live April 1st with 25-30% of their services. Looking at possible ways that other types of services can provide non-emergent ePCR's and disposition replacement for scheduled transports pre v3.5.0 release. Hoping to be 100% with v3.4.0 by October 1st.
- Virginia – Set up a specific epidemiology program to work with local agencies across the state.
- Guam – Working with NEMSIS and Image Trend for any correction to improve development of the CQI program to improve data gathering patient care records. Recently had election of a new Governor and legislature with new Directors being appointed.  Transition of leadership is under way and all indications look positive as we welcome our new EMS Administrator, Zennia Pecina.  She has over 30 years of experience in the emergency healthcare field while working at the Hospital.  We plan to digitize EMT licensure process and work closely with Guam Fire Department to develop our Trauma Registry among other projects.
- Oregon – Currently at 75%, hoping to be 90% by end of the year. Working to connect to the CARES registry. Asked State of Oregon committee to help identify ways to improve data collection. Struggling with duplicate ePCR's being submitted when time stamps are updated on records.
- Utah – Only accepting v3.4 data. Working to get CRASH & ePCR records integrated, import/export

issues and restricting use of ICD10 codes to have more consistent data. Got legislative funds for a Peds Trauma network as well as Stroke & Cardiac registries. Also got some funds from Rural Health.

- Colorado – Providing training to agencies and regions across the state to improve the data quality and show how EMS data can be utilized at multiple levels. Starting to use a Tableau server accessible to allow services to obtain their benchmark reports and compare to regional and state averages. Working to link with other databases but get some pushback for current laws. Linking with traffic records, vital records, and provider databases. Discussed the different formats that the Trauma data could be collected (ITDX vs NTDB).

- New Mexico – Recently placed a PO for a Licensing program. Starting to link with Biospatial. 97% services are reporting to v3.4. Have a daily request from their Governor's office on border medical problems. Lots of requests for EMS data from a variety of locations. Suggested the creation of a list of values that all states could use to collect consistent data.

- Texas – Most things going well. Receiving records from most agencies. Biggest issue is sending data out to NEMSIS. Working with Essence for in-state submission of EMS data. Conduent uses a server in an offsite location with a tape backup in a separate location that makes it difficult to get data quickly.

- Wisconsin – Hearing a recurring theme from other states related to destination codes, validation rules, ePCR issues, CARES implementation and being inundated by data requests. Wisconsin is experiencing similar issues.

- Michigan – Shut off v2 data 12/2018 and started v3 data 1/2019. Transporting agencies are currently at 86% and overall 68%. Now need to put a DUA in place for their hospitals that were previously not required. Licensing took a lot of time so the EMS program was not given the attention it should have had. The demographic information is not being uploaded to their EMS database because of an issue of one import that caused duplicate information.

- California – They are a two-tiered level of government. But their Legislation has helped by making ePCR's mandatory. Funding is the biggest concern to not only maintain but advance their data collection. Just short of 8 million records in their database and this is without LA County. Identified a concern of the various software versions and recertifying those versions. The other issue they ran into is inaccurate destination codes. They have mandated that submitters only utilize their published list. An estimate he presented suggests an approximate $3-6 million cost to implement v3.5 if it would take $5,000-10,000 per install to update.

- Kentucky – Working with the University of Kentucky's Injury Prevention Research Center to mirror portions of the NEMSIS repository to the ESSENCE data aggregator developed by Johns Hopkins University. Also in conversation with the Kentucky State Police Records Division to improve opportunities for linkage of crash and EMS data.

- Georgia – Became a v3.4 state as of April, 2018. Found some services were getting around their validation rules. Will be collecting CARES data in preparation of identifying Cardiac Care centers. Are implementing a licensing database and working with the DOT for Crash Records. Will be posting a Data Managers position soon.

- Washington – Will be getting additional staff to work on integrating with their HIE. Data quality is their biggest hurdle. Considering making some of their validation rules as fatal instead of leaving them as warnings. Should more discussion be had on creating some elements such as identifying Major Trauma similar to a Cardiac Arrest designation? Should there also be a committee to review the use of Not values to reduce their use to get more pertinent data.

- Rhode Island - Some of our EMS agencies are not able use report writer as a meaningful analytical tool due to data being exported in long format, timeliness, etc.
- Arizona – Linking Trauma Registry to EMS. Also linking EMS to State HIE. Just finished linking EMS data to their Hospital data. Also dealt with incomplete data. Created a Data Completeness report to identify missing information as the validation rules did not appear to be doing the job.
- Maryland – In the process of implementing performance measures. Challenges included the slowness of report writer. Would also like to consider use of Tableau or SAS, etc.
- Mississippi – Funded by licensure of EMS services. In the process of getting their Schematron implemented and setting a July date for collecting v3. Working to link with Biospatial.
- Completed their schematron and requested a copy from their vendor to send to NEMSIS. Updated their dataset through the NEMSIS data set builder. Currently, have all of Imagetrend services sending v3 data through Elite and working to have all of our 3rd party vendors submitting by the end of July. We have completed a BAA agreement with NCBP and completed the integration. We are working with our legal department to complete a DUA with NEMSIS.
- Illinois – Getting better compliance of submission as their license may be in jeopardy if they do not provide data. Working with agencies to determine reasons why they do not comply.
- Wyoming –Connecting to the electronic patient care report system for Wyoming Medicaid. Having very good compliance with reporting including air medical because Medicaid will not pay if a record isn't on file. Getting virtually 100% of services reporting.
- Idaho – Transitioning to v3.4 with approx. 30% already submitting. Rollout and transition has gone smoothly. Do not have Emergency Dept discharge data available currently but working with our Bureau of Community Health to probabilistically link records for surveillance purposes using BioSense.
- Montana – Went to 3.4 July 1, 2017. CMS requires that services must be compliant with all state and federal laws. So once non-confirming services are made aware of this they tend to comply. Were able to provide 25 Toughbooks to local rural agencies with a grant from Traffic Records. Also doing Opioid reporting." We now have a dedicated EMS Epi on staff. Hannah Yang will be active with Montana EMS data going forward.
- New York – Putting one software program on at a time to address issues and implement fixes before bringing on the next software. Also part of the opioid grant and the Coverdell Stroke program. Uses the three D mantra, Data Drives Decisions!

## State of NASEMSO

Keith Wages started by addressing the group emphasizing the need for data to drive decisions. Kyle Thorton also spoke about the need for data and the importance of all the councils that help lead NASEMSO forward. Dia Gainor then spoke to the Strategic Plan and the 10 values noted in the handout.

## ImageTrend Presentation

Imagetrend provided lunch and made a presentation on Collaborate. Doug Butler explained that this is a free service being offered to ImageTrend customers. This program is able to use aggregatge data from both v2 & v3 databases. Dashboards were presented showing the potential detail that can be provided.

### Supporting States in Enhancing Stroke Systems of Care

Colleen Barbero, Erika Odom, and Aunima Bhuiya from the CDC provided a presentation on the data collected through the Coverdell Stroke System. Discussion followed about the initiatives being used by these states to better address treatment and identifying up to three levels of care that can be provided by Stroke certified receiving hospitals.

### Strategies for Collecting "Specialties" Data

Open discussion how states are dealing with "specialty" data, i.e: CARES, Stroke, MIH, Community EMS, opioid, etc. data. Discussion suggested that Community EMS may not fit into the current NEMSIS dataset, or can it. Critical Care and Flight crew data also was identified as a concern. This was just a start to this discussion, so more to come.

### NEMSIS Update

Clay started by reviewing the v3.5 timeline. Current close of v3.3.4 is scheduled to be September 30, 2019. Lengthy discussion followed related to eDisposition.21. eOutcomes was another element discussed then followed by Suggested Lists. Concern was if we restrict the collection how do those agencies that want to be more specific collect data. Also noted that they will be moving to a NEMSIS Cloud in the future and enhancing the security surrounding this database.

### Next Meeting

5/14/2019 – 8:00 am Mountain.

### Adjournment

There being no further business, the meeting concluded at 4:30 pm Mountain.

*Meeting minutes respectfully submitted by Chuck Happel, Secretary*

**TUESADY, MAY 14, 2019**

**Call to Order**

Meeting was called to order @8:00 am Mountain

**Roll Call**

*DMC Members*
Felicia Alvarez (UT)
Charles Becvarik (NM)
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Dolly Fernandez (WA)
Dylan Ferguson (PA)
Scott Munson (UT)
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Michael Patock (ImageTrend)
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Keenan Early (Zoll)

## HIE & Interoperability Discussion

Rachel Abbey, HHS-Office of National Coordinator discussed ways of supporting how states can increase the interoperability with other databases. She showed the State Medicaid Directors Letter 16-003 which explained states can obtain funding to onboard EMS with an HIE. This  funding will only available until 2021. So make sure to take advantage of this. It was also stated that if a stated is connected to the PDMP they could be able to receive 100% funding, not just 75% percentage.

## Beyond EMS Data Collection: Envisioning an Information Driven Future

Dr. Krohmer spoke to this topic as a follow-up from last year. He noted the Jeremy Kinsman who has been our contact has moved to another position outside NHTSA. Eric Cheney will be assuming this position. He asked if the group would be willing to accept this document as the "roadmap" for data collection for the next 5-7 years?

## DMC Engagement & Potential Projects for the Council

Discussion started with the inclusion of the laypersons understanding of the above topic. Further discussion identified that there may be several groups that may need to be informed better about the data we are collecting. EMSC and the Trauma were a couple of groups that could receive this information.

Decision was made to create a committee to develop a presentation that could be used to educate these groups on this topic. Amber-CO, Tim-NJ, Eric Hicken-NJ EMSC, Dave-GA, Shari-MT, Laurel-OR & Rachael-NASEMSO volunteered to make up this committee.

## State Directors and Data Managers Policy Summit

Kyle Thornton opened the discussion by turning it over to Dr. Krohmer. The NHTSA and NEMSIS TAC staff attending were introduced. The floor was then opened for questions:

- First was once v3.3.4 is closed, what will be the two supported versions?
  - v3.4 & v3.5
- If this would reduce the overall collection of data what would the hurdles be to allowing more than two versions?
  - The ability exists to allow it but the infrastructure would need to be updated and can take some time to achieve.
  - Discussion followed about possible options.
- It was noted that 405C funds are available for use by EMS. It was also noted that some states have had pushback from their state DOT agencies about use of those funds.
  - The NHTSA regional offices are being requested to work more closely with EMS within their regions to reduce these hurdles.
  - It was noted that the NHTSA Traffic Records review that states do emphasizes the need for health records but then are only willing to fund those initiatives that directly support traffic crashes. There needs to be more emphasis on ALL of EMS not just that portion.
- Interoperability is sometimes receiving pushback from some agencies due to HIPAA. This should not be the case if agencies are identified as Public Health agencies.
- Discussion asked if the current timeline is actually achievable by the vendors.
  - Those that attend these meetings felt they already agreed and were planning to make these date. However, it could be those not attending that may have issues meeting the dates.

## NEMSIS Update

Discussion centered around compliance testing. Currently there is a commitment to have all software recertify every two years. Suggestion brought up to add some parameters around ability to validate the number of records that can be sent in a specific period of time. It was felt this should be part of the state's Statement of Work with that vendor and should not be part of the NEMSIS testing.

Another question asked if the TAC should actually get an install disk from the vendor to be tested with set records. While if might provide a more robust result it was also felt it could run into legal concerns with the vendors.

Some recommendations currently in the NEMSIS MOD005 were presented:

- Create a feed directly from NEMSIS for groups such as CARES, FARS, etc.
- A set of fields that would be used to support current syndromic diseases i.e.: opioids, H1N1, Ebola, etc.
- Create a group of SME's including using providers to help provide guidance to the TAC going forward.
- ED Implementation Guide for v3.5.

Clay also shared reports being provided by NEMSIS for groups to perform analysis.

## Updates to Biospatial

Presentation showed the capabilities provided by linking with their database. Access to a state site is controlled by that state as is the permission level those accounts can have. Several dashboards were displayed with the ability to add more in the future.

## Next Meeting

Tuesday, 6/19/2019 – 2:30 am Eastern.

## Adjournment

There being no further business, the meeting concluded at 4:10 pm Mountain.

*Meeting minutes respectfully submitted by Chuck Happel, Secretary*