

National Association of State EMS Officials

Data Managers Spring Meeting

April 4, 2016

Chair: Lindsey Narloch, North Dakota

Chair-Elect: Vacant

Secretary: Chuck Happel, Wisconsin

Immediate Past Chair: Vacant

Call to order by Lindsey Narloch on at 0830 hours (CST).

Attendees:

Tom McGinnis – CA	James Darchicourt– MD	Sharon Steele – NE
Mark Roberts – CA	Kevin Putman – MI	Tim Seplaki – NJ
Steve McCoy – FL	Bob Norlen – MN	Michael Tayler – NY
Ridgley Ficks – MA*	Lindsey Narloch – ND	Aaron Rhone – PA
	Chip Cooper – NH*	Chuck Happel – WI

*By Phone

Others:

Rachael Alter – NASEMSO
 N. Clay Mann – NEMSIS TAC
 Karen Jacobson – NEMSIS TAC
 Joshua Legler – Consultant, NEMSIS TAC
 Noah Smith – NHTSA

Vendors:

Adam Mihlfried – emsCharts
 Richard Hale – ESO
 Dave Zaiman – ImageTrend
 Dan Vanorny – ImageTrend
 Joe Graw – ImageTrend
 Mike Gerber – Red Flash
 Ben Barnett – ZOLL

DISCUSSION ITEMS:

ROUND ROBIN – STATE UPDATES

- California had legislation changed this year that requires all agencies statewide to submit NEMSIS v3 data by 01/01/2017. The hurdle is that they do not have a stick to make agencies comply. Some agencies have already stated they will not provide v3 data unless their vendor is ready.
- Minnesota started allowing submission of v3 data as of today, 04/04/2016. They have new leadership that has taken data collection more seriously and want to continue to collect data and use it for QA purposes.
- Michigan is still waiting because their current focus is getting Licensing up and running. Hurdle is collecting credit card date but as soon as Licensing is up they will be ready to move to v3.

ROUND ROBIN – STATE UPDATES, cont.

- New Jersey has 700 agencies of which 580 provide EMS. Currently 42% are submitting data. Email to be transitioned to v3 by end of year sent. So for no real push back to this. New regulations will provide for submission by 12/16/2016. Still have some services that refuse to provide an ePCR to the state despite grants for up to \$3000 for computers, etc.
- Wisconsin is in the midst of implementing v3. Currently 5 beta services are submitting data. We are in the process of ironing out the errors we are experiencing. Some of them are related to our software being linked to our licensing product. When the service is uploaded to our reporting software some permission levels are changing and not being updated correctly. We hope to be adding additional services within the next month.
- New York regulates all ALS transporting agencies but has not identified ePCR as an option. Some agencies have asked to go back to paper forms which they are told no. Some of the Medical Directors from their 18 regions are pushing for their services to provide them ePCR reports. They have had good success with v2 data but v3 is still being discussed but is moving forward. It may take a while but they need to do it their way, slow and building support.
- Nebraska has regulations that state they must meet the highest NEMSIS standard. So all 400+ services can have software provided and were required to provide v3 data as of 01/01/2016. Reports need to be submitted within 72 hours of incident. Their next step will be to work on getting reports out of the system now that data is being collected.
- North Dakota slow in implementing NEMSIS v3. Started with a pilot group of 6 services looking at the various aspects. Working with the state HIE group and not finding a lot of movement in this area when contacting other states. Have met with the various regions across the state to discuss these initiatives.
- Maryland started about a year ago to have all services reporting statewide. Planning to transition the whole state to submit v3 data by 12/30/2016. They too are tied to their licensing system so this is being integrated into their EMS Reporting software. They are also looking to integrate their prehospital records into HIE so they can be accessible to hospitals also. They are also implementing CARES.
- Pennsylvania currently has a homegrown v2 system. They are looking into off-the-shelf alternatives and trying to find alternative funding for this.
- New Hampshire has been collecting data since 2005. In May they will start collecting v3 data. Looking to also do CARES along with Maine. They are also bringing on a licensure product that will include training records.

Discussion continued on how to improve data quality. Training could be provided to improve the quality of data being collected. Noah Smith suggested NHTSA may be able to produce a program for use at the provider level. All felt this would be helpful.

NASEMSO REPORT

President Paul Patrick welcomed us and thanked us for our contributions to the organization. President-Elect Keith Wages also noted that of all NASEMSO committees, the Data Committee has a direct connection to all other committees and also thanked us for all we do. He also encouraged all Data Managers to go back to their state EMS Directors and tell them to be involved with data.

EMS COMPASS

Executive Director Dia Gainor spoke on EMS Compass project. It was noted that the project is undergoing some changes. They have identified three initial measures and are now looking to add to them. The EMS Compass project will also be looking for some states to test out these performance based measures.

Noah Smith inquired that while we previously discuss what all the states are currently doing we did not speak to what we are planning to do. Will we be looking to implement this project? Lindsey Narloch, who is a member of this committee, also shared her views. She emphasized while there may be some missing data fields but can use the Custom Elements initially and incorporate them into the standard later.

Discussion followed on whether the project is valid or not. Consensus was that it is valid but we need to work hard within the states to get the providers to realize the collection of data has a value. Without the buy-in at the local level it will not be used. Pay for Performance was suggested as a possible way to get the grass roots attention. All agreed that it is a needed but can be a difficult road.

REPLICA

This initiative is an acronym for Recognition of EMS Personnel Licensure Interstate Compact. As soon as ten states sign the pact it can become the fifth national compact like EMAC. Currently seven states have either signed it or are in line to do so. Only three remain. One of the benefits will be when a provider has an action taken against their license in one state it will be shared with all participating states. Another benefit is that it could ease reciprocity requirements. Background checks and with fingerprint inclusion will be required for all providers in the compact states. It can also deal with limited assignments for national agencies like Homeland Security that may come into a state for only a two-week period.

ELECTION

Introductions of all candidates were provided and all had a chance to speak. Everyone but Kevin Putnam from Michigan decided to withdraw. A **MOTION** was made to cast a unanimous ballot for Kevin. Following discussion **MOTION PASSED** unanimously.

DMC PRIORITIES

It was decided to hold this topic over to our April 19th phone call.

GENERAL DISCUSSION

CARES was brought up and currently Maryland, California, Michigan and New Hampshire are participating. CDC initially funded this program but does not do it any longer. It was noted that it was around \$15,000 annually. It was also noted that there may be some vendor costs involved. The concern is that they currently do not use the v3 NEMESIS standards. There is an initiative to migrate to these standards. It was identified that they would not be able to just obtain the data from NEMESIS as there are some custom elements involved.

PROJECT DISCUSSION

Kevin McGinnis spoke on patient tracking standards. Currently there are none and several states that are looking to put this into place requested having some type of standard. They are looking at a 1 to 1½ year project.

Noah Smith discussed the data use agreements that the states currently have with NEMESIS. Because these agreements include the data elements so as they are changing in v3, they need to be updated. In addition, the agreement is currently between the State and the University of Utah. Going forward it will be between the State and the United States Government. They anticipate that they will be hosting the data on NHTSA servers starting in approximately one year and will most likely need to be completed within the next 18 months.

NEMESIS TAC TIME

Karen started by reviewing the current states providing v3.3.4 data. Currently eight states providing data regularly with approximately ten more in the process. She then reviewed the outcome of the recent Vendor Survey. Some vendors plan to go directly to v3.4.0 and not offer v3.3.4.

Question arose if anyone has seen problems arise with the v2 product after implementation of a v3 product. No one knew of an instance where this occurred.

Josh presented the tools available to all states. First the Custom Element Library was reviewed. Everyone was encouraged to review these first before creating their own. If another state has already created a similar one, it most likely has already been addressed by the vendors and can be more easily implemented.

Next Josh reviewed the Stata Database Builder and recent enhancements. Importing and uploading elements were explained and demonstrated. The last item previewed was the Agency Service Area Builder. It is currently available from <http://nemsis.joshualegler.com/>. Much discussion followed with consensus being that this will be very helpful.

ADJOURNMENT

Meeting was adjourned at 1610 hours.

The next meeting will be Tuesday, April 5, 2016 10:30am (Eastern).

Meeting Record respectfully submitted by Secretary Chuck Happel.