

National Association of State EMS Officials

Data Managers Fall Meeting

September 19, 2016

Chair: Lindsey Narloch, North Dakota

Chair-Elect: Kevin Putman, Michigan

Secretary: Chuck Happel, Wisconsin

Immediate Past Chair: Vacant

Call to order by Lindsey Narloch on at 0835 hours (CST).

Attendees:

- | | | |
|---------------------|-----------------------|-----------------------|
| Ann Vossbrink – AZ* | John New – MD | Charles Becvarik – NM |
| Tom McGinnis – CA | William Thompson – MD | Michael Tayler – NY* |
| Mark Roberts – CA | Kevin Putman – MI | Gary Shirley – TN |
| Scott Beckley – CO | Shari Graham – MT | Dan Dow – TX |
| Juan Esparza – FL | Chris Handley – Navy | Felicia Alvarez – UT |
| Junwei Jiang – FL | Lindsey Narloch – ND | David Sweeney – VI |
| Steve McCoy – FL | Doug Fuller – NE* | Melissa Belgau – WA* |
| Ernie Doss – GA | Sharon Steele – NE* | Chuck Happel – WI |
| Drew Chandler – KY* | Chip Cooper – NH* | |
| Ridgley Ficks – MA* | Tim Seplaki – NJ | |

*By Phone

Others:

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

Vendors:

- Adam Mihlfried – emsCharts
- Richard Hale – ESO
- Dan Vanorny – ImageTrend
- Joe Graw – ImageTrend
- Ben Barnett – ZOLL

DISCUSSION ITEMS:

INTRODUCTIONS

Went around the room with everyone introducing themselves.

FEDERAL PARTNER UPDATE – NHTSA

Noah Smith reviewed the ONC webinar that was presented last week. It emphasized that federal grants are in fact to be allowed for use by EMS to integrate data with HIE's. \$350 million is available for this purpose at a 90/10 match. The 10% must come from general funds; not any federal funding. This

funding must flow through the State Medicaid office. Tom from California reviewed their status in this Process. Discussion followed.

NEMSIS TAC TIME I

Josh started by reviewing the Service Area Builder. It can be reached by going to Reporting Tools > Reports > EMS Agency Reports. Scrolling down you will find the link *Log in to the [EMS Agency Service Area Builder](#)*. Vendors shared possibilities of including this information in their databases. Nothing specific being provided yet, it's a work in progress.

Second item presented was the Performance Measures Web Service. This project is being activated again having been on hold for a while. As soon as the Compass Project is complete they will be rolling out the web service. They have initially indicated a couple data points being considered. Discussion followed.

Third item is the State Database Builder. A feature to be able to add a medication that is not currently on the NEMSIS list will be coming. They plan to allow a query to obtain the med from RxNorm and include it. Other portions of the builder were discussed like procedures. Lindsey asked the vendors how they are using this information now. Varied responses were noted.

NAEMSO UPDATE

Paul Patrick welcomed all and shared a J.K. Rowling quote.

Dia Gainor then shared information about Compass. Their outcomes can help all states advertise the use of the data being collected. She also discussed the National Cooperative Highway Research Program report. Dr. Mann was a principal investigator for this group. Look for some very exciting information to be forthcoming in this report that all can use.

A review of why providers are leaving EMS was discussed.

NEMSIS TAC TIME II

Karen reviewed the current Version 2 data. She also reviewed the new reporting tools that are now available. She then discussed Version 3. They now offer the ability for vendors to review the data being uploaded from their customers to the NEMSIS database. The survey of v3 Implementation was reviewed. Some of the hurdles were noted.

Clay discussed some of the barriers to the v3 demographic data. Emphasis was by including this information helps each agency compare their results between other groups. Without it we would be unable to benchmark care provided. Possible ways to determine the best way of keeping this information up to date will be the focus of a workgroup at the NEMSIS Conference next month.

The other item discussed about the demographic file was that this file is required prior to receiving any reports from that agency. If the demographic information is missing no reports are being sent. So there are services that are providing ePCRs to their state but have not completed their demographic

information so none of their reports are being shared with NEMSIS. So the question is, what is the best way to provide the information to make a complete demographic file so their ePCRs could be included.

Josh reviewed how this could be addressed by using a Schematron file to catch these missing fields.

CARES REGISTRY

Dr. Peter Taillac introduced this topic and turned over the presentation to Monica Rajdev. Currently they have Coordinators in 8 states. They work with several ePCR vendors to obtain their data. They are looking at modifying their dataset to more closely align with the NEMSIS values and are working to become the National Registry of Cardiac Arrest. Recently the National Academy of Sciences, Institute of Medicine (IOM) has recommended that CARES become this registry,

Dr. Taillac also spoke about its impact with the various states. He introduced representatives from Maryland and Pennsylvania that spoke to the improvements they have seen in their states.

Lastly he discussed the US HeartRescue Project and the support that the Medtronic Foundation has provided this project.

GENERAL DISCUSSION

Josh noted the tying of data together with the licensing information provided for the individual provider. Then when given the opportunity to link this with data from the Census Bureau you could tap a lot of information.

Lindsey identified different things that can be done with the data. Patient tracking was one initiative we discussed. Several individuals provided samples of items they are doing within their states.

There ensued a discussion about the migration to v3. Noah asked if there was anything they could do to help us initiate this within our states? There were several reasons voiced but nothing identified that NHTSA could specifically provide.

STATE REPORTS

North Dakota's vendor informed them of a cost increase to migrate their database. They now need to find additional monies and will have to push this out for at least a year.

Michigan is actively seeking pilot agencies for their NEMSIS v3.4.0 system. Also trying to implement their v3 system at the same time as their new Licensure system. Having difficulty getting licensure to go live as the finance department is making them jump through a lot of hoops and complete the NIST 800-52 documents before being allowed to accept credit cards for payment.

Michigan held a vendor meeting on 9/14 where they invited 26 vendors. Only had 4 showed up in person and 1 attend via phone. At that meeting, it was decided that they would push their v2.2.1 cut-off date to 12/31/2017.

New Mexico stated they were in the same position as Michigan.

Tennessee released an RFP three weeks ago. Submission closes 9-23-2016. Hope to be live by mid-October. Expect to submit v3.3.4 later in 2016 and move to v3.4.0 in 2017. Our agencies have moved forward with v3 in 2015 and 2016.

ADJOURNMENT

Meeting was adjourned at 15:30 hours to attend group presentation.

The next meeting will be Tuesday, September 20, 2016 8:30am (Mountain).

Meeting Record respectfully submitted by Secretary Chuck Happel.

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September 20, 2016

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DISCUSSION ITEMS:

WELCOME

Kevin opened the meeting after dealing with technical difficulties.

STATE REPORTS

North Dakota, Michigan, New Mexico & Tennessee were presented in yesterday's meeting.

New Jersey is receiving around 97,000 records monthly. 50% of their agencies are onboard and collecting 80% of their data. Total 1.5 million Responses according to the over 100 dispatch centers. Moving forward with v3, but getting some pushback from administrators. They have expanded the use of the data to include crash data and using the data for opioid identification. Working with law enforcement and public health. It's helping with justification of ePCR data. They received CDC Naloxone study data. Transition to v3.4.0 will begin with "live" system 1-1-2017. Closure is hopefully 12-31-2016. 99% of EMS agencies are using four vendors (ESO, ZOLL, Intermedix, and ImageTrend). Met with agency directors this month reminding them that v2 closes 12-31-2016. 44 agencies (17%) are already switched over. Also working on statewide performance measures. Trying to tie in with Compass Measures but state specific are under development as well.

Maryland is currently implementing ImageTrend's Licensure system. The licensure system will serve as a Single SignOn system. It will use as authoritative source for ePCR system at v3.4 and learning management system (LMS) authentication and authorization.

They plan to go live with their NEMSIS v3.4 implementation by July 1, 2017. It will have a single statewide ePCR system used by all EMS operation programs in MD. Implementation of statewide CAD interface has demonstrated increased accuracy in key NEMSIS data elements. It refines the data collection process by reducing the number of State data elements. Rational: Minimize # of data elements required to be completed by providers to improve data quality. They have noticed at times providers document patient care and procedures in narratives instead of filling the appropriate data element.

Some challenges they have experienced are local validation rules. Needing a mechanism to establish Unified Records (i.e. incident with multiple units responding... multiple units claiming "treated and transport" instead of "treated and transferred care" primarily for billing purposes – example: transport to landing zone)

Their CARES implementation is based on NEMSIS v3.4 and other custom elements.

Navy and other military branches have a pilot ePCR in progress. They look at this as an asset just like a tank due to concerns with cyber-security. Chris stated concerns that states may pick up this process and also require a cyber-security measure.

Wisconsin has been providing training to providers as we migrate to v3 using the ImageTrend Elite program. We have tied it to our licensing program to only allow properly licensed personnel be added to the service roster. Challenges have primarily been the lists missing values or needing to revise the labels being used.

Montana is also integrating v3 with a target of 1/1/2017.

Utah is looking to migrate existing ImageTrend customers by 10/05/2016. Then will open it up to third-party software right after this date.

Texas is currently using v3.3.4 but are updating to v3.4.

New Mexico discussed a roadblock they've run into integrating their Licensure program as the state doesn't allow them to use credit cards.

Colorado is looking to transition to v3.4 starting 1/1/2017 with a target of all services being migrated by 1/1/2018. Starting to set up training across their state initially for all ImageTrend customers.

Florida is planning to have most services migrated by 1/1/2017. Working to integrate crash, trauma, EMS databases and linking on back end. Will create an interface to allow EMS agencies to login and access this data.

New Hampshire went live 6/30/2016. Lists were initially the biggest issue. Also re-labeling the fields to make it easier to run reports. Working to get CAD integrated for several services. Had ImageTrend's Trauma Registry put in place just about a year ago.

CARES PROPOSAL

Dr. Peter Taillac introduced the proposal passed today by the Medical Directors Council. The proposal recommends making CARES the national registry for cardiac arrest. It also requests all ePCR vendors include the CARES data elements as well as a function to be able to export those data elements to their registry. Much discussion followed. Concern was centered on the custom elements CARES currently requires that do not align with NEMESIS values.

Motion made by Chuck Happel and seconded by Chip Cooper to approve the resolution as modified with a clarification statement further identifying the need for Cares data points to align with the NEMESIS dataset by using the available custom elements. Discussion followed. Josh suggested an amendment to specifically state integration with the v3 dataset. The friendly amendment was agreed by motion & second. Motion was passed with 11 ayes and 5 abstentions.

ELECTIONS

As the regions were being re-configured it was decided not to vote for a regional rep at this time. The only open position was for Secretary. Dan Dow nominated Chuck Happel seconded by Chip Cooper. Chip then nominated Ridgely Ficks but as she was not on-line to approve or deny it died due to a lack of a second. Ann Vossbrink nominated Melissa Belgau. After Chair Kevin Putnam provided additional requests for other nominations, Doug Fuller motioned to close nominations seconded by Tom McGinnis. The Chair then requested all ballots from on-line members be sent to him via email. Results were the election of Melissa Belgau to the Secretary position.

STATE REPORTS con't.

Arizona still doing both v2 & 3 but will no longer take v2 after 1/1/2017. Discussion took place on the Datamart.

Massachusetts is still on v2, working on defining a v3 infrastructure to host ImageTrend Elite internally, vetting security. Data Dictionary started.

V2 enforcement efforts have been more successful since ambulance inspectors have started consistently citing services for under submission and/or poor data quality. Leveraging the ImageTrend Data Quality Report as benchmark tool. They are not able to apply for NHTSA 405C funding for FY2017 as all of the funds were designated to the police eCitation project. This is ultimately delaying their NEMSIS v3 transition.

Data is being published on opioid incidents and Narcan administration on the Mass. gov website quarterly along with other opioid data. MA NEMSIS data was linked with 10 other datasets to do in depth opioid analysis this summer, the legislation was called Chapter 55, data sets linked included prescription monitoring, substance abuse treatment, hospital data, corrections, death, medical examiner.

Recently passed MIH regulations but have not put into practice yet.

Washington is doing their final v3 push in the next few months and have recently approved their state v3 lists (with codes and labels) for all elements with ICD 10, SNOMED, and RxNorm values. They requested vendors in the state implement them but don't know yet if they will without a mandate. Hoping NEMSIS/EMS Compass standardize the codes, like impression, used for performance measures with the NASEMSO medical directors to simplify the report writing process.

They have a statewide CARES program that's not run by the state but by their largest county, King County. They are coordinating with them on what collaboration is needed between the state and the county to optimize data collection and analysis in v3.

They have been involved with HIE discussions re: the 90/10 federal match, but WEMSIS is not considered a priority data registry for inclusion in the HIE at this time. Leadership has agreed to plan for its inclusion in future years. If EMS data are being used for surveillance in other parts of the country, it would be great to get examples of that or for more federal agencies, like FEMA, to start heavily promoting EMS registries in state HIEs. If/When Utah and ONC develop the SAFR model with ImageTrend software, they'd like to turn it on too.

They are interested in obtaining outcome data even if they are not plugged into their state HIE. When NEMSIS and ePCR software vendors work out compatibility issues with hospitals, they would like to receive notification and know the requirements for EMS agencies and hospitals to do *direct* data exchange on their own.

New York's v3 Data Dictionary is coming along. Expected to be release in the next couple months. Software vendors will be provided an opportunity to review and comment so nothing will be a surprise or problem when we actually release for implementation.

NYS EMS has begun to partner with NYS Medicaid/HITECH regarding the State Medicaid Director Letter 16-003 and funding to have our HIEs connect ePCR to Hospital/Healthcare EHRs. They are looking to make this a 2-way exchange in preparation for Community Paramedicine one legal in NYS (currently NYS EMS Law limits EMS to "prehospital emergency care" which Community Paramedicine clearly is not.

Everyone wants our data, so now we are partnered with the NYS Prescription Drug Overdose Program (PDOP) and other overdose/Naloxone groups, as well as Coverdell Stroke program, and others. Otherwise, just very busy.

Nebraska is currently operating with the v3.3.4 NEMSIS dataset. All ambulance services are to submit electronic records to the State of Nebraska, these records can be received as either v3.3.4 or v3.4. They plans to transition fully to v3.4 by January 1, 2017. This transition will include a review of the Nebraska data dictionary, validity rules, the schematron, and any other areas that need to be updated to NEMSIS v3.4. Nebraska held a User's Group meeting where the assessments, procedures, and signs and symptoms were reviewed that are currently in the Nebraska Elite software, some labels in these categories were also updated as the Users Group suggested. The Users Group contained representatives from throughout the State of Nebraska. In addition to moving to v3.4 by January 1, 2017, Nebraska also plans to look at developing additional education for prehospital providers in Nebraska, and to continue running data reports in both Version 2 and Version 3.

NEMSIS V3

Clay noted the different tasks that will be addressed at their annual meeting. Items such as suggested lists, Compass Performance Measures, as well as being open to any additional concerns that the Data Managers may wish to add. Discussion followed.

Karen spoke about a software developer that is currently approved at v3.3.4. The state they wish to provide software to is requiring v3.4. The developer recently requested to use the translation tool to convert their data from the v3.3.4 to v3.4 file to meet the state's requirements. Discussion followed. It was felt to not be a good idea with no one voicing approval to allow it.

ADJOURNMENT

There being no further business Ann made a motion to adjourn seconded by Ridgely. Motion Passed. Meeting was adjourned at 2:45 pm hours to attend group presentation. The next meeting will be Tuesday, November 15, 2016 at 1:30 pm (Central). Meeting Record respectfully submitted by Secretary Chuck Happel.