

National Association of State EMS Officials

Data Managers Council Fall Meeting

October 12, 2015

Chair: Paul Sharpe, Virginia

Chair-Elect: Lindsey Narloch, North Dakota

Secretary: Chuck Happel, Wisconsin

Immediate Past Chair: Joe Moreland, Kansas

**Call to order by Paul Sharpe on October 12, 2015 at 0830 hours (EST).**

**Attendees:**

Todd McDowell – AK	Curt Shreckengaust – KS	Dagan Wright – OR
Ryan Tyler – AR	Drew Chandler – KY	Lance Iversen – SD
Mark Roberts – CA	William Thompson – MD	Gary Shirley – TN
Tom McGinnis –CA	Shari Graham – MT	Rob Klein – TX
Scott Beckley – CO	Sharon Schiro – NC	Shari Hunsaker – UT
Juan Esparza – FL	Lindsey Narloch – ND	Paul Sharpe – VA
Terry Smith – IA	Tim Seplaki – NJ	Chuck Happel – WI
Angie Biggs – IN	Cynthia Romero – NM	Jay Ostby – WY
	Stuart Castle – NM	

**Others:**

Rachael Alter – NASEMSO	Dan Vanorny – ImageTrend
Nick Nudell – NASEMSO	Joe Graw – ImageTrend
N. Clay Mann – NEMSIS TAC	Ben Barnett – Zoll
Karen Jacobson – NEMSIS TAC	
Jorge Rojas – NEMSIS TAC	
Joshua Legler – Consultant, NEMSIS TAC	

**Opening Remarks**

All attendees introduced themselves at the onset. Paul then reviewed the agenda and set the pace for the meeting.

**NEMSIS Update**

Karen reviewed the current status of states providing v3 data. Presented a copy of the survey results. While some are going live this year most indicated 2016 with a few for 2017.

### State Updates

- Iowa just started collecting v2 data with the ImageTrend product. Will start collecting v3 data next month and will close off v2 at the end of next year when NEMSIS stops accepting it.
- Virginia learned from v2 rollout and emphasized that this was a data standard. Grouped their rollout based on type of agency as the Fire services were not really prepared to start. Phased everyone in over 12-18 months. The biggest challenge was the lists. They modified all to make it easier for users.
- North Dakota is behind but working with their vendor to be reporting in 2016.
- California is required to get buy-in as they are not a mandatory reporting state. Currently only a portion of the areas are reporting so they are only receiving approximately 1/3 of the reports. Working on an HIE grant but requires a lot of work.
- Florida is ready to start testing.
- Indiana is working with their vendor to target collecting in 2016.
- North Carolina was not certain of their status as appropriate rep was not available.
- Oregon is collecting and working to share but need buy-in between agencies. Working to incorporate CARES which will start with the v3.3.4 dataset. Stated that by having a Schematron file helped them with grants and other items.
- South Dakota wants to be completely transitioned by July 2016. Working with NEMSIS and their vendor to achieve.
- Mexico is working with Stuart to continue their transition.
- Tennessee found out they have no money to start until next year. Have been running into roadblocks internally.
- Arkansas incorporated new vendor along with their licensure product. We're not aware how bad their previous system was. It has slowed the implementation but will be looking to collect next year. Discussion ensued about use of Hospital Hub.
- Utah had done a sole source vendor and got opposition from a competitor. But after going out for bid ended up providing the contract to the one identified in their sole source after opposing vendor did not submit. Working locally to connect with their HIE.
- Maryland is waiting to update to v3.4 when ImageTrend is ready to collect and transmit. Also using CARES and hopefully will have all 26 agencies reporting by next year.
- Alaska has three services that will be starting to enter into v3 by the end of the year. Plagued recently with multiple accounts for the same person. Connectivity issues also tend to be a problem.
- Wisconsin hopes to be green on the NEMSIS map within the week. There have been some hurdles but overall moving forward.
- Wyoming hopes to start reporting v3 data by end of year. Completed a 3-year project on 12-leads and pain management is in process. One challenge is that the legislature has mandated evidence-based protocols be created. So they will be working to create them. Suggested we put pressure on NHTSA to provide funding from the traffic side to allow EMS to not be as restricted.

- Kentucky is using the licensing product to control many of the aspects for the service. All services were to be reporting mandatorily to v3 as of last July. Cut-off of accepting v2 data is the end of the year. Have connected to their HIE. So far has mostly been Medicare patients providing the information. Hopefully the other insurance companies will start providing their data, too.
- Texas has started with v3.3.4 as of September 28<sup>th</sup>. Will be using just the standard elements not planning to use any custom elements. Will be migrating to v3.4 after that. Services are required to leave a report at the hospital when dropped off. Connected with several registries besides EMS such as trauma, spinal cord injury
- Montana had a 6-week shutdown of the system and when the system returned there were problems with the system. Being a mandatory reporting state they are currently not enforcing that. In the meantime it has made their services hungrier for data not being able to access it during that time. When they come back they hope to be transferred to a v3.4 right away.
- New Jersey has no oversight as it is primarily a volunteer state. In order to provide data you need to have an entry. NHTSA through the TRCC has helped to fund their warehouse. Required to submit reports within 24 hours. Hurdles have been opposition from services and reduced staff. Have started discussions to transition to v3. Looking to start after the first of the year. The increased use of narcan has created bridges to other agencies within the state.
- Colorado needs to have Board of Health approval to migrate to v3 because it is noted in their rule. Anytime a change is made they need to revise their rule. Looking at rolling out by region. They have 11 regions that will be trained in the entry of v3 reports. Using a questionnaire to revise the terminology used for primary impressions, etc.
- Kansas will continue to slow play v3 while they deal with short staff condition. Will be incorporating licensure. Have 102 out of 170 services reporting.

### EMS Compass Project

Lindsey started this discussion. Many services are requesting outcome data. But concern was raised about those services providing complete data. Some states are already using core measures. But some of those same services dispute the reports being provided.

Nick clarified that the goal for Compass is not to set up a pay for performance baseline. It is meant to improve patient care. If other agencies end up using these measures for a purpose such as payment, that would be their way of using it but is not its intended purpose.

## State Benchmarking

Juan opened the discussion. Steve has started to collect some items from a peer group. Juan will follow up with him on this. Methodology about how the reports are being created and what elements they are comparing being used in a report was the concern. We don't want to just accept a report without knowing the methodology.

There seemed to be a consensus that all participants would like to have these measures. Using the Google Docs group that has recently been set up could be used to share these reports and possibly get some reports to compare states and services.

## Canine Registry

Eric from Homeland Security made a presentation suggesting we consider including a PCR and collection of data to include canine officers.

## NEMSIS TAC

Josh presented a graph showing the current status of the items being provided by states in the repository. As items are added they are automatically added to the individual state page on the NEMSIS website. These items are also able to be cloned on a computer. This has been determined to be a huge asset for the vendors. Reviewed all the State Dataset components and the State Dataset Builder.

Showed presentation from NEMSIS Annual Meeting. Discussed how v3 is tied more to standards such as RxNorm, Snowmed and ICD-10. Open discussion followed. As other possible solutions are suggested please forward them to the NEMSIS TAC for consideration.

Jorge discussed compliance testing. Typically took a vendor 2 months to complete compliance. Made some changes to reduce the lead-time to validate a vendor's data. A suggestion as made to increase the number of case files used so it would not be as easy to determine how to pass the requirements in advanced. Having this automated process would allow vendors to resubmit for approval whenever a software update is made.

Clay then showed the details of the EMS Cube and the records stored and data being requested. He also explained some of the changes regarding their contract with NHTSA. It is now a 2-year Fixed Price contract. ANSI has already approved a v3 CDA and will be reviewing a revised v3.4 CDA or Clinical Documentation Architecture. Will continue to work with HL7 and to update the website. This will include adding more dashboards.

## Adjournment

Having completed the agenda the meeting was postponed until tomorrow, October 13, 2015 8:30-5:00pm (Eastern).

Meeting Record respectfully submitted by Secretary Chuck Happel

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**Call to order by Paul Sharpe on October 13, 2015 at 0835 hours (EST).****Attendees:**

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Ernie Doss – GA	Tim Seplaki – NJ	Dolly Fernandes – WA
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**Others:**

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N. Clay Mann – NEMSIS TAC	Ben Barnett – Zoll
Karen Jacobson – NEMSIS TAC	James Newlun – WI
Jorge Rojas – NEMSIS TAC	Mike Ely – EMSC/NEDARC
Joshua Legler – Consultant, NEMSIS TAC	

**Opening Remarks**

Paul emphasized the need to come up with a work plan for the coming year.

**NEMSIS Update**

Karen presented some DEM concerns that recently arose. Specifically *dPersonnel* was entering multiple entries for a service when being uploaded. Conversation about standardizing what would be required for personnel. It was agreed to look into this further.



### State of NASEMSO

Paul Patrick provided some information related to projects the Board is addressing. The Board is now doing weekly phone calls to keep everyone up to date and projects on task. NASEMSO is considered a national leader and being asked to participate with other national agencies.

Meetings will be changed to a Spring and Fall meeting instead of Annual and Mid-Year. They will also be looking at identifying possibly three venues to rotate the meetings between.

Replica and Compass are initiatives that the Board is excited to be supporting,

### NHTSA Update

Noah Smith introduced himself as the new Project Manager for NHTSA and its EMS related initiatives. He spoke about the challenge and opportunities related to EMS and suggested a comparison between the Affordable Care Act and NEMSIS. If we don't prove the value of data to our customers it will end up being considered unfavorable with little thought of being worthwhile for them. So we need to better utilize this data.

Presented the Federal Health IT Strategic Plan which can help us get monies to fund further data initiatives going forward. Use this information with all of your grant applications.

### Patient Tracking

John Donahue made a presentation on the OASIS system used to track patients as they move through various systems. EDXL TEP standard has been developed and coincides with NEMSIS elements. This standard allows linking between different systems and has integrated with DHS, HHS & DoD.

Motion made by Tim Seplaki and seconded by Ryan Tyler to create a resolution that the EDXL TEP standard be adopted provided the DMC play an integral role in its integration. Vote was unanimous.

Motion made that a DMC representative participates in the steering committee by Curt Schreckengaust and seconded by Ryan Tyler. Discussion followed. Vote was unanimous.

### Hot Topics from NEMSIS TAC Annual Meeting

Mark Roberts and Chuck Happel were the only present data managers that attended the NEMSIS Annual Meeting. Mark noted that he is concerned with Hospital access to third party uploads as these are not the actual reports and could be missing or have errant data if not imported properly. Discussion identified the possibility of using the *eOther* field to include the ePCR from the other system as an attachment. This would allow the hospital to have access to the actual record. Clay stated he would look into the ability of using a tighter restriction on the import.

Chuck noted that NEMESIS now has a v2.2.1 to v3.4 translator which should be helpful going forward. Dagan Wright questioned how the one to one relationship was used in the translation. Josh Legler explained how the mapping was done and there was some explanation provided on the NEMESIS website.

Clay Mann mentioned how the rules may be eliminating some runs from being imported. Discussion followed as to whether or not all the rules being used are understood that could cause this.

Clay also noted that there was a request to simplify the language used on the various lists. Most reflect the ICD-10 description, which is too verbose in most instances,

Lastly Clay noted was those procedures, etc. that the standards organizations are not willing to add to their lists. Example would be extrication which is a valid procedure but not included in RxNorm. Dan Vanorny noted that they met with the NEMESIS TAC and another vendor to look at why the new v3 reports are taking longer to complete. He stated that

Final item discussed was Community Paramedicine. As it is still being defined many are allowing it to develop locally because it is defined by the community. Some have created documentation to be collected but is being done locally based on need. No current data standard has been recommended as yet. Much discussion followed.

### **DMC Workplan**

Rachael Alter reviewed the current workplan. Many of the items had their dates extended. Providing promising practices was discussed in more detail. As we have successes we should be posting them to share for others to use.

We then discussed the items that were placed in the “parking lot”. Several items related to integration were noted. No recommendation was forthcoming.

Discussion then moved to the suggested lists. It was agreed to have these reviewed and available by the Spring Meeting.

Reviewing the Validation Rules was the next item discussed. We will also shoot to have this completed by the Spring Meeting.

Motion made by Ryan Tyler to include the NEMESIS TAC Annual meeting in the NASEMSO Fall meeting every other (even) year and seconded by Curt Schreckengaust. Vote passed unanimously.

### **Adjournment**

Having completed the agenda the meeting was adjourned. Next meeting will be a conference call on November 13, 2015 at 3:30 pm (Eastern).

Meeting Record respectfully submitted by Secretary Chuck Happel