Medicaid and Public Health Community of Practice

Jointly supported by the Centers for Disease Control and Prevention and the Office of the National Coordinator for Health IT

April 27, 2018
Reminders

- The slides will be available after the webinar.
- Please submit questions during the presentation via the chat/question function.
- In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.
CoP Meaningful Use Website

Submit or Ask Questions

• Submit your text question and comments using the Question Panel

• Please raise your hand to be unmuted for verbal questions.
Agenda

• Introductions/Announcements

• Leveraging 90/10 Medicaid Funding: EMS and Health Information Exchange
  » Jeremy Kinsman, National Highway Traffic Safety Administration, Office of EMS
  » Melissa Lauer, Executive Office of Health and Human Services, Rhode Island

• Discussion/Q&A

• Next Steps/Homework
An Overview of Emergency Medical Services in the U.S. and the National EMS Information System

April 27, 2018
EMS at the Federal Level

- Federal Interagency Committee on EMS (FICEMS)
- National EMS Advisory Council (NEMSAC)
- National Highway Traffic Safety Administration (NHTSA)
  - Office of Emergency Medical Services (OEMS)
  - National 911 Program
- Health and Human Services
  - Assistant Secretary for Preparedness & Response (ASPR)
  - Centers for Disease Control & Prevention (CDC)
  - Health Resources Services Administration – EMS for Children Program (HRSA-EMS-C)
- Department of Homeland Security (DHS)
  - Chief Medical Officer (CMO)
  - U.S. Fire Administration
Fifty Years of Supporting EMS

1966
Accidental Death And Disability
The National Academy of Sciences published the landmark report Accidental Death and Disability: A防止framework laying the groundwork for an organized system of prehospital care.

1967
Freedom House Ambulance Service
Pittsburgh residents form Freedom House Ambulance Service and eventually become the first EMS practitioners in the country to provide advanced life support. Freedom House pilot-tested the 1977 NHTSA standard curriculum for paramedics.

1968
First 911 Call
The first 911 call was received at a police station in Haleyville, Alabama, on a large, red phone with a display in a museum in Haleyville.

1970
NHTSA
The National Highway Traffic Safety Administration is established.

1973
Emergency Medical Systems Act of 1973
This law, part of the Public Health Service Act, provides federal guidelines and over $200 million in funding to develop regional EMS systems across the U.S.

1977
The Star of Life
Created by NHTSA, the Star of Life became the symbol for emergency medical services across the globe and is often found on uniforms, equipment, ambulances, and roadway signs.

1984
Emergency Medical Services for Children Program
This program was established within the Health Resources and Services Administration to fund projects focused on research, training, system development, and injury prevention.

1996
EMS Agenda for the Future
On the 30th anniversary of the National Highway and Disability Act, NHTSA and HRSA supported the development and publication of the agenda, a collaborative effort to guide development of EMS systems.

2000
EMS Education Agenda for the Future: A Systems Approach
The Education Agenda described an infrastructure for educating EMS professionals that paved the way for the National EMS: Science of Practice and National EMS Education Standards.

2014
EMS Compass
EMS Compass launched to create a system for designing evidence-based EMS performance measures to aid agencies in improving patient care.

2010
Culture of Safety
This three-year project funded by NHTSA and HRSA-EMSS and piloted by ACP developed a national strategy to create a culture of safety for the EMS profession.

2007
NEMSAC
The National EMS Advisory Council, comprised of EMS representatives and consumers, was established to provide EMS recommendations to DOT and FICEMS.

2005
FICEMS
The Federal Interagency Coordinating Committee on EMS was established by law to coordinate federal agency efforts and improve EMS systems nationwide.

2005
Enhanced 911
The Enhanced 911 Act established the National 911 Program to assure and improve public safety communication services.

2001
NEMSIS
The National EMS Information System, or NEMSIS, established a standardized method of storing and sharing data on emergency medical services. The system includes data on patient demographics, emergency response times, and outcomes.

Coming Soon...
A New Vision for EMS
20 years after the original Agenda was published, a new edition will be created that looks ahead to the next few decades of EMS innovation and progression.

Fifty Years of Helping EMS Systems Improve
Take a look back at a few of the pivotal moments in national EMS history that helped create and shape the industry.
Emergency Medical Services in the U.S.

- Nearly 20,000 licensed EMS agencies
- With 950,000 credentialed EMS practitioners
  - 64% EMT
  - 24% Paramedic
- Respond to an estimated annual 36 million calls
- Which result in an estimated annual 25 million transports

Source: 2011 National EMS Assessment
The National EMS Information System

- **Documentation standard** for local EMS patient care reports
- Data element dictionary for point of care collection
- Compliance testing for ePCR software
- Facilitation of interoperability and exchange standards
- Collection of select data into the **National EMS Database** from every EMS activation
  - Online National EMS Database for research and surveillance
The National EMS Database – NEMSIS Version 2
# National EMS Database Growth

<table>
<thead>
<tr>
<th>Year</th>
<th>Reporting States</th>
<th>Reporting Agencies</th>
<th>Number of Events</th>
<th>Treated and Transported 911 Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>26</td>
<td>1,673</td>
<td>5,767,090</td>
<td>3,367,668</td>
</tr>
<tr>
<td>2010</td>
<td>31</td>
<td>3,529</td>
<td>9,874,748</td>
<td>4,874,061</td>
</tr>
<tr>
<td>2011</td>
<td>35</td>
<td>5,395</td>
<td>14,371,941</td>
<td>7,701,605</td>
</tr>
<tr>
<td>2012</td>
<td>43</td>
<td>6,415</td>
<td>19,831,189</td>
<td>10,733,925</td>
</tr>
<tr>
<td>2013</td>
<td>45</td>
<td>8,183</td>
<td>23,897,212</td>
<td>12,595,958</td>
</tr>
<tr>
<td>2014</td>
<td>48</td>
<td>8,785</td>
<td>25,835,729</td>
<td>13,769,286</td>
</tr>
<tr>
<td>2015</td>
<td>49</td>
<td>10,137</td>
<td>30,206,450</td>
<td>15,729,516</td>
</tr>
<tr>
<td>2016</td>
<td>49</td>
<td>9,993</td>
<td>29,919,652</td>
<td>15,361,777</td>
</tr>
</tbody>
</table>

1 Number of reporting states and territories of the United States.
2 Only including the events that are 911 calls, treated and Transported by EMS.
Version 2 ➔ Version 3 of NEMSIS

**V2**
- 426 data elements
- Variation in data review and data quality control at local and State levels
- Quarterly data dumps
- Data elements are incomplete
  - Symptoms – 21 choices
  - Incident location – 12 choices
  - Can’t record pertinent negative
- Dataset made for “counting”

**V3**
- 585 data elements, 19 use ICD-10-CM
- Improved data quality
  - XML, improved data structure
  - Schematron business intelligence
- Data transfer is automated via web services, real time data
- HL7 National Standard provides for Health Information Exchange
  - Uses ICD-10-CM, SNOMED, LOINC, RxNorm
NEMSIS Data Elements – NEMSIS.org

- Airway
- Arrest
- Crew
- Device
- Dispatch
- Disposition
- Exam
- History
- Injury
- Labs
- Medications
- Narrative
- Other
- Outcome
- Patient
- Payment
- Procedures
- Protocols
- Record
- Response
- Scene
- Situation
- State
- Times
- Vitals

V3 COMPLIANCE

- V3 DATA DICTIONARIES & XSD
- V3 FREQUENTLY ASKED QUESTIONS
- V3 NATIONAL REQUISITE ELEMENTS
- V3 RESOURCE REPOSITORY
- V3 SCHEMATRON
- V3 WEB SERVICES

V2 DATASET DICTIONARIES
The National EMS Database – NEMSIS Version 3

STATE & TERRITORY VERSION 3 TRANSITION INFORMATION
...and the status of Version 3 submission to NEMSIS

- **Submitting v3 Data**
- **v3 Implementation Plan**
- **v3 Documents Available**
- **Limited Progress**
NEMSIS Technical Assistance

- Contracted by the NHTSA-OEMS
- Manage the NEMSIS Data Standard
- Manage and Operate the National EMS Database
- Provide NEMSIS Public Release Datasets to Analysts and Researchers
- Perform NEMSIS Standard Software Compliance Testing for EMS EPCR Vendors
- NEMSIS TAC Contacts (University of Utah)
  - Dr. N. Clay Mann, Principal Investigator
  - Ms. Karen Jacobson, NEMSIS Director

www.NEMSIS.org


NEMSIS

ems.gov
Using NEMSIS Data

- Describing EMS systems, activities, and performance nationally
- Identifying opportunities among EMS systems for innovation, value, and improved community health outcomes
- Public health research and syndromic surveillance
- Providing prehospital and out-of-hospital healthcare data through Health Information Exchange at regional and state levels
# Using NEMSIS Data: Describing EMS Nationally

## Type Of Service Requested

<table>
<thead>
<tr>
<th>Type Of Service Requested</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>911 Response (Scene)</td>
<td>65,434,009</td>
<td>78.38%</td>
</tr>
<tr>
<td>Medical Transport</td>
<td>10,448,521</td>
<td>12.52%</td>
</tr>
<tr>
<td>Interfacility Transfer</td>
<td>6,589,805</td>
<td>7.89%</td>
</tr>
<tr>
<td>Standby</td>
<td>534,078</td>
<td>0.64%</td>
</tr>
<tr>
<td>Intercept</td>
<td>284,897</td>
<td>0.34%</td>
</tr>
<tr>
<td>Mutual Aid</td>
<td>186,638</td>
<td>0.22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83,477,948</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Level Of Service

<table>
<thead>
<tr>
<th>Level Of Service</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMT-Paramedic</td>
<td>67,382,858</td>
<td>80.72%</td>
</tr>
<tr>
<td>Other Agency Value</td>
<td>5,705,112</td>
<td>6.83%</td>
</tr>
<tr>
<td>EMT-Basic</td>
<td>4,777,031</td>
<td>5.72%</td>
</tr>
<tr>
<td>Nurse</td>
<td>3,490,845</td>
<td>4.18%</td>
</tr>
<tr>
<td>EMT-Intermediate</td>
<td>1,386,673</td>
<td>1.66%</td>
</tr>
<tr>
<td>First Responder</td>
<td>437,264</td>
<td>0.52%</td>
</tr>
<tr>
<td>Physician</td>
<td>298,165</td>
<td>0.36%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83,477,948</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Complaint Reported By Dispatch (10 Most Frequent Listed)

<table>
<thead>
<tr>
<th>Complaint Reported By Dispatch</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer/Interfacility/Palliative Care</td>
<td>10,717,866</td>
<td>15.61%</td>
</tr>
<tr>
<td>Sick Person</td>
<td>10,393,726</td>
<td>15.14%</td>
</tr>
<tr>
<td>Breathing Problem</td>
<td>6,129,605</td>
<td>8.93%</td>
</tr>
<tr>
<td>Fall Victim</td>
<td>5,445,895</td>
<td>7.93%</td>
</tr>
<tr>
<td>Traffic Accident</td>
<td>5,108,898</td>
<td>7.44%</td>
</tr>
<tr>
<td>Unknown Problem Man Down</td>
<td>4,421,110</td>
<td>6.44%</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>4,168,636</td>
<td>6.07%</td>
</tr>
<tr>
<td>Unconscious/Fainting</td>
<td>3,215,316</td>
<td>4.68%</td>
</tr>
<tr>
<td>Psychiatric Problem</td>
<td>2,118,123</td>
<td>3.08%</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>2,099,653</td>
<td>3.06%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68,664,316</strong></td>
<td></td>
</tr>
</tbody>
</table>

Using NEMSIS Data: Describing EMS Nationally

<table>
<thead>
<tr>
<th>EMS Primary Impression (10 most frequent listed)</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic Injury</td>
<td>7,909,566</td>
<td>20.96%</td>
</tr>
<tr>
<td>Abdominal Pain / Problems</td>
<td>4,310,205</td>
<td>11.42%</td>
</tr>
<tr>
<td>Respiratory Distress</td>
<td>4,088,958</td>
<td>10.83%</td>
</tr>
<tr>
<td>Behavioral / Psychiatric Disorder</td>
<td>3,620,591</td>
<td>9.59%</td>
</tr>
<tr>
<td>Chest Pain / Discomfort</td>
<td>3,433,966</td>
<td>9.10%</td>
</tr>
<tr>
<td>Syncope / Fainting</td>
<td>3,106,729</td>
<td>8.23%</td>
</tr>
<tr>
<td>Altered Level of Consciousness</td>
<td>2,605,063</td>
<td>6.90%</td>
</tr>
<tr>
<td>Seizure</td>
<td>1,579,934</td>
<td>4.19%</td>
</tr>
<tr>
<td>Poisoning / Drug Ingestation</td>
<td>1,568,385</td>
<td>4.16%</td>
</tr>
<tr>
<td>Diabetic Symptoms (Hypoglycemia)</td>
<td>1,030,742</td>
<td>2.73%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37,741,882</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause Of Injury (10 most frequent listed)</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>4,336,822</td>
<td>45.34%</td>
</tr>
<tr>
<td>Motor Vehicle Traffic Crash</td>
<td>2,514,142</td>
<td>26.29%</td>
</tr>
<tr>
<td>Struck by Blunt/Thrown Object</td>
<td>969,201</td>
<td>10.13%</td>
</tr>
<tr>
<td>Drug Poisoning</td>
<td>424,387</td>
<td>4.44%</td>
</tr>
<tr>
<td>Motor Vehicle Non-Traffic Crash</td>
<td>230,572</td>
<td>2.41%</td>
</tr>
<tr>
<td>Pedestrian Traffic Crash</td>
<td>157,035</td>
<td>1.64%</td>
</tr>
<tr>
<td>Motorcycle Crash</td>
<td>143,431</td>
<td>1.50%</td>
</tr>
<tr>
<td>Stabbing/Cutting Accidental</td>
<td>129,073</td>
<td>1.35%</td>
</tr>
<tr>
<td>Stabbing/Cutting Assault</td>
<td>124,033</td>
<td>1.30%</td>
</tr>
<tr>
<td>Bicycle Accident</td>
<td>94,528</td>
<td>0.99%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,564,223</strong></td>
<td></td>
</tr>
</tbody>
</table>

Using NEMSIS Data: Opportunities for Innovation

- **EMS Financial Reimbursement**
  - Social Security Act
  - CMS Ambulance Fee Schedule
  - Level of service, emergency vs. non-emergency, & transport mileage
  - Linked to transport to hospital emergency department (ED)

- **EMS Innovations (non-transport)**
  - Community Paramedicine
  - Telemedicine
  - Alternative Transport
  - Nurse 911

<table>
<thead>
<tr>
<th>Incident Patient Disposition</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated, Transported by EMS</td>
<td>59,832,063</td>
<td>71.67%</td>
</tr>
<tr>
<td>Cancelled</td>
<td>6,960,376</td>
<td>8.34%</td>
</tr>
<tr>
<td>Patient Refused Care</td>
<td>5,030,647</td>
<td>6.03%</td>
</tr>
<tr>
<td>No Treatment Required</td>
<td>3,167,553</td>
<td>3.79%</td>
</tr>
<tr>
<td>Treated, Transferred Care</td>
<td>3,104,163</td>
<td>3.72%</td>
</tr>
<tr>
<td>No Patient Found</td>
<td>2,320,820</td>
<td>2.78%</td>
</tr>
<tr>
<td>Treated and Released</td>
<td>2,263,361</td>
<td>2.71%</td>
</tr>
<tr>
<td>Dead at Scene</td>
<td>614,276</td>
<td>0.74%</td>
</tr>
<tr>
<td>Treated, Transported by Private Vehicle</td>
<td>119,172</td>
<td>0.14%</td>
</tr>
<tr>
<td>Treated, Transported by Law Enforcement</td>
<td>65,517</td>
<td>0.08%</td>
</tr>
<tr>
<td>Non-Transported Patients</td>
<td>6,780,765</td>
<td>8.12%</td>
</tr>
<tr>
<td>Total</td>
<td>83,477,948</td>
<td></td>
</tr>
</tbody>
</table>

## Using NEMSIS Data: Opportunities for Innovation

### Medications for Non-transported Patients (12 most frequent listed)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>398,488</td>
<td>5.97%</td>
</tr>
<tr>
<td>Normal Saline 0.9%</td>
<td>169,093</td>
<td>2.53%</td>
</tr>
<tr>
<td>D50</td>
<td>127,268</td>
<td>1.91%</td>
</tr>
<tr>
<td>Epinephrine 1:10,000</td>
<td>91,083</td>
<td>1.37%</td>
</tr>
<tr>
<td>Unknown Medication</td>
<td>88,036</td>
<td>1.32%</td>
</tr>
<tr>
<td>Albuterol Sulfate</td>
<td>64,145</td>
<td>0.96%</td>
</tr>
<tr>
<td>Aspirin</td>
<td>49,532</td>
<td>0.74%</td>
</tr>
<tr>
<td>Glucose Oral Solution</td>
<td>45,540</td>
<td>0.68%</td>
</tr>
<tr>
<td>Naloxone Hydrochloride</td>
<td>41,374</td>
<td>0.62%</td>
</tr>
<tr>
<td>Ondansetron Monohydrochloride</td>
<td>36,980</td>
<td>0.55%</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>34,870</td>
<td>0.52%</td>
</tr>
<tr>
<td>Ipratropium Bromide</td>
<td>28,500</td>
<td>0.43%</td>
</tr>
<tr>
<td>One or More Medications Administered</td>
<td>1,420,780</td>
<td>21.29%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,671,934</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Procedures for Non-transported Patients (12 most frequent listed)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count of Events</th>
<th>% of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment-Adult</td>
<td>1,331,240</td>
<td>15.32%</td>
</tr>
<tr>
<td>Cardiac Monitor</td>
<td>568,679</td>
<td>6.54%</td>
</tr>
<tr>
<td>Venous Access-Extremity</td>
<td>560,978</td>
<td>6.46%</td>
</tr>
<tr>
<td>Blood Glucose Analysis</td>
<td>536,815</td>
<td>6.18%</td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td>473,593</td>
<td>5.45%</td>
</tr>
<tr>
<td>12 Lead ECG-Obtain</td>
<td>310,040</td>
<td>3.57%</td>
</tr>
<tr>
<td>Wound Care-General</td>
<td>163,527</td>
<td>1.88%</td>
</tr>
<tr>
<td>Spinal Immobilization</td>
<td>126,783</td>
<td>1.46%</td>
</tr>
<tr>
<td>CPR-Start Compressions and Ventilations</td>
<td>109,220</td>
<td>1.26%</td>
</tr>
<tr>
<td>Pain Measurement</td>
<td>104,196</td>
<td>1.20%</td>
</tr>
<tr>
<td>Patient Loaded</td>
<td>85,136</td>
<td>0.98%</td>
</tr>
<tr>
<td>Capnography (CO2 Measurement)</td>
<td>60,152</td>
<td>0.69%</td>
</tr>
<tr>
<td>One or More Procedures Performed</td>
<td>5,196,965</td>
<td>59.80%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,690,066</strong></td>
<td></td>
</tr>
</tbody>
</table>

Using EMS Data: Public health research and syndromic surveillance

- **Public Health Research:**
  - Socioeconomic disparities: stroke and STEMI care; bystander CPR; trauma care
  - Epidemiology: mass casualty incidents; traffic crashes; opioid crisis; occupational injuries; falls

- **Syndromic Surveillance:**
  - Opioid crisis
  - Influenza
  - Mass casualty incidents
Trends in Opioid Overdose Mortality & Naloxone Administrations by EMS Practitioners in the U.S. for 2012-2014 by month

Data from the CDC, National Center for Health Statistics, CDC WONDER Online Database; and the National Highway Traffic Safety Administration, National EMS Information System, National EMS Database
Urban and Rural EMS Systems Times for Patients Administered Naloxone by EMS

<table>
<thead>
<tr>
<th>Response Time Interval (min)</th>
<th>Urban</th>
<th>Rural</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Responses</td>
<td>Mean (SD)</td>
<td>No of Responses</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>EMS Dispatch Time</td>
<td>292,070</td>
<td>1.23 (2.18)</td>
<td>24,130</td>
</tr>
<tr>
<td>EMS System Response Time</td>
<td>394,070</td>
<td>7.24 (4.88)</td>
<td>37,613</td>
</tr>
<tr>
<td>EMS Scene Time</td>
<td>371,716</td>
<td>19.53 (9.57)</td>
<td>36,867</td>
</tr>
<tr>
<td>EMS Scene to Patient Time</td>
<td>357,281</td>
<td>1.60 (2.18)</td>
<td>35,192</td>
</tr>
<tr>
<td>EMS Transport Time</td>
<td>361,978</td>
<td>11.75 (8.52)</td>
<td>36,091</td>
</tr>
<tr>
<td>EMS Total Call Time</td>
<td>393,495</td>
<td>71.33 (49.10)</td>
<td>37,491</td>
</tr>
</tbody>
</table>

Incident Location of EMS Naloxone Administrations in the U.S. by month, 2012-2015

National Highway Traffic Safety Administration. National EMS Information System. Data from the National EMS
Trend in EMS Naloxone Administrations for 911 Traffic Crash Responses in the U.S. for 2012-2016 by month

National Highway Traffic Safety Administration. National EMS Information System. Data from the National EMS.
Using EMS Data: Health Information Exchange

- California EMS Authority & HIE
  - Patient Unified Lookup System for EMS (PULSE)
  - Search, Alert, File, and Reconcile (SAFR)
  - Bi-directional exchange of state between healthcare facilities and EMS: day-to-day & expanded access during disasters
  - EMS Providers access medical history in the prehospital setting
  - ONC Grant Funding
- Utah EMS & HIE → EMS Focus Webinar

Upcoming Webinar: Using Data to Measure Value and Improve Patient Care - Two Stories of How EMS Data is Making a Difference

May 15th
Tuesday
3:00 p.m. EST

Click Here to Register

[EMS.gov]
Rhode Island EMS/HIE Integration Project
Agenda

- Background
- EMS to HIE Integration and Value
- Funding this Project
- Challenges and Successes
- Questions
RI’s EMS Program

- RI has a centralized Patient Tracking System (ImageTrend Elite) for entering run reports
- Ambulances are required to have a viable data connectivity plan
- Data must be reported to the system; Most EMS licensees use the state system directly
- EMS is now participating in a Mobile Integrated Healthcare and Community Paramedicine program, so not all events are transport or emergency related.
RI’s HIE -

- Established under Department of Health (RIDOH) authority in 2008
- Operated by a state designated entity – Rhode Island Quality Institute
- Requires that individuals consent to participate
  - Currently participation is defined as
    - having data stored
    - having data viewable
  - This has limited public health use of CurrentCare
  - Approximately 47% of RIers are consented
EMS to HIE Integration

- We will be sending data from RI’s EMS Patient Tracking System to the HIE

- Feed 1: Admission Discharge Transfer (ADT) feed
  - Will send an ADT message every time there is a status change

- Feed 2: Event Summary
  - Will send a CDA for every completed run report
Value of this Integration

- Available in CurrentCare Viewer (web-based access)
- Available through Cross Document Exchange (available in the EHR for those with these interfaces)
- Alerts and Notifications
- Used as part of a risk algorithm to support flagging high risk patients for Emergency Department providers
Potential Future Uses

- Integration between run report system and Hospital EHRs
- Adding bi-directional feed, so that CurrentCare data can be fed into EMS system
- Other specialized enhancements using the data that reduce provider burden
Funding this Project

- This project is being funded 100% through RI’s HITECH IAPD at 90/10

- Helps to meet Stage 3 Meaningful Use Health Information Exchange measure
  - Request/Accept Summary of Care
  - Clinical Information Reconciliation

- RI’s Mainstreaming Clause – All RI providers are Medicaid providers

- SMD #16-003 allows Medicaid programs to support efforts to exchange data between EPs/EHs and non-EPs/non-EHs
Identifying State Match

- State appropriations are very difficult in RI
- Major budget cuts statewide in 2017-2018 fiscal year increased this challenge
- Received a grant for state match from the Rhode Island Foundation for the HIE Enabled Opioid Overdose Prevention Project

- The grant activities at 90/10 include:
  - Sending EMS data to CurrentCare
  - PDMP integrations
  - ED Smart Notifications
  - Overdose Alert
  - Initial building of SBIRT screening registry to become a public health registry
Challenges

- Costs higher than initially anticipated
- EMS vendor capabilities as non-CEHRT product
- Complexities of incorporating new data type at HIE
- Determining most ideal technical approaches, i.e. transport mechanism, data format
Successes

- Vendors on both side highly motivated
- Consensus reached on technical methods before finalized contracts in place
- General excitement from community about this project
Conclusion

Questions?

Melissa Lauer
State HIT Specialist
Executive Office of Health and Human Services
RI SIM Grant
Melissa.Lauer@ohhs.ri.gov
401-462-6485
ONC Resource Showcases State/Local Initiatives

Assists EMS officials and HIE organizations to understand:

- The potential benefit of HIE and EMS coordination
- The Search, Alert, File and Reconcile (SAFR) model
- Successes/challenges of five different state/local EMS and HIE initiatives
- Ideas and next steps to move HIE and EMS integration forward

https://www.healthit.gov/sites/default/files/emr_safer_knowledge_product_final.pdf
Q&A/Discussion
Next Steps/Homework

• Next Call: Scheduled for May 25, 2018 2-3PM EST.

• We are no longer using Basecamp, we are working to post the resources from there to CDC’s Meaningful use website (https://www.cdc.gov/ehrmeaningfuluse/).

• Send topics/ideas/questions for future CoP meetings to meaningfuluse@cdc.gov or post them to Basecamp.