



## NEMESIS External Advisory Board

Meeting Minutes

April 20, 2021

- I. **Welcome and Introductions**
  - a. NEMESIS Team
  - b. Board Members Introductions
- II. **Disclosure for board members who contract with NEMESIS**
  - a. Involvement of potential contractors is completely voluntary and unpaid.
- III. **Rules of Engagement**
  - a. Provide guidance, suggestions, or recommendations based on your area of expertise
  - b. Participate in meetings
  - c. Open and respectful dialogue
- IV. **Meetings**
  - a. Quarterly Virtual Meetings
  - b. Annual In-Person Meeting- possibly early 2022
- V. **Role of the NEMESIS Advisory Board**
  - a. Purpose and Scope- develop and recommend a national information strategy while providing subject matter expertise regarding the integration and harmonization of the NEMESIS strategic targets relating to data collection, hosting, automation and coordination with other software and data systems.
  - b. Expectations- be frank, open and honest, think out of the box
  - c. Recommended connecting the Internal/External board in some way but also not overlapping too much in purpose or influence- align goals but don't overinfluence the independent groups.
  - d. Data Interoperability/ Data Exchange
  - e. V3.5, possibility for 2021 of using a FHIR structure (from HML), shifting from EMS structure to a healthcare structure
  - f. Community Paramedicine/ Mobile Integrated Healthcare- expanding the NEMESIS offering to represent more than just ground EMS groups, more interoperable and harmonious with air medical or others
  - g. Outreach/ Education- how do we provide resources that allow us to ensure we are linking and accessing with others well, comes down to educating about the standard
  - h. How can we release state information at a national level and cover hot topics (COVID)
  - i. Quality Data- promoting the reliability of quality data, and continue to improve, document and communicate well
  - j. May need a short course in FHIR tailored to this group to understand it better as we move forward and learn how it can be compartmentalized
  - k. Roadblocks to interoperability from a state perspective- cost and sustainability of it, and noting what efficiencies are gained from reports. Identify the impact and benefits to local agencies.
  - l. Large amounts of data seemed unusable in a hospital setting
  - m. Huge step to move towards coding ID's that are more congruent between systems
  - n. Exciting discrete cases that right now the CDA standard doesn't support
  - o. The NEMESIS XML structure makes it hard to share just a certain group of elements, if it is not the same as the state requirements

- p. Different consumer groups and needs: NEMESIS, Hospital, and other Care Facilities
- q. Don't reinvent the wheel, but use what others are currently finding useful, and move forward and expand from there

**VI. Current Topics**

- a. IHE Profiles
  - i. Renewing the HL7 Implementation Guide for V3.4.0
  - ii. Building an HL7 Implementation Guide for V3.5.0
    - i. Ensure alignment with ET3 and IHE direction
    - ii. Where are Epic and Cerner heading in this process?
    - iii. If the future is going to be FHIR what are the prospective cost benefits and work related to transitioning to this implementation guide first?
  - iii. Building a FHIR profile for V3.5.0
    - i. Encourage IHE to build around the NEMESIS standard
    - ii. Perhaps IHE can give an overview of their work to this group
  - iv. Building a FHIR profile for V3.5.0
- b. QORE- Quality Outcome Reporting for EMS
- c. FHIR Only, International Audience, V4 for US Realm, will include eOutcomes
  - i. <https://fhir.epic.com/>
  - ii. Currently only 3% of records have an eOutcome information, and it would be valuable to do this more.

**VII. Brief Discussion on Autonomous Vehicles**

- a. Vehicle communication and AI surrounding crash notification from vehicle to ambulance, what should be exchanged, info. about the crash, can that go into the patient record?
- b. Need to work with vendors, NHTSA, and DOT together
- c. We are adding workload, data, and cost, can we reasonably do this for EMS personnel?
- d. Can we get into the design process of this?
- e. What are the policy concerns around this?
- f. Often developed outside of the US complicates things
- g. How much is really relevant to an EMS crew? It may be more helpful to fire departments and law enforcement than to EMS or hospitals outside of a few data points

**VIII. Action Items**

- a. Homework assignments- reaching out for additional information, will communicate soon
  - i. Brief overview of FHIR and IHE products
- b. Board Member Directory- please respond to Lauri with your information

**IX. Next Quarterly Meeting TBD**

**X. Adjourn**

**In Attendance:** Dr. Clay Mann, Eric Chaney, Julianne Ehlers, Lauri Bradt, Josh Legler, Sean Leung, Frank Sloan, Tim Wilson, Jay Lyle, Travis White, Kathleen (Katie) Tully, Greg Mears