NEMSIS External Advisory Board
Meeting Minutes
January 19, 2022

I. Welcome

a. Questions or comments on previous meeting minutes

    i.   Purpose is to help process data so NEMSIS can be utilized outside HIE/Data exchange.

    ii.   What other tools or things we can do? What more can we take on? Public health and stability.

    iii.   Approve ability to standardize data collected for mobile integrated health care and other specialty areas of EMS.

    iv.   What are we doing to support ET3 standardized process?

    v.   Concern if data sharing is prohibited in other state DUAs or rules. Depends on state systems and data ownership.

II. Interoperability Update

a. Connecting to EHR systems

Accomplishments:

    i.   Able to renew implementation guide for v3.4.0.

    ii.   NEW v3.5.0 guide - Completed ballot and quorum was reached.

        1.   Found the bulk of issues (reach out to reviewer that found the issue).

        2.   Hoping to complete interim ballot and not have to go out.

    iii.   Create examples and observations to align it to NEMSIS XML.

Areas of improvement:

    i.   Implementation guide and NEMSIS element to an HL7 guide.

    ii.   Will appendix be within the HL7 guide or XML?

    iii.   Are we doing everything to represent other groups and how they use NEMSIS Data?

    iv.   Explain TEFCA and how it fits into the roadmap.

    v.   Ownership and residing can mean two different things.

        1.   The agency owns data but resides with vendors.

    vi.   TEFCA and other organizations standardize

        1.   Needs to be worked out together with DUA.

        2.   Data used with intention that Agency use.

    vii.   Depending on state system. Data ownership is gray.

    viii. How can EMS agencies participate in networks under TEFCA?

b. FHIR Profiles

    i.   Once examples are completed. They will be pulled into QORE.

    ii.   QORE-reusable template.

    iii.   Data Flow Model: Use NEMSIS exchange landscape to go back to agency and provide mechanism to evaluate care.

c. Connect-a-thons

    i.   Path to production should happen more (often) than connect-a-thons.

    ii.   Connect-a-thons may not be as useful in comparison to path to production.

       1. If it doesn't pass in connect-a-thons repeat the cycle.

   iii. Without standards it's difficult to achieve interoperability.

III. EHR eOutcomes Template

a. Timeline

   i. eOutcomes group: created 5 use cases

   ii. Complicated part in the process: patient matching. Especially with John Does.

      1. HIE can assist patient matching.

   iii. Medical record number and encounter number are collected. Vendor and EMS have solved patient matching.

   iv. QORE profile supports both and can query hospital.

IV. ET3: questions or reported barriers

Concerns:

   i. Participants didn't realize how much additional work needs to be completed.

   ii. Agencies don't have the bandwidth to participate.

   iii. Will NEMSIS send out a survey monkey?

      1. Ask: Why have you stopped sending data? (agency)

V. Discussion on data standard for CP/MIH

   i. What more should we be doing in this space?

   ii. It 'kind of works' with small tweaks

   iii. Dataset will be needed in the future

   iv. NEMSIS should develop data standard. NOT two different agencies to input data

Case Definitions:

a. Multiple entities are reporting various interpretations on case definitions.

b. Different definitions are being reported and are not reporting the same value.

c. Is this causing concern? Should we standardize reporting case documents?

d. How do we support "standardized reporting"? Do we need additional "case definitions"?

e. A group of vendors are creating a criterion to standardize case definitions.

   i. Image Trend and ESO

f. National metrics vs. case definitions (use of language, wording).

g. Case definitions are more foundational than metrics.

h. NEMSQA should use case definitions (selection of records) and National metrics.

VI. Action Items

   i. NEMSIS is not very critical care friendly, vendor must create supplemental forms and custom data elements for critical care transports – discuss this issue.

   ii. Interest in understanding other use cases/case definitions, getting vendors and states together in the cross section of what's missing and needs to be reported?

   iii. Cross gap analysis to hospital vs eReporting.

   iv. Identify what other projects have been completed in HL7 & IHE cross gap.

   v. Use cases that aren't ER/ED related, specific only to EMS.

VII. Next Meeting

   a. TBD

VIII. Adjourn

Attendance:
Frank Sloan, Julianne Ehlers, Clay Mann, Eric Chaney, Joshua Legler, Tim Wilson, Travis White, Rachel Abbey, Doug Butler, Sean Leung, Andrea Fourquet, Greg Williams, Jen Correa, Bengie Alexandre

Absent: Jay Lyle