NEMSIS External Advisory Board

Meeting Minutes
August 30, 2022

I. Welcome
II. Questions or comments on previous meeting minutes
III. Custom Elements
    a. The NEMSIS TAC released the custom elements toolkit, hoping it will help standardize the process especially for new state data managers (DM)
IV. NHTSA OEMS to fund a Liaison position within NASEMSO:
    a. This position is responsible to understand custom elements process and work with the DMC and states as they are developing custom elements
    b. This will ensure there is a commonality and consistency among states addressing an issue, they can all use the same custom element
    c. The liaison will also help communicate between the TAC and NASEMSO committees that do not communicate with the TAC as frequently as the DMC such as medical directors and pediatric EMS groups
V. Critical Care and NEMSIS Data Collection
    a. Potentially adding or continuing to modify current critical care elements to NEMSIS
    b. Potential for subcommittee(s) to discuss specifically critical care data elements
VI. Primary care and Telemedicine
    a. What is needed to support telemedicine?
    b. HRSA has funding available for infrastructure for telemedicine including broadband support, support for critical access hospitals
VII. Tabled from previous meeting: EMS Agency Level Reporting
    a. NEMSIS TAC would like to provide reporting to EMS agency level
    b. This requires credentialing and security necessary for individual personnel within the individual agencies
    c. Currently, the TAC is working on technical and security concerns associated with migrating to the AWS cloud environment
    d. The TAC provides national dashboards that would allow an agency to benchmark themselves against national metrics
VIII. Tabled: Easing the documentation requirements for EMS Clinicians
    a. The committee would be asked to help determine what elements are important to include and which ones could be dropped
    b. Developed a pilot survey device that needs review and improvement
IX. Case Definitions – EMS Specific
    a. Progressing with the Data Managers Council
    b. DMC will create a common definitions task force, associated with the DMC to assist with developing additional case definitions relating to research

c. DMC committee, led by liaison could standardize ICD-10 codes to be used for emerging issues or threats (e.g.: scooters, COVID, etc).
d. Question to committee: should the TAC facilitate a common definition for reporting similar to case definitions? This would allow the same definition to be used across vendors, products, and states for consistency.

X. IHE and interoperability
   a. IHE put together a digital series, two-day virtual event that will occur again on an ongoing basis
   b. All the pre-recorded sessions for this round are focused on teaching non-EMS people about EMS Data and a few overview sessions about NEMSIS
   c. On future IHE meeting in October, presentations could aim to educate EMS data people about the hospital side of things
   d. Other topic ideas:
      i. Educational sessions on HL7, v2, v3, FHIR, IHE profiles, HL7 Implementation guides
      ii. The Office of the National Coordinator for Health IT and the certification programs that they provide
   e. These presentations will help those who work with EMS Data to become more familiar with the hospital side

XI. Tabled from previous meeting: Data ownership discussion
   a. Provided update from PWW at the NEMSIS Annual Meeting

XII. Question: Are there reports of barriers to participating in ET3?
   a. There have been reports that there are barriers to participating in ET3
   b. A state proposed model changes to CMMI to overcome those barriers
      i. The goal was to use an alternate transportation source to transport a patient to the hospital or alternate destination.
      ii. Some of that is addressed in ET3, but there is still this requirement to have an ambulance on scene. This state is attempting to remove this requirement stating they could triage and manage the patient to someplace other than the expensive emergency department through the 911 center, which was originally the second phase of the ET3 model
      iii. Reimbursement for non-transport was identified as a barrier
         1. Question: would non-transport require online medical control?
   c. Other questions or concerns regarding the implementation of ET3?
      i. Data Specialists do not remember the 180-day API access that providers have to renew
      ii. Vendors must send 30 days' worth of data but API access expires at 180 days. Requires the vendor to send many reminders.
      iii. Agencies do not like sending their calls to CMS
         1. Vendor clarified, it is not a vendor nor NEMSIS requirement, it is an ET3 requirement

iv. As a result, many providers dropped out due to those ET3 requirements
v. Software vendors perform the API/software work for ET3 are in an awkward middle position between CMS and provider since the ET3 relationship is between CMS and the agency
vi. It would be more feasible for vendors to be able to establish these accounts on providers behalf versus having to go through this work around process.
vii. Possible solution is to create a data use agreement with providers that says the vendor can establish and manage the account on behalf of the agency.
viii. Good rule to consider: having an agency lead in ET3 that can override access to vendors
ix. Discuss concerns with CMMI group

XIII. Updating the Data Standard more frequently
i. Objective: to reduce the burden on our providers and ensure we are providing good quality data that can be used for performance improvement and for research
ii. Indicated about 22% of the currently suggested revisions out of 174, about 22% fall into this informational piece
iii. We are correcting links that are not working and expanding definitions in the section of XML that allows comments within the data dictionary/data elements
iv. Versioning would happen at this level with this informational build, no more than every six months

b. This would allow NEMSIS to introduce new elements sooner. New elements would start as optional and be refined over time
c. This versioning would happen every two years and would include all previous informational minor releases into that latest version.
d. Major release: would not be backwards compatible
e. Minor release: would be backwards compatible
    i. Would occur every six years
f. Regarding external partners: It might be helpful to have a low, medium, high scale of impact on integrations or partners. For example: Does this impact CAD, Does this change impact billing? Does this change impact hospital integrations?
g. Changing elements from 1:1 to 1:M is concerning, a lot of work is required
h. Some changes may not be backward compatible depending on what version of States are on versus the client. Some clients operate with multiple states and have to work on multiple versions
i. Vendors would like a clear stop gap: When does the decisions become available for vendors? When does the criteria get released? How much time does vendors have? How much time does states have to do the training if they need to do training?
j. Refine the development process: how much time on the consensus building? On the changes versus the release date? Versus a development date?
k. The deeper integrations and adoption of NEMSIS across non-EMS organizations we

have, the longer it takes for changes to update.

XIV. Tabled: Question: Can the TAC work with states to illuminate the difference between technical implementation of data collection and state rules, regulations and the intent of the law and legal language?
   a. Can/should education be developed?
   b. Legal ramifications: sharing data, exchange data, adding patient outcome data to an ePCR.
   c. One states' legal counsel is considering the NEMSIS state data set to be legal guidance, and it is not.

XV. Action Items:
   a. Add to next meeting topic: Additional thoughts on modifications to the NEMSIS standard to increase its value for uses other than 911 ground response.
   b. Should we be building this out so that we can document community paramedicine?
      i. If it is something that EMS does, then the NEMSIS standard should make it possible for them to document
   c. Consider completing a gap analysis
      i. Where are the gaps for critical care, telemedicine, or community paramedicine documentation?

XVI. Next Meeting
   a. December 8, 2022

XVII. Adjourn