



## **Technical Working Group Committee Updates**

July 12, 2011

- 1) Assessment Committee
- 2) Medical Oversight Committee
- 3) Data and Research Committee
- 4) Preparedness Committee
- 5) Safety Committee
- 6) Education and Workforce Committee
- 7) Health Care Reform Ad Hoc Committee

# Assessment Committee

## Members

Rick Patrick (DHS/OHA), Chair  
Eileen Holloran (HHS/HRSA)  
David Boyd (HHS/IHS)  
Robert Bass (MIEMSS)  
Mike Stern (DHS/USFA)  
Mike Zanker (DHS/OHA)

George Gentile (HHS/HRSA)  
William Seifarth (DHS/OHA)  
LCDR Joe Morris (DHS/OHA)  
Cathy Gotschall (DOT/NHTSA)  
Gam Wijetunge (DOT/NHTSA)

## Recent Accomplishments and Activities

### **National EMS Assessment:**

Project's 3 main goals:

1. To provide an assessment of the nation's EMS system based on currently available data;
2. To conduct a gap analysis that identifies areas where existing data are not sufficient to provide a meaningful assessment; and
3. To make recommendations for developing a sustainable, ongoing national assessment process

We received a copy of the draft final report on May 1<sup>st</sup> and circulated it for comment to the TWG and to members of the Assessment and Preparedness committees, each of which discussed the draft report at their May meetings.

We received considerable feedback from both committees, which was passed on to the PI (see attached); most notably, several members of the Preparedness provided input as well as extensive comments from Betty Hastings from IHS.

The PI has reported that he is working hard to address all of the issues raised in the comments and intends to have the final report ready by June 30.

The contract also requires submission of a second manuscript suitable for submission to a scientific journal. A draft manuscript was distributed to members of the Assessment Committee on July 5th and several members have provided comments.

### **Accomplishments**

1. Review comments of initial draft of the Assessment
2. Review the draft of the journal manuscript
3. Final "draft" of the National EMS Assessment

## FICEMS Assessment Committee: 2 Year Priorities 2009-2011

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
<b>National EMS Assessment</b>	Identify key questions and data sources for baseline assessment	Provide on-going direction to the UNC study	Develop a Report to Congress based on UNC findings	Briefings to TWG/FICEMS Report to Congress
	Develop a process for an ongoing National EMS Assessment	Identify potential funding sources  Solicit stakeholder feedback on assessment methodology	Develop SOW for process to determine indicators and benchmarks for ongoing National EMS Assessment	Briefings to TWG/FICEMS  Published RFA to develop a national EMS assessment instrument
<b>EMS Preparedness</b>	Ensure inclusion of EMS preparedness issues in National EMS Assessment	Open and maintain dialog with TWG Preparedness Committee and UNC investigators	TWG Preparedness Committee input is incorporated into final UNC work plan	EMS preparedness fully addressed in National EMS Assessment report
<b>Interoperability of EMS Communications</b>	Develop a self- reporting instrument to be used at the state or local level	Identify key interoperability assessment indicators  Explore data availability	Explore mechanisms to promote or require assessment at State level	Joint meetings with TWG Preparedness Committee  Recommendation to TWG about interoperability assessment needs
<b>Funding of EMS Systems and Cost-effectiveness</b>	Define and describe characteristics of EMS system configurations in US  Identify sources of funding for EMS systems  Assess cost effectiveness of funding mechanisms by EMS system configuration	Establish definitions of EMS systems (Monitor JHU & UNC studies)  Explore funding options for study of EMS system funding & cost effectiveness  Determine EMS system outcomes relevant to CEA	Develop SOW to study EMSS funding & cost-effectiveness (2 studies?)  Describe spectrum of funding sources for EMS systems by system type	Briefing to the TWG/FICEMS  Propose definitions of EMS systems for FICEMS endorsement  Published RFA for study(ies) to describe sources of EMS system funding and EMS system cost effectiveness

Abbreviations: UNC – University of North Carolina; JHU – Johns Hopkins University;  
CEA – cost-effectiveness analysis; SOW – statement of work; RFA – request for application

# Medical Oversight Committee

## Members

Rick Hunt (HHS/CDC), Chair  
Drew Dawson (DOT/NHTSA)  
Bob Bass (MIEMSS)  
Donald Salee (DoD)  
David Heppel (HHS/HRSA)

David Boyd (HHS/IHS)  
Scott Sasser (HHS/CDC)  
Mary George (HHS/CDC)  
Kathy Brinsfield (DHS/OHA)  
Cathy Gotschall (DOT/NHTSA)

## Recent Accomplishments and Activities

Presentation of the proposed two year work plan for the Medical Oversight Committee.

## FICEMS Medical Oversight Committee: Proposed 2 Year Priorities 2011-2012

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
<b>Helicopter EMS</b>	To provide input and guidance to the development of “national guidelines for the use and availability of helicopter emergency medical transport by regional, state, and local authorities during emergency medical response system planning”.	<p>Provide timely reports to FICEMS regarding progress toward the NTSB’s HEMS recommendations</p> <p>Provide guidance, as requested, to ongoing HEMS guidelines development efforts.</p>	Make recommendations to FICEMS for developing HEMS transport guidelines for other time sensitive non-traumatic conditions,	<p>Periodic reports to FICEMS on progress toward NTSB’s HEMS recommendations.</p> <p>Clinical and systems guidelines for HEMS transport of patients with time sensitive conditions.</p>
<b>Evidence-based Guidelines</b>	To promote the development, implementation, use, and evaluation of evidence-based guidelines for prehospital care	Review evidence-based guidelines under development, and provide recommendations to FICEMS TWG, as appropriate.	Identify methods to sustain evidence-based guideline development, dissemination, and implementation.	Further development, dissemination, and implementation of evidence based guidelines currently in progress.

# Data and Research Committee

## Members

Susan McHenry (DOT/NHTSA), Co-Chair  
Tasmeen Singh (HHS/HRSA), Co-Chair  
Beth Edgerton (HHS/HRSA)  
Amy Valderrama (HHS/CDC)  
Ryan Mutter (HHS/AHRQ)  
Cathy Gotschall (DOT/NHTSA)

Glen Drew (HHS Office of Human Research Protection)  
Sara Goldkind (HHS/FDA)  
Debra Egan (HHS/NIH)  
George Sopko (HHS/NIH/NHLBI)  
Tom Janisko (HHS)  
Julio Lairet, M.D. (DOD)

## Recent Accomplishments and Activities

- Objective 1 – Educate IRBs
  - Conducted 2 Webcasts on Exception from Informed Consent (EFIC) for Emergency Research – Feb. 28, 2011 for general emergency care research, and March 25, 2011 for pediatric emergency care research. Both Webcasts are archived.
  - IRB Options Conference (ECCC and FICEMS), originally planned for April 11-12, 2011, was postponed due to threat of govt. shutdown. The conference is rescheduled for Sept. 19- 20, 2011, at the AED Conference Center in downtown DC.
- Objective 2 – NEMSIS Utilization
  - Project just started to evaluate linked NEMSIS & Trauma Registry Data in 4 States (NHTSA funded)
  - CDC “Public Health Preparedness Capabilities: National Standards for State & Local Planning” include Resource Elements under Medical Surge that recommend public health staff be trained in how to use local and state NEMSIS and 9-1-1 data to aid with syndromic surveillance. Planning is underway with NEMSIS Technical Assistance Center to hold an introductory webinar on NEMSIS for state and local public health in August, 2011.
  - The first peer-reviewed article based on NEMSIS data, “Out-of-Hospital Airway Management in the United States”, by Dr. Henry Wang, was just published in April in “Resuscitation”.

## FICEMS Data and Research Committee 2 Year Work Plan

Focus Area	Objective	Near Term Goals	Long Term Goals	Potential Output
<b>Internal Review Boards (IRBs)</b>	Educate IRB's on Exception from Informed Consent policies and procedures.	<ul style="list-style-type: none"> <li>Encourage wide dissemination of "Using the Exception from Informed Consent for Emergency Research: Report from the National EMS Research Agenda Conference"</li> <li>Host 1 webcast to disseminate the document and to prepare for the larger goal of presenting at an IRB conference.</li> <li>Host 1 webcast focusing on pediatric specific challenges in using EFIC.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a resource (toolkit) for IRB's as part of the long term dissemination strategy</li> <li>Present the document "Using the Exception from Informed Consent for Emergency Research: Report from the National EMS Research Agenda Conference at an IRB conference for IRB chairs.</li> <li>Evaluate feasibility of implementing key elements in centralization of IRB review.</li> </ul>	<ul style="list-style-type: none"> <li>Improved education for IRB's on how emergency research using the exception from informed consent can be conducted in an ethical manner</li> <li>Potential standardization and centralization of IRBs review</li> </ul>
<b>National EMS Information System (NEMSIS)</b>	Expand the utilization of NEMSIS data	<ul style="list-style-type: none"> <li>Disseminate NEMSIS 2009 Research Data Set Notice and User Manual for researchers wanting use NEMSIS data.</li> <li>Highlight States that effectively utilize NEMSIS data.</li> <li>Evaluate linked NEMSIS &amp; Trauma Registry data from pilot States</li> <li>Conduct NEMSIS presentations at emergency medicine conferences to highlight research and quality improvement uses for NEMSIS.</li> </ul>	<ul style="list-style-type: none"> <li>Explore ways in which NEMSIS data can be included in State Public Health data which may improve access to NEMSIS data.</li> <li>Linking NEMSIS database with the HL-7 healthcare data base sets.</li> <li>Linkage of NEMSIS data set with other large sets of EMS data/registries.</li> <li>Evaluate the future needs for standardized data collection, review and upgrading.</li> <li>Conduct a specific training workshop to promote the use of NEMSIS data for research and quality improvement.</li> </ul>	Improving the evidence base for patient care decisions

<p><b>Culture of Safety</b></p>	<p>Utilize data and research to improve safety in EMS</p>	<ul style="list-style-type: none"> <li>• Evaluate and promote patient safety strategies highlighted in the NHTSA funded culture of safety grant.</li> </ul>	<ul style="list-style-type: none"> <li>• Catalogue best practices in EMS patient safety</li> <li>• Create a list of EMS “Never Events”</li> <li>• Defining taxonomy/data dictionary for EMS adverse event reporting</li> <li>• Develop an anonymous national reporting system for patient safety incidents</li> <li>• Review and modify the reporting system as needed</li> </ul>	<p>Development of a systematic approach to patient safety in EMS</p>
<p><b>Support Needed Research</b></p>	<p>Include identified gaps in emergency care research in federal funding announcements</p>	<ul style="list-style-type: none"> <li>• Survey Federal agencies within HHS (NIH, ASPR, AHRQ, HRSA, NHTSA) to identify where there is congruence among strategic plans as it relates to EMS research</li> <li>• Develop a dissemination plan for the FICEMS Gap Analysis document</li> <li>• Identify a champion to lead the development of a NIH program announcement for EMS research</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing identified gaps through federal funding mechanisms</li> <li>• Development of a peer reviewed manuscript on this process</li> <li>• Continue periodic evaluation and develop appropriate action plan time table</li> </ul>	<p>Increase in the number of federal funding announcements that include pre-hospital emergency care research as a focus</p>



# Preparedness Committee

## Members

Bob Bass (MIEMSS), Chair

Rick Patrick (DHS/OHA)

Mike Stern (DHS/FEMA/USFA)

Andy Roszak (HHS/HRSA)

Tim Talbot (DoD)

Andy Garrett (HHS/ASPR/OPEO/ECCC)

Gregg Margolis (HHS/ASPR)

Gamunu Wijetunge (DOT/NHTSA)

## Recent Accomplishments and Activities

### Pandemic Influenza Preparedness activities:

In October 2010, the Preparedness Committee prepared a concept paper for FICEMS consideration and internal deliberation on Federal grants to State EMS systems for improving pandemic influenza preparedness. This paper was provided to FICEMS in preparation for its executive session in November 2010.

### MCI triage activities:

The Preparedness Committee continues to consult with the Medical Oversight committee regarding implementation of the CDC's Model Uniform Core Criteria (MUCC) for mass casualty triage. The Preparedness Committee will be developing a briefing paper for consideration by FICEMS at its December 2011 meeting.

### MCI preparedness activities:

The Preparedness Committee has provided ongoing feedback to the National EMS Assessment regarding preparedness issues. Most recently the committee provided feedback to the first draft of the National EMS Assessment in May. The Preparedness Committee has also met with staff from FEMA regarding their assessment efforts.

As FICEMS members may recall, the FICEMS issued a letter to Secretary Sebelius in June of 2009 regarding development of the National Health Security Strategy (NHSS). Since then staff from ASPR have continued to provide updates to the Preparedness Committee on the status of the NHSS and the NHSS Biennial Implementation Plan (BIP). Members of the committee, through their own agency mechanisms, have been active in providing feedback to ASPR on the NHSS and the NHSS BIP.

Members of the Preparedness Committee have been actively involved in the FICEMS response to NTSB recommendation H-09-5 regarding the Mexican Hat motorcoach crash. Preparedness Committee Chairman, Dr. Bob Bass, was asked by the Institute of Medicine (IOM) to head a

planning committee for IOM's workshop examining the Mexican Hat motorcoach crash. The final report from this workshop as well as the EMS Incident Readiness and Response Assessment (EIRRA) tool and the Model Inventory of Emergency Care Elements (MIECE) prepared by the National Association of State EMS Officials (NASEMSO) were reviewed by the Preparedness Committee and have been provided to FICEMS as part of an interim report to the NTSB.

## FICEMS Preparedness Committee: Proposed 2 Year Priorities

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
<b>Pandemic Influenza Preparedness</b>	Monitor and facilitate the recommendations included in <i>State EMS System Pandemic Influenza Preparedness: A Report of the FICEMS</i> .	<ul style="list-style-type: none"> <li>• Begin tracking recommendations in the FICEMS Flu Report for the following areas: Improve Federal financial and technical assistance to support EMS and 9-1-1; Assure the personal protection and safety of EMS personnel; Improve medical oversight; Coordinate community mitigation strategies; Enhance continuity of operations and surge capacity.</li> <li>• Revise the current H1N1 PPE recommendations for EMS in CDC guidance for EMS and 9-1-1. <b>[2.2]</b></li> <li>• Set up FICEMS meeting to discuss new grant program. <b>[1.3]</b></li> <li>• Work with DHS-HHS grants coordinating committee (DHCC). <b>[1.1]</b></li> <li>• Work with DHS/OHA on COOP guidance for EMS. <b>[5.1]</b></li> <li>• Distribute CDC guidance on PPE. <b>[2.2]</b></li> <li>• HHS coordination of SNS w/State EMS Offices. <b>[2.1]</b></li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with the FETIG to develop a conceptual model for providing just-in-time training system support to State EMS Offices. <b>[4.3]</b></li> <li>• Increase grant program support for State and local EMS and 9-1-1 systems to enable just-in-time training, including funding for LMS platforms and other associated costs. <b>[3.1]</b></li> <li>• Create a new State EMS System Pandemic Influenza Preparedness grant program to address pandemic influenza preparedness gaps that are outside of the statutory scope of existing preparedness grant programs. <b>[1.3]</b></li> <li>• Disseminate model legislation and model regulations to States for modifying the scope of practice of EMS personnel during an influenza pandemic and other public health emergencies. <b>[4.5]</b></li> </ul>	<ul style="list-style-type: none"> <li>• Provide a quarterly written status report to TWG.</li> <li>• CDC H1N1 revised guidance for EMS and 9-1-1</li> <li>• Conceptual model for LMS.</li> <li>• LMS platform for just-in-time (JIT) training.</li> <li>• Model legislation and regulations disseminated.</li> <li>• FICEMS meeting on grant program.</li> <li>• Grant program established.</li> </ul>
<b>Mass Casualty Incident (MCI) Triage</b>	Establish a national MCI triage guideline with sufficient specificity to ensure uniformity and interoperability	<ul style="list-style-type: none"> <li>• Continue to work with the CDC's Terrorism Injuries: Information Dissemination Exchange (TIIDE) on revising Sort Assess and Lifesaving Treatment (SALT) guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate national MCI triage guideline into National EMS Education Standards.</li> <li>• Develop Evidence Based Guideline (EBG) process for future changes in MCI triage.</li> </ul>	<ul style="list-style-type: none"> <li>• Update MCI triage guidelines in EMS Education Standards.</li> </ul>

## FICEMS Preparedness Committee: Proposed 2 Year Priorities

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
<b>Mass Casualty Incident Preparedness</b>	Improve EMS response to MCI's.	<ul style="list-style-type: none"> <li>• Monitor and Coordinate with the National EMS Assessment, regarding EMS preparedness.</li> <li>• Continue to monitor the status and FICEMS response to the National Transportation Safety Board (NTSB) report NTSB/HAR-09/01 (Mexican Hat report) recommendation H-09-5 (<i>"Evaluate the system of emergency care response to large-scale transportation related rural accidents and, once that evaluation is completed, develop guidelines for emergency medical service response and provide those guidelines to the States"</i>) with the National Association of State EMS Officials (NASEMSO)/HITS committee, the Institute of Medicine (IOM) and the TWG.</li> <li>• Monitor and comment on the Target Capabilities List (TCL) and the National Health Security Strategy (NHSS).</li> </ul>	<ul style="list-style-type: none"> <li>• Review report of the National EMS Assessment and identify preparedness gaps.</li> <li>• Review recommendations/guidelines of NASEMSO HITS committee concerning the Mexican Hat report recommendation H-09-5.</li> </ul>	<ul style="list-style-type: none"> <li>• Draft recommendations to TWG regarding Mexican Hat report.</li> <li>• Draft recommendations to TWG regarding preparedness based on National Assessment gap analysis.</li> </ul>

# Safety Committee

## Members

Rick Patrick (DHS/OHA), Chair  
Mike Stern (DHS/USFA)  
LCDR Joe Morris (DHS/OHA)  
Gam Wijetunge (DOT/NHTSA)

Dave Bryson (DOT/NHTSA)  
Tina Turgal (HHS/HRSA)  
LCDR Tamara Crawford (DoD)

## Recent Accomplishments and Activities

The Safety Committee has been exploring current safety and health initiatives being conducted throughout the Federal Government. There are various projects ranging from pediatric and general patient safety to vehicle and provider safety and health initiatives. The committee is intent on supporting existing efforts and identifying gaps in both the existing and proposed endeavors and will address the respective gaps.

The committee has reached several milestones identified in the existing 2 year work plan.

1. Developed a FICEMS EMS Safety & Health Position Statement.
2. Developed a process (through DHS OHA and USFA partnership) to perform an EMS responder safety study that will be used to update the existing USFA *EMS Safety Techniques and Applications* document and revise the USFA's *Guide to Developing and Managing an Emergency Service Infection Control Program*.
3. Facilitated a meeting with partnering Federal agencies (DHS, DOT, NIOSH and NIST) to discuss current roles and initiatives to improve ground ambulance safety standards and related testing.
4. Ensured inclusion of EMS safety and health issues in other TWG committee functions.
5. Communicated regularly with the TWG Medical Oversight Committee and the National EMS Advisory Council (NEMSAC).
6. Presented at several meetings, seminars and conferences to promote interagency collaboration on a variety of safety and health topics and issues.
7. Participated in the June 2011 EMS Culture of Safety Strategy National Conference.

### Next Steps:

1. Support and work on existing safety-related projects.
2. Review and analyze applicable safety data from the National EMS Assessment.
3. Maintain proactive involvement with the Culture of Safety Strategy Project.
4. Identify gaps in existing and proposed Federal EMS safety and health initiatives.
5. Develop a revised work plan for the 2012-14 timeframe.

## FICEMS Safety Committee: 2 Year Priorities 2009-2011

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
<b>EMS Provider Safety &amp; Health</b>	Identify key provider safety & health issues.	Develop a TWG recommendation for a FICEMS overarching EMS Safety & Health Position Statement  Solicit stakeholder input.	Develop a report to FICEMS based on stakeholder findings and other data sources.  Develop a process to revise the USFA EMS Safety Techniques and Applications Guide.	Provide quarterly briefings to TWG.  Provide semi-annual report to FICEMS.  A revised EMS Safety Techniques and Applications Guide.
	Ensure inclusion of EMS safety concerns are addressed in TWG committee functions.	Dialog with all TWG committees and NEMSAC.	Monitor inclusion of EMS safety issues in the TWG committee functions.	EMS provider safety & health is fully addressed in the TWG EMS assessment study.
<b>EMS Patient Care Safety</b>	Identify key patient care safety issues.	Develop a TWG recommendation for a FICEMS overarching EMS Safety & Health Position Statement	Develop a report to FICEMS based on stakeholder findings.	Provide quarterly briefings to TWG.
	Identify current benchmarks and indicators.	Obtain stakeholder input on pre-hospital patient care benchmarks and indicators.  Dialog with the TWG Medical Oversight Committee and NEMSAC.	Begin developing national benchmarks and indicators.	Provide semi-annual report to FICEMS.
<b>EMS Safety Data Research</b>	Identify key questions and data sources.	Identify key indicators	Develop a self reporting instrument to be used at the state or local level.	Recommendation to TWG about EMS Safety needs .
	List funding mechanisms for EMS Safety & Health data research.	Explore data availability  Develop SOW for a study of EMS Safety.	Explore funding options for EMS Health & Safety Effectiveness Study.	Published request for application (RFA) for study of EMSS cost effectiveness.

# Education and Workforce Committee

## Members

Mike Stern (DHS/USFA), Chair  
Gam Wijetunge (DOT/NHTSA)  
Dave Bryson (DOT/NHTSA)

Rick Patrick (DHS/OHA)  
Noah Smith (DOT/NHTSA)  
William Northington (DoD)

## Recent Accomplishments and Activities

No report.

## FICEMS Education & Workforce Committee: Proposed 2 Year Priorities 2010-2012

Working Group Focus Area	Objective	Near-Term Focused Goals	Longer Term Focused Goals	Potential Output
<b>Federal EMS Education and Training</b>	Identify education and training programs currently being provided and/or developed by Federal agencies.	Develop a list of EMS education and training created or provided by Federal Agencies.	Develop a report to FICEMS based on findings.	Provide quarterly briefings to TWG.  Provide semi-annual report to FICEMS.
<b>EMS Education Agenda for the Future</b>	Identify opportunities for enhanced Federal collaboration to expedite the implementation of the <i>EMS Education Agenda for the Future: A Systems Approach</i> (EMS Education Agenda) by States.	Obtain stakeholder (State) input on the status of EMS Education Agenda implementation.	Develop a report to FICEMS based on stakeholder findings.  Develop National benchmarks and indicators.	Provide quarterly briefings to TWG.  Provide semi-annual report to FICEMS.
		Obtain stakeholder input on components not identified in the current EMS Education Agenda for the Future.	Develop a report to FICEMS based on stakeholder findings.	Provide quarterly briefings to TWG.  Provide semi-annual report to FICEMS.
		Obtain stakeholder input on other impacts of the EMS Education Agenda for the Future.	Develop a report to FICEMS based on stakeholder findings.	Provide quarterly briefings to TWG.  Provide semi-annual report to FICEMS.
<b>EMS Workforce Agenda for the Future</b>	Monitor implementation of the <i>EMS Workforce Agenda for the Future</i> .	Disseminate uniform EMS Workforce data definitions.	Develop a report, to include recommended actions, for FICEMS.	Provide quarterly briefings to TWG.  Provide semi-annual report to FICEMS.



# Healthcare Reform Ad Hoc Committee

## Members

Andrew R. Roszak (HHS/HRSA), Chair  
Gamunu Wijetunge (DOT/NHTSA)  
Robert Bass (MIEMSS)  
David Boyd (HHS/IHS)  
Frances Jensen (HHS/CMS)  
George Gentile (HHS/HRSA)  
Noah Smith (DOT/NHTSA)

## Recent Accomplishments and Activities

The Health Care Reform Ad Hoc Committee (the Committee) was formed in May 2010 by the FICEMS Technical Working Group (TWG), to address the various issues surrounding the implementation of health care reform. The Patient Protection and Affordable Care Act, Public Law 111-148, offers several opportunities for EMS, including demonstration projects, research opportunities and grant programs.

As approved by FICEMS at the July 2010 meeting, the charge of this ad-hoc committee is to:

1. Draft correspondence from FICEMS to the various agency heads that are charged with health care reform implementation offering information about FICEMS and the assistance, coordination and expertise of FICEMS.
2. Lead an assessment of FICEMS member agency resources available to assist with health care reform implementation.
3. Actively monitor the health care reform implementation efforts.
4. Serve as a resource to FICEMS and TWG members.

Since July 2010, the Committee has actively monitored health care reform implementation activities and sought to leverage opportunities as they arise. The committee will continue to serve in this capacity as a resource to FICEMS and the TWG.



# FICEMS

Federal Interagency Committee on EMS

August 4, 2010

Dr. Nicole Lurie  
U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Preparedness and Response  
200 Independence Avenue SW, Room 638G  
Washington, DC 20201

Dear Dr. Lurie:

As the Chair of the Federal Interagency Committee on Emergency Medical Services (FICEMS), I want to express my strong support for implementation of the Patient Protection and Affordable Care Act (Public Law 111-148).

Section 3504 of the law created a new grant program for the design and implementation of regionalized systems for emergency medical care. This new grant program offers tremendous opportunity for the emergency medical services (EMS) community. EMS is an integral part of the emergency care continuum, and I want to offer the support and assistance of FICEMS as you prepare to implement this vital program.

FICEMS, established in 2005 under Public Law 109-59 (42 USC § 300d-4), is statutorily charged with ensuring coordination among the Federal agencies involved with State, local, tribal or regional EMS and 9-1-1 systems. In addition, FICEMS recommends new or expanded programs for improving EMS, and advises, consults, and makes recommendations on matters relating to the implementation of coordinated State EMS programs.

As our immediate past chair, Dr. Kevin Yeskey, can attest, FICEMS maintains an excellent working relationship with the Office of the Assistant Secretary for Preparedness and Response (ASPR). I am excited about the opportunity for continued partnership that this new ASPR authority brings.

I would be pleased to respond to your questions, or you may have your staff contact Drew Dawson, Chair of the FICEMS Technical Working Group at the National Highway Traffic Safety Administration's Office of EMS. Drew can be reached at (202) 366-9966 or by e-mail at [drew.dawson@dot.gov](mailto:drew.dawson@dot.gov).

Sincerely yours,

David L. Strickland  
Chair, Federal Interagency Committee on Emergency Medical Services  
Administrator, National Highway Traffic Safety Administration  
U.S. Department of Transportation

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer

U.S. Fire Administration

**Department of Health &  
Human Services**

Office of the Assistant  
Secretary for  
Preparedness and Response

Indian Health Service

Centers for Disease  
Control and Prevention

Health Resources and  
Services Administration

Centers for Medicare &  
Medicaid Services

**Department of  
Transportation**

National Highway Traffic  
Safety Administration

**Federal Communications  
Commission**

Public Safety and  
Homeland Security Bureau

FICEMS c/o

Office of Emergency  
Medical Services

1200 New Jersey Avenue, SE

NTI-140

Washington, DC 20590

(202) 366-5440

[nhtsa.ems@dot.gov](mailto:nhtsa.ems@dot.gov)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

NTI-200

Assistant Secretary for  
Preparedness & Response  
Washington, D.C. 20201

AUG 31 2010

EXECUTIVE SECRETARIAT

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17 SEP 2010

David L. Strickland  
Chair, Federal Interagency Committee on Emergency Medical Services  
c/o Office of Emergency Medical Services  
U.S. Department of Transportation  
1200 New Jersey Avenue, S.E., NTI-140  
Washington, DC 20590

Dear Mr. Strickland:

Thank you for your letter of support for implementation of Section 3504 of the Patient Protection and Affordable Care Act (Public Law 111-148), which created a new grant program under the authority of the Assistant Secretary for Preparedness and Response for the design and implementation of regionalized systems for emergency medical care. Bringing the Federal Interagency Committee on Emergency Medical Services (FICEMS) together with the Council on Emergency Medical Care (CEMC) to address the full spectrum of issues relevant to the emergency care enterprise holds great potential. I am greatly encouraged by the hard work and collaboration that continues between our two offices.

As we develop the new grant programs to design and implement regionalized systems for emergency medical care created under Section 3504 of the Act, I will look to FICEMS, the National Highway Traffic Safety Administration and the NHTSA Office of Emergency Medical Services for guidance and leadership. Sustaining our productive partnership will be essential to the grant program's success.

If you have any additional questions or would like to discuss this matter further please do not hesitate to contact CDR Michael Handrigan, Director of the Emergency Care Coordination Center and Chair of the CEMC. He can be reached at 202-245-0715 or by email at Michael.Handrigan@hhs.gov.

Sincerely,

Nicole Lurie, MD, MSPH  
Assistant Secretary for Preparedness and Response



# FICEMS

Federal Interagency Committee on EMS

August 4, 2010

Dr. Donald Berwick  
Centers for Medicare & Medicaid Services  
Office of the Administrator  
7500 Security Boulevard  
Baltimore, MD 21244

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer  
U.S. Fire Administration

**Department of Health &  
Human Services**

Office of the Assistant  
Secretary for  
Preparedness and Response  
Indian Health Service

Centers for Disease  
Control and Prevention

Health Resources and  
Services Administration  
Centers for Medicare &  
Medicaid Services

**Department of  
Transportation**

National Highway Traffic  
Safety Administration

**Federal Communications  
Commission**

Public Safety and  
Homeland Security Bureau

Dear Dr. Berwick:

As the Chair of the Federal Interagency Committee on Emergency Medical Services (FICEMS), I want to express my strong support for implementation of the Patient Protection and Affordable Care Act (Public Law 111-148).

As you are aware, the law established the Center for Medicare and Medicaid Innovation (CMI) and charged it with testing innovative payment and service delivery models. As emergency medical services (EMS) are an integral part of the health care system, I encourage the CMI to consider incorporating models that further explore the delivery, functioning, and funding of EMS. The resources and expertise of FICEMS are at your disposal as you examine EMS delivery models.

FICEMS, established in 2005 under Public Law 109-59 (42 USC § 300d-4), is statutorily charged with ensuring coordination among the Federal agencies involved with State, local, tribal or regional EMS and 9-1-1 systems. In addition, FICEMS recommends new or expanded programs for improving EMS, and advises, consults, and makes recommendations on matters relating to the implementation of coordinated State emergency medical services programs.

I am pleased to respond to your inquiries or your staff may contact Drew Dawson, Chair of the FICEMS Technical Working Group at the National Highway Traffic Safety Administration's Office of EMS at (202) 366-9966 or by email at [drew.dawson@dot.gov](mailto:drew.dawson@dot.gov).

Sincerely yours,

David L. Strickland  
Chair, Federal Interagency Committee on Emergency Medical Services  
Administrator, National Highway Traffic Safety Administration  
U.S. Department of Transportation

FICEMS c/o  
Office of Emergency  
Medical Services  
1200 New Jersey Avenue, SE  
NTI-140  
Washington, DC 20590  
(202) 366-5440  
[nhtsa.ems@dot.gov](mailto:nhtsa.ems@dot.gov)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

SEP 13 2010

7500 Security Boulevard  
Baltimore, MD 21244-1850

Mr. David L. Strickland  
Chair, Federal Interagency Committee on Emergency Medical Services  
Administrator, National Highway Traffic Safety Administration  
U.S. Department of Transportation  
1200 New Jersey Avenue, SE, NTI-140  
Washington, DC 20590

Dear Mr. Strickland:

Thank you for your letter stating your strong support for the implementation of the Affordable Care Act (ACA). As Deputy Administrator of the Center for Strategic Planning at the Centers for Medicare & Medicaid Services (CMS), I am responsible for establishing the Center for Medicare and Medicaid Innovation provided for in Section 3021 of the ACA. The Center for Medicare and Medicaid Innovation (CMI) will test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing quality of care.

I agree that emergency medical services are an integral part of the healthcare system and should be considered as we explore innovations to strengthen the delivery and quality of care under the CMI. Emergency medical services may provide a point of entry into the healthcare system for people with Medicare and Medicaid in times of crisis and opportunities to improve coordination and integration exist.

I appreciate your reaching out to CMS and providing information on the role of the Federal Interagency Committee on Emergency Medical Services and look forward to opportunities to partner in the future.

Sincerely,

Anthony D. Rodgers  
Deputy Administrator  
Center for Strategic Planning

SEP 20 12 47

EXECUTIVE SECRETARIAT



# FICEMS

Federal Interagency Committee on EMS

August 4, 2010

Mr. Gene L. Dodaro  
Acting Comptroller General of the United States  
GAO Headquarters  
441 G Street NW  
Washington, D.C. 20548

Dear Mr. Dodaro:

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer  
U.S. Fire Administration

**Department of Health &  
Human Services**

Office of the Assistant  
Secretary for  
Preparedness and Response  
Indian Health Service  
Centers for Disease  
Control and Prevention  
Health Resources and  
Services Administration  
Centers for Medicare &  
Medicaid Services

**Department of  
Transportation**

National Highway Traffic  
Safety Administration

**Federal Communications  
Commission**

Public Safety and  
Homeland Security Bureau

As the Chair of the Federal Interagency Committee on Emergency Medical Services (FICEMS), I want to express my strong support for implementation of the Patient Protection and Affordable Care Act (Public Law 111-148). I am pleased that health care workforce issues, including those relating to emergency medical services (EMS), are addressed by the law.

Section 5101 of the law creates the National Health Care Workforce Commission within the GAO and directs the Commission to focus their efforts on specific health care workforce issues. Of particular importance to FICEMS, the law requires that the Commission examine, as a high priority, the EMS workforce. The Commission was charged with examining the education and training capacity, projected demands, integration with the overall health care delivery system, and the retention and recruitment of the volunteer workforce at all levels of EMS.

FICEMS, established in 2005 under Public Law 109-59 (42 USC § 300d-4), is statutorily charged with ensuring coordination among the Federal agencies involved with State, local, tribal or regional EMS and 9-1-1 systems. In addition, FICEMS recommends new or expanded programs for improving EMS, and advises, consults, and makes recommendations on matters relating to the implementation of coordinated State EMS programs.

I would like to offer the support of FICEMS to the Commission as it examines EMS workforce issues.

I would be pleased to respond to your questions, or you may have your staff contact Drew Dawson, Chair of the FICEMS Technical Working Group at the National Highway Traffic Safety Administration's Office of EMS. Drew can be reached at (202) 366-9966 or by e-mail at [drew.dawson@dot.gov](mailto:drew.dawson@dot.gov).

Sincerely yours,

David L. Strickland  
Chair, Federal Interagency Committee on Emergency Medical Services  
Administrator, National Highway Traffic Safety Administration  
U.S. Department of Transportation

FICEMS c/o  
Office of Emergency  
Medical Services  
1200 New Jersey Avenue, SE  
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Washington, DC 20590  
(202) 366-5440  
[nhtsa.ems@dot.gov](mailto:nhtsa.ems@dot.gov)



# FICEMS

Federal Interagency Committee on EMS

February 22, 2011

Dr. Bonnie Zell  
Senior Director, Population Health  
National Quality Forum  
601 13<sup>th</sup> Street NW  
Suite 500 North  
Washington, DC 20005

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer  
U.S. Fire Administration

**Department of Health &  
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Health Resources and  
Services Administration  
Centers for Medicare &  
Medicaid Services

**Department of  
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National Highway Traffic  
Safety Administration

**Federal Communications  
Commission**

Public Safety and  
Homeland Security Bureau

Dear Dr. Zell:

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established in 2005 by the Secretaries of Transportation, Health and Human Services and Homeland Security in response to SAFETEA-LU, Public Law 109-59 (42 USC 300d-4). FICEMS is statutorily charged with ensuring the coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems, recommending new or expanded programs for improving emergency medical services (EMS), and with advising, consulting, and making recommendations on matters relating to the implementation of the coordinated State emergency medical services programs.

As you are aware, the National Quality Forum (NQF) is currently engaged in a project focusing on regionalized emergency medical care services. Additionally, developing quality measures for emergency medical care has long been identified as a priority area for FICEMS and we hope that the EMS and 9-1-1 communities will be included as you begin to populate the steering committee providing guidance for the framework. As EMS is an essential part of the emergency medical care system, FICEMS fully supports this effort.

FICEMS, and the FICEMS Technical Working Group, comprised of EMS subject matter experts within the Federal government, would like to offer our assistance as the NQF begins to develop and define a proposed framework for addressing measure gaps.

We greatly appreciate the important work that NQF is undertaking and are hopeful that this effort will foster consensus development projects leading to the endorsement of regionalized emergency care services performance measures.

FICEMS c/o  
Office of Emergency  
Medical Services  
1200 New Jersey Avenue, SE  
NTI-140  
Washington, DC 20590  
(202) 366-5440  
nhtsa.ems@dot.gov



# FICEMS

Federal Interagency Committee on EMS

I would be pleased to respond to your questions, or you may have your staff call Drew Dawson at the National Highway Traffic Safety Administration's Office of EMS which provides administrative support for FICEMS. Drew can be reached at 202 366-9966 and [drew.dawson@dot.gov](mailto:drew.dawson@dot.gov).

Sincerely,

**Department of Defense**

Office of the Assistant  
Secretary of Defense for  
Health Affairs

**Department of  
Homeland Security**

Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer  
U.S. Fire Administration

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**Department of  
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**Federal Communications  
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Public Safety and  
Homeland Security Bureau

Alexander G. Garza, MD, MPH  
Chair, Federal Interagency Committee on EMS  
Assistant Secretary for Health Affairs  
and Chief Medical Officer  
US Department of Homeland Security



# NQF

## NATIONAL QUALITY FORUM

April 25, 2011

Dr. Alexander G. Garza  
Chair, Federal Interagency Committee on EMS  
Assistant Secretary for Health Affairs and Chief Medical Officer  
US Department of Homeland Security  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Dear Dr. Garza,

Thank you for your support and interest in the national Quality Forum's (NQF) Regionalized Emergency Medical Care Services (REMCS) project, a project funded by the Department of Health and Human Services. The project's purpose is to lay the groundwork for the development and implementation of performance measures examining regionalized emergency medical care services.

NQF is pleased in the Federal Interagency Committee on Emergency Medical Services' (FICEMS), interest in this effort expressed in your letter dated February 22, 2011. Specifically, you request NQF consider emergency medical services (EMS) and 9-1-1 communities to serve on the REMCS Steering Committee. As part of the consensus development process, NQF seeks broad representation from experts in relevant fields when impaneling a steering committee, and for this effort, experts from the EMS and 9-1-1 communities, in addition to other relevant stakeholder groups, were specifically targeted. The current list of nominated candidates was posted for public comment, which ended on April 21, 2011; it included numerous committee candidates with first response, 9-1-1 community and EMS expertise. The final list of candidates, subsequent to the

review of all received comments, will be posted on the NQF project page: NQF REMCS Project . Further, as a part of the NQF process, all meetings and conference calls are open to NQF members and the public. We welcome your participation during these meetings and calls.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet M. Corrigan". The signature is stylized with a long horizontal stroke at the beginning and a cursive-like flow.

Janet M. Corrigan, PhD, MBA  
President and CEO

**FICEMS TWG – July 2010 Health Care Reform Ad Hoc Committee Report**  
Submitted by Andrew Roszak

The Health Care Reform Ad Hoc Committee (the Committee) was formed in May 2010 by the FICEMS Technical Working Group (TWG), to address the various issues surrounding the implementation of health care reform. The Patient Protection and Affordable Care Act, Public Law 111-148,,offers several opportunities for EMS, including demonstration projects, research opportunities and grant programs. The Committee has reviewed the provisions of the health care reform law and has identified several sections where national EMS issues and health care reform intersect. The Committee has identified four sections in particular that warrant immediate FICEMS action.

**Section 3504 – Regionalized Emergency Medical Care Systems**

This section transferred 3 trauma related grant programs from the Health Resources and Services Administration (HRSA) to the Assistant Secretary for Preparedness and Response (ASPR). The section also created a new grant program for the design and implementation of regionalized systems for emergency medical care. This section authorized 24 million dollars for each fiscal year 2010-2014, however funds have not yet been appropriated.

**Section 5101 – National Health Workforce Commission**

Section 5101 establishes a 15-person National Health Workforce Commission (Commission), appointed by the Comptroller General, to serve as a resource for Congress. This Commission may seek such assistance and support as may be required from Federal departments and agencies. The Commission is charged with communicating and coordinating with the Department of Health and Human Services (HHS) in developing and offering health care career pathways of proven effectiveness, disseminating information on promising retention practices for health care professionals and communicating information on important policies and practices that affect the recruitment, education and training, and retention of the health care workforce. The law also designates the Commission review, as ‘high priority’, the education and training capacity, projected demands, and integration with the health care delivery system of the emergency medical services workforce, including retention and recruitment of the volunteer workforce at all levels. This Commission shall receive funds as requested through the normal Government Accountability Office (GAO) budget process.

**Section 3021 – CMS Innovation Center**

Section 3021 establishes within the Centers for Medicare & Medicaid Services (CMS) a Center for Medicare and Medicaid Innovation (CMI). The purpose of the CMI is to test innovative payment and service delivery models to reduce program expenditures under the applicable titles while preserving or enhancing the quality of care furnished to individuals under such titles. In selecting such models, the Secretary shall give preference to models that also improve the coordination, quality, and efficiency of health care services. Congress has appropriated 5 million dollars in FY10 for CMI and 10 billion dollars for FY11-19.

### **Section 3013/3014 – Quality Measurement Development**

Sections 3013 and 3014 call for further development of quality measures that can be used as a standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services. Areas where gaps exist or where no quality measures exist are to be identified and addressed. These sections provide additional funding to consensus based, multi-stakeholder groups, for the purpose of developing quality measures and standards. Congress has appropriated 20 million dollars for each fiscal year 2010 through 2014.

#### Recommendations:

1. Regarding the four identified provisions above, a letter should be sent from FICEMS to the various agency heads that are charged with implementation. This letter should provide information about FICEMS and also include an offer to support implementation of health reform by providing assistance, coordination and expertise regarding EMS.
2. The TWG should lead an assessment of FICEMS member agency resources available to assist with health care reform implementation.
3. The Committee should continue to actively monitor the health care reform implementation efforts.
4. The Committee should serve as a resource to FICEMS and TWG members.

#### Committee Members:

Andrew R. Roszak, Chair (HHS/ASPR)  
Gamunu Wijetunge (DOT/NHTSA)  
Robert Bass (MIEMSS)  
David Boyd (HHS/IHS)  
Gina Piazza (HHS/ASPR)  
Frances Jensen (HHS/CMS)  
George Gentile (DHS/OHA)  
Noah Smith (DOT/NHTSA)