



December 12, 2019
2:00 p.m. – 4:00 p.m.
Intercontinental Washington, D.C. – The Wharf
801 Wharf St. SW Washington, DC 20024

FICEMS General Session
Meeting Summary

FICEMS Members in Attendance

Centers for Disease Control and Prevention (CDC)

Michael Iademarco, MD, MPH, Director, Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Department of Health and Human Services (HHS)

Jonathan Greene, Director, Emergency Management and Medical Operations
Rick Hunt, MD, Assistant Secretary for Preparedness and Response (ASPR)
Theresa Morrison-Quinata, Health Resources and Services Administration (HRSA)
Capt. Celissa Stephens, Director, Division of Nursing, Indian Health Service (IHS)

Department of Homeland Security (DHS)

Duane Caneva, MD, Chief Medical Officer
Richard Patrick, US Fire Administration

Department of Transportation (DOT)

James Owens, Acting Administrator, National Highway Traffic Safety Administration (NHTSA)

Federal Communications Commission (FCC)

Michael Connelly, JD

State EMS Directors

Joseph Schmider, State EMS Director, Texas

Federal Communications Commission (FCC)

David Furth, Deputy Bureau Chief, Public Safety and Homeland Security Bureau

FICEMS Staff in Attendance

Department of Defense (DoD)

Elizabeth Fudge, BSN, MPH

Department of Transportation (DOT)

Eric Chaney (NHTSA)
Jon Krohmer, MD (NHTSA)
Gamunu Wijetunge (NHTSA)

Welcome, Introductions, Opening Remarks

James Owens, Chair, Acting Administrator, NHTSA

Mr. Owens welcomed everyone and called the meeting to order at 2:07pm. He thanked the attendees for their work in emergency medical services (EMS) and 911 activities, and welcomed participation from individuals joining the meeting remotely.

Review and Approval of June 26, 2019 Meeting Summary

NHTSA Staff

Dr. Krohmer reported that the submitted meeting minutes captured the substance of the meeting activity and moved to accept the minutes. Mr. Patrick seconded the motion and the minutes were unanimously approved.

National EMS Advisory Council Update

Eric Chaney, NHTSA Office of EMS

Mr. Chaney informed attendees that the next NEMSAC meeting is scheduled for January 14-16, 2020 at the DOT Headquarters (1200 New Jersey Avenue, SE Washington DC 20590). The meeting will be webcast for individuals who cannot attend the live meeting. The first day will include a public session followed by an opportunity for public comment. The second day will consist of a morning meeting session and afternoon subcommittee breakout session, and the third day includes a full day of meetings with the opportunity for public comment. Ms. Montera will be leading a session on neonatal safety in the back of ambulances.

The subsequent NEMSAC meeting is scheduled for April 14-16, 2020 at DOT headquarters.

National EMS Assessment 2020 Update

Kevin McGinnis, NASEMSO

In 2009, NASEMSO began a national EMS assessment to try and characterize how the EMS industry is currently operating. The assessment was in response to requests for an update that were received by NASEMSO. In partnership with NHTSA, NASEMSO developed a set of survey questions that addressed the topics targeted for inclusion in the update including:

- EMS organizations
- EMS professional communications
- EMS response and patient care
- Data systems
- Workforce.

The team compiled the survey responses and submitted a draft report to the NASEMSO executive committee. They are also following up with 25 states to inquire further about specific responses. An amended draft will be submitted to NHTSA by the end of December 2019, and the final report is expected by the end of February 2020. Highlights of the survey responses thus far include that:

- 25% of states report using video to help health care providers in telemedicine
- 35% of states report using telemedicine during the patient care encounter
- > 40% of states report that EMS providers are transmitting patient records to the receiving hospital in advance of their arrival.

Ms. Quinata asked if the survey was sent to EMS offices or to individual EMS providers. Mr. McGinnis clarified that it was sent to state EMS offices.

Update on the Emergency Triage, Treat and Transport (ET3) Model

Ms. Brenda Staffan, Center for Medicare & Medicaid Innovation (CMMI)

Ms. Staffan is the EMS subject matter expert at CMMI and the senior advisor to the ET3 Innovations team. Medicare currently reimburses for ambulance services only when patients are transported to a limited number of covered destinations, most commonly the emergency department (ED), even when a lower acuity, lower-cost setting may more appropriately meet the patient's needs. The aim of the new ET3 model is to realign incentives so that patients receive the right care in the right location at the right time.

Three types of ET3 Model interventions currently exist:

- Standard: transport to a covered destination (e.g., ED)
- Transport to an alternate destination site (ADS): urgent care centers, physician offices, behavioral health centers, etc
- Treatment in Place (TIP): a qualified health care practitioner (QHCP) provides treatment in place either on site or via telemedicine.

Medicare-enrolled ambulance suppliers and providers applied previously through the request for applications (RFA) from May 2018 to October 2019 to become participants in the ET3 Model. CMMI received a robust and diverse group of applicants that represented over 70% of the United States. The ET3 Model team is currently reviewing applications and will announce selections in early 2020. Additional details and answers to frequently asked questions are available at www.CMS.gov, search ET3.

New payments are available under the model and will build on the existing Medicare fee-for-service structure to offer greater flexibility. Payment adjustments also exist for care provided by practitioners between 8pm and 8am and for achievement of key quality measures. Alternative destinations sites are considered "non-participating partners" and must be approved by CMS before participants can transport patients to them. ADS services are billed as usual to Medicare. Qualified health care providers are Medicare enrolled practitioners or a group practice. These practitioners must be approved by CMS before treating patients under the ET3 Model. Claims should be submitted to CMS as usual but should include model modifiers.

Dr. Iademarco asked if the ET3 team was planning to provide more details about expected patient health outcomes. Ms. Staffan responded that the goal of ET3 Model is to triage patients in a patient-centered way and to transport and treat them in a way that is most optimal. The aim is to improve the quality of care, the patient-centered nature of the care, and reduce overall costs. The team will formally evaluate each intervention to examine the impact of the system on outcomes.

FICEMS Revision of the FICEMS Strategic Plan

Eric Chaney, NHTSA Office of EMS

Marc Sigrist, Energetics

Kate Finnerty-Schwartz, Energetics

Mr. Chaney explained that the previous FICEMS Strategic Plan was completed in 2013 and is at the end of its tenure. A process to undertake a complete revision of the FICEMS strategic plan is underway. Energetics has been contracted to develop a white paper that will serve as the foundation for the subsequent development of the strategic plan.

Energetics conducted research about key issues to determine how FICEMS wanted to leverage existing materials on FICEMS activities and the EMS and 911 system. They also engaged a wide range of stakeholders to validate findings from the research to try and reach consensus. They drafted a white paper that articulated progress and the changing FICEMS mission, and established guideposts for the next strategic plan. The draft white paper was provided to the executive committee and the comment period will remain open until December 26, 2019. The final document will be ready for use in January 2020 during the strategic plan development process.

Community Response to Drug Overdose (CReDO) Project

Duane Caneva, MD, DHS

A lack of coordination currently exists between the public health needs around drug overdose and the federal programs in place to respond to the ongoing crisis. Reports of cases in which patients have ingested several different types of pills, including counterfeit fentanyl pills containing lethal doses of opiates, have led to over 50 known deaths in California. The outbreak in overdoses overwhelmed the local and regional resources in California including identified the presence of inadequate quantities of antidote and hospital resources. Law enforcement was unaware of the trend and information was not shared in a timely manner. A communication gap between public health, healthcare and law enforcement exists in the community and resulted in lives lost. No current standard methodology exists for activating disaster or emergency responses for drug overdoses. The CReDO project will examine the best ways to coordinate community and federal responses to these types of crises.

The CReDO project has several goals. It seeks to:

- Integrate medical, law enforcement, and drug prevention efforts to overdose clusters and spikes in the community
- Improve the community response to the current drug over dose crisis and opioid public health emergency
- Align efforts across the Federal interagency and integrate with state, local and private sector partners
- Promote a System of Systems Architecture (SOSA) approach
- Identify and share best practices
- Establish operational views with multiple Lines of Effort (LOE) pursued in parallel.

The program will include law enforcement, EMS, first receivers, emergency medicine physicians, nurses, hospital support staff, medical examiners, toxicology departments, poison control centers, public health services, addiction services, and others. Currently, these community members are not optimally utilized and coordinated across the drug overdose enterprise. This project will also address the need for 24/7 availability of addiction resources.

Coordination of disciplines and linking public health and community management is critical. CReDO is modeled after the active shooter hostile event response (ASHER) standard, but at a national level to bring community, state and national partners together. Legislation may be necessary to overcome existing barriers to information sharing between disciplines, across health care systems and with law enforcement agencies while maintaining patients' civil rights and civil liberties. The group will be launching public awareness campaigns and is requesting public comment on whether or not to continue this program until December 31, 2019 (www.nfpa.org/credo).

Mr. Schmider requested that the group work to coordinate these efforts at the federal level. States receive money and try to implement activities to manage the overdose crisis, but a coordinated effort is very much needed. Dr. Caneva pointed out that programs related to the drug overdose crisis exists

within DHS in the Drug Enforcement Agency (DEA) and the Department of Justice (DoJ). He would like to see a bridge between the work of law enforcement and medical response efforts.

Prehospital Hospital Data Integration Summit

Eric Chaney, NHTSA Office of EMS

Mr. Chaney explained that Dr. David Wade began working on an initiative to integrate prehospital and hospital data approximately one year ago. The goals are to allow the collection, linking, and exchange of standardized health care data between EMS (ePCR) and hospitals, clinics and physician offices (EHRs). Civilian and DoD speakers shared success stories throughout the US in clusters. The group is looking for a national solution to this challenge.

A summit is planned for January 20, 2020 at the JW Marriott Washington DC (1311 Pennsylvania Avenue, NW, Washington, DC 20004) from 8:30 am - 3:30 pm to bring individuals and groups who are involved in the pre- and post-hospital data arena together for dialogue. Currently, 72 invitees have accepted the invitation including:

- State and local authorities
- Professional societies
- Health systems and hospitals
- Health information exchanges
- Private sector companies.

The goal of the meeting is to encourage the development of technology and processes that would enable bi-directional information flow between ePCR and EHRs and to enable routine integration of EMS data and hospital and clinic EHRs throughout the American health system. Federal representatives will attend to gain insight on the exchange of health data and information. Mr. Chaney asked for any additional recommendations for stakeholders or individuals who should attend the summit.

Technical Working Group (TWG) Committee Reports

Mr. Owens explained that much of the work of FICEMS is done at the staff level by the TWGs which are made up of staff from several agencies and other FICEMS members. The TWGs address established FICEMS priorities and work on specific goals during the year targeting each priority.

Evidence-based Practice and Quality

Diane Pilkey, RN, MPH, HRSA

Mr. Wijetunge provided the committee report on behalf of Ms. Pilkey and shared that the group has been working to support the development, implementation, and evaluation of an evidence-based guideline (EBGs) according to the National Prehospital EBG Model Process. In September 2019, the Agency for Health Research and Quality (AHRQ) published a systematic review entitled, *Comparative Effectiveness of Analgesics To Reduce Acute Pain in the Prehospital Setting* (<https://effectivehealthcare.ahrq.gov/products/acute-pain-ems>). The committee will use the document as the basis for the EBG for use by medical directors and EMS managers in EMS protocols. The one to two year process of creating the EBG will begin January 2020. NHTSA has provided funding for the development of reviews that address key questions in EMS care. The committee will embark on a systematic review of prehospital airway management. Currently, a draft of the research questions being used to conduct the literature review are available online for public comment (<https://effectivehealthcare.AHRQ.gov>).

Mr. Wijetunge also shared that the American College of Surgeons (ACS) is planning to review the pre-hospital field trauma guidelines which were last revised more than ten years ago under Centers for Disease Control and Prevention (CDC) leadership. This will be a two-year effort and will include periods for public comment and a presentation to FICEMS in the future. A key goal for the update is to determine which patients should be taken to trauma centers.

State Flex Programs may apply to receive up to \$250,000/year for 3 years to support the implantation of demonstration projects for the creation and sustainment of rural EMS programs. The goal is to improve access to emergency medical care in rural communities.

The committee is also exploring sustainable models of EMS care and is currently collecting data for a set of quality measures that are relevant in the rural setting. Florida, Kentucky, New Mexico and North Dakota have received funding for promoting quality reporting and improvement measures while Arizona, Ohio, South Carolina and Washington will be receiving money for sustainable rural EMS models.

Mr. Schmider asked if the review of the pre-hospital field trauma guidelines is going to make recommendations about where EMS should transport patients? Mr. Wijetunge explained that the focus of the literature review is the categorization of trauma patients. The ASC is planning to set up a technical panel to review the current literature on the topic and draft updated guidelines.

EMS Data Standards and Exchange

Rachel Abbey, MPH, Department of Health and Human Services

Mr. Chaney provided the committee report on behalf of Ms. Abbey. The work of the TWG has focused on the National Emergency Medical Services Information System (NEMSIS) (www.nemsis.org). Ten additional states have reported data to the NEMSIS dataset which account for an additional 5 million data reports bringing the total number of reports to more than 30 million records by the end of 2019. NEMSIS version 3 is complete and approximately 1.5 million records are received every 12 days. Each data point is exposed to 400 data validity rules to assess its quality. Few records have failed the analysis indicating that the submitted data is of high quality. The validity rules and quality assurance processes are continuously amended and improved which has led to a decline in the number of data points failing the analysis. States have submitted more than 45 million EMS patient care reports to NEMSIS.

Mr. Chaney reported that 930 scholarly publications using EMS data in 2019 appeared in a recent google scholar search. One-hundred and nine of the publications directly utilized the NEMSIS database demonstrating how the NEMSIS data is being used to foster improved patient care.

NEMSIS personnel will provide CDC researchers with training in April 2020. The transition to NEMSIS version 3.5 is currently on schedule, however, NHTSA has extended the deadline to submit data into version 3.4 until March 2021 allowing states to transition more slowly from version 3.4 to version 3.5, if desired.

Mr. Schmider highlighted the advantage of extending the timeframe for use of version 3.4. Texas submitted an additional 7 million records to the NEMSIS database due to the extension.

EMS Systems Integration

Theresa Morrison-Quinata, HRSA

Mr. Wijetunge provided the update on behalf of Ms. Morrison-Quinata. Since FICEMS last met in June the TWG has been engaged in 2 activities:

1. Providing comments to a draft revision of an Ebola treatment guidance document for EMS and 911 at the request of the CDC, and
2. Exploring the possibility of integrating the ongoing pediatric readiness project.

Safety, Education and Workforce

Jennifer Marshall, National Institutes of Standards and Technology (NIST), Standards Coordination Office

Ms. Marshall explained that the TWG has been tracking some of the elements of CREDO project. The group is currently working with the University of Colorado on an opioid education campaign for first responders with funding support from the National Institute for Occupational Safety and Health (NIOSH) (via the National Occupational Research Agenda (NORA)). The team is compiling a survey that will go out to the community in Spring 2020 to help identify what is needed to effectively counter the opioid epidemic. Deployment of the campaign is planned for January 2021.

The Federal Emergency Management Agency (FEMA) has funded the Stress and Violence in fire-based EMS Responders (SAVER) efforts. The TWG has been working with Drexel University on these efforts. The goals are to assess the safety culture and to try and mitigate the violence directed against EMS providers. The NHTSA fatigue management project is currently in phase 2. This phase entails implementing phase 1 recommended practices and interventions in the field and assessing their impact. Study enrollment will begin in January 2020. The group has also continued to track progress of the National EMS Education Standards and Nomenclature of the EMS Profession projects.

Federal Agencies and NHTSA Update

Revision of the National EMS Education Standards

Dave Bryson, NHTSA

Mr. Bryson shared that the first draft was circulated for comment in the fall. The development team is creating a second draft, will be circulating it for public comment, and will hold a meeting March 26-27, 2020 in Dallas, TX for additional discussion. The final document is on track for completion by the fall of 2020. (<https://www.ems.gov/projects/ems-education-standards.html>)

EMS Nomenclature

Dave Bryson, NHTSA

The discussion around the term “emergency medical services” and the associated title of EMS providers grew out of the concern by NEMSAC that the multiple terms used to describe EMS confuse the general public, elected officials, the media, health care providers and public safety officers. The council asked the DOT and FICEMS to consider the term “paramedicine” to describe the EMS profession moving forward. Mr. Bryson explained that they held a live meeting and 2 teleconferences in March 2019 with approximately 30 EMS organizations to discuss nomenclature and terminology. The stakeholders did not reach a consensus but the discussions were captured in a summary document that will be available to the public in the Spring of 2020. The topic will be revisited in the future.

Field-Trauma Triage

Mr. Gam Wijetunge, NHTSA

Mr. Wijetunge recapped his previous committee report and shared that the American College of Surgeons (ACS) is planning to review the pre-hospital field trauma guidelines. The committee will provide relevant supporting documents to the ACS as they work on the guideline. The ASC is considering the following systematic reviews:

- Physiologic predictors of injury
- Glasgow coma scale
- Research protocols on effective health care quality.

NEMSIS Update

Eric Chaney, NHTSA

Mr. Chaney provided no further comments beyond his earlier update on NEMSIS.

Pediatric Preparedness

Kathleen Brown, MD, Children's National Hospital

Dr. Brown summarized the National Pediatric Readiness Project which has the goal of ensuring high quality emergency care for all children. The three phases of the project include:

1. Phase 1: the 2013 National Self-Assessment of pediatric preparedness
2. Phase 2: Various quality improvement efforts and resource development (P-D-S-A)
3. Phase 3: the 2020 National Reassessment which is in development and anticipated in January 2020.

She presented results of the National Assessment which was administered to 5,017 ED managers nationwide (Gausche-Hill M, et al. *JAMA Pediatr.* 2015;169(6):527-534). The overall response rate was 82.7%, and respondents were provided with their preparedness score, the national average and the average score from hospitals with similar pediatric volumes. Feedback was provided on each area of the assessment, areas that needed improvement and information about how to access the online/open access Pediatric ED Readiness Toolkit. The process to revise the current toolkit began in 2019.

The Pediatric Readiness Quality Collaborative is working on national quality improvement (QI) efforts in 17 states to improve state and regional pediatric ED readiness. Researchers have utilized the database to examine structural and process changes and identified decreased mortality rates in three states compared to states with lower pediatric readiness scores.

The Prehospital Pediatric Readiness Steering Committee is developing an assessment to capture the current state of prehospital pediatric care. The goal is to improve pediatric emergency outcomes in the prehospital environment at the local, state and regional level. The anticipated roll-out is sometime in 2020. The steering committee is also planning to create and roll out a national electronic assessment with GAP analysis in 2024.

The EMS for Children Data Collection 2017-2018 contacted over 11,000 EMS agencies to evaluate call volumes and other pediatric related data. The response rate was 79.2%. Eighty percent of EMS agencies see fewer than 8 patients per month, and only 22.9% had a Pediatric Emergency Care Coordinator (PECC). Since that time the number of PECCs has continued to rise steadily and exceeded the goal of 50% in March 2019.

Mr. Owens added that part of the FICEMS mission is to examine emergency response vehicle (ERV) safety. First responders are driving in dangerous conditions every day. In 2018, 46,000 crashes involving ERVs were reported resulting in the loss of 200 lives. Approximately 5% of all ERVs are

involved in crashes every years. NHTSA would like to partner with the EMS community to make ERVs safer. Currently, ERVs rely sole on sirens and lights to alert those around them. Technologies exist today in personal vehicles that could help reduce the number of incidences and should be considered in ERVs including:

- Automatic emergency braking
- Wireless technologies that could communicate with passenger vehicles in a smart infrastructure.

NHTSA is planning to meet with other stakeholders in the ERV community to explore how best to improve ERV safety.

Public Comment (15 Minutes)

James Owens, Chair

Mr. Owens addressed the attendees and opened the floor for public feedback.

Mr. Bill Seifarth, executive director of the National Registry of Emergency Medical Technicians (EMTs) expressed the organization's continued support of advancing the technology available to EMS providers and highlighted its ongoing involvement with NEMESIS. He is also hopeful that all EMS professionals will obtain a national EMS identification number. He also shared the group's interest in collaborating on operational organization and feel that many opportunities exists to strengthen the relationship between FICEMS and the National Registry of EMTs.

Mr. Schmider thanked Mr. Seifarth for his comments and acknowledged the strong support the National Registry provided for the EMS Compact.

Mr. Schmider also pointed out that the November 2013 Drug Supply Chain Security Act will have a major impact on rural EMS providers when it goes into effect at the end of 2019. Many major drug manufacturers have stopped supplying small quantities of drugs. Many medications on ambulances will only be available in large quantities, and the Act makes it illegal to break up a package into smaller quantities. Rural EMS providers will need to purchase large quantities of medications, which is much more than they need or will use within the drug's expiration date.

Dr. Krohmer acknowledged Mr. Schmider's service on the committee since 2013. He shared that today will be Joe's last meeting and wanted to thank him publicly for his contributions.

Adjourn

Mr. Owens adjourned the general meeting at 3:50 pm.