November 19, 2019

Pre-Hospital and Hospital Care: Integration of Standardized Emergency Medical Services Data into Hospital and Clinic Electronic Health Records

PURPOSE: The purpose of this meeting is to improve emergency system outcomes in the American health system by promoting the integration between standardized Emergency Medical Services (EMS) (electronic Patient Care Record – ePCR) and hospital and clinic electronic health records (EHR).

PROBLEM STATEMENT: The inability to routinely collect, link, and exchange standardized health care data between EMS (ePCR) and hospitals, clinics, and physician offices (EHRs) limits necessary bi-directional information exchange and hinders systematic analysis of treatment activities in these important locations of care delivery.

GOAL: To encourage the development of technology and processes to enable bi-directional information flow between ePCR and EHRs and to routinely integrate EMS data and hospital and clinic EHRs throughout the American health system.

DESIRED OUTCOMES: To improve emergency system performance and enhanced survival from acute illnesses and injury.

DISCUSSION: The United States health system is composed of vastly different institutions, each with its own mission, resources, and restrictions. The pre-hospital EMS system and hospital/clinic patient care system is fragmented and disconnected by differing documentation processes, structures, and practices

To realize optimal benefits, there must be the ability to systematically and routinely have bi-directional information flow between ePCRs and EHRs. Such capability will lead to integration of standardized pre-hospital data and the hospital and clinic EHRs. At the present time, such interoperable capability does not exist throughout most of the nation. Typically, EMS personnel provide Emergency Department staff with an oral debrief and either a paper or an electronic (PDF) patient care report that variably provides information concerning pre-hospital care. In addition, EMS clinicians are not able to receive routine health care system data.

The struggle to obtain optimal benefit from data use is compounded by the ongoing evolution our emergency care system. There are currently three EMS Use Cases for health information exchange, which include the day-to-day EMS operations, mobile integrated health care and community paramedicine and emergency preparedness. (https://www.healthit.gov/sites/default/files/IssueBrief-NationalEMS_Use_Cases.pdf) The Center for Medicare & Medicaid Services (CMS) recognizes this ongoing evolution in emergency care and has created a five-year pilot payment model, Emergency Triage, Treat, and

Transport (ET3) Model (https://innovation.cms.gov/initiatives/et3/), which involves EMS providers assessing and providing services that may result in care delivered on scene with no transport, transport to a clinic/physician office, or a hospital emergency department. Standardized and routine bi-directional information flow between ePCRs and EHRs is crucial for this paradigm to function and to improve acute care performance and outcomes.

RESOURCES:

- Value Proposition: Health Information Exchange and Emergency Medical Services
- Value Proposition: Emergency Medical Services and Health Information Exchange: What do you need to know?
- State and Community Profiles: Emergency Medical Services (EMS) Data Integration to Optimize Patient Care: the Search, Alert, File, and Reconcile (SAFR) Model of Health Information Exchange

MEETING: To address these issues, the Federal Interagency Committee on Emergency Medical Services (FICEMS) in cooperation with the Department of Health and Human Services (DHHS), Office of the National Coordinator (ONC) and the Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA) Office of Emergency Medical Services is sponsoring a Pre-hospital/Hospital Data Integration Listening Session Summit. During this day-long event (8:30 AM to 3:30 PM), federal representatives intend to listen and gain insights from state and local authorities, professional societies, health systems, hospitals, health information exchanges, and private sector companies on the exchange of health data and information.

The Summit will focus on the routine bidirectional integration of pre-hospital EMS data and hospital and clinic EHRs. Topics to be presented and discussed include pre-hospital data collection; ePCRs; hospital data collection; EHRs; national emergency use cases; and health information exchanges.

The Summit will occur on Wednesday, 29 January 2020, at the JW Marriott Washington, DC, (1331 Pennsylvania Avenue, NW, Washington, DC 20004) from 8:30 AM to 3:30 PM. The Listening Session Summit will occur on the day following the ONC Annual Meeting, at the same location.