

National Emergency Medical Services Advisory Council

The Performance Institute
901 New York Avenue, NW, Washington, DC
September 5-6, 2013

Meeting Minutes

These minutes, submitted pursuant to the Federal Advisory Committee Act (FACA), are a summary of the discussions that took place during the National Emergency Medical Services Advisory Council (NEMSAC) meeting on September 5-6, 2013.

Members in Attendance

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| Katrina Altenhofen | Dennis Eisnach | Nick Nudell |
| Leaugeay Barnes | Kyle Gorman | Daniel Patterson |
| Manuel Chavez | Michael Hastings | Aarron Reinert |
| Arthur Cooper | Thomas Judge | John Sinclair |
| Carol Cunningham | Jim McPartlon | Scott Somers |
| Patricia Dukes | Terry Mullins | Gary Wingrove |

Federal Representative in Attendance

Drew Dawson, Designated Federal Official

DAY 1—THURSDAY, SEPTEMBER 5, 2013

Call to Order and Introductions

Aarron Reinert, Chair of the NEMSAC, called the meeting to order at 8:00 a.m., EST. He asked the NEMSAC members to introduce themselves, and then asked the other meeting attendees (from the public) to introduce themselves.

Approval of Previous Meeting Minutes, Disclosure of Conflicts, and Opening Remarks

Mr. Reinert asked the NEMSAC members to consider approval of the minutes of the previous meeting (May 16-17, 2013). The motion was made by John Sinclair and seconded by Scott Somers. The motion to approve the May meeting minutes was carried with a unanimous vote.

Drew Dawson asked the members to disclose any real or potential conflicts of interest, noting that conflicts do not preclude membership or engagement in discussions in general but can indicate a need to refrain from taking part in discussions of certain projects. The rules from the code of conduct regarding conflict of interest stipulate that each member consider the following questions:

- Do you work for a company that directly or indirectly contracts with the National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT), or any member agency of the Federal Interagency Committee on Emergency Medical Services (FICEMS)? If so, under what contracts and projects?
- Do you benefit financially from NHTSA, DOT, or any FICEMS member agency?
- Are you on a board of directors or in a position of influence at any national organization that does business with NHTSA, DOT, or any FICEMS member agency?
- Are there any other real or potential conflicts of interest you would like to discuss?

Kyle Gorman, Vice-Chair of the NEMSAC, stated that his organization has applied for grants from the Department of Homeland Security (DHS). Mr. Sinclair stated that he was asked to serve as a subject matter expert on a contract to develop a training course for the National Fire Academy (likely not a conflict). Dr. Somers stated that he too is working on the project for the National Fire Academy. Terry Mullins stated that his office has a small grant from the National Association of State EMS Officials (NASEMSO) relating to the evidence-based protocols project. His office also has NHTSA section 401 grants. The other members stated that they had no conflicts of interest or changes in status since the previous NEMSAC meeting.

Mr. Dawson noted that he serves as the Designated Federal Official for the NEMSAC. He thanked the members for attending the meeting and for the council work that they have conducted during the past months. He encouraged the meeting's public attendees to participate during the public comment periods. He noted the progress of the NEMSAC's work during the past years, which has proceeded slowly and deliberately and with public input. He mentioned that during the upcoming winter months, the first phase of a FICEMS strategic planning process will be completed. The activities during the next couple of years will help to define the relationship between NEMSAC and FICEMS, with NEMSAC providing input to FICEMS. As an example, the NEMSAC Process Subcommittee has been working to simplify and clarify a method by which NEMSAC can make recommendations.

Mr. Reinert also thanked the NEMSAC members and public representatives for attending. He reported on a discussion with members of FICEMS, in which they indicated a strong interest in the work of NEMSAC and a desire to partner. The FICEMS chair encouraged the NEMSAC to develop a small list of topics/projects that the federal government should target. Reflecting an interest by FICEMS, Mr. Reinert encouraged the NEMSAC members to consider ways in which the government can make issues actionable and measurable.

Mr. Reinert noted that NEMSAC is in the midst of a 2-year-appointments period, during which the current members can achieve results. The council must ensure that all voices are heard. Echoing Mr. Dawson's comment, Mr. Reinert noted that work of the Processes Subcommittee has been proceeding slowly and deliberately. The measured pace has helped to ensure the participation of the public. Mr. Reinert encouraged the NEMSAC members to remind themselves of the program's core values—to be visionary, strategic, and diligent—as they perform the council work.

Federal Partners Update

Mr. Dawson noted that federal EMS initiatives extend far beyond the purview of the NHTSA. Other agencies have missions that involve EMS.

Department of Transportation (DOT)

Keith Williams, of the Federal Highway Administration (FHWA) Office of Safety, spoke about the Highway Safety Improvement Program to reduce fatalities and serious injuries on all public roads. The FHWA would like the NEMSAC to become involved. The FHWA is supporting the development of data-driven strategic highway safety plans in the states. The Office of Safety is supporting comprehensive efforts in the states, featuring high-level goals, strategies, and objectives and state planning. It recognizes that safety involves engineering, enforcement, education, and EMS. It is developing a resource Web site for EMS professionals and state highway safety professionals. The office also has been engaging in performance management activities (targets, measurements), which are required for all federal highway programs. Mr. Williams emphasized that there are opportunities for NEMSAC and FHWA to work together.

Mark Kehrli, of the FHWA's Office of Transportation Operations, described his office's areas of concentration, which include traffic incident management (TIM), a program that directly impacts EMS response. He noted other offices and described the FHWA's vision and strategic plan for TIM. He focused on efforts in professional capacity building, featuring a train-the-trainer workshop program (the National Traffic Incident Management Training Program), which has reached about half of the states so far. The program participants develop action plans for their communities. The FHWA hopes to have training in every state by 2014. Mr. Kehrli presented a promotional video for the training program and stated that the program is a first step in a dialogue with the EMS community.

In response to a question about dealing with ambulance crashes, Mr. Kehrli stressed the importance of his training program's effort to identify people who have the support of management. One challenge is to engage a diverse group.

Department of Homeland Security (DHS)

William Seifarth, from the DHS Office of Health Affairs, described progress on issues of domestic preparedness and noted a contract with NASEMSO to address challenges facing the EMS community. The contract focuses on practical actions at the state and local levels. DHS continues to support,

through the Federal Emergency Management Agency (FEMA), efforts to ensure that EMS has a voice and to strengthen community paramedicine. DHS is working to improve interoperability of law enforcement and EMS and is engaged in a campaign (the Blue Campaign) to combat human trafficking. The DHS Web site has information and resources relating to the Blue Campaign.

Michael Stern, of FEMA's National Fire Academy, reported on updates in the program's courses, in particular, concerning EMS. He encouraged the council members to advertise the fire chief training program to potential students. The training classes are free. The program also is looking for new instructors.

Department of Health and Human Services (HHS)

Elizabeth Edgerton, M.D. of the Health Resources and Services Administration discussed HRSA's EMS for Children program, which features collaboration across Federal agencies. The National Pediatric Readiness Project focuses on optimal emergency department care for all children. The Hospital Preparedness Program, focusing on disaster response, also features pediatrics and collaborations.

A council member encouraged Dr. Edgerton to consider increasing support for training in data research regarding EMS.

Gregg Margolis, of the Office of the Assistant Secretary for Preparedness and Response (ASPR), stressed the role of bystanders in emergency events. He encouraged the council members to download apps relating to disasters and emergencies from the ASPR Web site [www.phe.gov]. He noted that his office focuses on policies regarding hospital preparedness, encouraging health care coalitions and involving EMS. The office is working with the CDC's National Center for Injury Prevention and Control to address issues of bystander preparedness. HHS and DOT also recently published a draft analysis of potential cost savings associated with the transport of patients by EMS to the most medically appropriate destinations. The office has asked for comments from the EMS community. Other current activities at ASPR include Project Bioshield (funding for medical countermeasures in the national strategic stockpile) and support for the rollout of health care insurance marketplaces.

A council member noted that coalitions must be built on a foundation of education in disaster response and thought that perhaps the NEMSAC can serve to influence education in disaster response.

EMS Response to Active Shooters and IEDs

Mr. Seifarth described efforts by DHS to improve responses to events such as mass shootings and the use of improvised explosive devices (IEDs) by working with various agencies and stakeholders. A February 2014 stakeholder engagement meeting in Washington will focus on the issues and feature panel discussions and presentations. Nongovernmental stakeholders in EMS, fire, and law enforcement and representatives from the Department of Defense (DoD), Department of Justice, DOT, DHS, ASPR, and more will be present. Topics to be addressed include hemorrhage control,

personal protective equipment, interoperability in management, and procedures/placement of EMS personnel. The meeting will be the first of several meetings to take place during the next few years. DHS will support an “EMS Today” panel conference on February 5.

Dr. Somers suggested that the DHS meeting planners consider inviting experts from Israel, who have experience in such medical emergencies. Nick Nudell asked whether anyone knew the number of patients that die because of a lack of tourniquets. Such data seem to be lacking. Arthur Cooper stated that, regardless, tourniquets have a clear role as first choice in treatment for some cases. Nuances relating to various types of harm should be discussed.

Carol Cunningham cited a need for EMS resources that address home-grown terrorism. Mr. Sinclair pointed out that EMS has not been consulted when changes in planning for events have been made. EMS should be part of the conversation, offering advice. Perhaps NEMSAC could create a subcommittee devoted to aiding such discussions.

Dennis Eisnach proposed that police have EMS partners when they approach events. Dr. Somers cautioned that EMS personnel are not combat medics. Mr. Mullins suggested that special training be applied to EMS personnel. A NEMSAC subcommittee might be helpful, creating guidelines.

Mr. Gorman stressed that the NEMSAC is tasked with advising about strategies rather than tactics. Many points being made in the discussion refer to tactics and policies. Other organizations are addressing such details. Mr. Nudell and Mr. Sinclair agreed that the NEMSAC should not go to such a level of focus. Perhaps a subcommittee could serve to make recommendations to federal partners.

EMS Workforce Guidelines

Dia Gainor of the National Association of State EMS Officials (NASEMSO), provided an overview of a new document on EMS workforce issues, called the Emergency Medical Services Workforce Planning and Development Guidelines for State Adoption. It will be published soon. The document, funded by NHTSA, provides guidance for the states in areas such as valuable data, resource challenges, and engaging state workforce agencies. It describes an EMS workforce agenda that includes the following:

- Acquire workforce data elements
- Engage local EMS agencies
- Engage state workforce agencies
- Credential EMS educators
- Obtain educational and institutional data
- Understand the EMS education pipeline
- Quantify a population actively functioning in a paid or volunteer capacity
- Understand the EMS workforce demand
- Separate military and spouses

- Maintain a healthy EMS workforce.

The document developers are incorporating comments into the draft. The final document will be presented at two upcoming national meetings and eventually will be made available online. Ms. Gainor encouraged the NEMSAC members to become familiar with the document upon its release.

White House Forum on Military Credentialing and Licensure – EMS

Marion Cain of the DoD reviewed issues in credentialing and licensing of military personnel in health care support. The challenge of unemployment among veterans might be mitigated by closing gaps in the requirements for training and credentialing between the military and civilian sectors. National certification agencies and state/local licensing agencies do not always recognize equivalent military training and experience. A White House task force was convened to examine issues of credentialing, including credentialing of military medics. About 75,000 service members have medical skills, and about 10,000 of those move out of the military each year. Their training is extensive. Many EMT jobs are available, but with lower salaries. Current efforts by the DoD include a pilot program to identify military specialties that transfer readily to high-demand jobs and to address gaps in training programs, planning for additional white house roundtables, and national outreach to state stakeholders.

Discussion

Patricia Dukes noted the PERCOM program of online education in EMS. It is based in Texas and features online courses in EMT, leading to certification.

Mr. Dawson stressed that the issue of credentialing military personnel is a White House priority. A main obstacle is a belief, by employers and academia, that the military veterans do not have appropriate training for EMS. Manuel Chavez wondered whether the military EMT training is conducted in-house. It is—there is a program in San Antonio at Fort Sam Houston. Mr. Cain stated that outreach to inform employers about the unique behaviors and skills of veterans is underway. There are significant differences between military and civilian training and skills.

Emerging Issues White Papers

Cathy Gotschall, of NHTSA, introduced each speaker for four ongoing projects to develop analytical documents, or white papers, that focus resources on specific issues that have historically been overlooked.

Pre-Hospital EMS as a Public Good and Essential Service

Jonathan Tucker, Ph.D., of the National Academy of Public Administration, reviewed the draft white paper created for the NHTSA that explores the characteristics of pre-hospital EMS as a potential essential service. The white paper project is an exploratory study featuring a variety of analyses focused on two aspects—EMS as a public good (defined in a technical way) and EMS as an essential

service. It describes economic definitions of public good, common good and other qualities, fitting EMS into a technical scheme of economic theory.

Dr. Tucker described how EMS tends to be effectively non-excludable, that is, it features, because of public expectations, difficulty in excluding nonpayers and nonurgent cases. That fact leads to difficulties in financing. How can overuse of EMS be avoided? How can degradation of the EMS quality be avoided? The nature of EMS makes funding through taxation preferable. An EMS system capable of responding to calls on demand potentially benefits all citizens. If all EMS units are busy, they cannot respond in a timely way to additional calls (thus becoming “rival”). The marginal cost of adding capacity to ensure that systems can respond to increasing numbers of calls during peak periods is high. The white paper analysis indicates that EMS systems are best understood as a common good rather than a public good. Dr. Tucker stated that, although the idea of an essential service has not been well defined, EMS satisfies two working definitions of an essential service. Three states have identified EMS as an essential service by statute.

Discussion

Thomas Judge asked about international efforts to define public good and essential services. Dr. Tucker noted again that the analysts for the paper were able to identify only two working definitions of essential services. The NEMSAC members expressed interest in further discussing the paper prior to completion and publication. [*See below.*]

Research in Pre-Hospital Care: Models for Success

E. Brooke Lerner, Ph.D., of the Medical College of Wisconsin, reviewed the white paper on history and models of research in pre-hospital care. Research in EMS began to be formalized in the 1970s, and clinical trials have arisen slowly in recent decades, with increases very recently. Dr. Lerner explained that the white paper was developed from interviews with investigators in clinical trials. Goals were to determine how investigators conduct successful trials of pre-hospital medicine and how EMS systems might develop capacity to conduct such research. The project considered barriers to research, what works, and what does not work. The interviews and investigation found barriers to EMS clinical trials in the following areas: funding, ethics approval, data collection, protocol training, compliance, randomizing and blinding of interventions, obtaining outcomes, staffing, and partnering with EMS agencies. Dr. Lerner provided examples of those barriers and stressed that none are insurmountable. The white paper concludes that studies should be engaged when they align with community values. Investigators should develop open relationships/collaborations with the community. That can be time-consuming and expensive. Training and quality-improvement aspects also are expensive. EMS research will expand and improve in quality as investigators learn from other researchers.

Efficacy of Pre-Hospital Application of Tourniquets and Hemostatic Dressings To Control Traumatic External Hemorrhage

David Snyder, Ph.D., of the ECRI Institute, reviewed his organization's systematic literature review and evidence assessment regarding pre-hospital use of tourniquets and hemostatic dressings to control hemorrhage. This is a literature review and synthesis rather than a white paper. The ECRI Institute features an evidence-based practice center—one of 11 evidence-based practice centers designated by the Agency for Healthcare Research and Quality, of HHS, to provide such analyses. Dr. Snyder presented reasons for conducting such a review—for example, the large number of deaths from traumatic injuries and the large number of deaths resulting from road injuries. An analysis of death rates during the years 2002–2005 found a 2.8-percent death rate for patients with an isolated lower extremity trauma with arterial component. Evidence from U.S. military experiences in Afghanistan and Iraq has emphasized the potential to prevent deaths by having better pre-hospital control of external hemorrhage.

Dr. Snyder reviewed the key questions developed by the investigators conducting the literature search and used in the search to identify relevant published research. These included—What is the effect of tourniquet use, with or without external wound pressure, on limb salvage, hypovolemic shock, survival, and adverse effects, compared with external pressure alone or other non-tourniquet interventions? In trauma patients with junctional hemorrhage who are treated in the pre-hospital setting by EMS personnel, what is the effect of junctional tourniquet use with or without external wound pressure on limb salvage, hypovolemic shock, survival, and adverse effects? Dr. Snyder noted the investigators' use of inclusion criteria for the literature review, their attention to the various strengths of the evidence base, and their consulting with subject-matter experts. He stated that the evidence synthesis is nearly complete.

Nels Sanddal, Ph.D., (on the telephone from Chicago), noted that evidence-based guidelines and recommendations for pre-hospital external hemorrhage control are being developed by the American College of Surgeons. The development is featuring the use of an expert panel and the systematic review of the literature and its synthesis. Initial discussions of the panel will be concluded at a face-to-face meeting in Washington in early October. That will be followed by the drafting of the guidelines and publication in a peer-reviewed journal.

Emerging Digital Technologies for EMS and 911 Systems

Benjamin Schooley, Ph.D., of the University of South Carolina, reviewed the white paper on emerging digital and mobile technologies and software applications as they are applied in pre-hospital EMS environments. The paper features reviews of the literature and best practices, analyses, and a presentation of findings, including the following:

- Digital technology capabilities have caught up with descriptions provided in the EMS agenda for the future.
- Progress in the five information-systems goals set out in the EMS agenda has been made, yet key considerations need expansion.

- Technology developments are occurring across the continuum of EMS care, although gaps remain.
- A common integrated view of the role of EMS enables the design of technologies that support its mission, goals, and objectives.
- Strengthening digital capabilities across the EMS continuum of care would lead to operational and health benefits.
- Technology enables innovative EMS delivery models, yet existing business models and policies limit the role of technology in improving EMS.
- A new generation of skills will be valuable for planning, implementing, and managing EMS information systems.

Dr. Schooley noted that the white paper will describe achievements in mobile systems, data collection and big data, infrastructure, cloud computing, the use of social media, and more. Thomas Horan, Ph.D., of Claremont Graduate University, stressed the idea of EMS as a transportation mode. EMS is on the road and consideration must be given to the safety of EMS itself. Dr. Horan cited the white paper's call for the development of a business ecosystem for EMS. What is the investment environment? Can health care reform cause cost savings? How might technology help? The white paper features conclusions in areas including the following:

- The importance of enabling technologies and diverse sources of information across the EMS continuum of care
- A focus on care transition points—better hand-offs for continuity of care
- Standards and protocols for continuum of care integration and mobile devices and apps
- The implications of EMS and meaningful use
- Framing EMS as a transportation mode
- Opportunities for big data intelligence and applied research
- EMS training and education modalities.

In discussion, the NEMSAC members raised the issues of privacy in data transmission and the integration of EMS data into the larger health care system. They agreed that technology has not created cost savings at this point in time—new systems are expensive. Mr. Mullins encouraged the white paper developers to consider a retrograde flow of health outcome data to EMS systems. Mr. Reinert stated the need for EMS to access broadband Internet capabilities.

Further Notes on the White Papers

Mr. Dawson noted that the white papers were independently commissioned and will be useful to NEMSAC, NHTSA, and other federal agencies. They are not “NEMSAC documents.” Mr. Dawson stated that the NEMSAC members would be given copies of the drafts of the “Essential Services” and “Pre-Hospital Care Research” papers, so that they could be read overnight and discussed during the second day of this meeting. The NEMSAC members suggested that they would have more to say about the paper dealing with the public good and essential services. They expressed concerns about the paper's focus on a tight technical definition of “public good.” [See below.]

Subcommittee Presentations and Discussions

Four of the NEMSAC subcommittees provided brief updates on their activities.

Subcommittee on Improving Internal NEMSAC Processes

Mr. Gorman reported that members of the Processes Subcommittee convened by conference call a number of times in the past few months. They addressed the draft NEMSAC process document, which features clarification of NEMSAC roles and the conduct of meetings. A document on parliamentary procedures will be attached to the process document. Mr. Gorman stated that, in light of the shift of the NEMSAC's status to that of a statutory committee, the Process Subcommittee seeks input from the council about structure and meeting methods—for example, in conducting subcommittees. What outputs of the council are important? What is the role of the council in setting the agenda? How should subcommittees be created? Mr. Gorman noted that statements in the background document referring to the council as a “subcommittee of the whole” were removed. He called for discussions by the council of methods for prioritizing projects and for approving and prioritizing recommendations produced by the subcommittees.

In discussion, the NEMSAC members expressed concern about the process document's elimination of a letter-writing template for the council. Responses to NHTSA inquiries, for example, ought to be allowed. Mr. Gorman explained that the activity will still be allowed for time-sensitive inquiries. However, it will be important to obtain public input in the letter-response process. Another change indicated in the process document is the requirement to address core values of the council when engaging in advisory activities. The council does not have the authority to draft position statements. It is tasked with providing advice and making recommendations to DOT and FICEMS.

Subcommittee on the EMS Agenda for the Future

Ms. Dukes reported that the Agenda Subcommittee conducted one conference call. The subcommittee is tasked with discussing the 1996 EMS Agenda for the Future, considering a national vision document for EMS systems, and considering the role of the federal government.

Subcommittee on the Patient Protection and Affordable Care Act (PPACA)

Mr. Sinclair reported that the PPACA Subcommittee conducted one conference call. Its members recognized that the PPACA is still evolving. Therefore, the subcommittee should stand for a few years. The subcommittee will be considering not only how people will operate under the health care act, but also how the act will affect EMS employers. Mr. Sinclair encouraged the NEMSAC members to revisit the statements by the finance committee about financing systems and to read the DOT/HHS Innovations in EMS white paper (still in draft form).

Subcommittee on the Education Agenda for the Future

Dr. Cooper reported that the Education Agenda subcommittee has not yet met. A document regarding potential directions has been circulated to the members. The subcommittee members will be considering a process for implementing changes in the education agenda and a process for making requests for input to national stakeholder organizations and the EMS community regarding agenda updates.

Public Comment

Don Lundy, of the National Association of Emergency Medical Technicians (NAEMT), reported on the following projects for the NAEMT:

- The Field EMS Bill received the endorsement of the Emergency Nurses Association.
- The NAEMT released its fitness guidelines and will be releasing, in 2014, an inexpensive initiative on exercise and physical fitness for all departments.
- The eighth edition of the Pre-Hospital Trauma Life Support (PHTLS) course will be released in 2014.
- In July 2013, the NAEMT released an online course for Advanced Medical Life Support.
- NAEMT has completed development of the Principles of Ethic and Personal Leadership Course for EMS leaders.
- An online component of the NAEMT instructor course is nearing completion.
- A trauma symposium will be held during the week following this meeting.
- NAEMT will partner with the American Automobile Association to create a scholarship program.
- National EMS Managers and the American Academy of Pediatrics have signed collaboration agreements.
- The PHTLS committee created a tactical course for law enforcement and first responders to train in first-response capabilities.
- NAEMT has a new Facebook page.

Mr. Lundy encouraged the NEMSAC to help improve the relationship between fire and EMS. Asked about ways in which the NEMSAC might create greater public engagement, Mr. Lundy suggested focusing on distributing information to the national organizations and using Facebook.

Margaret Fowke, of the National Weather Service (NWS), reported her organization's interest, and that of the broadcast meteorology community, in working with the NEMSAC. Perhaps there are ways in which the groups can partner to reach out to the public. The NWS is interested in learning of the top 5 weather concerns of the EMS community. It is developing a storm-ready program and would appreciate any input from the NEMSAC.

Graham Munro, of Latrobe University, Australia, provided a brief overview of the EMS program in Australia. The systems serve 23 million people. Each Australian state (there are six states and one territory) has a single fire service, a single police service, and a single ambulance service. Most are

divisions of the Ministry of Health. Funding is by the government and the users. Minimum requirement for a paramedic is an undergraduate degree. One national group is spearheading an effort toward national registration of paramedics. Paramedics work within clinical practice guidelines. The medical community serves on an advisory basis.

Mr. Reinert noted that the Council of Ambulance Authorities will be holding a large conference in Australia soon.

David Finger, of the National Volunteer Fire Council (NVFC), responded to the question of eliciting public comments by proposing that the NEMSAC post inquiries on the Web. He praised the NEMSAC for formally asking that the public make comments on draft documents.

DAY 2—FRIDAY, SEPTEMBER 6, 2013

Discussion of the White paper on Pre-Hospital EMS as a Public Good and Essential Service

Mr. Reinert asked the group to discuss further the draft white paper on EMS as an essential service or public good, a paper that was commissioned because of the realization that EMS has never been identified formally as an essential service. The paper states that EMS is not strictly a public good in the economic sense. However, it features many elements of a public good. It plays a vital role in the public interest. Three states have declared EMS formally as an essential service. Mr. Gorman noted that EMS has two cost structures. It has been suggested that taxpayers fund the readiness aspect while system users fund the marginal aspect.

Dr. Cooper stated that the general population holds a meaning for the phrase “public good” (referring to EMS) that differs from that of economists. Perhaps the paper should be retitled, stressing the phrases “essential service” and “common good.” Perhaps a preamble explaining the technical and economic meaning of the term “public good” should be added. Mr. Judge expressed concern about the paper’s lack of context and wider perspective. For example, a legal structure is not addressed. Mr. Nudell proposed that the paper include discussions of models being used (e.g., the Indian Health Service). Mr. Sinclair expressed concern that the paper will be read by people who are not scholars and who have agendas. Some statements or conclusions might be used against the EMS system, for example, in legislative discussions. Dr. Cunningham agreed that the authors should strengthen the expressed idea of EMS as an essential service. The health care system is dynamic; EMS is part of a team, and its role is expanding. Dr. Tucker noted that the paper does argue that EMS is an essential service and a common good. Denying that EMS is strictly a public good points to certain challenges (overuse, financing) that face EMS. Mr. Dawson stated that the comments will be taken under consideration.

Discussion of the EMS Response to Active Shooters and IEDs

Mr. Reinert asked the group to discuss further the issue of EMS efforts to address mass shootings and similar acts. Mr. Sinclair raised the issue of future trends. He offered to provide a compendium of

information about the issue, to be read by the council members and discussed at the next NEMSAC meeting. Mr. Judge noted that the issue involves tactical matters that are outside the scope of the NEMSAC, which is tasked with addressing broad strategy. Mr. Gorman agreed, suggesting that the council not take time to discuss further issues such as tourniquet use. The NEMSAC should concentrate on topics such as systems of care and community programs as they relate to EMS. Nevertheless, stated Dr. Cooper, the NEMSAC might collaborate with groups that address tactical issues (the “minutia”). Mr. Eisnach stated that the NEMSAC should be on record as supporting cooperation between law enforcement and EMS regarding events such as mass shootings. Mr. Reinert proposed that the council discuss the issue if requested to do so by another group (e.g., FICEMS).

Reports of the Subcommittee Discussions and Actions

The subcommittees reported results from their separate discussions, which took place on the afternoon of the meeting’s first day.

Subcommittee on Improving Internal NEMSAC Processes

On behalf of the subcommittee, Mr. Gorman asked the NEMSAC members for a motion to support the subcommittee’s document on council processes (allowing for minor editing). The motion was made, seconded, and carried by a unanimous vote. Mr. Gorman stated that the document cites the appropriate use of letters to respond to inquiries, with allowance for public input. A motion to dissolve the Processes Subcommittee was made, seconded, and carried by a unanimous vote.

Subcommittee on EMS Education Agenda for the Future

Dr. Cooper reported that the members discussed recommendations for a process for updating the education agenda. The subcommittee members adopted a strategy of soliciting comments and providing minimal updates. They agreed on a need to consider issues of implementation. They proposed a process of (1) having the designated federal official indicate, at the fall meeting, that updates will be made, (2) drafting a letter from the subcommittee chair providing a sense of the subcommittee report/updates, and (3) discussing proposed updates at the December NEMSAC meeting, with public comment. A motion to adopt that process was made, seconded, and carried by a unanimous vote of the full NEMSAC.

Subcommittee on the Patient Protection and Affordable Care Act

Mr. Sinclair reported that the subcommittee created a smaller committee to research best practices relating to the PPACA. Regarding issues such as CMS and reimbursement for EMS, the subcommittee members agreed that deliberations by the NEMSAC could be used to stimulate change. They will bring to the December NEMSAC meeting advisories for best practices, finance recommendations, and the innovations white paper. They also might convey information about EMS as an employer and IRS issues. Mr. Gorman suggested that the council invite a speaker to provide information about the PPACA. Perhaps a representative from the NHTSA could provide a briefing. Mr. Judge suggested a team approach for considering the PPACA, including experts outside the government. Dr. Cooper

suggested distributing the presentation about PPACA that was made by Dr. Margolis. Mr. Sinclair requested that the council members forward to him or Noah Smith any instances of best practices relating to the PPACA (to be brought to the council).

Subcommittee on the EMS Agenda for the Future

Ms. Dukes reported that her subcommittee discussed its draft document on the EMS agenda. The document will be rewritten and condensed in coming months.

Subcommittee on Safety

Dr. Patterson reported that the subcommittee will be revisiting the advisory to ensure that all points are addressed in the safety document being drafted. The subcommittee will engage with stakeholders. It will be proposing that safety problems be quantified and that goals for reducing harms be established. It will suggest holding regular meetings on safety issues and including sessions on safety in large EMS meetings. The education of EMS providers is one key to improved safety, yet we lack a pervasive safety curriculum in that education. Mr. Reinert suggested that the subcommittee consider the national adverse events data reporting system. Mr. Judge encouraged the subcommittee to consider the large successful initiative in safety by the airline industry from many years ago. A similar initiative for helicopter safety is underway. Dr. Cunningham requested that the subcommittee include a definition of EMS in its document.

Public Comment

Thomas McGuire, of the National Association of Firefighters, advised that the NEMSAC not proceed with the white paper on EMS as an essential service. He suggested that the draft paper has a limited depth and breadth and might be detrimental to the EMS program.

Don Lundy, of the NAEMT, expressed gratitude to Mr. Reinert for financial support given to the Joint Leadership Forum to conduct a survey. He stressed the importance of determining first that EMS is an essential service. EMS systems are moving forward rapidly.

Dia Gainor, of NASEMSO, encouraged the NEMSAC members to look through the lenses of other disciplines to obtain insights. She described a current initiative to create a compact for the use of EMS licensure across state borders. Legislation is being written and should be completed by May 2014. The legislation will help with unusual cases and cases in which EMS crosses a border repeatedly. It will include aspects such as border patrol activities. The legislation will address cases that lie short of large disasters, where federalized resources become involved (issues of interaction between the two areas will be addressed). Ms. Gainor encouraged the NEMSAC to use aggressive means (beyond declarations in the federal register) to solicit public input for its deliberations.

Ken Holland, of the National Fire Protection Association (NFPA), noted that his organization also labors with the issue of obtaining public input. He reported that the NFPA will hold a meeting in Indianapolis in October.

David Finger, of the NVFC, encouraged the NEMSAC members to consider carefully the meaning and effect of the term “public good.” The meaning of the term for the NVFC differs from the technical meaning of economists, as presented in the white paper on EMS as an essential service.

Final Discussion

Mr. Reinert asked the NEMSAC members to provide final comments, especially new ideas.

Ms. Altenhofen supported the idea of publishing the white paper on EMS as an essential service after ensuring that that paper describes it as an essential health care entity. Mr. Judge also encouraged publication of the paper. He raised the issue of community paramedicine, which is an expanding topic. Perhaps the NEMSAC could convene a group of stakeholders to discuss community paramedicine.

Mr. Eisnach reported that the national policy council of AARP will be providing educational materials about the PPACA. There may be an opportunity for the NEMSAC to provide input when the AARP addresses the role of EMS in health care.

Mr. Mullins encouraged the council to define EMS. He stressed the lack of data on EMS safety and suggested that NEMSAC has a role in defining multiple integrated health care and community paramedicine. He encouraged the council to promote the collection and distribution of EMS system performance data.

Mr. Reinert stressed the importance of sharing information with the public. The national EMS system has some 40 million records in a data bank. How might the data be used? The NEMSAC can play a role in bringing together voices in the area of community paramedicine.

Mr. Gorman supported the conclusion that EMS is an essential service. He encouraged the members to consider the future agenda for the council. One possible topic is support for the Resuscitation Outcomes Consortium.

Mr. Wingrove noted that a national consensus conference on paramedicine will take place soon. An international roundtable on community paramedicine convened in England recently. An international rural and remote pre-hospital collaborative will hold a meeting, focusing on clinical aspects and small agencies, in September.

Mr. McPartlon called for more work on community paramedicine. Ms. Barnes called for a focus on education in light of the increasing complexity of EMS. Public participation is important. Dr. Patterson raised the issue of using part-time providers and how that affects safety. Shift patterns are related to safety. The NEMSAC should consider issues such as how to measure safety progress. Mr. Chavez stated that efforts in Texas have highlighted the issue of when Medicare pays for the dying patient.

Mr. Sinclair suggested that the NEMSAC increase the length of some of its face-to-face meetings to three days, in particular, to allow representatives from FICEMS to present. He encouraged the NEMSAC to consider the issue of countermeasures for EMS personnel involved in public safety scenarios (immunizations, hazards, etc.). Dr. Cooper cited problems with holding 3-day meetings (e.g., schedules of the members). He called for a conversation about engaging the public in issues of out-of-hospital medical care. How much can the system bear?

Mr. Nudell proposed that the NEMSAC create a subcommittee for data. EMS agencies are trying to determine what measures to employ. Mr. Nudell also called for a focus on quality management.

Mr. Hastings agreed with others that the “essential services” document should feature a stronger statement about the economic definition of public good. He stated that EMS and emergency departments are partners. Barriers between them should be reduced.

Ms. Dukes encouraged the NEMSAC to consider the issues of the use of military medics, the closures of hospitals, and community paramedicine. Mr. Judge noted that the American Academy of Pediatrics has produced measures for medical transport.

Final Thoughts

Mr. Reinert encouraged the NEMSAC members to carve-out time for subcommittee work between now and the next full meeting. He reminded them to forward information about subcommittee work to Mr. Smith no later than 15 days prior to the next full meeting. He encouraged the members to inform their communities about the council’s work.

Mr. Dawson thanked the council members and noted the high level of dialogue and deliberation. He will be keeping the members informed about the status of the white papers.

The NEMSAC members voted to adjourn.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Aaron Reinert
Chairman

April 7, 2014

Date

These minutes will be formally considered by the Council at their next meeting, and any corrections or notions will be incorporated in the minutes of that meeting.