

National Emergency Medical Services Advisory Council

September 5-6, 2013

Executive Summary

Members in Attendance: Aarron Reinert (Chair), Katrina Altenhofen, Leaugeay Barnes, Manuel Chavez, Arthur Cooper, Carol Cunningham, Patricia Dukes, Dennis Eisnach, Kyle Gorman (Vice-Chair), Michael Hastings, Thomas Judge, Jim McPartlon, Terry Mullins, Nick Nudell, Daniel Patterson, John Sinclair, Scott Somers, Gary Wingrove.

Federal Representative in Attendance: Drew Dawson, Designated Federal Official

Day 1

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

A 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. He noted the progress of the FICEMS' work during the past years, which has proceeded slowly and deliberately and with public input. During the upcoming winter months, the first phase of a 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. Mr. Reinert reported on a discussion at a FICEMS meeting, in which they indicated a strong interest in the work of NEMSAC and a desire to partner.

Federal Partners Update

Keith Williams, of the Department of Transportation's Federal Highway Administration Office of Safety, spoke about the Highway Safety Improvement Program to reduce fatalities and serious injuries on all public roads. The office recognizes that safety involves engineering, enforcement, education, and EMS. It has been focusing on the engineering aspect and developing a plan involving the states. Mark Kehrli, of the FHWA's Office of Transportation Operations, described the FHWA's vision and strategic plan for traffic incident management (TIM). He noted efforts in professional capacity building, featuring a train-the-trainer workshop program (the National Traffic Incident Management Training Program).

William Seifarth, liaison from the Department of Homeland Security (DHS), described progress in issues of domestic preparedness and noted a contract with the National Association of State EMS Officials (NASEMSO) to address licensure challenges facing the EMS community during the interstate movement of EMS providers. DHS continues to support, through the Federal Emergency Management Agency (FEMA), efforts to ensure that EMS has a voice and to strengthen community

paramedicine. Michael Stern, of FEMA's National Fire Academy, reported on updates in the program's courses, in particular, concerning EMS.

Elizabeth Edgerton, M.D. of the Health Resources and Services Administration discussed HRSA's EMS for Children program, which feature 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. Gregg Margolis, of the Office of the Assistant Secretary for Preparedness and Response (ASPR), stressed the role of bystanders in emergency events. The office is working with the CDC's National Center for Injury Prevention and Control to address issues of bystander preparedness.

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 (the NEMSAC members suggested that the DHS invite experts from Israel). After a discussion on the role of tourniquets, it was noted that EMS is often not "at the table" during discussions on active shooter responses. The members also agreed that the NEMSAC is tasked with advising the Federal government on national strategies rather than tactics or operations.

EMS Workforce Guidelines

Dia Gainor, of the NASEMSO, provided an overview of a new document on EMS workforce issues. It provides guidance for the states in areas such as valuable data, resource challenges, and engaging state workforce agencies.

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. Military medics can successfully transition to careers in civilian EMS after discharge. 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. Credentialing military personnel in healthcare is a White House priority. One obstacle is a belief, by employers and academia, that some military medics do not have appropriate experience for civilian EMS, for example experience with children or an elderly population. Another obstacle is ensuring that such military training is well-documented and available for states that may license veterans in EMS.

Emerging Issues White Papers

Jonathan Tucker, Ph.D., of the National Academy of Public Administration, reviewed the draft white paper created for NHTSA that explores the characteristics of pre-hospital EMS as a potential essential service. Although the idea of an essential service has not been well defined, EMS satisfies two working definitions of an essential service. The paper also explores the idea of EMS as a public good

as defined in economic theory. It describes economic definitions of public good, common good and other qualities, fitting EMS into a technical scheme of economic theory. The analysis suggests that EMS systems be understood as a common good rather than a public good. The paper concludes that it is best to finance EMS through a combination of user fees and tax revenue.

E. Brooke Lerner, Ph.D., of the Medical College of Wisconsin, reviewed the white paper on strategies for successful pre-hospital research. Developed from interviews with investigators in clinical trials, the paper identifies characteristics of successful trials of pre-hospital medicine and ways in which EMS systems might develop capacity to conduct such research. Dr. Lerner provided examples of barriers to research and stressed that none are insurmountable.

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. 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. Nels Sanddal, Ph.D., noted that evidence-based guidelines and recommendations for pre-hospital external hemorrhage control are being developed by the American College of Surgeons.

Benjamin Schooley, Ph.D., of the University of South Carolina, reviewed the white paper on emerging digital and mobile technologies and software as they are applied in pre-hospital EMS environments. The paper features reviews of the literature and best practices, analyses, and findings. Thomas Horan, Ph.D., of Claremont Graduate University, stressed the idea of EMS as a transportation mode, calling for a consideration of the safety of EMS itself. He cited the white paper's call for the development of a business ecosystem for EMS. 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.

Subcommittee Presentations and Discussions

The Subcommittee on Improving Internal NEMSAC Processes reported that members convened by conference call a number of times in the past few months. They addressed the draft NEMSAC processes document, which features clarification of NEMSAC roles and the conduct of meetings.

The Subcommittee on the EMS Agenda for the Future reported that it conducted one conference call. The subcommittee is tasked with reviewing the 1996 Agenda for the Future, considering the utility of national vision documents for EMS, and considering the role of the federal government.

The Subcommittee on the Patient Protection and Affordable Care Act reported that it conducted one conference call. Its members recognized that the PPACA is still evolving; therefore, the subcommittee should stand for a few years. It will be considering not only how people will operate under the health care act, but also how the act will affect EMS employers.

The Subcommittee on the Education Agenda for the Future reported that it has not yet met. A document regarding potential directions has been circulated to the members. They will be

considering a process for implementing changes in the education agenda and a process for making requests to national stakeholder organizations and the EMS community regarding agenda updates.

Public Comment

Members of the public provided news and raised issues, including the following: Updates on various activities at the National Association of Emergency Medical Technicians (NAEMT), interest on the part of the National Weather Service in working with the NEMSAC to address weather concerns in EMS, and an overview of the EMS program in Australia. Public commenters recommended that the NEMSAC not proceed with the white paper on EMS as an essential service and recommended considering carefully the meaning and effect of the term “public good”.

Day 2

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. The NEMSAC members noted 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 economic meaning of the term “public good” should be added. The group also expressed concern about the paper’s lack of context and wider perspective.

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. The group noted that the issue involves tactical matters that are outside the scope of the NEMSAC, which is tasked with addressing broad strategy. The NEMSAC should concentrate on topics such as systems of care and community programs as they relate to EMS. Nevertheless, the NEMSAC might collaborate with groups that address tactical or operational issues.

Reports of the Subcommittee Discussions

The Subcommittee on Improving Internal Processes 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. A motion to dissolve the Processes Subcommittee was made, seconded, and carried by a unanimous vote.

The Subcommittee on the EMS Education Agenda for the Future adopted a strategy of soliciting comments and providing minimal updates. 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.

The Subcommittee on the Patient Protection and Affordable Care Act created a smaller committee to research best practices relating to the PPACA. It will bring to the December NEMSAC meeting advice for best practices, finance recommendations, and a further review of the draft white paper [Innovations Opportunities for EMS](#).

The Subcommittee on the EMS Agenda for the Future discussed its draft document on the EMS agenda. The document will be rewritten and condensed in coming months.

The Subcommittee on Safety plans to gear up after publication of the EMS Culture of Safety Strategy. It will engage with stakeholders and will be proposing that safety problems be quantified and goals for reducing harms be established. It will suggest holding regular meetings on safety issues and including sessions on safety in large EMS meetings.

Final Discussion

Mr. Reinert asked for final comments and news from the NEMSAC members. A number of members supported the idea of publishing the white paper on EMS as an essential service after ensuring that the paper better describes it as an essential health care entity and better defines the technical meaning of public good. Members encouraged the NEMSAC to address the issue of community paramedicine, which is an expanding topic (they suggested convening a group of stakeholders). They emphasized the continuing need to define EMS and called for an initiative in education, in light of the increasing complexity of EMS. Other issues raised included EMS safety and countermeasures, EMS data and measures, the use of military medics, and reducing barriers between EMS and emergency departments.