



National Emergency Medical Services Advisory Council

April 1, 2015

Aarron Reinert

Chair

Kyle Gorman

Vice-Chair

The Honorable Anthony Foxx

Secretary of Transportation

1200 New Jersey Avenue SE

Washington, DC 20590

Dear Mr. Secretary:

On behalf of the members of the National Emergency Medical Services Advisory Council (NEMSAC), it is my honor and privilege to present you with the NEMSAC annual report for May 2014 – April 2015.

The NEMSAC serves as the non-federal forum for considering national emergency medical services (EMS) topics and our objective is to develop, consider, and communicate information from a knowledgeable, independent perspective. We accomplish this by providing advice and recommendations to the Department of Transportation and to the Federal Interagency Committee on EMS (FICEMS). Our hope is that the NEMSAC's work will assist the Department of Transportation and FICEMS member agencies to ensure that the American public is best served by our emergency medical services systems.

To that end, the NEMSAC has completed three important projects this year:

EMS Education Agenda for the Future: A Systems Approach

In December, 2014, we concluded our efforts to recommend minimal updates to the *EMS Education Agenda for the Future: A Systems Approach*. This culminated a two-year process with extensive public input. These limited updates will allow the document to continue to serve as a national guide for EMS education until such time as it is more fully updated.

The National EMS Advisory Council

c/o The Office of Emergency Medical Services 1200 New Jersey Ave, SE, NTI-140, Washington, DC 20590
(202) 366-5440 NHTSA.NEMSAC@dot.gov

EMS Impact of Health Reform: Advisory on Community Paramedicine

The Patient Protection and Affordable Care Act will likely have many impacts on the provision of EMS, and the field of Community Paramedicine in particular. Following significant deliberation and input from the public, NEMSAC recommended that DOT sponsor a national strategy meeting to develop consensus on the role, operation, education, and financing of Community Paramedicine and to summarize this process in a published article.

Prioritization of the FICEMS Strategic Plan

At the request of FICEMS, NEMSAC communicated its advice on how FICEMS should prioritize the goals and objectives in its recently published strategic plan and also suggested a timeframe and process for updating the strategic plan.

My term on NEMSAC concludes on April 22, 2015. It has been a pleasure to serve alongside dedicated and professional representatives of the EMS field. As a group, we have provided the DOT and FICEMS with wise and meaningful recommendations and I believe that we have accomplished our goals. While my term is ending, the NEMSAC will continue its mission led by the perspective and expertise of its members.

Respectfully,

Aarron Reinert

cc:

The Honorable Sylvia Burwell, Secretary of Health and Human Services

The Honorable Jeh Johnson, Secretary of Homeland Security

The Honorable Kathryn Brinsfield, Chair, Federal Interagency Committee on EMS

**Report of the National Emergency Medical Services Advisory
Council**

May 2014 – April 2015



Submitted to:
Secretary of Transportation Anthony Foxx
on April 1, 2015

- This Page Left Intentionally Blank -

DRAFT

Background

The National Emergency Medical Services Advisory Council (NEMSAC) was formed in April 2007 as a nationally-recognized council of Emergency Medical Services (EMS) representatives and consumers to provide advice and expert recommendations regarding emergency medical services to the U.S. Department of Transportation (DOT) and the Federal Interagency Committee on EMS (FICEMS).

Though originally structured as a discretionary advisory board NEMSAC transitioned to a statutory advisory committee under the Moving Ahead for Progress in the 21st Century Act of 2012. The law established NEMSAC, provided it administrative support from the Department of Transportation, established membership standards, and created requirements for annual reporting. The statute also provided that the purposes of NEMSAC are to “advise and consult with the Federal Interagency Committee on Emergency Medical Services on matters relating to emergency medical services and the Secretary of Transportation on matters relating to emergency medical services issues affecting the Department of Transportation.”

Because the statute requires the DOT to provide administrative support to NEMSAC, the DOT designated the Office of EMS at NHTSA to be the administrative arm responsible for NEMSAC. As a result, the NEMSAC provides its advice and consultation to FICEMS and the DOT via NHTSA.

NEMSAC provides the EMS community with an opportunity to comment on critical and pressing EMS issues. This is accomplished in three ways: 1) NEMSAC members represent the EMS community, 2) NEMSAC accepts formal written comments on all items considered during its meetings, and 3), and NEMSAC provides public comment opportunities during each session of a its meetings. All NEMSAC meetings are advertised in the Federal Register.

Though NEMSAC does not exercise program management, regulatory responsibilities, or decision-making authority, the recommendations and advisories provided by NEMSAC directly affect the programs about which NEMSAC provides advice. For example, the *EMS Education Agenda for the Future: A Systems Approach* serves as a guide for State EMS agencies as they implement changes to their education regulations. NEMSAC recommended updates that will ensure that this document maintains its relevance until such time as it is more thoroughly updated.

The Mission: What is NEMSAC?

NEMSAC is a nationally-recognized council of emergency medical services (EMS) representatives charged with providing advice and consulting with FICEMS and the DOT on matters relating to EMS. NEMSAC also serves as a forum for developing, considering, and communicating information to FICEMS and DOT from a knowledgeable and independent perspective.

The 25 NEMSAC members, each appointed by the Secretary of Transportation in consultation with the Secretary of Health and Human Services and the Secretary of the Department of Homeland Security, consider and issue recommendations on such topics as:

- Improved coordination and support of EMS systems among Federal programs;
- Strategic planning;
- EMS clinical standards, guidelines, benchmarks, and data collection; and
- Strengthening EMS systems through enhanced workforce development, education, training, exercises, sustainability, equipment, medical oversight, system integration, and other areas.

NEMSAC may also be asked to provide guidance or to respond to specific requests from FICEMS or the DOT. Even in these circumstances, NEMSAC builds in specific time for public comment and stakeholder input.

How NEMSAC Works

NEMSAC has formalized a process to deliberate and provide recommendations to the government, which includes extensive public comment. The NEMSAC procedures manual is available online at www.ems.gov/nemsac.htm. NEMSAC functions as a team, typically using standing or ad hoc subcommittees to thoroughly research and evaluate EMS issues and make recommendations to the full membership, which then makes a formal recommendation. Content experts may be asked to provide testimony or to submit written responses during the development of any document. Stakeholder organizations are frequently queried and are provided time to make comments during each session. The committees prepares a draft document which is shared with the public in advance of a NEMSAC meeting. During the council meeting, the public and all members of NEMSAC are asked to provide comments on the draft document. The subcommittee will then review the comments

and amend the document. Most documents are reviewed by the full membership of NEMSAC and by the public at least three times before they are adopted.

By way of illustration, standing committees were recently charged with three important initiatives: (1) EMS Impact of Health Reform, (2) Limited updates to the *EMS Education Agenda for the Future: A Systems Approach*, and (3) Evaluating and Advice to FICEMS on its Strategic Plan.

DRAFT

NEMSAC Actions in 2014 - 2015

Limited Updates to the *EMS Education for the Future: A Systems Approach*

<http://ems.gov/pdf/nemsac/NEMSAC-Final-Recommendations-on-EMS-Education-Agenda-dec2014.pdf>

At its meeting of December 4, 2014, the NEMSAC voted unanimously to recommend updates to the *EMS Education Agenda for the Future: A Systems Approach* ("Education Agenda") and to transmit to the Designated Federal Official other items for consideration if a more in-depth revision of the document was contemplated.

This vote capped a two-and-one-half-year process in which stakeholders were asked to provide comments on the breadth and depth of an update of the *Education Agenda*. NEMSAC received written comments from many stakeholders and heard public testimony from many more on a wide range of topics, including comments on issues that were not yet part of the EMS landscape in June 2000 when NHTSA first published the *Education Agenda*. It also received important comments on the status of implementation of the *Education Agenda*. Based on that collective input, the NEMSAC recommended only minimal updates to the *Education Agenda*. This ensures it remains contemporary and continues to be aligned with the views of EMS stakeholders because a major revision could interfere with ongoing implementation. The results of this public comment are broadly summarized by the following NEMSAC recommendations:

- Prehospital care protocols must be evidence-based in order to provide the highest level of care and greatest protections for the patient population.
- With the content flexibility afforded by the *National EMS Education Standards*, EMS educational programs should use a nationally accepted set of evidence-based model EMS clinical guidelines and other evidence-based guidelines (EBGs) to drive local curriculum development.
- To assist with the transition to EBGs, EMS educational programs can reference national guides and tools consistent with the National Prehospital EBG Model Process that was approved by both the National EMS Advisory Council (NEMSAC) and the Federal Interagency Committee on EMS (FICEMS).

In addition to the identified NEMSAC recommendations, the following are key issues that were reviewed, but were considered beyond the scope of the minimal updates requested by EMS stakeholders. These may be embedded in future EMS educational initiatives:

- Future data and information analysis initiatives (e.g., NEMSIS, evidence-based research, practice analysis and other sources) may demonstrate alternate and improved methods of delivering prehospital care. Similarly, medical advances and discovery will drive changes to each *Education Agenda* component. These changes will allow all EMS systems to provide patient care based on the best available scientific knowledge. NHTSA, in cooperation with Federal and non-Federal stakeholders, should develop a plan for reviewing and updating the components.
- Mobile integrated healthcare has received considerable attention from the EMS community. This healthcare delivery model utilizes EMS personnel to provide nonemergency care that may prevent future hospitalizations and potentially improve patients' quality of life. This is often achieved at a lower total cost of care. In many cases, EMS personnel involved in this healthcare delivery model receive additional training and education and may require an expanded, but community-based, scope of practice.
- A foundation of knowledge that will enable EMS providers to potentially modify their roles in response to the changing health care system and emerging health care crises.

Why is this Important?

Since its publication in 2000, the *EMS Education Agenda for the Future: A Systems Approach* has served as a guideline for EMS education around the nation. Many states have used this document as a reference in the creation of statutes, rules and policies related to EMS education. Other states are still implementing changes identified in the *Education Agenda*. Adopting the minimal changes approved by NEMSAC after extensive dialogue with the stakeholder community, ensures that the document remains relevant until a more extensive revision can be accomplished.

EMS Impact of Health Reform: Advisory on Community Paramedicine

<http://ems.gov/pdf/nemsac/NEMSAC-Final-Advisory-on-Community-Paramedicine-dec2014.pdf>

The Patient Protection and Affordable Care Act (PPACA) will shape the US healthcare system for years to come. While emergency medical services are mentioned infrequently, it is apparent that our industry will be enormously impacted by PPACA. The subcommittee charged with evaluating the impact of the PPACA on EMS decided to concentrate its first efforts on the role of Community Paramedicine (CP). This segment of our industry operates in the transitional area between home health care, chronic disease management, primary care and emergency care. The PPACA focus on innovative methods to reduce healthcare costs, reducing readmission for chronic diseases and providing services closer to the customer fit well with the CP model.

In the last three years, EMS agencies have rapidly embraced the concept of CP and broadening services to their communities. A recent survey sponsored by the National Association of Emergency Medical Technicians (NAEMT) identified more than 235 Field EMS CP programs in the U.S. This demonstrates in part the lack of universally adopted standardized scope of services. There are some that seek national standardization for CP and others who oppose it, though all agree that reimbursement for CP is vital. Payers may make some level of educational or practice standardization a requirement before setting reimbursement amounts.

The goal of CP is to improve individual and community health, reduce unnecessary hospitalizations and emergency department visits, improve outcomes, and reduce healthcare costs. Analysis of CP programs suggests that they fill the medical gaps in their local communities, and while the needs are different for each community, comparison between programs may identify some common training or educational core content that is needed.

Recommendations to the National Highway Traffic Safety Administration

NHTSA, working with their partners at the Departments of Health and Human Services and Homeland Security, should convene a national stakeholder strategy meeting on the implementation of CP that achieves the following:

1. Brings together a wide variety of healthcare stakeholders , including the medical and nursing communities, hospitals, home health, recognized innovators and others;

2. Builds upon previous consensus work such as the National Consensus Conference on Community Paramedicine; and
3. Develops consensus on the following topics and policy areas for Community Paramedicine:
 - a. Integrations with other medical professions and broader health systems;
 - b. Educational requirements for an expanded role of EMS practitioners;
 - c. Common data collection and measures of success;
 - d. Sustainable financial models for CP, particularly those integrated with value-based purchasing models;
 - e. How CP can enhance the patient experience, including access to high-quality care; and
 - f. Medical direction and regulation of providers

Outputs of this meeting should be published as a paper with actionable strategies to guide further implementation of CP.

Why is this Important?

The Patient Protection and Affordable Care Act signals a change in the US health care system that will impact the provision of EMS. Community Paramedicine can serve as an important EMS-led response to this change. To facilitate this response we recommend that DOT convene a stakeholder meeting to consider community paramedicine and to publish the results of the meeting.

FICEMS Strategic Plan

(<http://ems.gov/pdf/nemsac/NEMSAC-Final-Recommendation-on-FICEMS-Strategic-Plan-Implementation-dec2014.pdf>)

At the December 4, 2014, meeting of NEMSAC approved a letter to FICEMS providing advice and recommendations on how best to implement and update the FICEMS strategic plan over the next several years. The letter contained targeted and specific responses to several questions posed by FICEMS. The questions were:

1. Which objectives have the greatest opportunity for short-term implementation with targeted federal support?
 - a. For these short-term objectives, what tools or information can be used to determine whether an objective has been fully implemented?
2. Which objectives can and should be implemented concurrently?
3. Considering the next five years, which objectives should be implemented in the short-term and long-term to best improve EMS patient outcomes nationwide?
4. Should the strategic plan be updated every five years or more often?
5. What suggested process should FICEMS use to update the strategic plan, including the gathering of public input?
6. As FICEMS works with its members and other Federal and non-Federal partners to implement the plan, are there suggested additional stakeholders with whom the committee should engage?

NEMSAC evaluated these questions using a structured process that included an analysis of both the priorities of the objectives as well as the relative timelines (or term) within which the objectives could be implemented.

Summary of Recommendations to FICEMS

1. Which objectives have the greatest opportunity for short-term implementation with targeted federal support?

Recommendation: NEMSAC recommends that that the objectives with the greatest opportunity for short-term implementation are as follows:

- Objective 4.4: Apply lessons learned from military and civilian incidents to the EMS community.

- Objective 5.1: Promote the reporting, measurement, prevention and mitigation of occupational injuries, deaths, and exposures to serious infectious and illnesses in the EMS workforce.
- Objective 5.3: Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”

1a. For these short-term objectives, what tools or information can be used to determine whether an objective has been fully implemented?

Recommendation: NEMSAC recommends that FICEMS consider the following outcome measures as appropriate methods to determine whether these short-term recommendations have been successfully implemented.

- Objective 4.4: Through the state EMS offices, track the inclusion of these measures into EMS education and follow patient treatment and outcomes during, unfortunately tragic, events that occur within austere environments.
- Objective 5.1: Track the trends, including the number of events along with reporting accuracy, (true risk of exposures) in the EMS workforce and pair this with ultimate outcomes with linkage to the preventative or therapeutic measures (i.e interventions, immunizations, and antidotes) implemented or administered at the time of the incident.
- Objective 5.3: Create a viable system for reporting at the local, regional, and state levels that encourages reporting and track the incidence of errors as well as the impact of these measures to patient outcomes/adverse effects following errors noted.

2. Which objectives can and should be implemented concurrently?

Recommendation: There are three areas that NEMSAC recommends that FICEMS implement concurrently.

- Objectives 1.1 and 1.3
- Objectives 1.2 and 1.4
- Objectives 5.1, 5.2, 5.3 and 5.5

3. Considering the next five years, which objectives should be implemented in the short-term and long-term to best improve EMS patient outcomes nationwide?

Recommendation: NEMSAC recommends that FICEMS consider implementing the following short-, medium-, and long-term objectives in order to best improve EMS patient outcomes in the United States.

Short Term Objectives

- **Objective 2.1:** Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process.
- **Objective 4.4:** Apply lessons learned from military and civilian incidents to the EMS community.
- **Objective 5.2:** Evaluate factors within EMS practices that contribute to medical errors or threaten patient safety.
- **Objective 5.3:** Support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”.

Medium Term Objectives

- **Objective 2.2:** Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.
- **Objective 4.3:** Provide coordinated Federal support for incorporating enhanced EMS and 9-1-1 technology for both patient and provider.
- **Objective 6.2:** Support State, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel.

Long Term Objectives

- **Objective 1.5:** Develop partnerships with State regulatory agencies to promote regionalized and accountable care systems.
- **Objective 5.4:** Evaluate FICEMS role in supporting implementation of the “Strategy for a National EMS Culture of Safety”.

4. Should the strategic plan be updated every five years or more often?

Recommendation: NEMSAC recommends that FICEMS update its strategic plan at least every five years.

5. What suggested process should FICEMS use to update the strategic plan, including the gathering of public input?

Recommendation: NEMSAC recommends that FICEMS undertake a strategic plan update every five years using the following process:

YEAR 2: Report by the FICEMS Technical Working Groups on progress to the NEMSAC membership.

YEAR 3: Based on the progress report and input from NEMSAC, FICEMS provides an Interim Report. NEMSAC membership would work with NHTSA to convene a national stakeholder meeting and written comment on the report with recommendations for the updated plan.

YEAR 4: NEMSAC membership would continue to monitor and review previous NEMSAC recommendations as part of the updating process and provide recommendations to FICEMS for the Strategic Plan update.

YEAR 5: FICEMS presents the new strategic plan to NEMSAC and the public

6. As FICEMS works with its members and other Federal and non-Federal partners to implement the plan, are there suggested additional stakeholders with whom the committee should engage?

Recommendation: In addition to the direct professional and trade stakeholder organizations within the emergency medical and public safety communities FICEMS should reach out in a structured format to include both direct and indirect stakeholders.

Why is this Important?

The review of the FICEMS strategic plan was an important process in improving EMS in the United States. The review provides one critical link between NEMSAC (developing its recommendations), and FICEMS (creating and executing its strategic plan). As such, the EMS community's input can be appropriately communicated to the Federal agencies represented by FICEMS, and the Federal agencies can more effectively communicate policy and implementation strategies.

Federal Support for NEMSAC

NEMSAC's development of recommendations, advisories, position papers and other documents cannot be accomplished without the dedication and competence of the staff that makes up the National Highway Traffic Safety Administration's Office of EMS. NHTSA's Office of EMS is the primary point of contact for NEMSAC and is staffed by a team of EMS experts and program managers who work together to coordinate the activities of NEMSAC. More information on the Office of EMS is available at <http://www.ems.gov/mission.htm>.

The importance of the Designated Federal Official and liaisons from the Department of Health and Human Services and Department of Homeland Security cannot be overstated. Together, these individuals along with other Federal Program Officers who regularly attend NEMSAC meetings respond to questions posed by NEMSAC members and share information about related initiatives. The information that NEMSAC gains from their participation helps frame its work and provide the highest quality advice to FICEMS and the DOT.

How the Community Can Get Involved

NEMSAC serves as a critical link between the EMS community and, through NHTSA's Office of EMS, the DOT and FICEMS Agencies. There are many national, State and local EMS stakeholders with a variety of needs and concerns. The NEMSAC deliberation process provides the EMS community with access to a forum where they can openly share and discuss issues that affect their organizations.

One of NEMSAC's most important contributions is providing access to the public for commenting on EMS issues. Members of the public can address NEMSAC at every meeting. Changes to the committee processes have resulted in greater opportunity for public review and comment on all NEMSAC initiatives. Minutes of NEMSAC meetings, meeting agendas, and public drafts of advisories and other documents are available for review and feedback at www.ems.gov/nemsac.htm. The public is also welcome to view past advisories, EMS news, announcements, and other materials online.

National EMS Advisory Council Membership

Appointment Dates: April 22, 2013 – April 22, 2015

Katrina Altenhofen, Washington, Iowa
Volunteer EMS

Roger Band, Philadelphia, Pennsylvania
EMS Researchers

Leaugeay Barnes, Kiefer, Oklahoma
EMS Educators

Harris Blackwood, Atlanta, Georgia
State Highway Safety Directors

Manuel Chavez, Houston, Texas
EMS Practitioners

Arthur Cooper, New York City, New York
At-Large Member

Carol Cunningham, Kirtland, Ohio
EMS Medical Directors

Patricia Dukes, Wahiawa, Hawaii
At-Large Member

Dennis Eisnach, Pierre, South Dakota
Consumers

Thomas Esposito, Maywood, Illinois
Trauma Surgeons

Marc Goldstone, Brentwood, Tennessee
Hospital Administration

Kyle Gorman, Portland, Oregon
Local EMS Service Directors/Administrators
Vice-Chair

Michael Hastings, Bonner Springs, Kansas
Emergency Nurses

Thomas Judge, Port Clyde, Maine
Air Medicine

David Lucas, Lexington, Kentucky
Dispatchers/9-1-1

James McPartlon, Guilderland, New York
Private EMS

Kenneth Miller, Irvine, California
Emergency Physicians

Terry Mullins, New River, Arizona
State EMS Directors

Nick Nudell, San Marcos, California
Data Managers

Daniel Patterson, Pittsburgh, Pennsylvania
Public Health

Aarron Reinert, Isanti, Minnesota
At-Large Member
Chair

John Sinclair, Ellensburg, Washington
Fire-based EMS

Scott Somers, Mesa, Arizona
State & Local Legislative Bodies

Gary Wingrove, Buffalo, Minnesota
Hospital-based EMS

Joseph Wright, Upper Marlboro, Maryland
Pediatric Emergency Physicians