

National Emergency Medical Services Advisory Council

Meeting Summary

July 30–31, 2015

**The Ronald Reagan Building and International Trade Center
1300 Pennsylvania Ave, NW
Washington, DC**

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National Emergency Medical Services Advisory Council July 30–31, 2015

Meeting Summary

These minutes, submitted pursuant to the Federal Advisory Committee Act, are a summary, discussions that took place during the National Emergency Medical Services Advisory Council (NEMSAC) meeting on July 30–31, 2015. See Appendix A for a list of meeting participants.

Day 1: July 30, 2015

Call to Order, Introductions, and Opening Remarks

Drew Dawson

Mr. Dawson called the meeting to order at 9:01 am. He explained that since the National Emergency Medical Services Advisory Council (NEMSAC) last met, 19 members had rotated off the council, 19 new members had been appointed, and 6 members had been appointed for a second term. Mr. Dawson reminded all NEMSAC members to use the council's three core values as a guide to their work on NEMSAC's behalf: be visionary, be strategic, and be diligent.

NEMSAC observed a moment of silence in honor of Dr. Norman McSwain, a friend and colleague who had died a few days earlier.

Remarks from the National Highway Traffic Safety Administration

Mark Rosekind, Ph.D.

Dr. Rosekind welcomed new NEMSAC members and thanked veteran members for their service. He explained that NEMSAC brings thought leaders together to plot the future and determine how to achieve the group's recommendations. Dr. Rosekind also explained that NHTSA the National Highway Traffic Safety Administration (NHTSA) works not only to prevent crashes, but also to make sure that people survive them. Emergency medical services (EMS) providers help NHTSA achieve its mission. Another aspect of NHTSA's mission is to ensure that EMS providers reach their own homes safely after saving the lives of others.

The discussions and recommendations of NEMSAC have national importance because they translate into saved lives. NHTSA has high expectations of NEMSAC, which will come up with recommendations for the Department of Transportation (DOT) to implement.

Discussion

Mr. Sinclair asked about lessons for EMS from the National Transportation Safety Board (NTSB) activities related to train and airplane accidents. Dr. Rosekind said that NHTSA could facilitate interactions between NTSB and the EMS community. He suggested that NHTSA obtain information on survival factors to inform EMS.

Mr. Rodriguez asked about efforts to prevent wrong-way driving. Dr. Rosekind said that NTSB has issued a report on this topic, and NEMSAC could address it in its recommendations.

Swearing in of NEMSAC Members

Mark Rosekind, Ph.D.

Dr. Rosekind administered the oath of office to the new NEMSAC members.

Remarks on the Federal Interagency Committee on EMS

Edward J. Gabriel, M.P.A.

Mr. Gabriel chairs the Federal Interagency Committee on EMS (FICEMS), where he represents the Department of Health and Human Services (DHHS). FICEMS has representatives from DOT, Departments of Homeland Security and Defense, and Federal Communications Commission. In addition, FICEMS has one state EMS director. Congress created FICEMS in 2005 to “ensure coordination among the Federal agencies involved with State, local, tribal, or regional EMS and 9-1-1 systems.” FICEMS receives advice and consultation from NEMSAC and administrative support from NTHSA. Mr. Gabriel asked NEMSAC to provide recommendations to FICEMS that are practical and operational and that will make a difference to patients or providers.

Discussion

Mr. Sinclair asked whether NEMSAC should examine the EMS-related projects, Centers for Medicare and Medicaid Services (CMS) Innovation Center. Mr. Gabriel replied that his office at DHHS has worked with CMS on several projects. He added that innovation, such as identifying people who depend on electronic technologies for use by EMS providers, is important in all aspects of EMS.

Mr. Rodriguez asked about federal plans to enhance training and preparedness for active shooter situations that states could use as models and about funding to maintain mobile field hospitals. Mr. Gabriel agreed that preparedness for major events needs to improve, and plans need to be updated as the public’s needs change.

Priorities of NEMSAC Members’ Sectors

Drew Dawson

Mr. Dawson asked each NEMSAC member to identify real or possible conflicts of interest and the chief issues in the sector they represent. Their conflicts of interest are in Appendix B, and their chief priorities are listed below.

- Mr. Baird: Evolution of scope of EMS services to preserve the field’s relevance to the health-care delivery system, future; payment reform to ensure sustainability of new models
- Dr. Braithwaite: Use of technology and evidence to better integrate services before and during the patient’s time in the hospital; recognition of EMS as a legitimate field
- Mr. Hooten: Mobile integrated health care; funding, research, and education to address psychological needs and fatigue in EMS providers

- Mr. Robbins: Funding mechanisms for EMS services based on treat, release, and refer or transport patients to alternative health-care facilities; funding for advanced technology; science-based medicine
- Mr. Sinclair: Funding to sustain the evolving EMS delivery model; surge capacity to respond to dynamic events (such as active shooters)
- Dr. Shah: Full integration of children into the EMS infrastructure through evidence-based practice; equitable responses to the EMS needs of children and adults
- Dr. Cunningham: Physician oversight, guidance, and involvement for all EMS activities; EMS education by physicians
- Mr. Pawlak: Enhanced role of EMS in major transportation and active shooter events
- Ms. Altenhofen: Compensation for EMS services
- Mr. Kaye: Training for technicians in documentation; standard documents (including a data dictionary) for community paramedics to show the value of their services
- Dr. Fallat: Updates to the Trauma System Agenda for the Future; integration of pediatric trauma care; education on compassionate care by EMS when a child dies
- Mr. Mullins: Enhanced role of EMS dispatchers
- Mr. Lucas: 9-1-1 as the data conduit for EMS; implementation of next-generation 9-1-1 system
- Ms. Lubogo: Improved EMS responses to people with disabilities; education for consumers on helping first responders; bridging of gaps between EMS and pediatric EMS
- Mr. Emery: Increased reimbursement; mobile integrative health technologies; training for tribal EMS providers in rural areas
- Mr. Gale: Mobile integrated health technologies; data collection on prehospital/hospital links; increased relevance of EMS providers to health-care providers
- Mr. Hastings: Integration of patient data from EMS providers into hospital electronic medical records; collaboration across the continuum to ensure preparedness for disasters
- Dr. Diaz: Sustainability of community paramedicine projects; seamless transfers across state lines using EMS resources
- Mr. Rodriguez: Funding for education and training at local levels
- Mr. LeBlanc: Approaches to decrease rates of serious and fatal injuries; integration of data from crash reports and EMS to analyze incidents
- Mr. Garrett: Access for EMS providers to electronic medical records; mental health needs of EMS providers; preventive maintenance to address needs before people call 9-1-1
- Ms. Montera: Collaboration between EMS and public health; education for providers; collaboration with nurses
- Ms. White: Education for EMS providers about research; funding for research; development and implementation of research; evidence-based guidelines
- Dr. Monosky: Parity between EMS and other allied health professions through formal education beyond training for certification
- Mr. McIntyre: Patient safety; provider safety; effect of Deregulation Act of 1984 on the air medical industry

Overview, FICEMS Strategic Plan and Interagency Coordination

Noah Smith

FICEMS created a strategic plan that identifies the FICEMS mission: to “ensure coordination among Federal agencies supporting local, regional, State, tribal, and territorial emergency medical services and 9-1-1 systems to improve the delivery of EMS services throughout the nation.” The plan has 6 goals and 30 actionable objectives. FICEMS selected the following priority objectives for 2014:

- Data (Objective 2.2): Promoting standardization and quality improvement of prehospital data by supporting the adoption and implementation of National EMS Information System (NEMSIS)-compliant systems
- Evidence-based Guidelines (Objective 2.1): Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process
- Preparedness (Objective 3.3): Improving EMS system all-hazard preparedness, including pandemic influenza, through support of coordinated, multidisciplinary planning for disasters
- Military to Civilian Transition (Objective 6.3): Work with state EMS offices to support the transition of military EMS providers to civilian practice

NEMSAC suggested that FICEMS first address the following short-term, high-priority objectives:

- 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”

NEMSAC also identified measurable outcomes for each,se objectives and created a process for monitoring implementation, strategic plan and creating a new strategic plan in year 5.

Discussion

Dr. Shah asked for clarification on the high-priority objectives that FICEMS is addressing. Mr. Smith explained that FICEMS and NEMSAC identified different sets of high-priority objectives. Therefore, FICEMS integrated a focus on the NEMSAC priorities into the committees it formed to address the original FICEMS priority objectives.

How NEMSAC Creates its Recommendations

Noah Smith

NEMSAC may issue reports in two formats:

- **Advisories**: In-depth policy briefs that define a problem and offers recommendations to DOT and FICEMS for addressing the problem
- **Letters**: Short, time-sensitive responses to inquiries from DOT or FICEMS

NEMSAC uses a similar process to approve a recommendation for advisories and letters. First, a NEMSAC subcommittee develops a recommendation. NEMSAC then discusses that recommendation at a public meeting. To affirm a recommendation in an advisory, NEMSAC must vote affirmatively on the recommendation, accept public comment, and then vote affirmatively a second time. However, a single affirmative vote is sufficient to affirm a recommendation in a letter.

The designated federal official and NEMSAC chair establish NEMSAC subcommittees, which can be temporary or standing, to develop recommendations. Subcommittees meet by teleconference, and NHTSA provides administrative support.

Discussion

Mr. Hooten asked how NEMSAC creates the verbiage for its recommendations. Mr. Smith replied that subcommittee members draft the language for the full NEMSAC to consider at a public forum. Ms. Lubogo asked whether NEMSAC can respond to public comments on its recommendations. Mr. Smith said that NEMSAC must respond to public input as appropriate. Dr. Shah asked how NEMSAC determines the recipient of its recommendations. Mr. Smith explained that NEMSAC may issue recommendations to any DOT agency that conducts work related to EMS. If NEMSAC wants to address its recommendation to another agency or department represented on FICEMS, it must address that recommendation to FICEMS.

Review and Discussion of Previously Approved NEMSAC Recommendations

Noah Smith

Mr. Smith reviewed some, 59 advisory recommendations that NEMSAC has issued to NHTSA or FICEMS since 2008. NHTSA reviews all NEMSAC recommendations at least once a year to ensure that its projects and resources address these topics.

Discussion

Mr. Sinclair noted that NEMSAC uses a deliberative process and sometimes takes a long time to reach a conclusion on a given issue. Mr. Smith said that NEMSAC's process was designed to move slowly to prevent poorly considered reactions. NEMSAC's work lives beyond the 2-year appointment of any member. Mr. Sinclair said that another important aspect of NEMSAC's work is transparency and the welcoming of public comment. Dr. Braithwaite asked about ways to learn about stakeholder group meetings related to the issues that NEMSAC addresses. Dr. Dawson said that NEMSAC's federal partners can provide this type of information to NEMSAC.

Overview, NHTSA Office of Emergency Medical Services

Drew Dawson, Noah Smith, Susan McHenry, Cathy Gotschall, David Bryson, and Laurie Flaherty

Mr. Dawson explained that the mission, Office of EMS is to reduce death and disability by providing leadership and coordination to the EMS community in assessing; planning; developing; and promoting comprehensive, evidence-based EMS and 9-1-1 systems. NHTSA accomplishes all of its work through partnerships and cooperation. The Office of EMS has two major related program areas: EMS and the National 9-1-1 Program. The office receives funding from Congress and the Health Resources and Services Administration (HRSA).

Mr. Smith reported that one strategic goal, Office of EMS is to support national EMS data standardization, research, and development of evidence-based practices. The office is committed to work with DHHS and with regions and states to make EMS data interoperable and to ensure that EMS data are part, broader set of health-care data.

Ms. McHenry described NEMSIS, which assembles data that states collect from local providers. NEMSIS helps states continuously improve their EMS systems and helps federal agencies make decisions about policies, education standards, and programs. NEMSIS is also useful for evaluating patient care and outcomes, research, national fee schedules and reimbursement policies, and disaster preparedness. NEMSIS contains more than 43 million patient care records, and its data can be integrated into hospital medical records. NEMSIS address FICEMS strategic plan objectives (SPOs) 2.2 and 4.1.

Mr. Smith described EMS Compass, a collaboration between the Office of EMS and the National Association of State EMS Officials (NASEMSO). Compass is designed to improve systems of care through implementation of meaningful measures and to demonstrate the value and quality of EMS across the nation. States and localities will be able to use the Compass tools to assess their baseline performance and use data to drive improvements (SPO 1.1).

Dr. Gotschall described a model process approved by FICEMS and NEMSAC to initiate, prioritize, develop, disseminate, evaluate, and revise prehospital evidence-based guidelines (SPO 2.1). HRSA and NHTSA supported the development and publication of four evidence-based prehospital guidelines using this model. The Office of EMS has a cooperative agreement with the National Association of EMS Physicians to develop a sustainable mechanism to support evidence-based guideline development, implementation, and evaluation (Goal 3 of FICEMS strategic plan). Ms. McHenry added that the Office of EMS funded a NASEMSO agreement to develop a battery of national model clinical prehospital guidelines.

Mr. Bryson discussed the Office of EMS charge of promoting a safe and prepared workforce. NHTSA and HRSA sponsored the development of a strategy document on this topic by the American College of Emergency Physicians (SPO 5.4). He added that NHTSA's ground ambulance safety activities include an investigation program for crashes that result in serious injury or fatality. The NHTSA Office of Defect Investigations collects reports on defects in ground ambulances, and the Office of EMS recently published findings from an analysis of

ambulance crashes over 20 years. The office also developed recommendations for safely transporting children in ambulances.

Mr. Dawson reported that NHTSA published an assessment, EMS workforce, 21st century. NHTSA is also collaborating with the National Institute for Occupational Safety and Health to address workforce injuries in EMS workers and with the Department of Defense to lead the Military Credentialing and Licensing EMS Task Force. An agreement with NASEMSO supports ways to expedite the licensing of veterans for civilian EMS (SPO 6.4).

Mr. Bryson described the EMS education agenda for the future developed by NHTSA, HRSA, and the national EMS community (SPO 6.1). The agenda establishes a vision for national EMS education standards, core content, and scopes of practice.

Mr. Dawson discussed the office's role in developing standards and training for federal disaster preparedness in collaboration with several other federal agencies (SPO 3.3).

Ms. Flaherty explained that the resource center, National 911 Program has guidelines to assess statewide 911 systems, a clearinghouse of resources for 911 systems, and a collection of data on state 911 systems. Other activities and resources include a 911 system assessment program, minimal training standards for 911 telecommunicators, and monthly webinars on federal activities and the activities of state and local 911 authorities. The National 911 Program also coordinates public and private stakeholders at local, state, and national levels, including federal agencies and professional associations.

Dr. Gotschall reported that with the American College of Emergency Physicians, the Office of EMS is supporting the development of a curriculum and training program on use of advanced automatic crash information for EMS and 911 medical directors.

Mr. Smith described a cooperative agreement between NHTSA and Mt. Sinai to build a framework to test EMS innovations. The results will show what does and does not work.

FICEMS Agency Ongoing Projects

DHHS

Gregg Margolis, Ph.D.

The primary focus areas, DHHS Office, Assistant Secretary for Preparedness (ASPR) and Response include preparedness planning and response; building federal medical operational capabilities; countermeasure research, advanced development, and procurement; and grants to strengthen health system capacity. The Emergency Care Coordination Center leads the government's effort to create an emergency care system that is patient and community centered, integrated into the broader health-care system, of high quality, and prepared to respond during public health emergencies.

The Office, National Coordinator of Information Technology coordinates nationwide implementation and use of advanced health information technology and electronic exchange of

health information. The office worked with NHTSA and ASPR to ensure inclusion of EMS providers in the federal health information technology strategic plan and nationwide interoperability roadmap.

HRSA

Elizabeth Edgerton, M.D.

HRSA addresses the entire spectrum of emergency services for children by ensuring integration of pediatric services into EMS and promoting state-of-the-art emergency medical care for ill or injured children and adolescents. HRSA's EMS for Children program awards approximately \$20 million in grants each year to states and territories to assess pediatric prehospital emergency care, provide education and training for prehospital providers, and ensure availability of pediatric medical direction. The Pediatric Emergency Care Applied Research Network conducts research on prevention and management of illnesses and injuries in children and youth.

Department of Homeland Security

Ray Mollers and Michael Stern

Mr. Mollers explained that the Department of Homeland Security (DHS) Office of Health Affairs coordinates all EMS-related activities across the department. Other components of DHS with EMS-related activities and products include the Science and Technology Directorate and National Protection Programs Directorate. The Office of Health Affairs manages a contract cofunded by DOT and DHHS for FICEMS strategic planning. The office's activities include the *First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents* (SPO 6) and, with NASEMSO, the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) and *EMS Domestic Improvement Preparedness Strategy*.

Mr. Stern reported that the US National Fire Administration (NFA) offers EMS courses, including courses on EMS functions in incident command systems, EMS incident operations, and EMS special operations. NFA has also added EMS-related topics to NFA courses that do not focus on EMS.

Discussion

Ms. Lubogo asked about partnerships between NFA and community-based organizations to provide training for first responders in working with people with disabilities. Mr. Stern replied that NFA does not provide patient care training, but some NFA courses do address the needs of special populations.

Mr. Sinclair asked Mr. Mollers about the effect on the DHS budget of addressing the issues surrounding unaccompanied children entering the United States. Mr. Mollers replied that this issue did occupy a substantial amount, agency's resources last year. Ms. Lubogo added that EMS providers need education on responding in culturally appropriate ways to people from different cultural backgrounds. In response to another question from Mr. Sinclair, Mr. Mollers explained that DHS personnel are developing a report on how to provide bystanders with the resources and knowledge required to render care before first responders arrive. Mr. McIntyre asked about surge

capacity during non-disaster times. Mr. Mollers suggested that this might be a good issue for NEMSAC to address.

Dr. Monosky asked about the status, educational components, EMS Agenda for the Future. Mr. Dawson explained that NEMSAC recently revised some components, educational aspects, agenda. A more thorough review will await the pending revision, full Agenda for the Future in FY 2016.

Mr. McIntyre asked about the inclusion of EMS in conditions of participation that health-care providers must meet to participate in Medicare and Medicaid. Dr. Margolis was not aware of plans to develop conditions of participation for EMS. CMS typically allows EMS providers to participate if they have state approval.

Public Comment

Dia Gainor, Executive Director of NASEMSO and former NEMSAC Chair, called for more states to pass REPLICA. She also suggested that NEMSAC consider revising its advisory on REPLICA to help state officials make the case for implementing it.

Day 2: July 31, 2015

Use of Naloxone in EMS Systems

Mr. Dawson asked NEMSAC members for comments on the use of naloxone to treat opioid overdose in EMS. Several NEMSAC members reported that naloxone is widely available to EMS providers. Mr. Robbins said that patients dosed with naloxone often wake up immediately and become combative. Those who administer naloxone need to be prepared for this possibility. Dr. Braithwaite expressed concern about allowing nonmedical professionals to use a medication that is not benign and whose use is not recorded in any medical record. Dr. Diaz called for standardization of naloxone's use in EMS.

Nominations and Elections of Chair and Vice-Chair

NEMSAC members elected Mr. Sinclair as the new NEMSAC chair and Ms. Montera as the new NEMSAC vice chair. Mr. Sinclair served as chair for the remainder, meeting.

NEMSAC Focus Areas for 2015–2017

Mr. Dawson asked NEMSAC members to identify potential topics for recommendations to be developed by new subcommittees. NEMSAC members identified the issues listed in Appendix C and agreed to group these topics into the following “buckets”:

1. Funding and reimbursement
2. Roles, professionalism, and education
 - a. Community paramedicine and mobile integrated health care
3. Data integration and technology
4. Patient care, quality improvement, and general safety issues

5. Provider and community education

A motion carried to adopt the five categories and for the NEMSAC chair, vice chair, and designated federal official to assign priorities to each category, create new standing subcommittees to address the categories, and form two ad hoc subcommittees to address REPLICA and naloxone.

Public Comment

Ms. Gainor commented that NEMSAC's preliminary list of topics did not include safety for EMS personnel or patients. She also asked the council to keep in mind that states have considerable strength to change EMS systems. Bill Toon, EMS Training Manager at the Department of Fire, Rescue & Emergency Management in Loudon County, Virginia, suggested that NEMSAC address education for the EMS workforce on the patients that they are most likely to work with. Mike Touchstone, President, National EMS Management Association, challenged NEMSAC to consider new ways of identify problems and solutions.

Approval of March 31 to April 1, 2015 Meeting Minutes

A motion to approve the minutes, NEMSAC spring 2015 meeting carried unanimously.

Charge to the Council and Next Steps

Mr. Dawson announced that Ms. McHenry will take over primary staff support for NEMSAC over the next 2 months, and Mr. Smith will take on primary responsibility for NEMSIS in anticipation of Ms. McHenry's upcoming retirement.

Dr. Braithwaite asked if NHTSA could schedule at least two NEMSAC meetings in advance to facilitate scheduling for NEMSAC members. Mr. Smith said that NHTSA plans to do this.

Adjourn

A motion carried to adjourn the meeting at 11:50 a.m.

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

John Sinclair, Chair, NEMSAC

Date

These minutes will be considered formally for approval by the council at its next meeting. Any corrections or insertions will be made in the minutes at that time.

Appendix A: Participants

National Emergency Medical Services Advisory Council Members and their Sectors

Katrina Altenhofen, M.P.H. Volunteer EMS Washington, IA	Brett Garrett EMS Practitioners McCalla, AL	Keith Monosky, Ph.D., M.P.M. EMS Educators Ellensburg, WA
Shawn Baird, M.A. Private EMS Portland, OR	Michael A. Hastings, M.S., R.N. Emergency Nurses Austin, TX	Anne Montera, B.S.N. Public Health Sector Eagle, CO
Sabina Braithwaite, M.D., M.P.H. Emergency Physicians Wichita, KS	Douglass Hooten, M.B.A. Local EMS Service Administrators Fort Worth, TX	Terry Mullins, M.B.A. State EMS Directors New River, AZ
Carol Cunningham, M.D. EMS Medical Directors Akron, OH	Sean Kaye EMS Data Managers Chapel Hill, NC	Steven Pawlak, M.S. Emergency Management Union, NJ
Steven Diaz, M.D. Hospital Administration Augusta, ME	John LeBlanc State Highway Safety Directors Baton Rouge, LA	Freddie Rodriguez State/Local Legislative Bodies Pomona, CA
Eric Emery Tribal EMS Rosebud, SD	Nanfi Lubogo Consumers Cromwell, CT	Manish Shah, M.D. Pediatric Emergency Physicians Houston, TX
Mary Fallat, M.D. Trauma Surgeons Louisville, KY	David Lucas Dispatcher/9-1-1 Lexington, KY	John Sinclair Fire-based EMS Ellensburg, WA
Val Gale At-large member Gilbert, AZ	Chad McIntyre Air Medical Jacksonville, FL	Lynn White, M.S. EMS Researchers Copley, OH
		Vincent Robbins, M.S. Hospital-Based EMS Hamilton Square, NJ

Speakers

David Bryson
Office of Emergency
Medical Services, National
Highway Traffic Safety
Administration (NHTSA)
Department of
Transportation (DOT)

Drew Dawson, Designated
Federal Official for
NEMSAC
Office of Emergency
Medical Services, NHTSA,
DOT

Elizabeth Edgerton, MD
Division of Child,
Adolescent and Family
Health, Health Resources
and Services
Administration

Laurie Flaherty, RN, MS
Office of Emergency
Medical Services, NHTSA,
DOT

Edward J. Gabriel, MPA,
Chair, Federal Interagency
Committee on EMS
Department of Health and
Human Services

Cathy Gotschall, ScD
Office of Emergency
Medical Services, NHTSA,
DOT

Gregg Margolis, PhD
Division of Health
Systems and Health Policy,
Department of Health and
Human Services

Susan McHenry, MS
Office of Emergency
Medical Services, NHTSA,
DOT

Ray Mollers
Office of Health Affairs,
Department of Homeland
Security

Mark Rosekind, Ph.D.
NHTSA, DOT

Noah Smith
Office of Emergency
Medical Services, NHTSA,
DOT

Mike Stern
U.S. Fire Administration

Appendix B: Conflicts of Interest

NEMSAC members disclosed the following conflicts of interest and potential conflicts of interest:

- Ms. Altenhofen: Director, State EMS Services for Children Program; member, Pediatric Emergency Care Council, National Association of State EMS Officials
- Mr. Kaye: Employment by an organization that houses the National Coalition, Bio-Preparedness, Department of Homeland Security (DHS)
- Mr. Baird: Former board member and cochair, Government Affairs Committee, American Ambulance Association (AAA)
- Dr. Braithwaite: Member, EMS Committee, American College of Emergency Physicians; clinical educator, Teleflex[®]
- Dr. Cunningham: Member of committees, DHS Security First Responders Group and EMS Support Team, National Integration Center Strategic Resource Group Support Team; helped develop crisis standards of care, Institute of Medicine; member of Department of Health and Human Services disaster preparedness panels; involvement with National Preparedness Leadership Institute, Harvard University; co-principal investigator, National Association of State EMS Officials national model EMS clinical guidelines project; member, board of advisors, Committee for Tactical Emergency Casualty Care; member, EMS Examination Committee, American Board of Emergency Medicine
- Mr. Emery: Member, National Native American EMS Association; board member, Indian Health Service Great Plains EMS Managers Association
- Dr. Fallat: Has Health Resources and Services Administration (HRSA) funding for EMS in Children program and a targeted issues grant on compassionate EMS care when a child dies
- Mr. Hooten: Board member, AAA; president, Texas EMS Alliance Association; president, Academy of International Mobile Healthcare Integration
- Dr. Monosky: Educator-at-large, Commission on Accreditation of Allied Health Education Programs; cochair, Consortium of Academic Programs in EMS
- Ms. Montera: Executive director, Central Mountain Regional EMS and Trauma Advisory Council, which has a pass-through DHS grant
- Mr. Pawlak: Board member, Northeast Healthcare Coalition for New Jersey
- Mr. Robbins: Board member and president elect, National EMS Management Association; editorial board member, *EMS World*; board member, North Central EMS Institute
- Dr. Shah: Grant funding from HRSA's EMS for Children program; program director, EMS for Children State Partnership in Texas
- Mr. Sinclair: Second vice president, International Association of Fire Chiefs; employee of agency with Federal Emergency Management Agency funding
- Mr. Rodriguez: Member, California assembly and Insurance and Health Committees; chair, Select Committee on Local Emergency Preparedness

- Ms. White: Board member, National Association of EMS Physicians; advisory council member, National EMS Information System; advisory committee member, Cardiac Arrest Registry to Enhance Survival

Appendix C. Potential NEMSAC Priority Issues for 2015-2017

During a brainstorming session on the second day of the meeting, NEMSAC members suggested the following topics as potential priorities for NEMSAC to address in 2015–2017:

- How EMS should fit into the broader health-care system and be compensated for its services
- National EMS Information System 2025
- Methods to more fully incorporate public safety access point (PSAP) technology and staff to reduce the burden of injury and illness
- Role of community paramedicine in health care
- Data integration of EMS and hospital records for quality improvement and outcome information
- EMS workforce as an essential piece of the health-care system
- Community paramedics (CPs) as a workforce issue
- Vision for data throughout the continuum from 9-1-1 and PSAP through care episodes
- Strategy for transition to formal education as a credential for EMS providers
- Commonalities and core competencies of CPs and mobile integrated health
- Funding and reimbursement improvements (starting with a review of previous NEMSAC recommendations)
 - Quality, outcomes, value-based care
- How to assess the value of outcomes influenced by EMS
- Reimbursement when best practices are not paid for
- Data quality improvement
- Clearinghouse of performance measures and improvement methods
- Funding for research similar to the Pediatric Emergency Care Applied Research Network
- Provider understanding of research and its importance
- Standardized training for local data managers to ensure high-quality data
- Standard CP dataset
- CPs to enhance care in rural areas and a better understanding of implementation
- Identification and rapid implementation of “best practices” linked to reimbursement on an ongoing basis.
 - Decrease in time lag for uptake of those practices
- Integration of best practices and evidence-based guidelines with performance measurement and financial incentives
- Guidance for EMS role in active shooter incidents
 - Guidelines for tactical EMS providers
- Guidance for the use of naloxone
- Previous recommendations from NEMSAC to FICEMS
- Next-generation 911 and new technology to locate people seeking assistance
- Agenda for the future that includes full integration of EMS with health care
- Drug shortages and regular access
- Priority dispatching
- CP education
- Expansion of reimbursement opportunities beyond transportation

- Behavioral health improvements in the out-of-hospital setting and appropriate dispositions
- Multidirectional flow of health data for quality improvement, performance measurement, partnerships, surveillance, and infectious disease concerns
- Appropriate utilization of health emergency medical services and education
- EMS provider mental health
- Clarification of Health Insurance Portability and Accountability Act for EMS
- Data linkage among crash records and health records to better identify serious injuries and outcomes
- Community education
- Education for EMS providers on care for people with disabilities or complex medical needs
- Updates to model trauma systems planning guidance and incorporation of pediatric care
- Education for providers on patient-centered and more compassionate care
- Definition of EMS agencies and professionals as health-care providers
- EMS providers as decision makers and a specialty practice of medicine
- Access to controlled substances and medications for EMS providers
- Quality and safety of patient care
- Adoption of Recognition of EMS Personnel Licensure Interstate CompAct
- Revision of education agenda to align it with current practice
- Alternative destination or appropriate disposition