National Emergency Medical Services Advisory Council

Meeting Summary

April 18–19, 2016

The FHI 360 Conference Center, 8th Floor
1825 Connecticut Ave., NW,
Washington, DC 20009

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National Emergency Medical Services Advisory Council
April 18–19, 2016
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 April 18–19, 2016. See Appendix A for a list of meeting participants.

Day 1: April 18, 2016

Call to Order, Introductions, and Opening Remarks

John Sinclair; Michael Brown, PhD, MS; and Blair Anderson

Mr. Sinclair opened the meeting at 9:00 a.m. and welcomed NEMSAC members and other participants. Mr. Brown, the designated federal official, also welcomed the federal liaisons to the meeting.

Mr. Anderson, Deputy Administrator of NHTSA and the new Chair of the Federal Interagency Committee on EMS (FICEMS), reported that in 2015, FICEMS voted to support the use of federal funds to develop and enhance emergency medical system (EMS) data systems and asked all federal agencies to support, through applicable grant programs, the National EMS Information System (NEMSIS) version 3. Mr. Anderson encouraged NEMSAC members to respond to the FICEMS request for information on the revision of the EMS Agenda for the Future. The comment period ends on June 30, 2016.

In 2014, more than 47,000 people died of overdoses in the United States, and 61% of these overdoses involved opiates. FICEMS recently issued a position statement calling for full integration and coordination of EMS systems with community-wide efforts to plan and respond to opioid overdoses. In addition, the National Highway Traffic Safety Administration (NHTSA) is developing evidence-based guidelines for managing opioid overdose.

Mr. Sinclair asked NEMSAC members to identify conflicts of interest that have arisen since the December 2015 NEMSAC meeting. Mr. LeBlanc stated that a portion of his salary is covered by NHTSA funds. No other NEMSAC member reported a new conflict of interest.

Federal Liaison Update

Department of Transportation (DOT)

Michael Brown, PhD, MS; Gamunu Wijetunge, MS; and Susan McHenry, MS

DOT is developing guidance in partnership with FICEMS and the Office of National Drug Control Policy for EMS and other communities on opioid overdose. NEMSAC might consider a teleconference in the near future to review and provide feedback on the policy, which would help DOT move forward rapidly on this guidance.

NHTSA has written a letter to NEMSAC requesting advice on whether to revise the National EMS Scope of Practice Model to add administration of narcotic antagonists to the scope of practice for emergency medical responders and emergency medical technicians (EMTs). NHTSA will launch a 2-year process in the fall of 2016 to revise the EMS Agenda for the Future and the scopes of practice. NHTSA could either revise part of the scope of practice to handle responses to opioid overdose in the short term or address this issue as part of the overall revision, which will take another 2 years or so. NHTSA is co-funding an Agency for Healthcare Research and Quality evidence review to support the development of an evidence-based guideline for prehospital management of opioid overdose.

In response to a question from Mr. Sinclair, Mr. Brown reported that DOT has advertised the opening for a new Director of the Office of EMS.

Department of Homeland Security (DHS)
Ray Mollers, MSA

The Office of Health Affairs at DHS expects to post notices of some staff vacancies soon, including division director, deputy chief medical officer, and medical officer. DHS continues to monitor progress with the anthrax vaccine and prepare for the possibility of testing the vaccine. The Blue Campaign, a collaborative effort to combat human trafficking led by DHS, held a webinar for EMS providers on how to identify possible victims of human trafficking. The department continues to support efforts to "Stop the Bleed" and provide resources to prepare EMS providers for integrative responses to active shooter incidents.

In other news, Eric Chaney is the new Director of the Workforce Health and Medical Support Division. DHS will issue a contract soon to replace the Electronic Patient Care Reporting System. Over the next 5 years, DHS will increase the number of EMTs at border stations by at least 20%. Finally, DHS is producing a handbook for EMS providers on medical care for canines. Mr. McIntyre recommended that DHS reach out to air medical programs, which often transport service animals.

Department of Health and Human Services (HHS)
Kevin Horahan, JD, MPH

HHS activities include celebrating EMS Week in May, issuing guidance on personal protective equipment to prevent transmission of Zika virus, and testing a new type of burn dressing for the Strategic National Stockpile. The HHS Ventures EMS/Health Information Exchange (HIE) Project is preparing to test the Patient Unified Lookup System for Emergencies in California. This project will connect health systems and HIEs through a secure portal that will be accessible to first responders in a disaster.

NEMSAC Input on Naloxone Use by EMS Providers

Mr. Sinclair said that if NHTSA completes a partial revision of the scope of practice now to address naloxone use by EMS providers, states may need to revise their educational models now and again in 2 years, when the entire scope of practice is revised. Dr. Cunningham pointed out that several states that are not required to adopt the national scope of practice verbatim have already expanded their scope of practice to permit EMS providers to administer naloxone. Dr. Braithwaite said that naloxone is only one of many options for managing opioid overdose. Dr. Monosky noted a lack of consensus on whether airway management or opioid antagonists are best for managing opioid overdose in prehospital settings.

Several NEMSAC members voiced support for immediate action to address this important and pressing public need. Mr. McIntyre pointed out that overly aggressive airway management can harm patients, but Dr. Braithwaite commented that inhaled naloxone can also have major adverse effects. Drs. Monosky and Cunningham noted that any change in the scope of practice to permit the use of naloxone by EMS providers must be accompanied by education in both naloxone administration and airway management. Mr. Robbins and Drs. Braithwaite, and Cunningham emphasized the need to roll out the change with caution, pointing to the lack of evidence that widespread naloxone administration has a positive impact on public health.

NEMSAC will form a new ad hoc committee chaired by Ms. Montera to address the issues raised by the NHTSA request and the current discussion. Dr. Shah recommended that the committee collect data from states that do and do not permit EMS providers to administer naloxone to determine whether its use reduces mortality rates. Ms. McHenry asked the committee to try to create a draft response/advisory for NEMSAC review by public teleconference in the summer.

Update on Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)

Dia Gainor, MPA

REPLICA gives appropriately credentialed individuals the legal ability to practice in another state. REPLICA also give states additional EMS authority and ability to share information on licensure, adverse actions, and investigatory information on licensed individuals in member states. To date, seven state legislatures have signed REPLICA into law. A total of 10 states must sign it to activate the compact.

REPLICA requires participating states to require use of the National Registry of EMTs examination to issue initial licenses for EMTs and paramedics. Several states would have to change their licensure rules within 5 years of REPLICA activation to become eligible to join the compact. Furthermore, states that do not already do so would need to starting using fingerprint or other biometric data in criminal background checks for initial licensure within 5 years.

Public Comment

Ms. Gainor commented that some National Association of State EMS Officials members would like to respond to NHTSA's request to NEMSAC by providing information on state needs with respect to scope of practice models to address naloxone administration by EMS providers. Members strongly support a revision of the scope of practice model.

Ms. Gainor also described the EMS COMPASS initiative, which is identifying performance measures and their use to improve care. The public has provided comments on the measures, and the first three sets of measures have now been published. Additional measures are in development, and the steering committee will determine the topics of future measure sets. Mr. Kaye asked how the performance measures will be implemented. Ms. Gainor explained that software vendors will be key COMPASS partners and, as states decide to implement NEMSIS version 3, they can also choose to implement the EMS COMPASS measures.

NEMSAC reviewed a letter from the EMS Community Healthcare Coalition encouraging NEMSAC to convene and sustain a focused community paramedicine (CP) data subcommittee to support the development of a standardized method and supporting data dictionary to collect CP/mobile integrated healthcare (MIH) data. Mr. Kaye said that the Data Integration and Technology Committee will review the letter.

David Khanoyan of Tetra Tech AMT described new strategies for preventing helicopter EMS accidents. For example, wide area augmentation systems support the rapid transportation of patients to trauma centers in challenging weather conditions.

Robert McClintock of the International Association of Firefighters reported that the association opposes REPLICA because it would allow non-emergency transport across state lines, which would compromise EMS providers' job security and wages along with patient care. In addition, the compact lacks language to support radio interoperability as providers and patients cross state lines, which affects provider and patient safety. Dr. Shah offered to consider the International Associations of Firefighters' objections to REPLICA in the Ad Hoc REPLICA Committee's draft advisory.

NEMSAC Committee Meetings

The NEMSAC committees met, and their meetings were open to the public. Ms. McHenry asked the committees to try to prepare draft advisories for review at the September NEMSAC meeting.

Day 2: April 19, 2016

Approval of December 1-2, 2015 Meeting Minutes

A motion to approve the minutes of the summer 2015 NEMSAC meeting carried unanimously.

Code Green Campaign

Ann Marie Farina

The Code Green Campaign is a nonprofit organization that is responding to the high rate of mental-health conditions and suicide in first responders. Its activities include:

- Storytelling project
- Resource database
- Education
- Treatment scholarships
- Support groups
- Assistance to the Firefighter Behavioral Health Alliance in tracking suicides

Ms. Farina estimates that at least 300 first responders commit suicide in the United States each year, and suicides are more common than line-of-duty deaths. At least half of EMS providers and other first responders drink excessive amounts of alcohol, and up to half meet at least some criteria for posttraumatic stress disorder.

Ms. Farina asked NEMSAC to support the addition of at least 2 hours of mandatory education for EMS providers on resiliency and mental health to the national curriculum for both initial certification and recertification. She also asked NEMSAC members to report back to their agencies on this issue and encourage them to offer appropriate education immediately.

Discussion

In response to a question from Dr. Fallat, Ms. Farina explained that the leading causes of suicide are work-related stress and family factors. Dr. Diaz suggested that the campaign work with national committees that are addressing suicide in health-care providers. Dr. Monosky said that EMS education does not do enough to help EMS providers recognize the subtle indicators of suicide risk. Many council members pledged NEMSAC's support for the Code Green Campaign and the need for mandatory mental-health training for EMS providers.

Mr. Brown reported that NHTSA has the authorization to implement recommendations from NEMSAC for activities, including education, to protect the well-being of first responders. Mr. McIntyre commented that the EMS culture needs to stop discouraging first responders from seeking help for mental-health issues. Mr. LeBlanc wondered how to encourage young EMS providers to come forward while assuring them that this will not jeopardize their careers. Mr. Sinclair suggested that the Provider and Community Education Committee and the Patient Care, Quality Improvement, and General Safety Committee develop recommendations on the issues that Ms. Farina had described.

NEMSAC Committee Reports

New Committee on Changing the Scope of Practice Models to Incorporate Naloxone Use

Chair: Anne Montera

This new committee had a lively discussion, and members agreed to meet by telephone every 2 weeks. The committee hopes to develop recommendations quickly.

Funding and Reimbursement Committee
Co-chairs: Douglas Hooten, MBA, and Shawn Baird, MA

This committee is revising a 2012 NEMSAC advisory on EMS performance-based funding and reimbursement by adding new data and changing some of the recommendations. The committee's advisory will call for FICEMS to support collection of data on the cost of manualized service by EMS providers. The advisory will also address ways to gain recognition for EMS providers as providers as opposed to suppliers of transportation for reimbursement purposes. The committee expects to complete a draft advisory by the September meeting.

Ad Hoc REPLICA Committee
Cochairs: Freddie Rodriguez and Manish Shah, MD

The committee has completed a draft advisory. The administrative costs for states to activate REPLICA can include fees for criminal background checks and drug testing as well as the costs of personnel to issue new licenses. The non-modifiable language of the legislation is a concern to stakeholders who worry about loss of local control of licensure or other wording. The REPLICA Committee believes that REPLICA is in line with the strategic vision and goals of NEMSAC.

The committee makes the following recommendations:

- For NTHSA: Commission a work group to identify barriers and enablers to enacting REPLICA in states
- For FICEMS: Identify strategies and opportunities within member agencies to enhance REPLICA enactment in all states and territories, including seed money to offset the costs to implement and maintain REPLICA to reach the threshold of 10 states
- For FICEMS: Identify strategies and opportunities within member agencies to support REPLICA adoption in all states and territories and national implementation of REPLICA

Discussion

Dr. Diaz asked about the concern expressed earlier in this meeting that REPLICA's activation could threaten the safety of providers and patients. Dr. Shah replied that according to stakeholders, REPLICA would enhance public safety by increasing the availability of EMS providers.

Mr. Mullins asked how states would compete for the proposed seed money and how federal partners could ensure that states use the seed money for its intended purpose. Mr. Lucas asked the committee to clarify the statement on page 1 that the focus of REPLICA is on licensure to

practice in individual states, not certification, and that REPLICA does not create a universal license permitting EMS practice in every state.

Dr. Brown asked about the purpose of the proposed work group. Dr. Shah explained that this group would be made up of individuals who are not NEMSAC members and it would gather information. Ms. McHenry explained that DHS initiated the REPLICA project and is more engaged in REPLICA than NHTSA. For this reason, it might be best to direct the first recommendation to FICEMS so that its members can determine who should form the work group.

Dr. Cunningham noted some barriers to the enactment of REPLICA that are not discussed in the advisory. Ohio cannot adopt REPLICA because the compact would not permit the state to do all of the investigations it currently has the authority to do. Federal funding could not address this issue. She added that the seed money could be perceived as bribery to join REPLICA, which is not the impression that NEMSAC wants to give.

Mr. Mollers suggested that the committee change the language of the second recommendation to call for more grant funding to support evaluations of REPLICA and associated costs for states. He added that FICEMS already has two committees that are addressing REPLICA. Mr. Mollers offered to assist the committee in modifying the language of the recommendations.

A motion carried to approve the advisory of the REPLICA Committee as amended by the discussion. NEMSAC will vote on the final version in September.

Innovative Practices of EMS Workforce Committee
Co-chairs: Katrina Altenhofen, MPH, and Vincent Robbins, MS

The Innovative Practices of EMS Workforce Committee distributed a draft problem statement and recommendations. The document states that the EMS workforce is essential to the public health and must be recognized as such to ensure adequate financial support. The draft recommendations are to:

- Set aside portions of the health-care workforce grant funding portfolios of all federal government partners for education, research, and infrastructure for EMS providers
- Promote grant programs that encourage innovations in providing EMS and enhance the decision-making opportunities of EMS providers to benefit patients and the health-care system while reducing costs
- Encourage DOT and FICEMS to adopt the Joint National EMS Leadership Forum's position statement on the classifications and definitions of the EMS workforce and collaborate with the Department of Labor to develop more specific descriptions of the EMS workforce to include EMTs and paramedics as separate categories

Discussion

Ms. Lubogo pointed out that the recommendations align with the priorities of the Provider and Community Education, and Mr. Robbins explained that the co-chairs of the two committees have discussed which committee should address each area of mutual interest.

Dr. Monosky pointed out that the problem statement narrowly defines the benefits of EMS. Mr. Robbins said that the NHTSA report, *An Analysis of Prehospital Emergency Medical Services as an Essential Service and as a Public Good in Economic Theory*, which was a starting point for the committee's work uses the term "economic theory" very broadly and does not imply any restrictions on who provides EMS services. These services are essential because they have a positive impact on the health-care system and on the country. Mr. Mullins suggested that the problem statement indicate the difficulties associated with the lack of the type of nomenclature called for in the third recommendation.

Data Integration and Technology Committee
Cochairs: Steven Diaz, MD, and Sean Kaye

The Data Integration and Technology plans to recommend ways for HIEs to support the continuous flow of information needed to standardize quality improvement and surveillance. The committee will also recommend creation of a universal health record that includes EMS and standardized education for local data managers to ensure high-quality data collection. The committee will present its draft recommendations at the next NEMSAC meeting.

The committee reviewed the letter from the EMS Community Healthcare Coalition that recommended developing a standardized method and supporting data dictionary to collect CP/MIH data. The committee determined that creating a data dictionary is not within its scope, but it can recommend that the federal partners create an opportunity for CPs to do so.

Discussion

Mr. Mullins warned the committee not to "aim too low" on this advisory. Mr. Kaye explained that the committee wants data managers to understand the basics of data collection and how to use data to improve system performance. Dr. Braithwaite said that the Patient Care, Quality Improvement, and General Safety Committee has had discussions with the Data Integration and Technology Committee, and both committees agree on the importance of measurement and strong data.

Patient Care, Quality Improvement, and General Safety Committee
Cochairs: Sabina Braithwaite, MD, MPH, and Lynn White, MS

The committee plans to wait for the presentation by Dr. Erin Fox of the University of Utah on drug shortages before deciding whether to address this issue. The committee discussed the barriers resulting from a misunderstanding of the Health Insurance Portability and Accountability Act regulations on sharing of information by hospitals with EMS providers, and it supports the development of evidence-based guidelines, performance measures, and improved tools along with education on how to use them. A recommendation might call for a clearinghouse of performance measures and tools to address performance improvement. The committee will look into the possibility of a summit on mental health and suicide risk in first responders along with related activities of other organizations.

The fourth topic is trauma systems. Dr. Fallat described major milestones in the development of the federal trauma program, including release of *Model Trauma System Planning and Evaluation* in 2006, which has both strengths and challenges. For example, it does not address the limited financial support for trauma system infrastructure or the need for expanded disaster-preparedness programs. The committee would like to recommend revising the 2004 *Trauma System Agenda for the Future* and the 2006 *Model Trauma System Planning and Evaluation.*

Discussion

Mr. Robbins asked about the relationship between the proposed performance standards and EMS COMPASS. Ms. White replied that COMPASS is only one example of many existing sets of performance measures, and the committee plans to address performance standards in general. Mr. Sinclair reported that NEMSAC will schedule a webinar with Dr. Fox to discuss naloxone and drug shortages.

Provider and Community Education Committee
Cochairs: Keith Monosky, PhD, MPM, and Terry Mullins, MBA

The committee plans to recommend a CP/MIH practice analysis to determine the cognitive and psychomotor skills of these EMS providers for inclusion in the EMS Education Agenda for the Future. The committee will also recommend a practice analysis to assess whether the CP role is different from the paramedic role. If important distinctions exist, the committee will recommend development of a CP/MIH scope of practice and education standard.

The committee also discussed the transition from EMS certification to a more formal education process. Published evidence has shown that formal degrees for EMS providers increase earning potential and improve patient and provider outcomes. However, this is an area of much discussion and controversy, and the committee plans to recommend an incremental approach. The committee will also consider the feasibility of retrospective credentialing for practicing paramedics based on experiential learning credits, and it will prepare a draft advisory for NEMSAC's review at the September meeting.

Dr. Cunningham is drafting an advisory on alignment of the National EMS Scope of Practice Model and EMS Education Agenda for the Future with the current practice of EMS medicine. For example, the documents need to reflect current methods of administering naloxone by EMS providers and the public and the urgency of naloxone's use in the current opioid overdose crisis. The documents also need to address the growth of EMS specialty fields. Recommendations in the advisory will call for formation of two multidisciplinary task forces to revise the National EMS Scope of Practice and the EMS Education Agenda for the Future, provision of evidence-based guidelines to these two task forces, and inclusion of current and emerging EMS specialty care roles in the revisions. Additional recommendations will call for funding to review and revise both documents every 5 years and a process to modify the documents during national health crises, such as the current opioid overdose crisis.

Discussion

Mr. Robbins asked about the methods that the committee will recommend for the CP practice analysis. Mr. Mullins replied that other organizations might have already collected this information through surveys and various types of studies. Mr. Garrett pointed out that when hospitals are overwhelmed, people call 911, and this should be addressed in the recommendations on EMS medicine. Mr. Brown mentioned some areas of overlap between a request for proposals from NHTSA and the EMS medicine advisory.

Public Comment

Mike Touchstone, President of the National EMS Management Association, reported that the association released a report on mental health and stress in EMS that provides results from a survey of more than 4,000 EMS providers. The findings showed that EMS practitioners contemplate suicide 10 times more often than members of the public, and their suicide rates are more than 10 times higher than the overall rate. There is a need to obtain a clearer understanding of the scope of this complex problem. Mr. Touchstone called for a first-responder mental-health summit that would bring together stakeholders and subject matter experts, including representatives of all federal departments that have first-response responsibilities. This summit would assess the scope of the problem and research to determine whether the treatments that are effective in the general population are appropriate for first responders.

Nicole Taylor of the International Association of Fire Fighters reported that her organization is addressing the mental-health needs of its members.

David Khanoyan of Tetra Tech AMT said that videos could help spread the word that it is wrong to embarrass first responders who are struggling with mental-health challenges.

Discussion of NEMSAC Next Steps

Ms. McHenry reported that NHTSA has an expanded budget for NEMSAC that will allow the panel to meet a fourth time this year, ideally in conjunction with the December FICEMS meeting so that members of each group can attend each other's meeting. Other next steps are as follows:

- The next NEMSAC meeting will be on September 7–8, 2016.
- All committees should send their final draft advisories to Ms. McHenry at least 2 weeks before the September meeting.
- Committees need to copy Mr. Sinclair and Ms. Montera in all of their email messages.
- Mr. Sinclair and Ms. Montera will write the NEMSAC annual report this spring.

Dr. Brown and Mr. Mollers thanked NEMSAC members for their contributions to this meeting and their commitment to the council.

Adjourn

A motion carried to adjourn the meeting at 11:53 a.m.

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

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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, MPH
Volunteer EMS
Washington, IA

Shawn Baird, MA
Private EMS
Portland, OR

Sabina Braithwaite, MD, MPH
Emergency Physicians
Wichita, KS

Carol Cunningham, MD
EMS Medical Directors
Akron, OH

Steven Diaz, MD
Hospital Administration
Augusta, ME

Eric Emery
Tribal EMS
Rosebud, SD

Mary Fallat, MD
Trauma Surgeons
Louisville, KY

Val Gale
At-large member
Gilbert, AZ

Brett Garett
EMS Practitioners
McCalla, AL

Douglas Hooten, MBA
Local EMS Service Administrators
Fort Worth, TX

Sean Kaye
EMS Data Managers
Chapel Hill, NC

John LeBlanc
State Highway Safety Directors
Baton Rouge, LA

Nanfi Lubogo
Consumers
Cromwell, CT

David Lucas
Dispatcher/9-1-1
Lexington, KY

Chad McIntyre
Air Medical
Jacksonville, FL

Keith Monosky, PhD, MPM
EMS Educators
Ellenburg, WA

Anne Montera
Public Health Sector
Eagle, CO

Terry Mullins, MBA
State EMS Directors
New River, AZ

Vincent Robbins, MS
Hospital-Based EMS
Hamilton Square, NJ

Manish Shah, MD
Pediatric Emergency Physicians
Houston, TX

John Sinclair
Fire-based EMS
Ellenburg, WA

Lynn White, MS
EMS Researchers
Copley, OH

Speakers

Blair Anderson
Deputy Administrator
National Highway Traffic Safety Administration (NHTSA)
Department of Transportation (DOT)

Michael Brown, PhD, MS
Acting Director
Office of EMS
NHTSA, DOT

David Bryson
Office of Emergency Medical Services
NHTSA, DOT

Ann Marie Farina
President
Code Green Campaign

Dia Gainor, MPA
Executive Director
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Kevin Horahan, MPH, JD
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U.S. Department of Health and Human Services

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

John Sinclair
Chair, NEMSAC

Ray Mollers, MSA
Office of Health Affairs
Department of Homeland Security

Anne Montera
Vice Chair, NEMSAC

Gamunu Wijetunge, MPM
Office of Emergency Medical Services
NHTSA, DOT