



# IAFC EMS Section Liaison Report

Submit within 2 weeks to [edavis@iafc.org](mailto:edavis@iafc.org), copy to [mcevoymike@aol.com](mailto:mcevoymike@aol.com)

**Liaison organization/committee name:** **Joint National EMS Leadership Forum (JNEMSLF)**

**IAFC representative name:** David Becker

**Meeting date and location (note if conference call):** Feb. 20, Gaylord Resort & Convention Center @ EMS Today

**Key issues/actions of relevance to IAFC:**

- 1.) NAEMT (Matt Zavadsky) Discussion on PIE recommendations strategy from NAEMT, some tweaks made-*they should be resubmitting to the group.*
- 2.) Discussion on ET3
  - a. No change in Provider term
  - b. Discussion on tele-medicine piece
  - c. Application period
  - d. Requirement of quality metrics
- 3.) NEMSAC meeting April 2-3-4
- 4.) Discussion on Nomenclature
  - a. No one was beating the drum for the change from this group but that may have been due to the groups represented.
  - b. A discussion on the Fiscal Burden this proposed change would impact ( a key point, I feel)
- 5.) NAEMSP (Brent Myers) focus on drug shortages list of 47 to 10 essential drugs (those not in the national stockpile)
- 6.) NFPA (Jon Montes) NFPA 3000 discussed and NFPA 2400 needs EMS reps (he related the usual fire: IAFF and IAFC have members appointed)

**Any recommendations for action by EMS Section Board of Directors?**

- 1.) I have mentioned this before but I do feel a Section Board member should be at every minute of the NEMSAC meetings going forward. I know Evan usually attends, but in the event a topic that impacts the section (and IAFC) if may need to be addressed immediately.
- 2.) Going forward we need to make sure we attend every one of these meeting just to keep in touch with the thoughts and plans of the groups. In many cases we can work on items together.

**If travel involved, who funded this trip?** I was in attendance at EMS Today on behalf of CoAEMSP and my time was available to attend this meeting.

**Date and location of the next meeting:** (?) it will either be at Pinnacle or EMS World

**Date submitted:** Feb. 23, 2019

**Email contact for questions/follow up:** [dsbeckermo@msn.com](mailto:dsbeckermo@msn.com)

**Groups in Attendance:**

I know I did not capture all the groups/people there: but in addition to those mentioned above:

IAFF – Tom Breyer, Robert McClintock

NHTSA – Dr. Krohmer, and Dave Byson and one other

ACEP – Rick Murray

ASPR – Shawn (?)

Red Cross – (?)

NAEMT – Melissa Turnbull

NVFC – Dave Finger

NREMT – Bill Seifarth. and Ray Moellers

NASEMSO – Dia Gainor

# Welcome to the Joint National EMS Leadership Forum



Wednesday February 21, 2019 @ 1300-1600 EST

National Harbor, MD  
Gaylord Convention Center

The mission of the **Joint National Emergency Medical Services Leadership Forum** (JNEMSLF) is to facilitate a shared vision, collaboration, and unity in purpose to improve emergency medical services and conditions that affect emergency medical services throughout the country.

It is the vision of the **JNEMSLF** that timely, stable and accountable local and regional emergency medical services systems with the capacity and performance to ensure optimal patient outcomes must be available throughout the United States. The **JNEMSLF** will achieve this vision through:

- Maintaining contemporary and mutual awareness of the priorities, challenges, and accomplishments of national associations with a leadership role in emergency medical services systems in the United States
- Fostering an environment of trust and information exchange among and between national EMS associations and partners in the executive branch of the federal government
- Identifying matters of mutual importance and developing consensus-based positions for emergency medical services stakeholders and partners at the all levels – local through federal
- Serving as a collective voice for interactions with federal and national organizations when a multi-association, multidisciplinary educational approach is of benefit to all stakeholders

# JNEMSLF AGENDA

- **Introductions**
- Agenda Review/Additions
- Prefiled Burning Platforms
- Emerging Priorities/Select Action Topics
- Adjourn by 1600

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# “Prefiled” Burning Platform (02/19)

## Promoting Innovation in EMS (PIE)

- NAEMT has the floor (handout)
- Matt Z. provided an overview of a tabulation that the NAEMT innovation committee prepared, scored and prioritized
- Top five scorers displayed
- ASPR brought up ET3
- ARC raised AHA and cardiac arrest collaborative
- Handout captures top 5 priorities
- NAEMT happy to have named national associations take the lead



# PIE (con't)

- Discussion about EMS/hospital data integration
- NASEMSO volunteered the HIE workshop as a platform
- ONC needs to be involved (per ASPR)
- ONCHIT makes funding available but it has to roll through the state Medicaid office
- NASEMSO could lead efforts to educate their members
- Regionalized care—variation is too widespread.
- Prehospital Guidelines Consortium to maintain body of knowledge
- Question whether they are the most appropriate body

# PIE (con't)

- Consortium may not be working in a way that would translate
- Healthcare Coalitions are required to have “EMS involvement”
- HPP may not be capturing attendees’ affiliation properly
- Urban probably fine, it’s the rural areas where participation is problematic
- ASPR recognizes that HCC work on stroke, STEMI, etc. helps facilitate better disaster planning

# PIE (con't)

- Championing MIH/CP
- Where does NFPA 451 fit in?
- Other important items, not limited to these 5
- NAEMT will distribute the complete tabulation
- Decoupling of reimbursement
- Must be wary of alternate courses
- NASEMSO can help

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# ET3

- Do not expect change in the definition of provider
- States and municipalities must apply together
- Telehealth improvements will be required
- Quality metrics
- ASPR will be setting up regular meetings with CMS, they don't interact with the EMS communities much
- Concern about the provision of medical direction and the "ejection" of the existing source of on line medical direction

# ET3

- More interaction with CMS in the last 9 months than in the last 9 years
- One bite at the apple, have to prove patient safety AND savings
- The fact that the Secretary did the announcement is huge

Anticipated reduction of the beneficiary transports by 19%

Balance-no matter how good your metrics are, they will be scrutinized

Won't be held to the current standard, it would be a higher standard

Who's the cop?

# ET3

- Feds with EMS expertise are attempting to help
- Patient centered outcomes are everything
- NHTSA involved and called out in the project plan

QINs need to be involved

# Nomenclature

- NEMSAC Advisory
- RFG 18 mo contract to produce white paper
- Bringing the EMS community together, pros cons, feds
- Language in federal law (e.g., FICEMS becomes FICP?)
- NHTSA hasn't done a good job of using consistent terminology in documents over the years
- White paper address impact, other issues, short term, long term, immediate
- White paper may also declare it should not be done



# Nomenclature

- TWG will be representing the views of their association
- There are advisories NHTSA doesn't act on
- The recommendation was that NHTSA should form a stakeholder group
- Only the white paper is new
- Recommendations of what actions to take are determined internally

# Emerging Priority for ARC:

- Stop the Bleed
  - ACEP, ACS, other partners trying to determine the best way to collaborate
  - NASEM price tag \$10-\$25K/year to get everyone in the room together
  - Trying to avoid reinvention of the wheel
  - May 23<sup>rd</sup> (during EMS week) will be Stop the Bleed day.
- Hot bed item, EMS can make a great impact in the EMS community
  - ASPR involved
  - CARES, NCAC, funding mechanism issue, how to fund nationwide
  - Will need stronger EMS support
  - Not a new registry
  - Down to 6 or 7 elements that don't

# Emerging Priority for NAEMSP:

- Drug shortage
- #1 legislative initiative
- ASPR and FDA been very cooperative but ASPR has no shortage authority
- Was asked for an essential list, but it was too long
- Whittled down to ten, but still disagreement
- Specifically excluded those in the SNS
- Should the Secy or designee declare the shortage
- Worry about overcharging, inexpensive drugs yield no incentive for manufacturers produce
- ASPR not inclined to use the SNS as a passthrough
- 1.5 hour meeting with the DEA about rulemaking process

# Emerging Priority for NAEMSP:

- Public comment may occur in late spring or early summer
- How do we make sure the over-the-state line aspect works, diversion issues

# Emerging Priority for NFPA:

- NFPA 3000 is out for votes
- Public Safety Use of Small Unmanned Systems, NAEMT submitted a representative
- Published and approved by the FAA
- Already in revision
- ASPR has requested a standard on medical screening for responders in disasters
- Board will review in August
- Didn't have standards for NDMS responders until 18 mos ago

# Emerging Priority for NAEMT:

- Fatigue sign on
- Is there a paramedic shortage? We really don't have an answer to that
- How do we go about doing an assessment of the workforce?
- How many people are/should be working in EMS
- Problem with recruitment? Retention?
- Who can lead this?
- Recapped NASEMSO's workforce work
- NREMT reports their number are going up and up
- We may have plenty but the distribution is wrong.

# Emerging Priority for NAEMT:

- Metanalysis needed
- Is this to set a minimum or ideal #
- Unaware of an empirical way to evaluate this
- Concern about “minimum versus maximum”
- What about tiered systems?
- Data collection is different than standard setting
- Could we use a combination of NEMSIS and NREMT data to evaluate
- States can answer questions on counts, and NEMSIS can identify

# Emerging Priority for NAEMT:

- Shortage is a perception
- Is it turnover? Inability to recruit? Inability to hire?
- Three phases, prelicensure/preemployment, functioning in the field (or not), after license is revoked or relinquished
- NREMT supported need for standardized data dictionary
- NASEMSO has appealed to NHTSA about doing a NEMSIS-like project for a data dictionary for personnel licensure
- Feds often favor urban areas



# Emerging Priority for NAEMT:

- There's a state with no volunteers and all of the ambulance services list ABC
- What about volunteers? Research plan will have to address this
- We still don't have solid definitions for volunteers (true, vs compensated, e.g.)
- NASEMSO should lead (per Matt Z.) because the upcoming National EMS Assessment

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