



IAFC EMS Section Liaison Report

Submit within 2 weeks to edavis@iafc.org, copy to mcevoymike@aol.com

Liaison organization/committee name: NAEMT EMS Transformation Committee

IAFC representative name: Chris Shimer

Meeting date and location (note if conference call): July 28 via conference call

Key issues/actions of relevance to IAFC: None during this call

Any recommendations for action by EMS Section Board of Directors? None at this time

If travel involved, who funded this trip? N/A

Date and location of the next meeting: August 25 via conference call

Date submitted: July 29, 2020

Email contact for questions/follow up: rcshimer@me.com

(Agenda and notes below)



NAEMT EMS Transformation Committee Call

Tuesday, July 28, 2020, 2:00 - 3:00 pm Central Time

In attendance: Jon Washko (Vice Chair), Jason Scheiderer, Bryan Nelson, Chris Shimer (IAFC Liaison), Chris Hansen, Dr. Greg Mears, Jerry Overton (IAED Liaison), Jim DiTienne (NASEMSO Liaison), Mark Babson, Melissa McNally, Asbel Montes (AAA Liaison), Matt Zavadsky (Chair), Pamela Lane (NAEMT staff), and Melissa Trumbull (NAEMT staff)

Meeting Notes:

1. Welcome – Vice Chair Jon Washko

The committee members discussed how they are serving their communities and dealing with the COVID-19 pandemic.

2. Update on Federal Regulatory Issues and Innovation Initiatives:

a. [Ambulance Data Cost Collection](#)

The required cost collection of ambulance data has been delayed due to the COVID-19 pandemic.

- i. Update on NAEMT Small Agency Cost Collection Task Force – The initial guide has been developed and is going through revisions and some updates based on additional guidance from CMS. The RAND Corporation, the developers of the cost data collection process, has offered to review, edit and help with the final guide.

b. Update on [ET3](#)

CMMI conducted a conference call with the selected participants. Implementation of the program on hold until the 'fall', maybe hearing January. The public health crisis declaration will drive the implementation date of the program. EMS agencies can request to start the program sooner, rather than later. CMMI indicated a new participation agreement will be coming out for participants. The program has a new contractor in charge who has heard concerns for a request of a new funding opportunity.

- c. NHTSA's Framework for the Implementation of Data Sharing Model (*see supporting document*)

The *Framework for the Implementation of a Data Sharing Model* is the first activity of the 911 DataPath Initiative. The 911 DataPath Initiative began with the 911 DataPath Strategic Plan, which was developed by the 911 community as a guide for achieving the future vision of enhanced use of 911 data and secure, automated 911 information exchange. The 911 DataPath is an initiative to produce a framework to enable the voluntary adoption of a uniform 911 data system. As a first step, stakeholders in the 911 community have come together to begin identifying important data points and a common way to reference them. Development of CAD Data system standards.

Kudos to the progression of the emergence of 911.gov and its efforts to start to bring some sanity into the world of 911, but strategic plans, frameworks, data dictionaries, etc. are being developed without full stakeholder input. The supporting document exemplifies that all the players except EMS, nor healthcare, are represented. Law enforcement has been the lead on 911 system. IAFF and IAFC representative are represented. This is of significant concern since a significant portion of 911 calls are EMS related, as well as, represent a gateway into healthcare.

The committee commented:

- The full cycle of 9-1-1 data could be beneficial to CMS.
- Law enforcement data is highly valuable and can be integrated into all first response data, especially healthcare data.

Jonathan Washko has volunteered his time to comment on the data sharing model. He will attempt to draft a comment for submission before the July 31 deadline. If the deadline is not met than he will draft a general comment for the inclusion of EMS and healthcare as stakeholders of the 911 DataPath Initiative.

3. Update on EMS Transformation Legislation and Advocacy

a. Phase 4 Stimulus and Relief Legislation

On Monday evening the GOT Senate leadership released their PHASE 4 framework in pieces. It includes but not limited to:

- Unemployment insurance
- State and local aid
- Liability protection for businesses and schools
- Continued direct payments to individual Americans
- Continued funding for the Paycheck Protection Program

The \$1T proposal could set off what could be weeks of tough political battles between Senate Democrats and Republicans, and ultimately the House leadership. NAEMT is combing through the proposal to determine the impact to EMS.

The committee commented on the great liability protections extended for EMS through 2024, additional funding through the PHE fund that can be beneficial for EMS, and then treatment in place included in the Phase 4 legislation. EMS is focusing on appropriations committee staff meeting to advocate for EMS needs.

b. Final Stats: TIP and Telehealth OLS Campaign

NAEMT conducted an online legislative campaign in June to ask House Representatives to sign onto Rep Sires' dear colleague letter. The letter asked for CMS to reimburse EMS for treatment-in-place and facilitation of telehealth consultations. The campaign generated 1,380 emails sent. Thirty-two (32) House representatives signed-onto the Sires' dear colleague letter. EMS stakeholders (IAFC, AAA, and NAEMT) have met with Ways and Means committee staff to provide language for treat in place and telehealth inclusion in a bill vehicle.

c. [Letter to Senate HELP Committee in Response to Senator Alexander's Preparing for the Next Pandemic White Paper](#) - NAEMT sent an official response to Senator Alexander's white paper that addresses the immediate and future needs for EMS.

4. Study: Video or Telephone? A Natural Experiment on the Added Value of Video Communication in Community Paramedic Responses (*see supporting document*) - The objective of the study was to determine the effect of video versus telephonic communication between community paramedics and online medical control physicians on odds of patient transport to a hospital emergency department (ED). This was a retrospective analysis of data from a telemedicine-capable community paramedicine program operating within an advanced illness management program that provides home-based primary care to approximately 2,000 housebound patients per year who have advanced medical illness, multiple chronic conditions, activities of daily living dependencies, and past year hospitalizations.

The primary outcome was difference in odds of ED transport between community paramedicine responses with video communication versus those with telephonic communication. Secondary outcomes were physicians' perception of whether video enhanced clinical evaluation and whether perceived enhancement affected ED transport.

- Of 1,707 community paramedicine responses between 2015 and 2017, 899 (53%) successfully used video; 808 (47%) used telephonic communication.
- Overall, 290 patients (17%) were transported to a hospital ED. In the adjusted regression model, video availability was not associated with a significant difference in the odds of ED transport (odds ratio 0.80; 95% confidence interval 0.62 to 1.03).
- Online medical control physicians reported that video enhanced clinical evaluation 85% of the time, but this perception was not associated with odds of ED transport.

Video is considered an enhancement by physicians overseeing a community Paramedicine response but is not associated with a statistically significant difference in transport to the ED compared with telephonic communication in this non-random sample. These results have implications for new models of out-of-hospital care that allow patients to be evaluated and treated in the home. Video is not key but the necessary component is a paramedic or EMT who has been trained extensively to visually depict to a physician, over the phone, the signs and symptoms of a patient.

Comments and questions by committee:

- A challenge to this study is the reimbursement participation agreement under flexibilities. Part of the CMMI ET3 conversation around telephone consultation is reimbursable.
 - Did the study capture the feedback from the EMS provider perspective? That perspective was not captured in these results but anecdotally the paramedic perspective was captured and they were very satisfied because they enjoy the autonomy in their practice of pre-hospital medicine.
5. Update on TMF MIH-CP Project – A Learning and Action Network (LAN) was established with NAEMT, NAESMP, and AIMHI. By collating the September MIH-CP survey results with the original MIH-CP national survey results a mapping function was created to identify and track all the viable MIH-CP programs in the U.S.
 6. Format for September Open Meeting
EMS World Expo announced in June they were going to conduct their conference virtually. The NAEMT Board gathered to determine how to deliver the NAEMT Annual Meeting.

The NAEMT committee chairs met virtually a few weeks ago to discuss the format and timing for the committee meetings that typically are conducted in conjunction with the NAEMT Annual Meeting. It was decided that the committees would meet during their regularly scheduled times in September instead of holding the meeting during the week of the virtual NAEMT Annual Meeting.

In the past, committee meetings will remain open to NAEMT members and for the last couple years been structured as focus groups discussing a hot topic relevant to the work/mission of the committee. This year September committee meetings will remain open to NAEMT members and be conducted as virtual meetings/webinars.

Committee members were asked to share their ideas on trending topics relevant to the committee's mission for facilitated discussion during the September meeting. Ideas of speaker or presentation topics may also be considered. All ideas should be provided either via the committee listserv or emailed to Matt and Melissa.

7. Open Forum – Committee

Jim DiTienne announced he was officially retiring as the State EMS Director of MT. The committee praised Jim for his life-long work and dedication to the profession.

8. Upcoming Events and Meetings

a. [Virtual Pinnacle EMS Leadership Conference](#) – July 26-28, Virtual

b. [NAEMT Annual Meeting](#) - September 14-16, Virtual

The NAEMT Annual Meeting will be virtual in September. The schedule of virtual events can be found on the NAEMT website by clicking the hyperlink in the agenda title.

NAEMT will conduct a limited number of meetings and events on a virtual platform.

- NAEMT General Membership Meetings and Awards Presentation (open to members)
- Education Faculty Meeting (for education faculty only)
- Affiliate Advisory Council Meeting (invite only)
- World Trauma Symposium (separate registration and fee)

c. [EMS World Expo](#) - September 14-18, Virtual

9. Next Meeting – August 25, 2020 at 2 pm CT