February 6, 2015

Dear Dr. DeSalvo:

The **National Association of Emergency Medical Technicians** (NAEMT) is the nation's only organization solely dedicated to representing the professional interests of all EMS practitioners, including paramedics, emergency medical technicians, emergency medical responders and other professionals working in prehospital emergency medicine. With more than 50,000 members nationwide, NAEMT works in all sectors of EMS, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.

We are pleased to submit the following public comment regarding the Federal Health Information Technology Strategic Plan 2015-2020.

The Office of the National Coordinator has an immense responsibility in working towards widespread adoption of health IT across the healthcare ecosystem and we as individual users of the system and as healthcare providers are appreciative of the efforts of your office to date. As health care providers, EMS professionals are in the homes and hospitals and on the scene of some 45 million patients annually. Because of this exposure, EMS providers are intimately familiar with the challenges and opportunities facing our citizens when accessing an integrated health system. EMS is considered to be the safety net for Americans because when all else fails, we will respond and care for patients without regard for their ability to pay, social status, or disability.

This experience informs our concerns with the draft strategic plan. It has not gone unnoticed that ONC has worked closely with more than 35 federal partners in developing the strategic plan, for that you should be commended. Your vision that health information be accessible when and where it is needed to improve and protect people's health and well-being is admirable as is the stated mission. These statements give us hope – it speaks to our vision and mission as individual EMS providers and our desire to close the gaps in integrated health systems.

We were disappointed to not find the National Highway Safety Traffic Administration's Office of EMS listed as a federal partner. That office has cooperatively worked with the EMS industry for more than 15 years to develop, enhance, and implement the only nationally standardized health care data set, known as the National EMS Information System (NEMSIS). The national dataset contains approximately 55 million standardized records from all corners of the country; EMS providers recognize NEMSIS as the only data standard. This resulted from a lot of unifying

efforts over the years, it is not perfect but it is highly efficient and completely eliminates the need for complicated data source integration challenges and costs (at the individual user level) unlike hospital systems.

Following such strong statements that are so meaningful to EMS providers, we anticipated EMS would at long last be identified as a priority for integration with the other health care providers. We were however disappointed to find that emergency medical services were relegated to and lost within a list of numerous non-emergent providers.

We then took notice of the Nationwide Interoperability Roadmap referenced on page 6 as an essential component of this strategic plan. That document is also in draft form but without a public comment process identified, it is unclear if this is the only opportunity to address its contents. The authors of this letter were personally involved some of the meetings that led to the formation of the roadmap and were pleased to find several critical failures of the current health IT ecosystem being identified; however, were disappointed to find the only case study for EMS to be disaster related (Page 165 Case 49). It has been shown time and again that technological solutions for "disaster day" solutions will fail if not incorporated into daily use.

The next section of the strategic plan for which the EMS providers are not included is Objective 1A: Increase the adoption and effective use of health IT products, systems, and services. The title is backed up by the following descriptor: "To realize information-fueled health and well-being, federal efforts aim to encourage broad adoption and use of health IT solutions across all provider and care settings". EMS is often the first point of contact in the health care system and should be recognized as a distinct health care setting. EMS provides emergency care, stabilization, and transportation to definitive care centers with innovative programs now also identifying readmission avoidance opportunities. Therefore, we believe that this objective cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. For it to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

Objective 1B is to "Increase user and market confidence in the safety and safe use of health IT products, systems, and services" and is described as "For the nation to collectively move to an electronic health environment, individuals, health care providers, and organizations need confidence that health IT solutions are secure, safe, and useful". The majority of EMS agencies operate on limited revenue with shrinking reimbursement, making changes and even minor upgrades to health IT solutions cost prohibitive. Furthermore, there are tremendous gaps in EMS information systems regarding usability. EMS providers are often unable to change health IT products or systems without incurring a significant cost and loss of valuable information. Although this is an appropriate objective it cannot be accomplished unless EMS is included in both the 3-year and 6-year outcomes. For it to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

Objective 1C is to "advance a national communications infrastructure that supports health, safety, and care delivery" with "Expanded high-speed wireless and broadband services will support health information sharing and use". EMS providers do not care for patients inside a hospital setting with access to broadband Internet – they do it at the patient's bedside or even the side of the road. Strategies to increase connectivity of the EMS ePCR are integral to any

national communications solution. Although this is an appropriate objective, it cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. For it to happen NHTSA's Office of EMS, FirstNet, and SafeCom must be included as federal partners and identified as stakeholders.

Goal 2 is a timely one to "Advance Secure and Interoperable Health Information". The backbone of this goal is the ONC HIT Certification Program although this program has excluded EMS providers since its inception.

Objective 2A is to "Enable individuals, providers, and public health entities to securely send, receive, find, and use electronic health information" with interoperability being the foundation of that capability. Objective 2C is to "Protect the privacy and security of health information". There are a number of information security practices already being used in industry that should be considered and some should be adopted. Unless information security experts from across the health care environment, including EMS, are convened for an inclusive process, it is unlikely that ONC will ever get ahead of the issue. Additionally, workforce planning should include specific information security education and certification processes that are well known in other industries. Although this is an appropriate objective it cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. This objective cannot be accomplished unless NHTSA's Office of EMS and ORHP are included as federal partners and identified as stakeholders.

Objective 3A to "Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care" described as "Health IT enhances health care and long-term supports and services delivery. Information exchanged and used electronically improves the ability of providers to make well-informed and coordinated care decisions quickly and safely". EMS care and treatment often provide the foundation for diagnosis and further care in the hospital setting. The lack of health IT interoperability does not improve patient care and may, in fact, be detrimental – posing potential significant patient safety risks. Although this is an appropriate objective it cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. It should be noted that EMS is actually regulated at the state level with support from NHTSA's Office of EMS and for this to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

Objective 3B is to "Support the delivery of high-value health care" noting "Health IT will play a crucial role in supporting new care models that are person-centered and value driven. Seamless interoperability will facilitate better tracking of provider- and person-focused outcomes, efficient resource use and cost analyses, particularly for care provided across multiple systems and settings". Objective 3C is to "Improve clinical and community services and population health" because "high-quality, accurate, and relevant electronic health information improves the ability of providers to manage and advance population health". EMS data is crucial to the accurate assessment and implementation of high value health care. Without EMS health IT integration, this objective cannot be fully realized rendering any care models less effective. Although these are appropriate objectives they cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. The current Final Rule does not support this objective and thus there is ZERO

interoperability. For it to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

Objective 4A to "Empower individual, family, and caregiver health management and engagement" supports a person-centered vision where healthIT can help empower individuals, their families, and other caregivers to engage in shared decision making with their providers on their wellness and quality of life. Although this is an appropriate objective it cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. For it to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

Objective 4B to "Protect and promote public health and healthy, resilient Communities" notes "Interoperable health information can improve public health entities' and community-based organizations' ability to protect and promote healthy and resilient communities". Many EMS providers are already performing real time public health surveillance with targeted alerting. These EMS health IT systems are not interoperable with the rest of health care – these patient interactions, care, and treatments cannot be electronically shared resulting in duplication of services, wasted resources, and increased costs. Although this is an appropriate objective, it cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. For it to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

Objective 5A to "Increase access to and usability of high-quality electronic health information and services"; Objective 5B to "Accelerate the development and commercialization of innovative technologies and solutions"; and Objective 5C to "Invest, disseminate, and translate research on how health IT can improve health and care delivery" are laudable goals; however, we are concerned that administrative data sets will continue to be used to evaluate EMS systems due to the narrow subset of EMS data that is available in the national dataset. Reliance on administrative EMS data does not allow researchers to conduct essential inquiries into clinical care provided in the EMS setting. Given the complete lack of interoperability, hospital outcome data cannot be fully vetted and may be significantly skewed. Although these are appropriate objectives, they cannot be accomplished unless EMS is included in the 3-year and 6-year outcomes. For it to happen NHTSA's Office of EMS must be included as a federal partner and identified as a stakeholder.

We look forward to the future when EMS data systems will be considered by ONC to be a priority and will receive the support necessary to achieve these objectives. Although the current incentive payments from the HER Incentive Programs have reached 4,500 hospitals they have not reached the 19,000 EMS agencies, nor the 900,000 paramedics of the EMS profession.

Sincerely,

Conrad "Chuck" Kearns, MBA, Paramedic, EMD
President, NAEMT