





NATIONAL VISION FOR THE COLLECTION, REPORTING, USE AND EXCHANGE OF EMS DATA

Emergency Medical Services (EMS) has a responsibility to make evidence-based decisions, analyze those decisions and use data in a timely manner to continually make improvements. Quality data is at the core of this process.

Vision:

The EMS industry will develop and utilize a *high quality and coordinated system of information supported by data collection, reporting, use and exchange*. This system will support the achievement of EMS as an essential, fully integrated, value and outcomes based component of our nation's healthcare continuum.

What will this system look like?

- 1. EMS personnel at every level will recognize and understand that collecting, reporting, using and exchanging meaningful EMS information is essential to providing quantitative evidence that EMS
 - a. improves patient care performance;
 - b. improves patient and practitioner safety;
 - c. improves the clinical process of care through decision support, continuous quality improvement (CQI) and principles of just culture;
 - d. positively impacts the continuum of patient care;
 - e. brings measurable value to healthcare; and
 - f. improves economic efficiency.
- A technology infrastructure will be in place that supports quality collection, reporting, use and exchange of EMS information. The infrastructure will include
 - a. universal access to mobile broad band connectivity;
 - b. end user friendly platforms and interfaces for data entry;
 - c. facilitate real-time, bi-directional data exchange with healthcare providers and payers;
 - d. secure data transmission and storage that is compliant with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements.

- 3. EMS will have industry accepted standards for measuring and reporting key performance indicators (KPIs).
- 4. EMS will collect, report, analyze and use data in an accountable and transparent environment to develop information that promotes decision support, quality improvements in patient care, and patient and practitioner safety.
- 5. The EMS industry will recruit, hire, develop and retain personnel with technical expertise in data collection, reporting and analysis.
- 6. The EMS industry will bi-directionally exchange real-time information with all healthcare providers that would allow EMS to
 - a. access multiple healthcare data sources to obtain a patient's current electronic health record as they are being assessed by EMS providers in the field;
 - b. search a patient's health record for problems, medications, allergies, and end-of-life decisions to enhance clinical decision-making in the field;
 - electronically share the patient's status and ongoing healthcare information with the receiving hospital to provide decision-making support on scene and enroute:
 - d. transmit the ePCR and other EMS created healthcare information directly into the patient's electronic health record;
 - e. receive information including diagnoses, procedures performed, outcome, and disposition back into the EMS patient care report for use in improving the EMS system; and
 - f. receive information regarding patient discharge instructions and follow-up care for use in post-acute care management programs.

What does the EMS industry need to achieve this vision?

- Focused and systematic education of all levels of EMS personnel about why EMS information collection, reporting, use and exchange are necessary.
- Specific allocation of federal health information technology (HIT) funds to build out an EMS HIT infrastructure.
- Consensus within the EMS industry on standards for measuring and reporting KPI's.
- Commitment from the EMS industry leadership to recruit personnel with the technical expertise needed to manage and analyze EMS data.
- Focused, industry-wide initiative to build relationships with the wider healthcare community (hospital networks, home health care, primary care networks, outpatient care centers, etc.).

References:

2016 National Survey – Data Collection, Use and Exchange in EMS, July, 2016, National Association of Emergency Medical Technicians.

Letter from Center for Medicare and Medicaid Services to State Medicaid Directors regarding Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers, February 29, 2016

Letter from Department of Health and Human Services-Assistant Secretary for Preparedness and Response to NAEMSP clarifying HIPAA requirements, August 13, 2012.