



National Association of Emergency Medical Technicians
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April 25, 2019

Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Dan Rucker, M.D., National Coordinator
Attention: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT
Certification Program Proposed Rule
Mary E. Switzer Building, Mail Stop: 7033A
330 C Street SW, Washington, DC 20201

Dear National Coordinator Rucker,

On behalf of the **National Association of Emergency Medical Technicians (NAEMT)**, I am pleased to submit the following public comment regarding the Proposed Rulemaking to Improve the Interoperability of Health Information.

NAEMT is the nation's only organization solely dedicated to representing the professional interests of all Emergency Medical Services (EMS) practitioners, including paramedics, emergency medical technicians, emergency medical responders and other professionals working in prehospital emergency medicine. With more than 67,000 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.

The Office of the National Coordinator (ONC) has an immense responsibility in leading the widespread adoption of health information technology (IT) across the healthcare ecosystem through the 21st Century Cures Act and other federal policies. As individual users of the system and as healthcare providers, we greatly appreciate the efforts of your office. Each year, EMS professionals care for about 45 million patients in their homes or on the scene. Because of this exposure, we are intimately familiar with the challenges and opportunities facing our patients when accessing an integrated health system of care. EMS is very often a healthcare safety net for patients because when all else fails, we will respond and care for them without regard to their ability to pay, social status, or disability.

Through our experience, we feel we can provide a voice for patients, their families, and their communities with respect to the proposed rules. We commend ONC for working closely with more than 35 federal partners in developing the strategic plan. Your vision of health information being accessible when and where it is needed to improve and protect people's health and well-being is admirable. This vision gives us hope – and speaks to our mission to integrate EMS as a critical component of health systems across the continuum of care.

EMS has and will always be a leader in the collection and application of electronic healthcare data into daily (minute by minute) operations and clinical care. The National Highway Traffic Safety Administration's Office of EMS has worked with the EMS industry the past 20+ years to develop, enhance, and implement the National EMS Information System (NEMSIS) and the nearly 100 million events within the National EMS Database.

NAEMT strongly believes that EMS is a critical component to each community's healthcare system, where each patient receives the appropriate care, at the appropriate facility, within the appropriate time for optimal outcomes. For a significant injury, heart attack, or stroke, the appropriate time is within minutes. For more primary care and public health needs, the timeline may be extended. Regardless, communication and coordination across the healthcare continuum is essential. Coordinated communication requires electronic healthcare data and interoperability. Please accept these comments and recommendations in an overall spirit of collaboration to improve each patient's experience and outcome.

1. NAEMT and the EMS community, as a whole, strongly endorse a patient-centered approach to healthcare delivery and outcomes. EMS must be a key component to the system of healthcare delivery, from the emergency, public health, and population health perspectives.
2. NAEMT and the EMS community support the myHealthEData initiative, with a goal for patients to have access to an electronic copy of their entire healthcare record, including the ability to share their data with whomever they want. That being said, EMS electronic health records have not received any resources to develop and implement these patient centric components. Without federal assistance or improved reimbursement, the resources to develop and implement this capability are non-existent.
3. The EMS community is excited about the potential of interoperability and a seamless bidirectional flow of healthcare data across the healthcare continuum for each patient's episode of care. Within EMS, we view interoperability through the Search, Alert, File, and Reconcile (SAFR) model promoted by ONC. The ability to search and view a patient's health information within a 911 dispatch center or at the time of care is essential to assure each patient receives the appropriate care, and that the patient is directed/transported to the correct location based on need and/or provider network. Similarly, any care and/or documentation associated with a patient must be electronically moved along with the patient to their primary care provider and/or transport destination. Finally, business demographics and clinical outcomes must be available from the transport destination, back to EMS to assure each patient's optimal quality of service and clinical care. These proposed rules should empower and provide resources to each community, assuring that EMS has the resources and is a true component of each patient's system of care.
4. NAEMT is in agreement that all electronic health record systems can be improved from an administrative and usability perspective. Although patient portals have not historically been a component of EMS electronic health records, we agree this is an important step forward in the future. Coordination of resources and best practices from all aspects of healthcare should include EMS.
5. EMS is at the crossroads of public safety, public health, and clinical care. There is no other area of healthcare that is more dependent on the coordination and transition of care. EMS is the only component of the healthcare system that emergently brings care to the patient, as opposed to the patient transporting themselves to an emergency department or clinic. For these care and destination decisions (between and across healthcare providers) to be timely and correct, the bidirectional sharing of electronic health data is critical and must be promoted through this proposed policy.

6. NAEMT is in agreement with the ONC regarding the need to share data and discourage information blocking. EMS serves as the safety net within each community, regardless of each patient's need or ability to pay. To respond and provide clinical care and the appropriate transportation (method and destination), the most complete and timely health information about that patient is needed. Each patient's outcome will ultimately depend on the timely access and completeness of shared health information.
7. NAEMT strongly believes that electronic health records and other healthcare related data is only as valuable as its timely use and application. No one in healthcare adopted electronic health record systems just for documentation. The application, analysis, and use of electronic health records for systems of care and clinical research is critical and the reason these proposed ONC rules exist. Let's unleash this data and empower EMS to better serve patients and support population health.

We look forward to the future when EMS and our electronic health data systems will be considered by ONC as a priority and will receive the resources necessary to achieve these objectives. Although the current incentive payments associated with ONC's initiatives have reached over 5,000 hospitals, they have not reached the 20,000 EMS agencies, nor our 1,000,000 EMS professionals.

Thank you for this opportunity to submit comments. Please feel free to contact us with any questions.

Sincerely,



Matt Zavadsky, MS-HSA, NREMT
President, NAEMT