

U.S. DOT NATIONAL EMS ADVISORY COUNCIL

MEETING MINUTES

Crystal Gateway Marriott, Arlington, VA
June 2-3, 2009

EXECUTIVE SUMMARY

This Executive Summary, submitted pursuant to the Federal Advisory Committee Act (FACA), contains a summary of the activities that took place during the National EMS Advisory Council (NEMSAC) Meeting on June 2-3, 2009.

TUESDAY, JUNE 2, 2009

The National EMS Advisory Council convened at 1:00 p.m. (EDT) on June 2, 2009, at the Crystal Gateway Marriott Hotel in Arlington, VA.

In accordance with the Federal Advisory Committee Act (PL 92-463), the meeting was open to the public.

ATTENDANCE

Council Members in Attendance

Dia Gainor, State EMS Director, NEMSAC Chair
Charles Abbott, State Highway Safety Director
Kyle Gorman, Local EMS Service Director/Administrator
Thomas Judge, Air Medical
Kenneth Knipper, Volunteer EMS
Kurt Krumperman, Private EMS
Baxter Larmon, PhD, EMS Researcher
Jeffrey Lindsey, PhD, Fire-based EMS
Daniel Meisels, Hospital-based EMS
Robert Oenning, Dispatcher/9-1-1
Aarron Reinert, Data Manager
John Sacra, MD, Emergency Physician
Ritu Sahni, MD, EMS Medical Director
José Salazar, EMS Educator
Jeffrey Salomone, MD, Trauma Surgeon
Richard Serino, At-large Member
Linda Squirrel, Tribal EMS
Kevin Staley, Homeland Security
Chris Tilden, PhD, Public Health
Gary Wingrove, Hospital Administration
J. Thomas Willis, At-large Member
Joseph Wright, MD, Pediatric Emergency Medicine

Council Members Not in Attendance

Patricia Kunz-Howard, PhD, Emergency Nurses
Matthew Tatum, Emergency Management

National Highway Traffic Safety Administration (NHTSA) Staff

Drew Dawson, Designated Federal Official (DFO)
Susan McHenry
David Bryson
Laurie Flaherty
Jason A. Grafft
Cathy Gotschall
Anthony Oliver
Max Severeid
Gamunu Wijetunge
Hector Williams

Public Attendance

Terry Nally, Emergency Nurses Association
Dawn Mancuso, Association of Air Medical Services (AAMS)
Susie Nicol, EMS Responder
Stephen Palek, Cleveland Association of Rescue Employees (C.A.R.E.)
David Marcozzi, White House/Homeland Security Council (WH/HSC)
Jerry Johnson, National Association of Emergency Medical Technicians (NAEMT)
Bruce Evans, NAEMT, EMS Chief, North Las Vegas Fire
Ken Dunn, New Castle County EMS
Mark Logerman, New Castle County EMS, EMS Labor Alliance (EMSLA)
Oren Barzilay, Fire Department, City of New York (FDNY)
James Orsino, Boston EMS
John Bilotas, Boston EMS, National Association of Police Organizations (NAPO)
Robert Morley, Boston EMS, Boston Police Patrolmen's Association (BPPA)
Richard Hunt, Centers for Disease Control and Prevention (CDC)
Mary B. Michos, International Association of Fire Chiefs (IAFC)
Lucian Deaton, International Association of Fire Chiefs (IAFC)
Bruce Coury, National Transportation Safety Board (NTSB)
Keith Griffiths, Red Flash Group
Ken Holland, National Fire Protection Association (NFPA)
Mike Stern, National Fire Academy (NFA)
Tasmeen Singh-Wiek, EMS for Children (EMSC), National Resource Center (NRC)
Rick Patrick, Department of Homeland Security (DHS), Office of Health Affairs (OHA)
Dan Glucksman, International Safety Equipment Association (ISEA)

WELCOME AND OPENING REMARKS

Chair of the National EMS Advisory Council, Ms. Dia Gainor, called the meeting to order and welcomed Council members to the sixth meeting of NEMSAC.

At Ms. Gainor's request, NEMSAC members provided brief self-introductions. Following member introductions, public attendees announced their names and affiliations for the record.

REVIEW AND APPROVAL OF APRIL 16, 2009, TELECONFERENCE MINUTES

Mr. Judge moved to approve the minutes, and Baxter Larmon seconded. All members were in favor and the minutes were approved.

NEMSAC COMMITTEE REPORTS AND DISCUSSION

Ms. Gainor asked committee chairs to present their respective committee reports and requested that they identify the stage of their report—Draft, Interim, or Final. (Committee reports are attached as appendices.)

Safety Committee Report: Presented by Jeffrey Lindsey, PhD, Chair

Dr. Lindsey asked Mr. Judge to discuss developments in Air Medical issues since the last Council meeting.

Mr. Judge reported

- National Transportation Safety Board (NTSB) report on helicopter emergency medical services (HEMS), due in September 2009
- Air Medical Legislation in the House and Senate
- Washington Post investigative report on helicopter issues in air medicine, due in Summer 2009
- Flight Safety Foundation Industry Risk Profile

Dr. Lindsey presented the Safety Committee's final report (attachment A).

In the "Resources/References Related to the Issue" section, Dr. Lindsey mentioned three existing projects

1. National Institute for Occupational Safety and Health (NIOSH) National Electronic Injury Surveillance System (NEISS) project
2. NIOSH project on interior design issues of ambulances
3. National Fire Protection Association (NFPA) ambulance design standards

In the "Analysis" portion of the report, Dr. Lindsey emphasized

- *There are limited sources of existing data that identify threats to personnel and patient safety.*
- *The most blatant limitation with these sources of data is heterogeneity in terminology (e.g., ambulance, EMS system, EMS call).*

- *There are also other initiatives on the non-governmental side that are capturing data on incidents (e.g., the National Fire Fighter Near-Miss Reporting System).*
- *Data definitions used to input information into state crash files are published in the DOT report “Model Minimum Uniform Crash Criteria (MMUCC)” and the American National Standards Institute (ANSI) D16.1 “Manual on Classification of Motor Vehicle Traffic Accidents, Seventh Edition.”*
- *Current data capture systems fail to capture the important elements of injuries and the associated denominator data such as miles traveled, vehicle miles, scheduled work hours, hours on duty, and hours responding to calls.*

The Safety Committee concluded

An essential element in creating a Culture of Safety is establishing a baseline of known hazards and injuries. Existing Federal and non-Federal systems for measuring worker, patient, and public injuries and fatalities fall short of meeting the needs of the industry.

Ms. Gainor explained to the Council that following a presentation of a committee’s Final Report, members could proceed in one of two ways:

1. Return the report to the committee with specific instructions for revision
2. Adopt the report with modification

Mr. Judge moved to adopt the Safety Committee’s report with modification. Mr. Krumperman seconded.

Dr. Larmon expressed some concern about adopting the report without a hard copy to review. Ms. Gainor acknowledged his concern and offered to provide hard copies the following day, June 3, 2009.

Dr. Lindsey clarified the following:

- The report does not include medical errors or patient safety because the Oversight, Analysis, and Research Committee is addressing the topic.
- The report includes a recommendation for a standing subcommittee to address the topic of “EMS Safety Data.”
- Recommendations to NHTSA are not specific action items because they relate to existing, ongoing projects and initiatives.

Dr. Lindsey asked Mr. Wijetunge to provide an overview of the NHTSA EMS Workforce Agenda project. Mr. Wijetunge explained that NHTSA has a contract with the American Institutes for Research (AIR) to develop Federal and non-Federal workforce data definitions. The contract includes four public comment period sessions and involves several national organizations. NHTSA expects a delivery in September 2009.

Ms. Gainor reminded members of the motion on the floor. With no further discussion, members voted to adopt with modifications. All were in favor, no one opposed, and the Safety Committee's final report was approved by the Council.

Finance Committee Report: Presented by Kurt Krumperman, Chair

Mr. Krumperman presented the Finance Committee's final report to the Council (Attachment B). He explained the committee reformatted the recommendations and incorporated comments from the NEMSAC teleconference.

Mr. Krumperman reviewed the recommendations under "Recommended Actions/Strategies" and identified the items that had been revised since the April teleconference.

Ms. Gainor opened the floor for Council discussion. A majority of the comments were directed at the second recommendation:

The research supports that regionalized, coordinated, and accountable systems of care in which EMS plays a critical part result in the best possible clinical outcomes for our patients. We found that these systems of care for STEMI, Cardiac Arrest, Trauma, Stroke and Pediatrics make a clinical difference. NEMSAC advises NHTSA to utilize the best governmental entity, including but not limited to FICEMS, CEMC (Council on Emergency Medical Care) and the Office of Health Care Reform, to advance the following system finance recommendations as identified in the "EMS Makes a Difference" white paper:

- A. STEMI care: STEMI patient care should be considered an ALS 2 level service for purposes of reimbursement, when a 12 lead ECG is acquired in a symptomatic cardiac patient, and the results of the 12 lead ECG are transmitted or communicated and the patient is transported to a STEMI Center for treatment; or transported to the closest, most clinically appropriate emergency department for stabilization and care with a STEMI referral program as appropriate per an established EMS STEMI protocol.*
- B. Stroke care: The field impression of acute CVA with neurological deficits should be considered an ALS 2 level of service for purposes of reimbursement when a Stroke Center is activated and the patient is transported to a stroke center for treatment; or transported to the closest, most clinically appropriate emergency department for stabilization and care with a stroke referral program as appropriate, per an established EMS stroke protocol.*
- C. Trauma Care: The pre-hospital triage of a trauma patient and transport to a Level 1 trauma center, or the highest, most appropriate trauma center in the system, as according to the 2009 CDC trauma triage category should be considered an ALS 2 level of service.*
- D. Respiratory Care: While there do not exist systems of respiratory care, the evidence regarding CPAP suggests that CPAP should be included in the list of interventions that is reimbursed at the ALS 2 level of service.*

Comments, questions, and suggestions from Council members

- Specific technologies and procedures should not be included because it may limit the adoption of new technologies and protocols.
- Dr. Sahni expressed his hesitation to adopt the white paper “EMS Makes a Difference” without seeing a final version of the document.
- Dr. Salomone cautioned referring to the “2009 CDC trauma triage category” in item C because the guidelines were written in 2006.
- Mr. Judge commented the beginning of the paper addresses to the gap between the fee schedule and readiness costs while the latter part presents modifications to the fee schedule which are not consistent with the issue of readiness.
- Mr. Judge suggested two of the four items adhere to the current construction of the fee schedule while the other two require a modification to the fee schedule.
- Dr. Sacra suggested that the issue of readiness costs be omitted and be addressed separately to avoid confusion.

Mr. Judge moved to return the report to the Finance Committee for additional work. Dr. Sacra seconded.

Ms. Gainor advised members of the Council to provide the Finance Committee with specific guidance and constructive suggestions to help them rework their report.

- Remove mention of readiness costs from the report.
- Revise the list of items under the second recommendation to make them consistent, suggesting either adherence to the fee schedule or modification of it.
- Omit references to specific technologies/interventions (e.g., STEMI and CPAP) and define a process to incorporate new technologies and procedures.
- Review organization names listed in the report and verify titles and acronyms.
- Remove “EMS Makes a Difference” from the narrative of the report and insert it in “Resources/References Related to the Issue.”
- Extract “termination of resuscitation” from the “Committee Conclusion” section and make it a separate item.
- Extract “the issue of reimbursing non-transport related services” from the “Committee Conclusion” and make it a separate item.

Mr. Krumperman asked if it was possible to isolate the second recommendation and approve the other three.

Ms. Gainor reminded members of the Council that a vote to return a report to the committee delayed the review of the report until the next NEMSAC Meeting.

Mr. Judge echoed Mr. Krumperman’s suggestion and, with the permission of the Chair, withdrew his initial motion and moved to adopt the report with modification. Mr. Wingrove seconded.

Members of the Council were hesitant to adopt the report given the number of revisions and requested to see the changes prior to adopting the report

Mr. Judge withdrew the motion and the report was returned to the Finance committee.

Education and Workforce Committee Report: Presented by Kevin Staley, Chair

Mr. Staley directed council members to the Education and Workforce committee's Final Report (attachment C).

Mr. Staley directed members to the "Committee Conclusion" and identified the content included to address updating the Agenda on a regular basis.

Mr. Staley reviewed the "Recommended Actions/Strategies," noting the recommendations that had been revised since the report was last presented to the Council.

Mr. Judge moved to adopt the Education and Workforce Committee's Final Report.

Ms. Gainor asked members to provide the committee with suggestions for modifying the report.

In response to an inquiry from Mr. Gorman, Mr. Staley clarified the role of the task force.

The task force would report to NEMSAC on implementation of the EMS Education Agenda and direct comment from the Advisory Council to NHTSA.

With no further discussion, Council members voted on the motion. All were in favor, no one opposed, and the Education and Workforce Committee's Final Report was adopted as a Council Advisory.

Systems Committee Report: Presented by Kyle Gorman, Chair

Mr. Gorman presented the Systems Committee's Interim Report (attachment D).

The Systems Committee created a process to identify guiding principles and was working to associate each guiding principle with core issues. Mr. Gorman presented a matrix with the guiding principles and core issues identified by the committee (see Attachment E).

Mr. Gorman asked members of the Council to spend an adequate amount of time reviewing it and providing comments. He projected that the committee would have a complete report to present to the Council by its next meeting.

Council members provided the following comments

- Dr. Sahni noted that medical safety, as opposed to patient safety, was not clearly stated in the guiding principles. He suggested that the guiding principle regarding Continuous Quality Improvement (CQI) be expanded to include mention of medical errors.
- Mr. Judge suggested that a 17th guiding principle be added to address regulation, providing context for how the model system works from locality to locality, State to State, within the overall regulatory framework.

- Bob Oenning used the example of disaster relief to illustrate Mr. Judge's point. He questioned how the guiding principles would address disaster relief when multiple States work together.

Mr. Gorman explained

- The matrix is an evolving document.
- The report and matrix present do not require a specific system design.
- Guiding principles and core issues are component-based, not systems-based.
- Rather than tell EMS systems how to develop operational plans, the Systems Committee would like to present a model to help systems develop operational plans on their own.

Dr. Sacra elaborated on Mr. Gorman's statements. He explained that the guiding principles and core issues are:

- Generic and applicable to a majority of systems, as opposed to operational plans, which are tactical and specific to each system.
- Not a textbook on system design.
- Simple and straightforward, not intended to be verbose.
- A practical guide with examples of best practices.

Mr. Gorman thanked the Council for their comments and promised that the Systems Committee would discuss each suggestion and determine how to incorporate the members' suggestions.

Oversight, Analysis, and Research Committee: Presented by Ritu Sahni, MD, Chair

Dr. Sahni announced the committee had two items to present to the Council: a complete report (attachment F) and summation of a committee discussion on healthcare reform. He asked for Ms. Gainor's suggestion on how best to proceed.

Ms. Gainor decided that the Council would address the committee report first and, if time allowed, entertain the healthcare reform topic.

The committee found that there are existing projects and papers published on the topic of patient safety; however, the concepts are not ingrained in EMS culture and practices.

Dr. Sahni reported the committee uncovered more literature on the topic than expected and noted EMS providers were not significantly different from other practitioners in terms of their willingness to report errors.

Following Dr. Sahni's review of the "Recommended Actions/Strategies," members of the Council discussed the report. Comments and questions from the members included:

- Ms. Gainor suggested that the committee remove mention of the National Aeronautics and Space Administration (NASA) from the recommendation addressed to "Other Departments of Transportation."

- Referring to the third recommendation to the Federal Interagency Committee on EMS (FICEMS), Mr. Gorman asked what measure would be used to identify if a system had implemented a Culture of Safety.
- Dr. Larmon suggested that the committee consider recommending the development of a group, or task force, to work through NEMSAC and develop benchmark indicators for measuring Culture of Safety requirements.
- Dr. Salomone suggested that the committee assume the responsibility for defining pay for performance criteria rather than leave it to an external group who may or may not identify measures that are evidence-based.
- Mr. Gorman inquired if there was an alternate way to adopt a Culture of Safety without promising a financial incentive or pay for performance.
- Dr. Tilden proposed the committee add a statement to the pay for performance recommendation asking CMS to fund a body of quality improvement organizations to provide technical assistance to EMS systems that have embraced the Culture of Safety, rather than suggest only a monetary reward.

Dr. Sahni noted a majority of the comments and revisions were aimed at the third recommendation to FICEMS:

As CMS begins the implementation of "Pay for Performance" for EMS, funding should be in place to reward those EMS programs that have embraced and implemented a Culture of Safety throughout their organization.

He explained that the committee did not suggest pay for performance as the incentive for adopting a Culture of Safety, but included the topic in their report because of the timeliness of the issue. Pay for performance is on the horizon of upcoming legislation, and the committee hoped FICEMS would address the Culture of Safety when they consider the implementation of the program.

Mr. Reinert noted that the committee intentionally avoided details in the pay for performance recommendation due to the lack of existing data on EMS medical errors. The committee tried to be strategic because it would be impossible to identify pay for performance criteria without more data and a clearer understanding of current safety issues.

Ms. Gainor suggested that the Oversight, Analysis, and Research Committee rework the report to incorporate members' suggestions and present the report for adoption at the next meeting.

Mr. Reinert cautioned that the next meeting, tentatively scheduled for September 2009, could be too late to address some of the topics in the report. He pointed to the recommendation regarding the implementation of the National EMS Information System (NEMSIS) and noted that NEMSIS 3.0 is almost complete. The committee hoped that the Council could collaborate with NEMSIS and provide comments prior to the completion of NEMSIS 3.0.

Ms. Gainor explained that the report could not be adopted because it was the first time members of the Council were reviewing the report as a complete document. She advised the committee to revise and submit a draft report at their earliest convenience.

Healthcare Reform Discussion

Ms. Gainor invited Dr. Sahni to present on the topic of healthcare reform.

The Oversight, Analysis, and Research Committee summarized their conversation in a list of main points to share with the Council (attachment G). Dr. Sahni read the committee's discussion points aloud.

Ms. Gainor advised members to review the list carefully. She announced that the Council would revisit the topic the following day, June 3, 2009. She thanked Council members and audience participants for the productive day and reminded members to return at 8:00 a.m. (EDT) the following morning.

DAY TWO SUMMARY – JUNE 3, 2009

The National EMS Advisory Council (NEMSAC) reconvened for the second day of the meeting at 8:05 a.m. (EDT) on June 3, 2009, at the Crystal Gateway Marriott Hotel in Arlington, VA.

ATTENDANCE

Council Members in Attendance

Dia Gainor, State EMS Director, NEMSAC Chair
Charles Abbott, State Highway Safety Director
Kyle Gorman, Local EMS Service Director/Administrator
Thomas Judge, Air Medical
Kenneth Knipper, Volunteer EMS
Kurt Krumperman, Private EMS
Baxter Larmon, PhD, EMS Researcher
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Robert Oenning, Dispatcher/9-1-1
Aarron Reinert, Data Manager
John Sacra, MD, Emergency Physician
Ritu Sahni, MD, EMS Medical Director
José Salazar, Educator
Jeffrey Salomone, MD, Trauma Surgeon
Richard Serino, At Large Membership
Linda Squirrel, Tribal EMS
Kevin Staley, Homeland Security
Chris Tilden, PhD, Public Health
Gary Wingrove, Hospital Administration
J. Thomas Willis, Firefighter/Paramedic
Joseph Wright, MD, Pediatric Emergency Medical Services

Council Members Not in Attendance

Patricia Kunz-Howard, PhD, Emergency Nurses Association
Matthew Tatum, Emergency Management

National Highway Traffic Safety Administration (NHTSA) Staff

Drew Dawson, Designated Federal Officer (DFO)
Susan McHenry
David Bryson
Laurie Flaherty
Jason A. Grafft
Cathy Gotschall
Anthony Oliver
Max Severeid
Gamunu Wijetunge
Hector Williams

Public Attendance

Terry Nally, Emergency Nurses Association
Dawn Mancuso, Association of Air Medical Services (AAMS)
Susie Nicol, EMS Responder
Stephen Palek, Cleveland Association of Rescue Employees (C.A.R.E.)
David Marozzi, White House/Homeland Security Council (WH/HSC)
Jerry Johnson, National Association of Emergency Medical Technicians (NAEMT)
Bruce Evans, NAEMT, EMS Chief, North Las Vegas Fire
Ken Dunn, New Castle County EMS
Mark Logerman, New Castle County EMS, EMS Labor Alliance (EMSLA)
Oren Barzilay, Fire Department, City of New York (FDNY)
James Orsino, Boston EMS
John Bilotas, Boston EMS, National Association of Police Organizations (NAPO)
Robert Morley, Boston EMS, Boston Police Patrolmen's Association (BPPA)
Richard Hunt, Centers for Disease Control and Prevention (CDC)
Mary B. Michos, International Association of Fire Chiefs (IAFC)
Lucian Deaton, International Association of Fire Chiefs (IAFC)
Bruce Coury, National Transportation Safety Board (NTSB)
Keith Griffiths, Red Flash Group
Ken Holland, National Fire Protection Association (NFPA)
Mike Stern, National Fire Academy (NFA)
Tasmeen Wiek, EMS for Children (EMSC), National Resource Center (NRC)
Rick Patrick, Department of Homeland Security (DHS), Office of Health Affairs (OHA)
Dan Glucksman, International Safety Equipment Association (ISEA)

WELCOME, INTRODUCTIONS, AND REVIEW OF DAY ONE

Ms. Gainor welcomed Council members back to the NEMSAC meeting and asked Mr. Dawson to provide an update on the activities of the NHTSA Office of EMS (OEMS).

UPDATE FROM THE NHTSA OFFICE OF EMS

Mr. Dawson reviewed the status of three NEMSAC recommendations:

1. *In the interest of providing the most appropriate quality healthcare to patients, the Analysis, Oversight, and Research Committee recommends that NEMSAC adopt*

“Establishing a Culture of Safety: A National Strategy” with the development of a National Strategic Consensus Project.

2. *NEMSAC asks NHTSA to identify opportunities to develop national guidelines around the topic of mode of transport.*
3. *NEMSAC requests that NHTSA carry the recommendation to FICEMS to make of highest priority the implementation of the IOM recommendation calling for CMS to assemble an ad hoc working group with expertise in emergency care, trauma, and EMS systems to evaluate the reimbursement of EMS and make a recommendation with regard to including readiness costs and permitting payment without transport.*

With regard to the Culture of Safety recommendation, Mr. Dawson suggested that outcomes from the current NEMSAC Meeting would contribute to the recommendation. He predicted that the Council would hear from NHTSA on the topic within the next year.

With regard to the mode of transport recommendation, Mr. Dawson noted that he had communicated with Dr. Richard Hunt from the CDC on numerous occasions about the topic. He predicted that the Council would see action on the recommendation within the next year.

With regard to the Institute of Medicine (IOM) recommendation, the Centers for Medicare and Medicaid Services (CMS) responded and did not agree to form an ad hoc working group. Mr. Dawson suggested the Finance Committee provide additional guidance to FICEMS on how to pursue the initiative.

Mr. Dawson continued his presentation, providing an update on the following OEMS activities:

- 9-1-1 grant program
- National Transportation Safety Board (NTSB) investigation
- Evidence-based Guidelines (EBG) Development Process
- Novel Influenza A (H1N1)
- EMS Stakeholder Meeting

9-1-1 Grant Program

NHTSA announced the availability of funding for a grant program to help States upgrade 9-1-1 services. The program provides funding to the State on a formula basis for allocation of 9-1-1 service enhancement. Details include:

- Application and administrative requirements of the Final Rule will be published in the Federal Register on Friday, June 5, 2009.
- Application process starts Friday, June 5, 2009, and lasts for 60 days.
- All money for the program must be obligated by September 30, 2009.

National Transportation Safety Board (NTSB) Investigation

In January 2008, there was a motorcoach crash in Mexican Hat, Utah. The NTSB investigated the bus crash and developed several recommendations based on its findings. Recommendations in the NTSB report are addressed to the National Association of State EMS Officials (NASEMSO), Utah's State EMS Office, and FICEMS.

Mr. Dawson distributed a portion of the NTSB report to members of the Council (attachment H) and advised them to visit the NTSB website for more detail. He proposed that NEMSAC provide guidance to help FICEMS prepare a response to the safety recommendation.

Mr. Dawson suggested that members of the Council assemble a subcommittee to discuss the NTSB safety recommendations. Ms. Gainor asked Council members to express their interest in participating in the subcommittee.

Recommendation 1

- Bob Oenning
- Chuck Abbott

Recommendation 2

- Kyle Gorman
- Jeff Salamone
- Ken Knipper
- Gary Wingrove

Evidence-based Guidelines (EBG) Development Process

The Emergency Medical Services for Children (EMSC) National Resource Center (NRC) pilot tested the draft evidence-based guidelines model.

Dr. Gotschall distributed a diagram of the draft model (attachment I). She described the model as a cyclical process that includes the following components:

- System inputs
- Evidence accumulation, evaluation, and guideline initiation
- Establish priorities for guideline development
- Guideline development
- Model EMS protocol development
- Dissemination of guidelines/protocols
- Implementation
- Evaluation of effectiveness, outcomes, and clinical research quality improvement (QI) evaluations

The EBG Steering Committee's next steps include:

- Solicit input
- Disseminate the draft model
- Research
- Beta test

Dr. Wright shared with the Council a draft version of a protocol for pediatric seizure that was developed by the EMSC National Resource Center's pilot test (attachment J). The EMSC NRC

used the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) methodology to assess the evidence and determine the strength of recommendations.

Council members discussed the draft model of the EBG Development Process:

- Dr. Larmon, who conducted research with the EMSC NRC, reiterated that an enormous amount of labor, time, and resources was devoted to developing a single protocol.
- Dr. Salomone recommended that the EBG Steering Committee revise the model to include a segment for validating existing protocols.
- Ms. Gotschall noted that the model process incorporated AGREE (Appraisal of Guidelines Research and Evaluation), an established methodology for evaluating existing guidelines.
- Mr. Dawson reminded the Council that the draft model is not a DOT process.

Novel Influenza A (H1N1) Virus

Mr. Dawson asked Mr. Wijetunge to review the OEMS' response to the Novel Influenza A (H1N1) outbreak

- April 2009 – OEMS met with CDC after news of H1N1 emerged from Mexico.
- April 26, 2009 – Members of FICEMS and State EMS directors hosted a conference call.
- April 27, 2009 – FICEMS staff submitted draft guidance to CDC for approval.
- April 29, 2009 – Draft guidance was released.
- Draft guidance was posted on the CDC website, EMS.gov, and distributed by Federal partners.

Mr. Wijetunge attributed the rapid response to the H1N1 outbreak to the effective communication between Federal partners and non-Federal agencies.

EMS Stakeholder Meeting

To inform national EMS organizations about the EMS activities of the Federal Government NHTSA is considering hosting an EMS Stakeholder Meeting in Fall 2009. The meeting would provide a platform for Federal agencies to update leaders of national organizations and allow organization leaders to communicate with Federal partners.

UNFINISHED BUSINESS FROM DAY ONE

Ms. Gainor invited committee chairs to address any lingering issues and/or ask for direction from the Council during the Unfinished Business period.

Mr. Krumperman, Chair of the Finance Committee, asked Council members for guidance on how he should proceed with the committee's report.

Members of the Council offered the following comments and suggestions:

- Mr. Judge cautioned against creating a financial incentive to do something, such as offering higher reimbursement for declaring a trauma patient.

- Dr. Sacra reminded Mr. Krumperman to extract the issue of readiness costs from the report and address it in a separate report.
- Dr. Salomone emphasized that trauma systems save lives, not dollars.
- Mr. Oenning noted the current tendency of 9-1-1 systems is to dispatch Advanced Life Support (ALS) and asked whether the report should include dispatch guidelines.
- Dr. Sahni suggested the committee include a process, for integrating new technologies into ALS reimbursement.
- Mr. Gorman suggested the EMS community needs a method for modifying the fee schedule to adopt new technologies. He advised the Finance Committee choose one measure to present to CMS, rather than the two mentioned in the report, for categorizing new technologies/procedures.

Dr. Sahni noted that Council members only commented on the committee's recommendation on pay-for-performance. He asked members to send Mr. Krumperman their recommendations for revision and advise if the issue of pay for performance should be included or omitted.

Ms. Gainor advised the committees to modify their reports and

- Complete revisions within 2 weeks.
- Send revised reports to Jason A. Grafft, NHTSA staff.
- Revisit the priority issue bucket list and select two to three.
- Draft a problem statement for each priority issue to present at the next meeting.

Ms. McHenry suggested the Council update the list of priority issues in the near future to address topical, pressing concerns.

Ms. Gainor asked members to revisit the topic of healthcare reform from the previous day.

Healthcare Reform (Revisited)

Dr. Sahni noted the Oversight, Analysis, and Research Committee was not asking for money, but rather present a list of principles on the topic of healthcare reform, including

- Healthcare reform must include emergency care.
- An emergency care system is the "front door" to the healthcare system.
- Reform should address the issue of sustainability in rural frontier areas.
- EMS systems are "windows into a community's health status"
- EMS needs a standard database, i.e., NEMESIS, to monitor progress.

Dr. Sahni suggested that the Council approve a general position statement on healthcare reform and submit recommendations to NHTSA for further action.

Ms. Gainor asked Mr. Krumperman to summarize the Finance committee's Healthcare Reform discussion

- Urban EMS systems are struggling to meet demand.

- Unlike hospitals, EMS systems do not have staffing centers or patient-to-provider ratios.
- Healthcare reform needs to address the sustainability of the EMS workforce.
- There is a need to identify staffing levels needed in a system to maintain system performance.

Council members offered their thoughts

- Healthcare reform focuses primarily on reducing costs.
- NEMSAC could promote the value of principles and standards for EMS systems.
- There is no optimal number of paramedics for every system.
- EMS system must be intact prior to a dramatic structural change.
- Regionalization of emergency care systems is a key component of reform.
- EMS systems struggling to meet day-to-day needs are not prepared for mass casualties.
- Continuing funding for NEMSIS is essential.
- Quantifying the activities and performance level of EMS systems is essential.
- Different systems of care (e.g., trauma and stroke) require different system designs.
- EMS takes care of patients who are refused by other providers.

Dr. Tilden highlighted elements related to healthcare reform:

- Chronic disease management, specifically transporting patients with chronic disease conditions, places a lot of pressure on EMS systems.
- EMS needs to participate in discussions regarding Health Information Technology (HIT).
- EMS is heavily involved in primary care, which needs more funding to meet growing demand.

PUBLIC COMMENT

James Orsino, President of the EMS Labor Alliance (EMSLA) presented during the Public Comment period. He noted that national-level policy has profound effects on local operations and thanked the Council for the opportunity to present the local perspective. The main points of Mr. Orsino's presentation included:

- EMS funding should not be left entirely up to the municipalities.
- The national economic crisis is causing a reduction in local EMS workforce levels.
- Local EMS needs an investment in critical staffing and readiness capability.
- Local EMS systems cannot maintain staffing levels that meet demand.
- Federal mandates need to come with Federal money to support EMS workforce levels.

Mr. Orsino explained Boston EMS lost a class of 44 recruits needed to maintain readiness capacity and meet attrition due to the recession.

Mr. Orsino asked NEMSAC to seek grant programs that are available in other areas (e.g., fire service and law enforcement) for EMS. He concluded his presentation by thanking members for their public service and encouraging them to push EMS issues.

Other members from the public audience presented to the Council, including:

- Oren Barzilay, Fire Department, City of New York (FDNY)
- Robert Morley, Boston EMS
- John Bilotas, Boston EMS, National Association of Police Organizations (NAPO)

Mr. Barzilay, Mr. Morley, and Mr. Bilotas supported Mr. Orsino's speech and added

- The Government needs an agenda to meet EMS staffing needs.
- EMS does not have adequate legislative representation.
- There is an increase in demand on a daily basis.
- EMS systems do not have sufficient resources to deal with a disaster.

Council discussion following the public comment period

- Mr. Knipper suggested that NEMSAC help raise awareness of EMS causes.
- Mr. Serino commended the speakers and stressed that it was time to raise the profile of EMS and ensure that EMS is included in healthcare reform.
- Mr. Serino emphasized the need for a grant program to fund EMS at the local level.
- Dr. Tilden echoed the concerns of the speakers and noted that EMS is not currently benefiting from the money available for healthcare reform. He suggested that NEMSAC push for reimbursement from an advocacy perspective by linking it to healthcare reform.
- Dr. Larmon inquired if it was possible to invite the chair of Advocates for EMS (AEMS) to speak at the next NEMSAC Meeting.
- José Salazar reminded the Council that EMS had to resolve internal tension between groups and present a unified front in order to approach the Federal Government for healthcare reform.
- Mr. Krumperman suggested that the EMS Stakeholder Meeting presented an opportunity for various EMS groups to unite and promote a common voice.
- Mr. Staley said the Education and Workforce Committee could address the issue of surge capacity and conduct a survey of the major areas throughout the country, tracking the changes over the last 2 years, to determine the impact on patient care.
- Mr. Krumperman said the Finance Committee could address the issue of grant programs.
- Mr. Gorman expressed concern that grants offer a short-term fix when EMS needs stable, long-term funding. He questioned if there was a sufficient amount of qualified providers in the workforce pipeline to fill leadership positions in the future.
- Dr. Sacra stated that Federal dollars cannot sustain every EMS system; therefore, readiness costs must be shared by the community to support the personnel infrastructure at the local level.
- Mr. Serino suggested that funding should come from multiple sources; but grants would help jumpstart the system.
- Mr. Serino expressed his concern that the Council would miss their opportunity to impact the healthcare bill. He encouraged the Council to take immediate action, in the form of a position statement or letter, to endorse grants for EMS.

Ms. Gainor asked members to review the resolution prepared by the Oversight, Analysis, and Research Committee. She turned the meeting over to Dr. Sahni.

UNFINISHED BUSINESS (CONTD.)

Dr. Sahni presented a position statement on the topic of healthcare reform. The statement incorporated comments from the day's discussions (attachment K).

Ms. Gainor opened the floor for comments, suggestions, or questions.

Mr. Gorman suggested that each bulleted item include an action statement. With permission from the Chair, Council members reviewed each bullet in turn and revised as needed. Significant changes included the following:

- At the request of Mr. Salazar, “regardless of delivery model” was added to the statement: *Providing core funding specifically for EMS, regardless of delivery model, to ensure surge capacity and response to public health emergencies and natural or man-made disasters is an essential public interest.*
- At the request of Dr. Salomone, the phrase “We strongly support” was omitted from the document.
- At the request of Dr. Wright, “regional, accountable, and coordinated” was added to the statement: *The Institute of Medicine’s (IOM) recommendations of a regional, accountable, and coordinated, evidence-based emergency care system should be implemented.*
- At the request of Mr. Wingrove, the following statement was included as its own bullet: *Any healthcare insurance reengineering must include EMS in the Minimum Benefits Set.*
- At the request of Mr. Wingrove, the following statement was included as its own bullet: *The framing of models that address the health-home or medical-home concepts must include EMS as a partner in the public health, disease management, and healthcare support priorities.*

Members discussed the use of certain terminology. After some debate, members decided to:

- Insert “surge capacity” to address the issue specifically.
- Include both “health-home” and “medical-home” because both terms are common.

A motion was made to adopt the position statement. All were in favor, no one opposed, and the position statement was adopted as a Council Advisory.

NEXT STEPS AND FUTURE MEETINGS SCHEDULE

Ms. McHenry presented options for scheduling the next Council Meeting. She noted that they could conduct another NEMSAC teleconference prior to the next in-person meeting in September 2009. She asked members to consider the following dates and events prior to committing to a date for the meeting

- September 7, 2009 – Labor Day
- September 10-11, 2009 – Institute of Medicine Meeting

- EMS Stakeholder Meeting, date to be determined, possibly in September

Ms. Gainor suggested that an e-mail query be distributed to members with date options.

Mr. Serino questioned if it was possible to hold the EMS Stakeholder Meeting in another location to accommodate certain stakeholders. Mr. Dawson said it was possible, though unlikely, considering the additional cost of travel.

Chair Dia Gainor thanked all of the Council members and public attendees for their participation. At 11:28 a.m. (EDT) on June 3, 2009, the NEMSAC Meeting adjourned.