

## **Introduction**

The second meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) was held on Tuesday June 26, 2007 from 1:30 to 3:00 p.m. in the Bessie Coleman Room of the Federal Aviation Administration at Washington, D.C.

Committee members in attendance:

### **Department of Transportation**

Nicole R. Nason  
Administrator, National Highway Traffic Safety Administration

### **Department of Homeland Security**

Jon Krohmer, M.D.\*  
Deputy Chief Medical Officer  
Deputy Assistant Secretary, Office of Health Affairs  
\*Representing Jeff Runge, M.D., Assistant Secretary, Office of Health Affairs

### **Department of Health & Human Services**

Peter C. Van Dyck, M.D.  
Director, Maternal and Child Health Bureau  
Health Resources and Services Administration

Henry Falk, M.D.  
Director, Coordinating Center for Environmental Health and Injury Prevention  
Centers for Disease Control and Prevention

Angela Brice-Smith\*  
Deputy Director, Survey and Certification Group  
Centers for Medicare & Medicaid Services  
\*Representing Thomas Hamilton

Kevin Yeskey, M.D., FACEP  
Deputy Assistant Secretary,  
Office of Assistant Secretary for Preparedness and Response

### **Department of Defense**

Lieutenant Colonel William J. Kormos, Jr.  
Office of the Assistant Secretary of Defense for Health Affairs

### **Federal Communications Commission**

Dana Schafer

## FICEMS Meeting Minutes June 2007

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Deputy Bureau Chief, Public Safety and Homeland Security Bureau

### State EMS Director

Robert Bass, M.D.\*

Executive Director, Maryland Institute of Emergency Medical Services Systems

\*State EMS Director

### **Background**

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was established by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (42 U.S.C § 300d-4). FICEMS is charged with coordinating Federal Emergency Medical Services (EMS) efforts for the purposes of identifying State and local EMS needs, recommending new or expanded programs for improving EMS at all levels, and streamlining the process through which Federal agencies support EMS.

### **Meeting Summary**

#### **Opening Remarks**

The second FICEMS meeting was called to order by Nicole Nason, NHTSA Administrator who welcomed the group and introduced the new members:.

Dr. Kevin Yeskey

Ms. Dana Schafer

Dr. Robert Bass

A list of observers is attached to the minutes.

## **Approval of Minutes**

The minutes from the December 8, 2006 meeting were approved

## **Report from the Technical Working Group**

Ms. Nason discussed the establishment of the Technical Working Group, led by Drew Dawson. The group was empowered to make recommendations for consideration by FICEMS. The Technical Working Group has met twice by conference call and once face to face. The group will meet once a month by conference call and in person once a quarter.

Mr. Dawson provided a short overview of each of the Technical Working Group recommendations which were included in the committee's binder:

### **Recommendation #1: FICEMS supports a comprehensive National EMS Assessment.**

This should have a high priority.

This recommendation was supported by the committee.

### **Recommendation #2: FICEMS supports the National Emergency Medical Services Information System (NEMSIS).**

This should receive a high priority from FICEMS. The hope is that other federal agencies would provide continuous support as well as state and local grant/funding sources. The current funders are NHTSA, Health Resources and Services Administration (HRSA), and Centers for Disease Control and Prevention (CDC).

This recommendation was supported by the committee.

### **Recommendation #3: FICEMS supports development of a Prehospital EMS Evidence-Based Practice Guideline Process.**

The intent is to develop a process that:

- Ensures that guidelines and protocols for prehospital Emergency Medical Services are consistently updated based upon new research and new data
- The guidelines can be incorporated into National Scope of Practice
- The guidelines can be incorporated into EMS Education Standards
- The guidelines can be provided to EMS providers throughout the nation.

While NHTSA has provided a small amount of funding this year to begin working on the process, a long-term, ongoing process may require the support of each of the Federal agencies. This does not duplicate any existing work.

This recommendation was supported by the committee.

**Recommendation #4: FICEMS amends the *Method of Operations* adopted at the December 8, 2006 meeting.**

**First amendment:** Adds an additional duty to the Technical Working Group (TWG). “The TWG also will serve as a forum for the “day-to-day” coordination of Federal EMS projects, for identifying opportunities for collaboration, for joint Federal review of documents such as grant guidance, program guidelines, and project reports.” This will allow the Technical Working Group to deal on its own with some issues that don’t rise to a policy level.

FICEMS would like to have language added that clarifies that the review is for the purpose of providing recommendations to FICEMS. Mr. Dawson and TWG will propose clarifying language.

**Second amendment:** Adds a provision. “To assist with the identification of State, local, tribal or regional emergency medical services and 9-1-1 needs, FICEMS may request, through NHTSA, the advice and recommendations of the National EMS Advisory Council established by Department of Transportation/NHTSA.” This would establish a mechanism to receive input from non-federal organizations and personnel. To date there have been over 400 applications for the 26 slots on the National EMS Advisory Council (NEMSAC). A decision will be made within the next 4-6 weeks.

There were no concerns about this second amendment.

**Third amendment:** Clarified provided editorial corrections to the Technical Working Group (as proposed) including allowing others to be added as needed.

There were no concerns about this third amendment.

**Recommendation #5: FICEMS reviews and modifies the TWG Committee Structure and Charges.**

Much of the work of the TWG will fall to the committees. The proposed committees, their chair/co-chair and members, and the committee charges are outlined in Appendix C of the Technical Working Group report.

Mr. Dawson quickly reviewed the five committees:

- Data and Research
- Medical Oversight (add a field person)
- Assessment (high priority and challenging)
- 9-1-1 and Medical Communications (FCC suggestion: Jeff Cohen)
- Preparedness (Suggestion: someone from FCC Operations and Outreach Division)

A suggestion was made to add providers to all committees.

Mr. Dawson emphasized that much of the work and responsibility is going to fall to the committee chair who must take a lot of leadership. NHTSA support staff will help to keep the ball rolling but they can't do all the work.

This recommendation was supported by the committee.

**Recommendation #6: FICEMS reviews/modifies the TWG six-month priorities.**

The Technical Working Group provided a list of the actions for which it should be held accountable at the December 2007 FICEMS meeting.

- (At the committee level) Develop and begin implementing a two-year work plan including expediting the development of a National EMS Assessment, including a preparedness assessment.
- Develop a two-year strategy and performance measures for consideration consistent with statutory responsibilities, FICEMS-assigned responsibilities, and committee charges.
- Develop a matrix of the Federal EMS responsibilities by agency.
- Participate in defining the process for the development of Evidence-Based Practice Guidelines.
- Provide input to the National Association of State EMS Officials Model EMS Plan.
- Identify opportunities in existing Federal grant programs to support regionalized, accountable emergency care systems.
- Continue identifying opportunities for implementation of the Institute of Medicine Report – The Future of Emergency Care in the United States Health System.
- Continue coordination on day-to-day EMS activities, priorities and funding.

A question was raised about the nature of the state officials' model EMS plan. Mr. Dawson explained that it is similar to the model trauma systems plan and will have some benchmarks and indicators as well.

A question was raised about developing a matrix of Federal EMS responsibilities by agency. Mr. Dawson explained that this matrix would not propose new responsibilities but would identify the current responsibilities of Federal agencies. The hope would be that in the process opportunities for cooperation would also be identified. The TWG will reword that action.

This recommendation was supported by the committee with modification.

### **Recommendation #7: FICEMS reviews/modifies the Federal status report *The Future of Emergency Care in the United States Health System*.**

The Technical Working Group listed each of the recommendations in the three Institute of Medicine reports (the Emergency Department, the Prehospital, and the Pediatric). For each recommendation the TWG listed what Federal agencies are currently doing and identified opportunities for collaboration among Federal agencies. The TWG found that there is a significant amount of current activity with respect to implementing many of the recommendations, some of which started prior to the recommendations being made.

The report was not reviewed in detail.

CMS and NHTSA agreed to assure CMS' responses to Congressman Waxman are distributed to the appropriate FICEMS committee chairs and to incorporate the written testimony into the IOM status report.

The Technical Working Group report, *The Future of emergency Care in the United States Health System: Recommendations, Current and Planned Activities*, was approved. Any actions at a policy level or needing decision-making at a higher level would be brought back to FICEMS.

### **Draft Report to Congress**

The Technical Working Group recommends a letter report to Congress. The basic report has been drafted. Results of this meeting will be incorporated and a draft report to Congress developed. This report will be circulated to FICEMS for review and comment within a few weeks.

### **Presentation by Dr. Michael Sayre**

Dr. Sayre made a presentation on the Current State of Research in EMS. The PowerPoint presentation may be requested from NHTSA.

Credentials: an emergency physician; the founder of the Research Fellowship Program at the Department of Emergency Medicine at Ohio State; principal investigator for the National EMS

Research Agenda, the Research Agenda's Strategic Plan, and the EMS Research Ethics Conference and Proceedings.

Key points:

- High quality research in EMS is increasing.
- Last several years has seen the development of large clinical research networks that are focused on out-of-hospital emergency care.
- Last several years has seen a significant increase in investigator initiated projects that have received federal support.
- More scientists are being trained to do this kind of research.
- A fellowship has been established through the National Registry of EMTs that is focused on education issues and also certification issues for the providers.
- We probably spend on research one-half of one percent of what we spend on care.
- The best EMS system research is coming from Canada but more is needed.
- We need knowledge on translation of research into practice. People are not changing what they are doing even when research shows that they should.
- There is great difficulty getting participants for research studies. Much research is going overseas.
- We need to engage policy-makers at the highest level in discussions on methods of emergency research.
- We need to nurture the continued federal research support.

### **Public Comment**

#### **James Chamberlain, M.D., Children's National Medical Center and Pediatric Emergency Care Research Network**

Dr. Chamberlain appreciated Dr. Sayre's EMS research review and emphasized the problems he addresses are even more acute in pediatrics. Most of what EMS does with children in the prehospital arena is done without supporting evidence. What is known is not widely disseminated (as Dr. Sayre had said) and there are huge disparities in the treatment children receive state to state.

#### **Dan Glucksman, International Safety Equipment Association**

Mr. Glucksman recommended that FICEMS look at the issue of the health and safety of the EMS workforce.

#### **Kurt Krumperman, American Ambulance Association**

Mr. Krumperman applauded FICEMS for its hefty agenda and the progress it is making already. He indicated that he would like to see the evidence-based practice guidelines look at clinical research as well as systems research on staffing models and air and ground response times, etc. He requested additional information on what levels of preparedness are being looked at (simply

local or local/state/national). Dr. Bass spoke of a recent meeting where the comment was made that all response is local but there needs to be a comprehensive system to support the local response.

### **Closing Comments**

Congratulations and thanks were extended to the Technical Working Group and the remarkable progress they have made in a very short time. Mr. Dawson was commended for his leadership.

### **Adjournment**

Ms. Nason suggested that the full committee meet again in approximately six months. The meeting was adjourned.



**Observers**

From the National Highway Traffic Safety Administration:

Gamunu Wijetunge  
Julie Krueger  
Gilbert Torres  
Brian McLaughlin  
Marilena Amoni  
Cathy Gotschall  
Laurie Flaherty

Dan Glucksman, International Safety Equipment Association, [dglucksman@safetysafetyequipment.org](mailto:dglucksman@safetysafetyequipment.org)

James Chamberlain, Children's National Medical Center, [jchamber@cnmc.org](mailto:jchamber@cnmc.org)

Kathleen Brown, Children's National Medical Center, [kbrown@cnmc.org](mailto:kbrown@cnmc.org)

Tasmeen Singh, Children's National Medical Center, [tsingh@emscnrc.com](mailto:tsingh@emscnrc.com)

Kurt Krumperman, American Ambulance Association, [kurt\\_krumperman@rmetro.com](mailto:kurt_krumperman@rmetro.com)

Captain Daniel Kavanaugh, HRSA/MCHB/EMSC, [dkavanaugh@hrsa.gov](mailto:dkavanaugh@hrsa.gov)

Gregg Lord, George Washington University, [glord@gmu.edu](mailto:glord@gmu.edu)

Paul Maniscalco, George Washington University, [paulm@gmu.edu](mailto:paulm@gmu.edu)

Sayuri Smith, [sayuri.smith@takata.com](mailto:sayuri.smith@takata.com)

Kevin Kardel, [Kevin.kardel@takata.com](mailto:Kevin.kardel@takata.com)

Kevin King, International Association of Fire Chiefs, [kking@iafc.org](mailto:kking@iafc.org)

Lisa Meyer, Cornerstone Government Affairs, [lmeyer@cgagroup.com](mailto:lmeyer@cgagroup.com)

Terri Nally, Emergency Nurses Association, [terrinally@aol.com](mailto:terrinally@aol.com)

Greg Link, U.S. Administration on Aging, [greg.link@aoa.hhs.gov](mailto:greg.link@aoa.hhs.gov)

Ellen Martin, Department of Labor [emartin@dol.gov](mailto:emartin@dol.gov)

Susan Larsen, CMS, [susan.larsen@cms.hhs.gov](mailto:susan.larsen@cms.hhs.gov)