

National EMS Quality Alliance Meeting

Thursday and Friday, July 12 and 13, 2018

Agenda

Thursday, July 12, 2018

1:00 – 1:30 pm	Welcome and Introductions
1:30 – 2:30 pm	Alliance Operational Items
2:30 – 3:00 pm	NHTSA
3:00 – 3:15 pm	Break
3:15 – 3:45 pm	Alliance Mission and Vision Statement
3:45 – 5:00 pm	Sustainability
6:30 – 8:00	Group dinner – on your own

Friday, July 13, 2018

7:30 – 8:00 am	Breakfast provided – networking
8:00 – 8:30 am	Sustainability
8:30 – 10:00 am	Review of Existing Quality Measures
10:00 – 10:15 am	Break
10:15 – 12:00 pm	Process for Identifying New Measures
12:00 – 12:30 pm	Working Lunch – provided
12:30 – 1:30 pm	Implementation Process for EMS Agencies
1:30 – 2:00 pm	Next Steps
2:00 pm	Adjourn

National EMS Quality Alliance (NEMSQA)

Thursday, July 12, 2018
1:00- 5:00 p.m. CST
Irving, Texas
Membership Meeting

MINUTES

In attendance

Steering Committee:

Mike Hall (AAA), Peter Taillac, MD, FACEP (NASEMSO), Chief Mike McEvoy, PhD, NRP, RN, CCRN (IAFC), Dan Hankins, MD, FACEP (AAMS), Paul Brennan (IAEMSC), Michael Redlener, MD, FAEMS (NAEMSP), Jon Washko (NAEMT), Brooke Burton, NRP (NEMSMA)

Stakeholders:

Roxanne Shanks, RRT, MBA, FABC (ACCT), Matt Zavadsky, MS-HAS, NREMT (AIMHI) Allen Yee, MD, FAAEM (AAEM) Peter Fischer, MD, FACS (ACS-COT), Jay Scott (CAPCE), Sam Vance, MHA, LP (EMSCIIC), Ginny Kennedy-Palys (ITLS), Michael Hilton, MD, MPH, FACEP, FAEMS (NCEMSF), Megan Hollern, MA, RN, NRP (NREMT), Gary Wingrove, FACPE, CP-C (TPF) via conference call.

Federal Partners:

Sean Andrews (HHS PHE ECCC), Jon Krohmer, MD, FACEP (NHTSA OEMS), Dave Bryson, EMT (NHTSA OEMS)

Guest Speakers:

Clay Mann (NEMSIS), Kelly Burlison (ACEP)

ACEP: Jeffery Jarvis, MD, MS, EMT-P, FACEP, FAEMS

Rick Murray, EMT-P, Patrick Elmes, EMT-P, Deanna Harper, EMT-I, Mari Houlihan, Cynthia Singh, MS

Discussion Items

1. Welcome and Introductions

Mr. Hall opened the meeting and thanked everyone for attending and their commitment to participating in the project. Mr. Murray and Mr. Elmes shared some housekeeping items including the building layout, AED and Stop The Bleed kit location, and emergency evacuation information. Attendees introduced themselves.

2. NHTSA

Mr. Hall introduced Dr. Jon Krohmer who provided background on the EMS Compass project and the expectations of this development of EMS quality measures project. Dr. Krohmer shared that NHTSA and the other federal partners feel this is a critical project in the growth and evolution of the development of EMS as it relates to standardizing measures of performance. The EMS Compass project, which was led by NASEMSO, brought together the subject matter experts to develop a process along with several performance measures. Those quality measures were released as candidate measures for the EMS community to review and test. It was decided for the next phase that an independent organization made up of representatives of the all the national EMS organizations should manage the project. ACEP was selected to hold this new entity during its formation. This project was designed to set up an organization structure and develop a sustainability plan. The original project was for a 12-month period that ends in September 2018 but ACEP has asked for an extension to the funding period hopefully allowing the grant to continue until March 2019 and maybe later.

3. Alliance Operational Items

A. Bylaws

- Mr. Murray led the discussion regarding the initial Alliance bylaws that were approved by the membership. It will be an ongoing process over time to revise the bylaws as needed and several suggestions have been submitted regarding additional items and changes. Since there is not a quorum of the general membership at this meeting we can't vote on changes to the

bylaws, although we can discuss suggestions and finalize what you would like to submit for vote on a later date. Items that have been submitted for consideration include: Adding a statement about how we would dissolve the Alliance; Adding a statement that protects the officers and doesn't hold them financially responsible; Reviewing the current definition of the membership categories for the Steering Committee and Stakeholders. There might also be a need to add other members in the future like vendors, payors and others.

- Other items discussed included who can vote on what topics and what the BOT Officers vote on. Members vote on Alliance business except for items listed like the BOT officer position which is done by the BOT. The question of where to incorporate and what status was discussed. A separate legal council will be obtained for the Alliance and they will advise on bylaws issues, incorporation, and IRS tax status.

B. New Members

- There is current language for adding new members as two organizations have expressed interest. Once their application is received they will be reviewed by the Board of Trustees for approval. The members attending felt the current members listed in the Bylaws are the founding organization members and will be noted as such and any new organizations joining will not be considered founding members. Mr. Murray shared that the two groups that have approached us regarding membership are the American Heart Association and the American College of Cardiology. Additional organizations that have been suggested we contact to join the Alliance include; 1. American Health Insurance Plans 2. The Medicaid Health Plans of America 3. The American Hospital Association 4. The National Association of Home Care and Hospice 5. The Visiting Nurse Association of America 6. The Alliance for Home Healthcare Quality and Innovation 7. National Committee on Quality Assurance.

C. Committees

- There was discussion regarding forming several committees under the BOT and three were identified to begin organization now:
 - Bylaws Committee – Roxanne Shanks
 - Measured Development Committee - Michael Redlener
 - Communications Committee – Brooke Burton

Other committees to consider developing at a later time include:

- Membership Committee
- Measurement Adoption Committee
- Evidence Review Committee
- Technology Development Committee
- Stakeholder Communication Committee
- Research Committee

4. NEMSIS

Dr. Clay Mann presented an overview of the NEMSIS program and the data elements they capture and how it would be utilized during the NEMSQA process. A copy of his PowerPoint slides is attached.

5. Alliance Mission and Vision Statement

Mr. Hall led the discussion on developing a comprehensive Mission and Vision Statement for the Alliance. Several key points were discussed for inclusion What are we trying to accomplish? Quality, Improvement, Standards, Improving Patient Care, Outcomes, Proving Outcomes, Collaboration, Transparency in the Industry, Benchmarking, Facilitate and Promote Research, Tools for Feedback on Performance, People and Community, Meaningful Use of Data, Meaningful Measurements, Quality Measures. We can think about these and figure out just we want our statement to say.

6. Sustainability

Mr. Murray reviewed the current National EMS Quality Measures project and Alliance budget with the group. The need to identify a means for sustainability after the NHTSA funding ends was discussed as a primary item to be finalized before the program could move forward. Several options for funding were discussed including a membership fee paid by member organizations. It was mentioned that all members would probably not be able to contribute the same level of funding so a sliding fee scale might be needed. Another option discussed was looking at vendors and payors for funding as well as other grants and private foundations. The group discussed several

other options including the possibility of charging a fee to EMS services and to EPCR vendors was also discussed. NHTSA was asked if the measures developed by this and the EMS Compass project could be used on a pay per use basis and they will have to research this and get back to the group. The data might also be valuable to other vendors and that might be a source of funding as well. The estimated cost per measure was discussed and amounts from \$50,000 to \$300,000 per measure were mentioned.

Mr. Hall asked the group to consider this discussion during the evening and try to bring back additional ideas to discuss during tomorrow's session.

End of day-1 and meeting adjourned.

National EMS Quality Alliance Meeting Minutes

Friday, July 13, 2018 7:30 am – 2:00 pm CDT

ATTENDEES

Steering Committee:

Mike Hall (AAA); Peter Taillac, MD, FACEP (NASEMSO); Chief Mike McEvoy, PhD, NRP, RN, CCRN (IAFC); Dan Hankins, MD, FACEP (AAMS); Paul Brennan (IAEMSC); Michael Redlener, MD, FAEMS (NAEMSP); Jon Washko (NAEMT); Brooke Burton, NRP (NEMSMA)

Stakeholders:

Roxanne Shanks, RRT, MBA, FABC (ACCT); Matt Zavadsky, MS-HAS, NREMT (AIMHI); Allen Yee, MD, FAAEM (AAEM); Peter Fischer, MD, FACS (ACS-COT); Jay Scott (CAPCE); Sam Vance, MHA, LP (EMSCIIC); Ginny Kennedy-Palys (ITLS); Michael Hilton, MD, MPH, FACEP, FAEMS (NCEMSF); Megan Hollern, MA, RN, NRP (NREMT); Gary Wingrove, FACPE, CP-C (TPF)

Federal Partners:

Sean Andrews (HHS PHE ECCC); Jon Krohmer, MD, FACEP (NHTSA OEMS); Dave Bryson, EMT (NHTSA OEMS)

Guest Speakers:

Clay Mann (NEMESIS); Kelly Burlison (ACEP)

ACEP: Jeffery Jarvis, MD, MS, EMT-P, FACEP, FAEMS 6; Rick Murray, EMT-P; Patrick Elmes, EMT-P; Deanna Harper, EMT-I; Mari Houlihan; Cynthia Singh, MS

DISCUSSION ITEMS

1. Sustainability

The group discussed the possibility of making \$5,000 commitments per member that would begin after March 2019 to fund the Alliance. After additional review of the budget and the funds remaining it was decided that the request for an extension of the project should continue through September 2019. Mr. Murray will prepare the appropriate paperwork to submit to NHTSA. A value statement should be developed for use with the individual associations to demonstrate the return on investment. Everyone was encouraged to ask their organizations to consider endorsing NEMSQA as the standard quality setting body that will move the process forward. It was suggested that the group explore partnerships with universities that have EMS research programs receive funding/sponsorships from them.

The mission of NEMSQA should be validation, implementation, and dissemination of all pre-hospital quality measures guidelines being developed.

2. Review of Existing Quality Measures

The following suggestions were made:

- On existing Compass measures, determine if measures were currently being used and are of value.
- Contact vendors and work through associations to find out what is working, and tweak what needs to be changed.
- Review the EMS Compass process of identifying measures and come up with a similar process.
- Create a checklist of what will work for the Alliance and standardize the process.
- Develop a taskforce or subcommittee per individual quality measure in order to divide the work and provide more timely results for the Development Committee.
- Explore outreach for adoption of measures into accreditation standards with various stakeholders. Vendors need to be at table for technology advisory portion.
- GAMUT database was created several years ago for ground and air critical care transport. This is already being used for tracking, although not reporting.
- If we work together on current compass measures and on other measures in the future, EMSC might be willing to contribute funding to the project.
- Develop a strategy to reduce barriers to working together with other groups to create a project that will endure.
- Charge the Quality Measures Committee with identifying other groups that are doing measures to see if there are opportunities for learning from or partnering with them.
- Create a group of measures to look at initially and recommend any necessary substructure.
- Potentially work with NEMESIS and/or other vendors to see what issues there might be with any current measures.

3. Process for Identifying New Measures

Kelly Burlison presented ACEP's measure development process, see attached slides.

The group discussed the following items:

There is a distinct advantage in that the EMS data set is more uniform than hospital data...NEMESIS is a clear defined standard. 80% of the data set is the same and all is electronic. The majority of expense of measures development is in data collection and abstraction. We must let NEMESIS know when we need a new data element.

Every compass measure would fall into the electronic measures only category. There are other measures that depend on human abstractors. It was suggested the group add custom fields with the EHR and also provide guidelines outside the NEMESIS domain. The NEMESIS data includes structure for the custom elements, which provides framework for adding variables, which means those could be created quickly. The group agreed it would be a good idea to publish directions on how to go about standardizing the non-standard data for those flexible data elements. This could be a huge time saver.

Dr. Krohmer suggested the group think 3-5 years ahead about measures where the data elements already exist and not rely on NEMESIS to create a lot of custom elements, which is incredibly expensive and time consuming. Focus on things that can be easily identified with currently existing data elements.

Promote and focus on outcomes. The structure to do this on the national level is not there. Vendors sell solutions for this. Need to work on interoperability of the systems going forward. The goal is to make the EMS record part of the patient's medical record. We should put a placeholder in for outcomes data when we construct our measures so when it is turned on in a specific area, that can happen. We may have to suggest to CMS what we want. Hospitals need to abstract the same data we are interested in getting. Maybe they are interested in getting the EMS data also. Dr. Krohmer will find out who to talk with at the AHA.

TO DO/NEXT STEPS:

1. Finalize decision regarding incorporation (501C3 or 501C6) and in which state to incorporate.
2. Finalize a budget that will support the organization initially.

3. Continue to investigate further funding – grants, membership fee, donations, government funding, etc. Mr. Murray will identify the additional contract services needed such as legal counsel and audit.
4. The Board will request bids from management companies to do management oversight of the project to compare expenses.
5. Invite vendor participation on next membership call to get feedback on their experience with compass measures, how far along they are, customer feedback, etc.
6. Establish work priorities by dividing compass measures up for review and look at possible new measures such as opioid.
7. Contact the Naloxone Evidence-based Guidelines group regarding partnering to develop new compass measure.
8. Complete organization of the three committees – bylaws committee, communications committee, measure development committee and ask for volunteers from the membership to serve on each. There will be a chair and Board liaison for each committee.
9. Work on developing a mission and vision statement. A draft will be circulated for review.
10. The Board will meet monthly by conference call initially and plan a general membership calls every 3 months. Dates for the next face-to-face meeting will be explored for the fall or early spring.

End of meeting-