Emergency Medical Services and Health Information Exchange

A Full Picture for EMS and Health Information Exchange

Rachel Abbey, Office of National Coordinator for Health IT
April 4, 2017
Where do EMS and ONC meet?

• **This is a good question...**
  - In the HHS Strategic Plan: One of the strategies is to encourage widespread meaningful use of health IT by providers across the care continuum through incentives, grants, certification, and technical assistance
  - ONC helps to coordinate nationwide efforts to implement and advance the use of health information technology and the electronic exchange of health information—this includes EMS

• **ONC and EMS can Learn from each other**
  - NEMSIS data standard—this makes you ahead of the rest of the health care community
  - NEMSIS national data set
  - Lessons learned from implementation of EHRs
Supporting HIE and EMS on the National level

- Federal Health IT Strategic Plan
- Shared Nationwide Interoperability Roadmap
- Federal Interagency Committee on EMS
- Report: *A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*
Objective 4.1: Foster EMS participation in regional and State Health Information Exchanges.

FICEMS promotes the adoption and full utilization of electronic patient care data systems by all EMS agencies that are standardized through the National EMS Information System (NEMSIS).
The National Academies of Sciences, Engineering and Medicine published a report in June 2016: *A National Trauma Care System: Integrating Military and Civilian Trauma Care Systems to Achieve Zero Preventable Deaths After Injury*

RECOMMENDATION 5

The Secretary of Health and Human Services and the Secretary of Defense, together with their governmental, private, and academic partners, should work jointly to ensure that military and civilian trauma systems collect and share common data spanning the entire continuum of care. Within that integrated data network, measures related to prevention, mortality, disability, mental health, patient experience, and other intermediate and final clinical and cost outcomes should be made readily accessible and useful to all relevant providers and agencies.

To implement this recommendation, the following specific actions should be taken:

- Congress and the White House should hold DoD and the VA accountable for enabling the linking of patient data stored in their respective systems, providing a full longitudinal view of trauma care delivery and related outcomes for each patient.
- The Office of the National Coordinator for Health Information Technology should work to improve the integration of prehospital and in-hospital trauma care data into electronic health records for all patient populations, including children.
  - The American College of Surgeons, the National Highway Traffic Safety Administration, and the National Association of State EMS Officials should work jointly to enable patient-level linkages across the National EMS Information System project’s National EMS Database and the National Trauma Data Bank.
  - Existing trauma registries should develop mechanisms for incorporating long-term outcomes (e.g., patient-centered functional outcomes, mortality data at 1 year, cost data).
  - Efforts should be made to link existing rehabilitation data maintained by such systems as the Uniform Data System for Medical Rehabilitation to trauma registry data.
  - HHS, DoD, and their professional society partners should jointly engage the National Quality Forum in the development of measures of the overall quality of trauma care. These measures should include those that reflect process, structure, outcomes, access, and patient experience across the continuum of trauma care, from the point of injury, to emergency and in-patient care, to rehabilitation. These measures should be used in trauma quality improvement programs, including the American College of Surgeons Trauma Quality Improvement Program (TQIP).
The Big Picture for Advancing Health Information Exchange

Vision/Value

Leadership

Innovation

Cooperation

= TRANSFORMATION
A Glimpse at Current Implementation Projects for EMS Using HIE

**California**
- Created a national model for the integration of EMS systems and HIE
  - Search
  - Alert
  - File
  - Reconcile

**Denver South Metro**
- EMS providers can search patient information via CORHIO (State HIE)
- Use of access to HIE using a mobile integrated health care model
- May be a model that can be replicated in other communities across the country
A Glimpse at Current HIE Implementation Projects for EMS

Indianapolis

- First in the country to integrate HIE with EMS
- EMS access to search the Indiana Health Information Exchange through single sign on
- Day to day use case of searching the HIE on the scene or in the ambulance

Oklahoma

- EMS providers can search MyHealth, an Oklahoma HIE organization, using a web browser
- ePCR forms can be electronically filed into MyHealth and made available to all authorized providers in the HIE
- MyHealth offers participating organizations a Missed Opportunities report
State Medicaid Directors Letter 16-003

- The CMS Medicaid Data and Systems Group and ONC’s Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:

- This updated guidance provides that Medicaid HITECH funds can be used to support all Medicaid providers that Eligible Providers want to coordinate care with.

- Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, emergency medical service providers, correctional health providers, social workers, and so on.

- It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.
Resources to Support HIE and EMS Integration: Medicaid HITECH Funds

Potential Projects Involving EMS

• Onboarding to an HIE organization to participate in health information exchange (uni-directional and bi-directional)

• Web based care planning or encounter alerting for transitions of care (e.g., ADT notifications)

• Electronically share information with a hospital (from EMS) connecting ePCR to EHR—promoting care coordination with EPs and EHs

• Specialized Registries (e.g., advance directive/ePOLST, PDMP)—public health
ONC Initiatives, Resources, and Tools to Support EMS

Project Summary

EMS is both the gateway to and an integral part of the health care system, and yet only a few EMS systems have access to a health information exchange (HIE) or information stored in other electronic health/medical records systems. Providing clinical and non-clinical providers with access to HIE data during a disaster or other large scale emergency has

Project Team

Team Members
Rachel Abbey, ONC
Kevin Horahan, ASPR
Lee Stevens, ONC

http://www.hhs.gov/idealab/projects-item/ems-to-hie/

https://www.healthit.gov/sites/default/files/emr_safer_knowledge_product_final.pdf
ONC Initiatives, Resources, and Tools to Support EMS

• Additional ONC resources:
  » Health Information Exchange Issue Brief:  National Emergency Medical Services Use Cases
  » Fact Sheet: Emergency Medical Services & Health Information Exchange: What do you need to know?
  » Health Information Exchange & Emergency Medical Services

• Technical Assistance
  » Funding Opportunities for Building Data Connections Between EMS and Healthcare Partners (Webinar)
  » Contact Rachel Abbey (Rachel.Abbey@hhs.gov)
Questions?

CONTACT INFORMATION

Rachel Abbey (Rachel.Abbey@hhs.gov)