**Notes from the NEMSIS Readiness Workshop:**

**9-15-2015 San Bernardino**

**Summary of Notes**

The session began with a Power Point Review of the pending NEMSIS version 3 changes which are now planned for January 1, 2017. Information on the Power Point presentation is noted below:

**Power Point Presentation**

* Purpose of the move to NEMSIS 3 is to improve data quality, incorporate performance measures more fully, support state data flexibility, and prepare for the nest step of HL7 (Health Level 7) compliance. Tom noted that standardization is critical for data quality, assessment, and exchange of information and it starts with NEMSIS 3. He also noted there is a current bill under consideration which will require ePCRs and not allow paper.
* The NEMSIS web site lists vendors who are either State or Agency (Provider) compliant with NEMSIS v3, or are Seeking NEMSIS 3 compliance. The suggestion is that a LEMSA who is working with a vendor which does not appear on any of the three lists should review their options with their vendor closely since a vendor not on any of the lists now may not make the 1-1-2017 deadline for NEMSIS V3 compliance. There is some discussion at NEMSIS of moving the deadline at 2018. More information will be available on this before the end of the 2015 calendar year.
* The history of the NEMSIS data collection efforts began in 1973 with the Emergency Medical Services System Act and developed more fully after the release of the NHTSA document, “EMS Agenda for the Future”. University of Utah secured the contract to process and maintains NEMSIS for NHTSA through a competitive bidding process and will have to compete again when their initial 10-year contract is up. The data effort now has moved from NEMSIS V2 and is now at NEMSIS version 3.4 and will soon go to 3.4.0. In terms of the data collection in California, it was noted that the CEMSIS document 164 was retired several years ago when NEMSIS 2.2.1 was started. This occurred in July 1, 2013 and became a sort of “restart” for state wide data collection.
* There is an expectation of data quality improvement. For example, NEMSSIS V3 will enhance the opportunity for hospital outcome data which we largely do not get now. In addition, V3 will support national HIE efforts such as the one California is conducting now with the ONC grant.
* Data Quality reflected mandatory and required fields and Null Values and how Null Values for those data elements can reduce data quality.
* Resource information was provided for the LEMSAs to access in order to better understand the NEMSIS data issues and the move the V3. Several NEMSIS URLs were noted and directions provided on how best to access the information.

**Group Discussion**

* **Data Quality:** 
  + **Primary Impression:** Tom noted thatthe initial effort in California to document the data system was EMSA document 164. This generated a discussion and the group noted that Local Providers often want other processes to collect and submit data; the consensus was that there is a need for a single, standardized data collection mechanism. San Diego noted that it is important to know why a data element is blank. Sometimes the providers use different names and it causes confusion. The example they gave was Primary Impression (PI) being blank, which occurs often because data are either entered in the narrative or the field staff select a Null Value. Orange County agreed that a Null Value is often the path of least resistance for the providers which impacts data quality. They noted that the provider just wants to avoid the “red box”. One comment was to have only a few PI selections and then a number of Secondary Impressions to provide more information. San Diego suggested about 10 PI selections with secondary impressions as a way to improve the data because the field staff would not have to select from a large number of PI choices. Orange County noted that the larger the PI list, the more likely the data would be inconsistent. Tom McGinnis noted that even if we reduced the number of PI selections we would probably still have a need for an “other” to meet the “oddball” occasions.
  + **Data Dictionary:** The state needs a data set and an data dictionary for ONLY the data elements common to all the LEMSAs; if various LEMSAs want to add their own data elements, EMSA does not need a data dictionary that includes those elements because local agencies can select any additional elements they want, but EMSA will not receive them or pay for them. Orange County noted this was something they might do because they had a need to track such things as stingray bites, while most other counties would not need that element. Mark noted that the NEMSIS V3 will allow the LEMSAs to be more specific, for example, “*Falls*” will have more detail in V3 than in V2.
  + **Null Values:** This issue was carried over from the Power Point presentation and was a major issue. Tom McGinnis noted that the Data Advisory Group, for which EMSAAC recommended members, is looking at the issue of Null Values and how it impacts data quality. Mark Roberts noted that different LEMSAs do things differently and that it is important to retain flexibility while at the same time trying to improve or maintain data quality. Tom McGinnis noted that any projects funded by NHTSA will want to have as high of data quality as possible. He also noted that at some point in the future it is not unlikely that CMS will start to attach data quality to service reimbursement, so it behooves us all to focus on data as soon as possible.
* **Data Sets** were discussed. Mark Roberts pointed out that when data is submitted, the first portion of data to be submitted are the demographic data which contain a wide variety of personal information on provider staff such as social security numbers, address, etc. It was unclear how much of an issue this may be and that it should probably be reviewed in more detail.
* **Software Certification:** The group discussed the NEMSIS listing on their website of the software applications which are certified by NEMSIS by V3 compliant or are in the process of seeking NEMSIS V3 compliance. Tom suggested that any LEMSAs working with vendors not on any of the three lists consider confirming with the vendors their expectations of achieving NEMSIS V3 compliance. The group also discussed compliance versus compatibility. Mark noted that NEMSIS is adamant that the vendors be compliant and not compatible because any mapping done to move the data from V2 to V3 is likely to be unsuccessful.
* **Timelines:** The group discussed the pending V3 deadline of 1-1-2017 and what sorts of barriers would need to be addressed. Lancet noted that they have been working with NEMSIS for V3 certification and that staff are very helpful.
* **Updated Lists:** The group asked about assigned provider numbers and how to go about adding new providers. Tom McGinnis said to contact Kathy Bissell. EMSA will put the list on the EMSA web site. Also, the issues of 204 *(EMS Procedures Permitted by EMSA in California [Excel])* CEMSIS value list came up. This will be updated. The LEMSAs noted that the issue of provider and hospital IDs can impact the HIE data because the data cannot be mapped for HIE. Mark noted that there will be new LEMSA and provider IDs when V3 comes on line. The LEMSAs asked for an updated Facility List on the EMSA web site. Tom said we would complete an updated list as soon as possible.
* **Data Standardization:** The group discussed the need for standardized data processes. Tom McGinnis told the group there is a Data Advisory Group which has been looking at this issue. Several LEMSAs brought up the fact that there are too many data elements in CEMSIS and that there is a need to reduce this number. The group noted that it would be useful to select a common core of data elements for which we would have a data dictionary; the expectation is that data quality would improve because the field staff would have fewer data elements they would have to look at in the field.
* **Data Reports:** The group discussed the need for the LEMSAs to receive data back from EMSA. There was no consensus on what data the LEMSAs would like to have reported back but they agreed that we could start with the Annual Report the Data Unit is developing for EMS and Trauma data and go from there.

**Comments from Mark Roberts**

* **Data Archive Access:** Mark notedthe LEMSAs can access the archives on the NEMSIS web site to see the crosswalk for the NEMSIS v2 and v3 data elements. He reminded the group that the URLS are on the Power Point slides on the last page.
* **Software:** Mark reiterated that testing needs to be done for each version of NEMSIS, so that if a vendor is approved as compliant with NEMSIS 3.3 they would still need to be approved and certified as compliant for 3.3.4. He suggested that the LEMSAs review the lists on the NEMSIS web site to clarify that the LEMSA vendors are certified NEMSIS complaint for each version the LEMSA is using or plans to use.
* **AB 1219:** If this bill is signed by the governor, it may impact local provider software.
* **Data Submittal Schedules:** Several LEMSAs askedMark how frequently data would need to be submitted; Mark noted thatdata are now being submitted on a variety of schedules but that when we move to NEMSIS V3 the submittals will be closer to “real time”.
* **Data Acceptance:** Mark notedthat data from non-compliant sources will not be accepted after V3 deadline. He did note, however, that data will continue to be accepted from V2 if the data is for a period of time before the deadline, for example, he noted that some LEMSAs submit their data quarterly or even annually so if LEMSAs submit their V2 data for a period prior to 1-1-2017, then the data will be accepted. Mark said he expects there to be a period of perhaps two years where LEMSAs may have to maintain two systems, V2 and V3.
* **HIE:** Mark noted that as an example, ICEMA currently has an HIE integration contract with EMSA and this HIE effort will connect records through an HIE hub. The LEMSAs were happy