

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

EMSAC Data Committee/ Meeting Agenda January 18, 2018

Room 104A

1:00 pm – 3:00 pm

You can also dial in using your phone.
United States (Toll Free): 1 877 309 2070
United States: +1 (312) 757-3117

Access Code: 518-281-325

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/518281325>

Agenda Item	Minutes	
Welcome/Opening Remarks Committee Member Roll Call Review of Agenda	1:00 PM started meeting 16 of 27 members present or on conference call	
	Committee Members Present	Other Attendees
	Darrel Donatto Benjamin Abes Gary Ball David Crum Danita Allen Richard Ellis Steve Fravel Phyllis Hendry Mac Kemp Rodney Mascho Mike Hall Peter Pappas	Jamison Rogers Noreen Schramm Mike Bardell Barbara Tripp Scott Bendert Mark Jones Joe Schenk Jeremy Fischer Max Lopez Jeff Wittmer Melissa Hiles Tami Stafford

	Patricia Byers Rowan Taylor Anthony Tedesco Jim Wilson LuWayne Ransom Ian Womack	Walter Miller Matthew Allen Scott Pendarvis Darian Brown Gary Ball Sean Baker Christian Guzman Leonard Kinerson
Review/Approval of Prior Meeting Record	Motion to approve minutes by Benjamin Abes, second by Patricia Byers. Passes unanimously	
Review State Plan & Updates on Action items	<p>Review of state plan (3 quarters of 2017 included).</p> <p>Data dictionary – awaiting further discussion until NASEMSO provides their definitions for V3.5.</p> <p>Vendor call next week to review V3.4. Send invite to all members to participate.</p> <p>One page advisory on state plan strategic measures. Josh currently working with Medical Care Committee. Discussion of using 1.4 and version 3 to establish benchmarks.</p> <p>Reporting subcommittee needs to meet prior to April on development of scorecard report/dash board. Strategic plan measurement would be pushed out on a monthly or semi-monthly basis.</p>	
Update of V 3 Transition Update <ul style="list-style-type: none"> • Status of Transitioned Agencies • Status of Vendor Validations • Discussion of V1.4 Cutoff Timeline • Review of Code Sets Use 	<p>276 licensed agencies, 194 – EMSTARS, 89% emergency calls. 82 version 3 (42%), 122 version 1.4 (58%). Orange county switching to version 3 within next couple of months.</p> <p>Validated 3.3.4 – Beyond Lucid, Intermedix, Image Trend, Zoll, Eso, AMR, Golden Hour</p> <p>Validated 3.4 (conditional) – Safetypad, EPR system, Documed (Town of Palm Beach working with company to move forward. Once functional with submission, then Documed will work on full deployment to all agencies – no specific schedule at the moment).</p> <p>Sansio (has 3.4 product and working on state fields) and EMS Consultants not validated yet. Data staff will reach out to these vendors.</p> <p>V1.4 cutoff – target of 12/31/2018. Need to focus on agencies/vendors with high volumes to move first. Anyone with issues can reach out to state office for assistance if needed. Update in April as to status and which vendors may not meet.</p>	

	<p>National code sets – more departments going to version 3 don't understand where to find or how to use national code sets (ICD10, RXnorm, SnoMed, etc.). The use of national code sets enable standardization of the data on a nationwide basis and integration of data into the electronic health record.</p> <p>SNOMED – systemized nomenclature of medicine clinical terminology – EMS only using those codes included in the procedure list. Other categories not accepted by State. With regular changes by SNOMED, agencies may need to contact state office to add into their system. https://www.nlm.nih.gov/healthit/snomedct/</p> <p>Discussion about state sending out accepted listing. Best practice is that agencies use most current codes and notify state if it errors so state can add it.</p> <p>RXNorm – normalizes multiple names into a single code (RxCUI). www.nlm.nih.gov/research/umls/rxnorm/</p> <p>ICD10 – national standard. http://www.icd10data.com Keep in mind that the detail level of the code can effect getting reimbursement from payers.</p> <p>Department of motor vehicles would like to work with vendors to scan patient demographic information from driver's license. This will be discussed with vendors.</p> <p>Health Information Exchange – only two agencies in room confirmed either using or working on it.</p>
<p>Update on NEMESIS V3.5 Major Release</p>	<p>State EMS directors (including Florida) continue to push back against NEMESIS pushing too many versions. 3.3.4 sunsets 12/31/2018. 3.4 sunsets 12/31/2020. We will plan for work session in April to occur morning of first days meetings prior to welcome session. In April meeting state will provide a summary of proposed changes so that data committee can recommend input to NEMESIS. Discussion of influencing NEMESIS to standardize roll out of new versions instead of constant changes. Could Florida offer financial incentives for agencies to upgrade – matching grants – possible waiver of annual renewal fees if on current version – TRCC grant program.</p> <p>https://www.nhtemesis.org/elite username eDisposition.12 password eDisposition.12</p>
<p>Review/Discussion of Data Request Review Process</p>	<p>EMSTARS data can be a great resource for purposes of various research projects. Access to data should not be required to go through so much bureaucracy as to discourage use of the data. Discussion as to reasonable timeframe of data committee</p>

	<p>review but final authority is IRB and DOH. If agency concerns aren't considered, agencies may choose to stop submitting this optional data. Data committee votes on recommendation, submits under Chair name with minority and majority comments. Data committee will provide recommendation and comments within one week of request. Discussion of different data elements that may serve need of the data requestor without giving specific identifiable information. Perhaps include a call with researcher in data committee process. Use steps below along with timeframes to develop a process map.</p> <ol style="list-style-type: none"> 1. Request to Josh, 2. Data use agreement, Data use agreement specifies how data elements are used. 3. Sent to data committee, 4. Committee comment within 1 week, 5. Comments to researcher, 6. Researcher can go with comments 7. Or schedule call with data committee to discuss, 8. Final recommendation by committee to DOH, 9. Final decision done by DOH IRB and Executive Leadership, 10. Final result provided to data committee. <p>Dr. Fishe data request – recommendation to provide two different data sets. The one with zip code would not connect to interventions/treatments. The second set would provide transport mileage, transport time and interventions/treatments but exclude zip codes. Zip code level data clearly identifies agency specific treatments which has potential for being used against agencies. Based on discussion with the researcher, her request does not need to tie treatments to zip codes.</p>
<p>Update on Other Department Initiatives</p> <ul style="list-style-type: none"> • HB249 Update • NCBP/Biospatial Pilot Rollout • ESOOS Grant • AMA – Lifeline Measures 	<p>\$700,000 grant to enhance non-fatal overdose surveillance, quarterly reports to CDC, fatality data, risk factors/toxicology, disseminate to all available stakeholders.</p> <p>HB249 – must provide quarterly report – hope to automate process through Biospatial project. Data to local responders within 120 hours (county/region summary until full roll out of NCBP. Currently in testing process with NCBP before full implementation statewide.</p> <p>Mission Lifeline measures – can state utilize data to identify agencies that may meet requirements and notify agencies of that status.</p>
<p>Open Discussion/ New Business/Public Comment</p>	<p>Recommend changing red trauma alert criteria from zero-1 to zero-many. Group agrees.</p>
<p>Adjourn/Next Meeting</p>	<p>Next meeting will be April unless other issues come up prior to then.</p>