

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Data Policy Standing Advisory Committee
1 p.m., December 17, 2012
Conference Room A, 4th floor
2829 University Ave. S.E., Minneapolis

Members Present

Paul Satterlee, M.D., Chair
Renee Donnelly
Curtis Fraser
Suzanne Gaines
Kathleen Haney
Lee Pyles, M.D.
Darel Radde
Dave Waltz

Members Absent

James Agenes
Patrick Egan
Tom Fennell
Marty Forseth
Aarron Reinert

Guests

Melissa Barker
Clif Giese
Tim Held
Paul Jensen

Staff

Pam Biladeau
Will Granger
Melody Nagy
Robert Norlen
Jennifer Ojiaku

Greg Schaefer, AAG

I. Welcome and Introductions

Dr. Satterlee called the meeting to order at 1:10 p.m. Dr. Satterlee asked for introductions from members and guests.

II. Approval of Agenda

Dr. Satterlee said he will be adding review of data requests to the agenda after item seven. Ms. Donnelly moved approval of the revised agenda. Mr. Waltz seconded. Motion carried.

III. Approval of November 14, 2011 Minutes

Mr. Radde moved approval of the November 14, 2011 minutes. Ms. Donnelly seconded. Motion carried.

IV. EMSRB Updates

Ms. Biladeau said that she is going to have Ms. Ojiaku provide an update regarding the work that was done by the pre-hospital care work group and motions made by the Board.

Ms. Ojiaku said that she would provide an overview of the grant including assessing needs, identifying gaps and training on MNSTAR reports. We did a survey on services needs and level of knowledge of MNSTAR. We identified gaps and the source of the gaps. We collected a sample of reports from services and compared the data. We are identifying the areas for improvement. She referred to the MNSTAR Bulletin for additional information.

Ms. Ojiaku said that we are working on setting up statewide training for services and identifying the services needs. This training will be focused on documentation of elements, (trauma elements, and procedures) the training will include tips on better patient care reporting and how to create reports and what to ask for in reports. There is interest in national reports and we will provide information on what is available. We intend to provide reports in the next year.

Mr. Norlen said that we worked with a number of ambulance services to look at data quality. We have received good feedback on this. One service developed a power point presentation for their crew and has developed a data quality improvement process. We will receive better quality data because of this and we look forward to Ms. Ojiaku continuing with this. Dr. Satterlee said that this is good progress to make the data useful. This is exciting to me.

Ms. Ojiaku provided information on the National Emergency Medical Service Information System (NEMSIS) website. She said that you can develop your own reports or use the preset reports. The reports are based off data submitted by Minnesota and numerous other states to the National EMS Data Bank at NEMSIS. This is all public information with no patient or agency identifiable data included.

Ms. Biladeau asked for a demonstration of the reporting site. She said she wanted to thank Mr. Norlen for the hard work on development of this. She said that the information you receive depends on how it is filtered. Ms. Ojiaku said that you can filter in multiple ways. She provided information on a specific report.

Ms. Ojiaku provided information on Minnesota data. She said that you can compare Minnesota to other states. She said that she looked at null values and Minnesota is better at submitting data than other states. Ms. Ojiaku showed samples of reports available on the NEMSIS reporting site.

Ms. Biladeau asked if the number on the report is low because we are not reporting the data. Ms. Ojiaku said that our numbers are lower than other larger states with more run volume. Ms. Ojiaku said that the reports will be different based on filters selected. Dr. Satterlee said that he did not know this information is public. Ms. Biladeau said that some of these changes are recent. Mr. Norlen said that much of this has changed in the last six months. Mr. Norlen said that Ms. Ojiaku worked closely with NEMSIS on the development of these reports.

Mr. Waltz asked why there is not state data available. Mr. Norlen said that NEMSIS had to decide the parameters for summary data and discussed concerns about sharing state specific data publicly. NEMSIS decided to limit the public information to summary data from all states.

Ms. Gaines said that this is only information from states that are reporting. Ms. Ojiaku said that states are being added and the information will become more valuable.

Ms. Biladeau said health care reform and the Accountable Care Act may create interesting topics for discussion around data collection. It is unknown at this time how this will impact data input. She said that NEMSIS, HL7, has a placeholder for some of the CMS and performance based measures.

Mr. Held asked who assigns the state view. Mr. Norlen said that NEMSIS works with the EMSRB. Dr. Satterlee said that there are three access levels for states. The State Medical Director, the Executive Director, and one staff person, generally the Data Manager.

Ms. Ojiaku said that she provided a MNSTAR Bulletin to all ambulance services and is working on the next edition to be published in January. This information is available on the EMSRB website.

Ms. Biladeau said that we want to discuss use of funds for the \$40,000 mini grant. (A draft survey was provided for committee members to review) Mr. Radde asked for a timeline. Ms. Haney said the grant ends in September. Ms. Biladeau thanked Ms. Haney for the extension.

Dr. Satterlee said that Ms. Ojiaku's role has been successful in providing information and conducting research. The grant that supports this position ends September 30, 2013. The comment is to try to lobby to fund the position permanently. Ms. Haney said that we want to fund the position for two years and since it takes a while for the hiring process the grant will be amended for the position to have a full two years.

Mr. Held asked why the Board cannot fund the position. Ms. Biladeau said that these requests go through the Governor's budget process. Dr. Satterlee said that we cannot go to lobbyist or industry to seek support for the position. The EMSRB submits the request through the Governor's budget process.

V. Pre-hospital Data Workgroup Report

Dr. Satterlee said that this workgroup was formed a year ago and submitted a report to the Legislature. The workgroup included six members. Dr. Satterlee said that this has done a lot for this group. It cleared the air on issues. It made recommendations to the Board. The group has not been doing what is in the Board charter. There was a discussion on a number of issues. The final report is provided in your packet. Representation on this committee was discussed. How the data is being used was discussed. At the September 7 Board meeting these motions were accepted by the Board. Dr. Satterlee said that this can provide direction to this committee.

Dr. Satterlee said that one recommendation included inclusion of vital signs, discussion on moving to the NEMIS version 3.0 dataset and implementation of standardized aggregate reports. A workgroup was formed to discuss the reports. This was supported by the Board. That work will continue. The committee continues its work on data quality. The goal is to see that the data is good. That work falls to Ms. Ojiaku. We would like to have her report on this at each meeting but not have long discussions on data quality. The committee would ask questions as needed.

Dr. Satterlee said that we discussed data requests and staff used guidelines to provide information. We have agreed to adjust the process. A request for data will come to this committee and the committee will make a recommendation to the Board for approval. Ms. Biladeau has drafted a review format. We have nine (9) requests for data releases. I want the Board to see this information. Two requests have been released. Dr. Satterlee said that he would like to hear concerns from this committee on these data releases. We will be making recommendations to the Board on these data releases.

Data Requests:

1. Statewide Data for EMS Transport Vector Research Project
2. Epi-Pen (Adult and Junior) Number of times administered (released)
3. Trauma patient transports from St. Cloud area to Metro Hospitals
4. Inter-Facility Transports from FirstLight Hospital Mora
5. Data for Pediatric Research Project
6. Air Ambulance Scene Flights that have a Destination of HCMC
7. MNSTAR Data - PI=Trauma Injury & PD=Dead at Scene (released)
8. Metro Region Ambulance Response to Scene - Lights and Siren
9. Transport Data related to Perham Hospital

Dr. Satterlee asked if there are any objections to releasing the information requested in the first request. Is there a way that this benefits one agency?

Mr. Giese said that the incident address should never be revealed. The workgroup said that this would not be acceptable. We would not release information at the city level it must be kept at the regional level. We do not want to break information down by zip code. He said that this could be used to obtain more business information. What they intend and what they can do with the data is two different things.

Ms. Gaines said that there are competitive issues and with how things are emerging this would be a concern. This could be very sensitive. Mr. Fraser said that we must protect the individual record. Mr. Radde said that the intent looks fine. You are opening this up.

Dr. Satterlee said that the intent as stated is something that is valuable for patient care. But because this is a specific entity outside government they will then contract with outside entities. Mr. Giese stated you would have the access to the research information for analysis.

Dr. Pyles asked how the data would be used. Dr. Satterlee said that there could be a proposal to use the data and there could be a memorandum of understanding for use of the data and the data would be provided to an outside contractor. Mr. Fraser said that an outside contractor would not receive the full data set. We do allow the contractor to do research in certain categories and the contractor cannot release specific record data. Dr. Pyles said that there is information provided in the newspaper. Dr. Pyles said that you only give people data back that they already have and you do not share other data that would allow them to increase market share. Dr. Pyles said that the second issue is HIPPA. It is one thing to say that you can give an entity back their data. I see why people are concerned. I would want to use information for training but would need to clear the data release before sharing the information.

Mr. Waltz said that this could be used for public health information. If Hennepin County asked for the data would it be viewed the same.

Mr. Radde said that First Light Hospital is requesting data on their own service. I would not see a problem with this request. Mr. Waltz said that we looked at "falls" and where they occurred. It depends on how you filter the data. Can the data be released to one entity and not another. Is this a competitive issue or a public health issue? Dr. Satterlee said that the ultimate decision will come from the Board. We need to make recommendations to the Board. We can ask for parameters from the Board. Dr. Satterlee said that the question is about conflict of interest. Is there a public health benefit?

Dr. Satterlee said that if Hennepin requested the data and all services agreed then I would not have a problem in releasing the data. The services would agree to have their information reviewed.

Mr. Giese said that Hennepin has an agreement with the State on receiving data. Ms. Gaines said that we have individuals looking at data and we have an ordinance that allows us to collect data.

Ms. Gaines said that some requests are asking for reports and some are asking for data sets. Do we make a cut in what we released? Ms. Gaines asked for the Attorney General's opinion and what status the released materials would have. Mr. Schaefer said that the Board can release summary data. The Board cannot release private data. It must meet the definition of public data. The Board does not have to release any information. The Board must guard private information. Incident address is not public data.

Dr. Pyles said that we can write a data use policy and use that to develop a contract on data releases. This would be a bullet point document. The document would have levels of data release. Dr. Pyles said that he would be interested in the development of this document. There should be a specific policy and a signed data use agreement. Dr. Satterlee asked for clarification. The Board cannot allow data release of nonpublic data.

Dr. Satterlee said that he is asking for a recommendation on each of the requests provided to the committee. Mr. Fraser suggested that there could be a partnership for them to look at data but not a data release. Dr. Satterlee said that we could offer a limited amount of data but not specific data.

Dr. Satterlee said that he is looking for a motion for modified data requests.

Mr. Schaefer quoted the statute for data releases and said that names, address, date of birth, etc. would not be able to be released. If the request is 20 people then this is not uniquely indefinable information. Mr. Fraser asked if destination zip code is for a business purpose.

Dr. Pyles said that that HIPPA has a definition of datasets. Does the state allow this same limited data set? Mr. Schaefer said that if the data does not identify an individual. It can be one record but it must not have identifiable information. Dr. Pyles said that he would like to know where the patient was

picked up and where the patient was dropped off. We do not want to be arbitrary. We would provide a guideline for how to make a data request. Dr. Satterlee said that this is a step in the process.

Mr. Held said that staff that receives these requests can help the requestor refine the request to provide information needed and what can be released. This is a public service that can be provided. Dr. Satterlee said that these decisions need to be made at the Board level and communicated to the committee and shared with staff.

Dr. Satterlee said that we will build the list of criteria. We can fill in the other business parameters.

Mr. Giese said that there is a request for flights that includes patient name and this should be granted because this is patients that are arriving at their location. Dr. Satterlee said that I can see your point but we must follow state law on data releases.

Mr. Giese said that we need to develop a process for the Board to follow. It is important to look at the requests individually.

Dr. Satterlee said that we are looking for a recommendation on each of these requests. The answer on the first request is no but then staff could have a further conversation with the requestor. Mr. Radde said that the committee should make a list of recommended releases and requests that require further information.

Ms. Gaines said that Mr. Norlen should clarify that we cannot release specific information. We decided that only regional information would be released. Mr. Giese said that we cannot release information on null values – not required information. Mr. Fraser said that summary data is available at NEMESIS at the statewide level.

Mr. Waltz asked how we identify regions. Ms. Biladeau said that we could use the eight regional program boundaries. This is under discussion also.

Ms. Haney left at 2:40.

Mr. Schafer said that there is a request to switch two counties to the metro region. This would not change the funding for regional programs. The Board could decide to change regions for other purposes. This could be confusing. This is a Board decision. Dr. Satterlee said that we would need to define the region by counties in the region.

Mr. Norlen asked about the release of destination zip codes. Mr. Norlen asked about transfer to code. Ms. Gaines said that this could be considered an industry problem. This could be competition for hospitals. We do not want to have legislative action again. Dr. Satterlee said that we do not release information on specific hospitals.

Dr. Pyles said that we need to be aware of conflict of interest. The goal of MNSTAR is to improve patient care in Minnesota. If the request is at odds with this goal then the request is refused. If they are the destination then it is a different release. If they are requesting more information then there is a problem.

Dr. Satterlee said we want to promote research and this is a larger conversation that will require legal input. Ms. Biladeau said that this would need to be identified and we would need to seek the Attorney General's advice. Dr. Satterlee said that he would look at this process and report back to the committee.

Mr. Jansen said that MDH releases information on individuals for research in certain circumstances (with specific filters) this is dependent on statutes for release of information. Mr. Fraser said that we (MDH) provide summary information and have a discussion before the release of data and we provide data that

is valuable for research. Dr. Satterlee said this is the data process to be developed. Mr. Fraser said that MDH has specific statutes. Dr. Satterlee said that this can be discussed at the next meeting. Mr. Fraser said that we have a developed document that says what you can and cannot have. We ask what the data is going to be used for. We often have contact with the requestor to clarify the data request.

Dr. Satterlee said that we have a draft form developed. We could invite the requestors to the committee meeting. The process will be smoother with this format. Mr. Norlen said that we did not have this form in the past. Mr. Norlen said that he does have conversations with the requestor regarding data request specifics.

Dr. Satterlee asked about releasing air ambulance service data. We can provide certain information. Mr. Fraser said we need clarification of the request. Mr. Norlen said that he would have a further conversation with the requestor.

Mr. Waltz left at 3:05

Mr. Held said that Perham Hospital is requesting a bed capacity increase. MDH needs to evaluate this request and needs information. Ms. Gaines said that we can provide information to Perham and from Perham. Mr. Held said that this is their request. If MDH would receive this information it would only be used within MDH.

Dr. Satterlee said that the consideration is to protect patient care. We cannot use the information for benchmark or financial detriment to another agency. What is the data set intended for? Mr. Radde said that this information should be available elsewhere. This would bring a question of EMS transport versus private transport.

Mr. Fraser said we could release part one and two but not three. Mr. Held said he would provide what is released and if the information was not shared outside MDH would that make a difference in how much information is released. Dr. Satterlee said that MDH will be making a licensing decision on this. Mr. Norlen said that Perham Ambulance can answer the first two questions. Dr. Satterlee said that the consensus is to release information on part one and two.

Renee Donnelly left at 3:15.

Dr. Satterlee said that this is a valuable exercise and we will report to the Board on January 31. Dr. Satterlee provided a summary of the data requests that have been received over the last year:

No. 1 – Request from Dr. Bjorn Westgard – Doing a research project on ambulance service transport vectors. This data request includes transport destinations in addition to other data elements. Committee discussion indicated the research may be interesting. However, the information could be used for competitively by hospitals or EMS. Follow up with requestor on data elements necessary for research project. The committee consensus was not to release the data.

No. 2 – Request from Sue Hegarty, Food Allergy E-Magazine – Epi-Pen Administrations – Statewide Data – committee had no objections with this report. Data could be released. (Released)

No. 3 – Request from Deb Fischer North Memorial / North Air Care – Trauma patients transported from St. Cloud area to Metro Hospitals. Committee discussion related to concerns about providing information that could be used for hospital competition. Committee recommends not releasing data.

No. 4 – Request from Kevin Miller Allina Health EMS – Allina has a contract with FirstLight Hospital Ambulance Service in Mora. Requesting MNSTAR data regarding transports done from the FirstLight Mora Hospital by all ambulance services. Committee discussion had concerns about providing service

specific data on all services that have done transports from FirstLight Hospital. Committee consensus was not to release data as requested.

No. 5 – Request from Dr. Lee Pyles for MNSTAR data related to pediatric research. Discussion by committee that the data request needed to be more specific. Committee needs to make recommendations on a public data dataset for these types of research requests that addresses patient identifiable and non-identifiable data. Committee consensus was not to release any data for this request until a public dataset is identified.

No. 6 – Request from Chris Kummer / Jeremy Bundt – Hennepin County Medical Center – Trauma Program – requesting air ambulance scene flights that have a destination of HCMC. Committee had concern regarding specific air ambulance data and possible hospital competition. Committee consensus was not to release the data.

No. 7 – Request from Dr. Paul Satterlee – Allina Health EMS – Statewide data on provider impression of trauma with patient disposition of dead at scene. Committee had no concerns with this type of data release. Committee consensus was this type of statewide data could be released. (Released)

No. 8 – Request from Jeff Ballion – Fox 9 News – Metro region data on ambulance responses to scene using lights and siren. Committee discussion noted this story had already run on Fox news. Data request no longer valid. Committee consensus was this could be data that was released.

No. 9 – Request from Tim Held – MDH – related to ambulance transports to and from Perham Hospital. Request is related to Perham Hospital requesting MDH approve increasing bed capacity at the hospital. The data request also include request of transports to Perham hospital from specific zip codes. Committee consensus was to provide data on the numbers of statewide transports to and from Perham hospital, but not to provide data related to transports to the hospital from specific zip codes.

Mr. Radde asked about required added elements. A motion was approved by the Board. Dr. Satterlee said that this refers to vital signs. Mr. Norlen said that a good percentage of ambulance services collect this information. Now they need to submit the information to MNSTAR.

Mr. Radde asked about data quality and that question is referred to Ms. Ojiaku. How do we sustain that? We need to think about how to continue in the future. Mr. Radde asked if the change to membership is in addition to the current membership.

The goal is to provide patient care information. Ms. Gaines said a regular release of reports would stimulate better data. We did not specifically target accuracy but we have a goal of accuracy. Mr. Radde said that he would like to see the recommendations before they were adopted at the September meeting. Ms. Gaines said that the draft report was released before it was adopted by the Board. Ms. Gaines said that she was provided the report by email.

Committee Appointments

The workgroup developed a recommendation on committee membership. Of the six providers MAA will make a recommendation on two providers. They will represent the MAA to provide information to MAA on the discussions of the committee. We had a phone conversation with Mr. Spratt, Dr. Satterlee and Mr. Wagner to discuss this. Mr. Spratt asked if there should be more physician representation on the committee. One of the questions is who is still interested in participating. I would like to see the committee focus on patient care. Not data quality. Ways to conduct research. Interface with NEMESIS. Who should be invited? Who wants to stay involved? We want to use the data for improved patient care. We have 8 – 10 years of data we need to shift our focus. Ms. Biladeau said that we want to focus on public safety and patient care. We want to include information on education standards we want involvement of medical directors. We want the data to be used.

Dr. Pyles said that the issue is to have physicians commit the time to committee work. The MDSAC could send a liaison to have a conduit to this committee. We could invite a physician from Regions or Hennepin. We could invite the EMS Fellow.

Ms. Gaines said that we do not have a quorum. The committee cannot take action. We can have further discussion but no action.

Mr. Radde said that he would like to think about this before making a recommendation.

Mr. Fraser left at 3:30.

Mr. Radde said that this has been an operational committee. When he looks at the NEMSIS data he has questions about this data. I do not think we are there yet. We want our data to be solid before it is provided for research. We want to look at the make-up of the service. When the MAA appoints their people we need to see that the volunteers are represented.

Dr. Pyles asked about Board membership to the committee. The Board needs to be connected.

Dr. Satterlee said that we looked at the attendance and there is a non-attendance question and I do not want to discount past work.

Ms. Biladeau said that Ms. Ojiaku, Mr. Norlen and I have looked at the quality of the data, but it would be helpful to have a medical director look at the data and report what they see as an issue. Why a specific data element is important to them and defining the definition (apples to apples). So we are focusing on first improving the most important and useful elements.

Dr. Satterlee said that there have been some communication issues. We want to address complaints about data. One of the challenges discussed at the workgroup was dissatisfaction of processes. The Board will discuss a process improvement form and have feedback from services on how the data is submitted and how questions are resolved. This document will be discussed at the Board level. We want to have good communication with providers.

Dr. Satterlee said that he will solicit responses from members on their continued interest in participating on the committee. He will be having this discussion with the Board chair. We will be having another discussion with MAA. There will be two providers added and two members removed. The Board will make this decision. The chair of the committee will make a recommendation. Ms. Gaines asked that this be communicated to the committee.

Dr. Satterlee said that he would encourage use of the statewide data for public presentations.

Ms. Gaines asked about the status of the recommended reports. Mr. Norlen said that the reports are completed by ImageTrend and are available on the website. There are seven reports available. We have a few details to work out on how to distribute the reports. We hope the first release will be after the first of the year (MARCH). Dr. Satterlee asked for sample reports for the February 11 meeting.

VI. 2013 Proposed Meeting Schedule

The proposed meeting schedule was provided.

VII. Next Meeting

February 11, 2013 at 1 p.m. at the EMSRB office.

VIII. Adjourn

Mr. Radde moved to adjourn. Ms. Gaines seconded. Meeting adjourned 3:42 p.m.