

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Data Policy Standing Advisory Committee
1 p.m., August 8, 2011
Conference Room A, 4th floor
2829 University Ave. S.E., Minneapolis

Members Present

James Aagenes
Renee Donnelly
Patrick Egan
Tom Fennell
Curtis Fraser
Suzanne Gaines
Kathleen Haney
Lee Pyles, M.D.

Members Absent

Marty Forseth
Sen. Gary Kubly
Darel Radde
Aarron Reinert
Paul Satterlee, M.D., Chair

Guests

Clif Giese
Joe Graw
Tim Held
Paul Jansen
A.J. Rabe
Leslie Seymour

Staff

Pam Biladeau
Holly Hammann-Jacobs
Melody Nagy
Robert Norlen

I. Welcome and Introductions

Mr. Norlen welcomed everyone to the meeting and said that Dr. Satterlee cannot attend the meeting today for personal reasons. Mr. Norlen introduced Joe Graw and A.J. Rabe from ImageTrend who will be giving a presentation today.

II. Approval of Agenda

Ms. Gaines asked for approval of the agenda. Mr. Norlen said that the next meeting date should be November 14, 2011. Ms. Donnelly moved approval of the amended agenda. Dr. Pyles seconded. Motion carried.

III. Approval of May 9, 2011 Minutes

Ms. Gaines noted a correction to the minutes for Mr. Egan's name. Mr. Egan moved approval of the minutes. Mr. Fennell seconded. Motion carried.

IV. Staff Report

Data Requests

Mr. Norlen said that the data requests document was provided by email. He explained the additional requests since the last meeting. Committee members had no questions about this report.

Provider Data Submission Report

Mr. Norlen said that this report includes information from May 2011. Four services have corrective action pending and 15 services have are being contacted by staff to verify data submission numbers. Mr. Norlen said that the MNSTAR system was unavailable during the shutdown. Services have been given an extension to September 30 to enter all data for their July runs. Ms. Gaines asked why MNSTAR was not available. Mr. Norlen said that was determined by Minnesota Management and Budget. All our websites were not available during the shutdown.

Mr. Giese asked if there is a plan for the future if there were another shutdown. Mr. Norlen said that all we can do is make our case with those who decided what a critical service is. Ms. Biladeau said that we expressed our concerns to the management team. She asked that Mr. Giese send an email that she can provide to the management team.

Mr. Held said that the trauma data is also hosted at ImageTrend and was not shutdown. Mr. Fraser said that there is a plan to centralize IT service in the future and that would take care of this problem. OET was considered a critical service during the shutdown. Mr. Held said that the trauma system hosting was all volunteer.

V. EMSRB/NEMSIS Version 3.0 Update

Mr. Norlen said that Mr. Graw has been working with the NEMSIS technical assistance center on version 3.0 implementation. Mr. Norlen said that we have received a lot of questions as to when version 3.0 will be ready.

Mr. Graw provided a power point presentation.

- ImageTrend will be ready in the fourth quarter of 2011, if there are no outstanding issues.
- ImageTrend plans to have 3.0 available in the first quarter 2012.
- The plan is to continue to support version 2.0 until 2016.
- We will be adding CAD schema and medical device schema.
- There will be a business rules check. This will not allow reports to be submitted with missing information.
- Information is available on www.NEMSIS.org relating to version 3.0
- Public web service will be available August 2011. This will help with submission compliance and data submission in real time. (Mr. Norlen said that this will allow us to do more real time data reporting.)

Mr. Giese asked if batch reports will still be able to be submitted. Mr. Graw said that would be a manual upload and will be controlled by the state office. Mr. Norlen said that the call would not be submitted until it met business logic rules. This will allow for reporting for epidemiology and other issues in real time. Ms. Gaines asked where the failing data reports go. Mr. Graw said that an email will be sent by the system to the provider with details of the errors.

- The state will be able to import version 2.0 data and version 3.0 data at the same time. Version 3.0 will have additional data fields.
- States will be able to develop their own business rules.
- ICD-10 codes will be included when the system goes to version 3.0
- If ICD-10 is filtered properly it will be more standardized and consolidated

Ms. Gaines asked what the timeline will be for implementation of the ICD-10 codes. Mr. Graw said that this is being discussed. We do not want to have problems with the historic data in the system. Mr. Norlen said that ICD-10 codes will provide a more comprehensive list that will be useful for the EMS providers completing patient care reports.

- Medications were a text box in version 2. NEMSIS tried to standardize the list for version 3.0 using RxNorm. This will eliminate “not applicable” submissions in the system.
- FIPS codes will be retired. NEMSIS will be using GNIS codes.
- The web service is for sending data only. You would have to have a login to MNSTAR for compiling reports on data submitted to MNSTAR.
- ImageTrend will build NISE codes into the state data set. (Mr. Norlen commented that Minnesota will not make any changes to the NEMSIS 3.0 dataset.)
- NEMSIS will publish some best practices.

Ms. Gaines asked about conversion to HL7. Mr. Graw said that when version 3.0 is adopted everything must be standards based and the transition from NEMSIS version 3.0 to the HL7 standards will be a seamless process for software vendors. There will be no impact or changes to software to implement the HL7 standards down the road. How often does HL7 change? Mr. Graw said that it is difficult to become a member of HL7 and changes are voted on by the HL7 membership committee. Once the HL7 standards have been finalized for EMS (NEMSIS), there should not be any reason to make and significant changes for some time. Mr. Norlen said that the Domain Analysis Model and the Data Messaging Interpretation

Model for NEMESIS version 3.0 have been approved by the HL7 committee. He said that the version 3.0 process should be finalized for HL7 in the next few years. Mr. Norlen said that NEMESIS has heard from customers that changing the data set every two years would be too costly. He said that he is confident that we will not see a change for a number of years.

Mr. Norlen said that we expanded the dataset for 3.0 to include some special interest group information (STEMI, stroke, trauma, cardiac arrest and pediatrics). The software vendors will be tested for compliance with all elements in the NEMESIS version 3.0 data dictionary. The goal will be to have all elements available in MNSTAR so we can use or turn off elements as directed by this committee.

VI. MNSTAR Improvement Grant

Ms. Biladeau said that we are working on this grant with Ms. Haney of DPS. We are rolling \$40,000 forward instead of using it for min-grants. The committee recommended combining this money to hire a data improvement coordinator.

Ms. Haney said that the application has been submitted and included a request for funding for a MNSTAR temporary employee. We did not receive the full funding as requested but we intend to fund a data person for the EMSRB for two years.

VII. MNSTAR Legislation Change

Ms. Biladeau said that there was a change made to Minnesota Statutes 144E.123 regarding data collection. The EMSRB shall collect data but a service will not lose their license for noncompliance. A data workgroup is being formed with three members appointed by the Board and three appointed by MAA. The Board will be making appointments for this workgroup at the September 9 meeting and will be waiting to hear from the MAA membership regarding their appointments. The purpose of this committee is to redesign the board's policies related to collection of data from licensees. The issues to be considered include, but are not limited to, the following: user-friendly reporting requirements; data sets; improved accuracy of reported information; appropriate use of information gathered through the reporting system; and methods for minimizing the financial impact of data reporting on licensees, particularly for rural volunteer services. There will be a report due July 1, 2012. This will give the EMSRB an opportunity to discuss outstanding concerns.

Ms. Biladeau thanked the committee for their patience during the shutdown.

VIII. MNSTAR Reporting to Providers

Mr. Norlen said that we previously discussed reports to providers. We are behind schedule but are working on getting back on track. We are working on new reporting and mapping components. Mr. Norlen asked Mr. Graw to demonstrate the new reporting tool.

- Anyone that submits data will receive an email that provides information on the file submitted. This will include scoring.
- Validation errors will be noted in the email.
- The goal is more communication from the system.
- Summary emails will be provided to services of all data submitted.
- Reports will include response time information for services compared to statewide response time.

Ms. Gaines asked about the rules to calculate average response time. Mr. Graw said that it will only be for 9 1 1 calls. We can change this in the future as needed.

Mr. Aagenes said that he compares the Northeast regional data to the statewide data. Ms. Gaines said that she thought regional and statewide reports could be useful. Mr. Fennell said that a service could be at an unfair disadvantage if someone does not understand response time data as provided in a report. Mr.

Fennell said that services that are alike should be compared. Mr. Norlen said that he wants the reports to be reviewed by this committee before they are distributed statewide.

Mr. Norlen provided an example report for the regional level. The report can be brought down to county and service level. The service would only receive information for their service, the regional data and the statewide data.

Ms. Gaines asked about the format of the report. Mr. Norlen said that these reports are available today and staff are seeking consensus in what to provide to services. We want to provide meaningful and accurate information. Mr. Graw said that the user can drill down to specific data. Mr. Norlen said that we will continue to develop the response time report.

Mr. Norlen said that we want to look at the "Required Element" report. This report is to alert services of problems when required elements are not completed or submitted properly. This points out the "not applicable" fields not completed accurately in the reports. This is a report card on missing data elements. This is for data completeness. We can change this as requested by the committee.

Mr. Norlen said that services can run this report themselves. We are discussing scheduling this report and providing it to services on a monthly basis. We want to educate services on what is being reported and encourage services to "fix" their errors in the report.

Mr. Norlen asked if the committee wished to form a workgroup for development of the data reports.

IX. Update to Data Policy Committee Initiatives Document

Ms. Gaines asked members to look at the current DPSAC work-plan. We want to discuss initiative 4. We need a leader for this workgroup and several members to meet before the next committee meeting.

Mr. Aagenes, Mr. Egan, Mr. Fraser, Ms. Gaines (chair), Dr. Pyles, Mr. Radde, Ms. Seymour volunteered. These meetings will be webinar and conference call meetings.

Ms. Gaines asked for comments on other initiatives. She said that initiative number 1 is almost done. Number 2 is done. Number 3 is done. She asked if initiative 5 was accomplished with the 3.0 approval process. Mr. Norlen said that this initiative was developed before 3.0. This may be ongoing to deal with changes in the future. Mr. Fennell said that initiative 5 should sunset. Mr. Norlen commented that services will have access to all elements and if in two years we want to change an element what is the process. We can turn on elements at the state level. Mr. Fennell asked that initiative 5 be re-written and he will provide some language for the committee to review.

Mr. Fennell moved that staff and the DPSAC Chair review the initiatives. This motion was not seconded.

Mr. Norlen asked if the initiatives should be held until the workgroup review has been completed. Mr. Fennell said that the purpose of DPSAC is to advise the Board and that is ongoing.

Ms. Gaines suggested a status update on initiative 4. Mr. Fennell said that our goal remains to provide information to ambulance services.

X. Other Business

Dr. Pyles said that he wants an analysis of data including the trauma system data. He would like to see this added to the work-plan. Mr. Norlen said that Mr. Jansen will be working on publishing trauma / EMS reports. The EMSRB provides data to MDH on a regular basis. This is something the committee may want to look at in future meetings.

Ms. Gaines said that she will be contacting workgroup members to set up a meeting on initiative 4.

DPSAC
August 8, 2011

XI. Next Meeting Date
November 14, 2011

XII. Adjourn
Mr. Fennell moved to adjourn. Dr. Pyles seconded. Motion carried.