



EMS Compass Initiative – A Call for Measures

Questions & Answers

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For additional questions please contact:

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andersonm@dhw.idaho.gov

A: That is fantastic to hear and we look forward to learning more about your program as it progresses.

Q: May 31 is very aggressive timeline. Why the urgency given so few EMS providers know about EMS Compass?

greg.friese@ems1.com

A: Although a significant nationwide outreach to EMS providers has already been undertaken, we understand that there will be many who did not receive information about the EMS Compass Initiative in time to submit measures before the deadline. The Initiative is only the starting point for the development of performance measures that we expect to be continued in the future, following the process we are developing.

Q: Most of what we consider measuring we'd assume is already covered (Dr. Myer's paper on what interventions promote better outcomes come to mind, unit hour-utilization, etc.) However, we want to see more in-depth workforce/system/equipment measurements.

nharig@cgrems.org

A: The Eagles Paper is a popular reference and provides a great launching point for more rigorous and meaningful measurement of EMS system performance. We hope you will have more specific measure suggestions for us to consider.

Q: How can I help? I may soon be starting a research paper on the effects of a college degree on EMS provider and system performance. I will probably soon be looking for EMS systems to study.

nstanaway@gmail.com



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A: That is great to hear. The best way to help now is to submit measures for consideration. Soon there will be more in depth discussions via webinars scheduled for each domain. A little later on we will have opportunities for your input on the measures our workgroups produce based on those suggestions.

Q: looking for information regarding any changes to the existing billing procedures.

djore@hooksetfire.org

A: We are too! If you have any billing specific examples to share, please get them in before the end of May.

Q: Please provide the minimum KPI's for overseeing any EMS service, regardless of who the provider is? Public, hospital based or private (contracted or just licensed to serve) Sorry, unable to attend tomorrow because of our schedule regular meetings.

Ronmyers649@gmail.com

A: The measures we produce will either be appropriate nationwide or will have specific considerations to indicate other considerations such as rurality, volunteer or paid staff, or even types of patients.

Q: working with improvements to our performance metrics, happy to stay in touch with the progress of this project.

dcwood@co.pg.md.us

A: Please stay involved so we can be sure to address your concerns!

Submitted by text during the webinar

Q: Thank you!

kelly.a.kapri@odot.state.or.us

A: You're welcome!

Q: Will we be able to get a copy of this presentation (slides)

ajohnson@emergycare.org

A: The presentation itself is available at

<http://www.slideshare.net/medicnick/ems-compass-overview-call-for-measures-may-2015>.

Q: When you say 30% by 2016 and 50% by 2018, is this over all health care or are you speaking about EMS specific?

bhopewell@mhr.com

A: That is over all of health care.

Q: How do you volunteer to be on a work group?

Marisa.Maxey@air-evac.com

A: Although the work group assignments have already been made, we still need your involvement and would love to hear from you during the numerous public input opportunities.

Q: Is there a resource available for review to reduce or prevent multiple entries of same or similar measures?

cheimlich@ci.springfield.oh.us

A: Once we've had time to compile all of the submissions they will be available on our website at www.emscompass.org

Q: Is there a limit on how many measures will ultimately be drafted and sent to NQF in the various domains that have been outlined?

michael.ely@hsc.utah.edu

A: A limit has not been placed upon the NQF submissions although the decision to submit will require thoughtful discussion and smart strategy to assure its success and acceptance by the NQF.



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Q: Ambulance times are all captured in NEMSIS data. Will the measure be compared from company to company? FD Vs Private? What are you going for?

craig.hemingway@hsc.utah.edu

A: We are simply designing measures for EMS providers to use and to find meaning in their data. Benchmarking is something that would be made possible but is not a part of our effort.

Q: What is the best way to participate in beta testing?

bmacias@goldcrossambulance.com

A: This is a great question. Please visit the website at www.emscompass.org and submit your contact information so we can be sure to contact you for beta testing opportunities.

Q: How do you see this effecting a municipal first responder agency (Fire-Rescue) that does not provide transport services? Therefore, we don't bill for service and have no direct involvement with CMS.

wolffiredepchief@metrocast.net

A: This is a great question. Regardless of who is paying for the cost of your services, someone is. The EMS Compass Initiative will provide you with the way needed to demonstrate your value to your community and to your patients. Additionally, the healthcare system that you are a part of is likely to take a great interest in the patient care you are providing because they are going to be affected financially by the outcomes of your patients. It provides a great way to forge partnerships that serve the best interests of the patients.

Q: Will you make the slides available separate from the recording of this webinar?

bryan.brauner@tcaems.com

A: The presentation itself is available at <http://www.slideshare.net/medicnick/ems-compass-overview-call-for-measures-may-2015>



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Q: What is the primary goal of this project? Is it to improve patient care? Is it to improve the EMS organization? To improve EMS provider satisfaction and career life? Why not adopt many or most of the JCAHO measures? Not all will be relevant for EMS, but we can avoid making some of the mistakes they made and improve on their metrics.

nstanaway@gmail.com

A: The primary goal of this project is to provide tools for local EMS agencies to demonstrate their value to their communities and their patients using their NEMSIS v3 data. If you have identified JCAHO measures that you feel meet this objective, please submit them prior to May 31.

Q: Can you provide the website of where to submit proposed measures?

acorr1954@gmail.com

A: Of course! Please submit measures at <http://emscompass.org/call-for-measures/>

Q: Will you be ensuring that these measures are strictly EMS related? The problem with the AHA EMS Recognition data was that it required EMS to obtain data points from the hospitals (i.e. FMC to device time) which was very difficult to obtain from some facilities. A similar metric could be developed for EMS only (i.e FMC to transfer of care).

Marisa.Maxey@air-evac.com

A: The measures will primarily be based on NEMSIS data. That will limit the reach outside of EMS for our measures but also allows for hospital outcome data to be shared back with EMS.

Q: Is the initiative establishing performance parameters?

craigdie@hawaii.edu

A: We are often asked this question. Our primary focus is on developing meaningful measures about the areas of EMS that demonstrate the value of EMS to their communities and to their patients. Different communities value different aspects of their systems and as a result may invest differently in their systems. Our primary objective is not to define the optimal level of performance, unless that level of performance is firmly rooted in evidence and we feel that establishing that level is critically important to ensure optimal care for our patients nationwide.



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Q: Tough road ahead of you with self reported Data.

craig.hemingway@hsc.utah.edu

A: We will accept this as a complement.

Q: Are the groups Q&A being recorded too? Will we all get to see them?

blanton@essems.com

A: The webinar was recorded and the responses to questions are being provided herein. The recorded webinar is available at:

<https://attendee.gotowebinar.com/recording/3136147277985485569>.

Q: Once the measures are completed and the national guidance document is created, is there an overall plan for the group to continue to monitor and update the measures, and if so, can you share the vision beyond the initial document?

catie.holstein@doh.wa.gov

A: Thank you for the question. The process we are establishing is intended to live on beyond the length of our work. The development and maintenance of performance measures actually follows a lifecycle so we view our current work as just the beginning of a long future of improvements!

Q: Could the measures also extend to ED/hosp data?

chris.olola@emergencydispatch.org

A: The NEMSIS v3 dataset includes patient outcomes as reported by hospitals. Not all EMS agencies have access to patient outcome data at this time but we continue to discuss the value of these with our federal partners who are in a position to influence what hospitals do. We also have a number of ePCR vendors participating in the EMS Compass Initiative who also see the value of this and are working with hospitals systems across the country to make it happen.

Q: What kind of process will be utilized to change data points with the rapid change in medicine?

acorr1954@gmail.com

A: All performance measures need to be based on evidence, which means that someone needs to have researched the topic prior to establishing it as a measure for performance. It is not unexpected to discover that the



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evidence changes over time as the advancement of medicine changes, so as a result the performance measures we establish must constantly be reviewed and a decision must be made to update them when new evidence is published.

Q: How long does the approval process take for the aforementioned CMS quality measures implementation process? Will it be comparable for this EMS initiative?

Marisa.Maxey@air-evac.com

A: We cannot speak for Medicare (CMS) and can only share what they have made known. The pre-existing process of performance measure development is a 12+ month effort undertaken for even what might be considered as simple measures in healthcare. We have developed the EMS Compass process to be rigorous yet as simple as possible so that the measures produced using our methodologies will be more easily accepted by NQF and CMS.

Q: If we have submitted our state measures to members of your workgroup already, is it recommended that we also submit through the EMS Compass website?

catie.holstein@doh.wa.gov

A: The Call For Measures is a formal request, so all measures should be submitted to the website in the format requested.

Q: Is there a parallel initiative to better structure outcome data for EMS agencies? Many of the examples I've seen will require outcome data for nearly all patients they transport, and timely outcome data will be critical.

benjamin.abes@leegov.com

A: The submission of measures may highlight the need for more integration between hospital and EMS data systems. You can demonstrate the value of this integration by submitting meaningful measures that depend on hospital outcome data

Q: Thank you and good morning from Saipan

pingkap@yahoo.com

A: You are welcome and thank you for joining us. We would welcome your performance measure submissions as well.



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Q: How basic should our measure submissions be? Do you want 200 measures submitted on aspirin for chest pain, or should we only submit something we feel is unique?

bmacias@goldcrossambulance.com

A: Please submit measure ideas on topics that you feel demonstrate the value of EMS to the community and to the patient.

Q: tough

craig.hemingway@hsc.utah.edu

A: This is a challenging project but with so many experts involved helping us accomplish the goals set out for us, we are excited to see the results!

Q: i hate to be a downer, but i think medicare will use this as a way to decrease payments

captainton@wyoming.com

A: I can't speak to what CMS will do but we can make sure that our measures are the right ones!

Submitted verbally during the webinar

Q: What kind of process will be utilized to change data points with the rapid change in medicine technology? In today's day and age, things change rapidly, but collecting data is very slow to change.

A: We're basing most of these measures on NEMESIS data; the pattern of updates to NEMESIS is really the driving force there. It's been many years since Version 2 came out. There's a fairly long cycle there. However, when changes are made to the data definitions, we have to re-look at the performance measures to make sure the data didn't change the measure.

Q: That's understood, I just believe in the emergency services world we need to be able to adapt more as the science changes and the information changes. Change in an organization, having to change databases, is going to be tough, but hopefully it'll be something we can look at that makes it more flexible.

A: Thank you for your comments.

Q: I'm assuming these are cross-cutting measures to be used for every EMS system, is that accurate?

A: Our performance measures will be designed to be appropriate for any EMS agency or if more specific and not applicable to all agencies they will be identified as such. They are equivalent to an National Quality Forum (NQF) measure, which is a quality metric that's being measured regardless of what sort of healthcare institution you're in, whether it's public, private, primary, secondary, tertiary care, all those other things, so it's not really dictating which specific level of service should use it but rather that it should be standard ware.



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Q: As people offer suggestions, I want to make sure that people are thinking about things that apply to rural and small services too. For example, an efficiency measure is unhelpful for somebody that has a two-hour transport time and their next call is going to be four days from now. That might not be a useful measure to say they're not a quality service because of that.

A: You're exactly right but it depends on the measure. Some measures may actually show the benefit that rural patients have due to their EMS and community based agencies often having greater integration with the healthcare system and reduced response times "in town" when compared to urban systems.

Q: I know you're asking for things to be submitted within specific domains, but I believe I heard that that group's been meeting weekly for months already. Are there things already in the pipeline that we don't need to bother suggesting again, or is there some way of finding that out, or are you trying to get a broad brush of whatever people want to throw out there right now?

A: The Measurement Design Group is working on stroke, hypoglycemia and seizures. Those are the three. There are some things that are pretty common — at least in clinical issues — that most people would agree we should take a look at. Stroke, STEMI, hypoglycemia, seizures, trauma— those are five we can find a general consensus on. But the three specifically that the Measurement Group has been working on have been hypoglycemia, seizures and stroke.

Q: Will we be able to download the webinar in its entirety?

A: Yes, it is available at <https://youtu.be/LDPejwyiF10>.

Q: Are we going to be able to benchmark using this process where services can decide which measures to submit so that they might benchmark against other similar services with similar geographic areas and regional healthcare resources?

A: That's a great question, and one that has been debated in EMS circles. The natural parallel to that is what the federal government uses for the



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inpatient side of things with their program called Hospital Compare. They'll take quality metrics and benchmark them across similar-sized hospitals and similar populations, etc. There's no discussion about that right now, but if a group of EMS providers decided that that would be something they'd like to use to benchmark against each other and see, "Hey, how well do we stack up and where's some room where we could improve on our service?", it could absolutely be used for that. But that's not a goal of the EMS Compass Initiative.

Submitted via email

Q: Do you have list of current measures (with attributes) your team is already concerning as reference in today’s Web meeting? I.e. the example of stretcher related injuries.

There are measures being submitted every day. A listing of submissions will be made available but isn’t practical to be provided during the Call For Measures period.

Q: Is there a guide on the necessary information for a measure? Is all the information needed? For example, are reference materials needed when the measure makes good sense?

Our website details the aspects of a measure that are needed for the submission. Please visit www.emscompass.org for more information.

Q: What if there isn’t any evidence to support a measure? Isn’t part of the reason to create measures to help develop the ability to research the data to effect change (patient outcome, provider and patient safety)?

Evidence is a necessary consideration for performance measures.

Q: I know that the goal as mentioned by Sabina is to have measures that every EMS agency across the nation can utilize, however that isn’t realistic. Isn’t this where “if, then” statements come in with performance measures? Can or will there be “levels” within a measure so ALS agencies can measure treatments that would provide versus those a BLS agency can provide?



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Without knowing the details of the scenario you are imagining it is difficult to respond to the question. One thing to note is that patients don't "care" whether the responders are BLS or ALS but do care about their outcomes. The differentiation shouldn't be on how we classify ourselves but in how our patients do.

Q: I attended the webinar and was wondering if there was an opportunity to join a work group for EMS Compass?

There were only a limited number of seats on any particular work group and all of those are filled at this time. You can have significant impact on the work we are doing by submitting measures for consideration and providing public comment on them as well.

Q: Is the Compass initiative working to establish performance parameters along with the performance measures?

We answered this question above, please look there for a detailed response.

Q: Do we get coned credit for this call?

Continuing Education credits are designated and determined by your state EMS agency. Please contact your employer or state EMS office for an answer to this question.