



The Office of the National Coordinator for  
Health Information Technology

# California EMS to HIE

A Statewide & National Strategy for e-Preparedness

Lee Stevens, Office of Policy  
Rachel Abbey, Office of Programs





**Vision**

**Leadership**

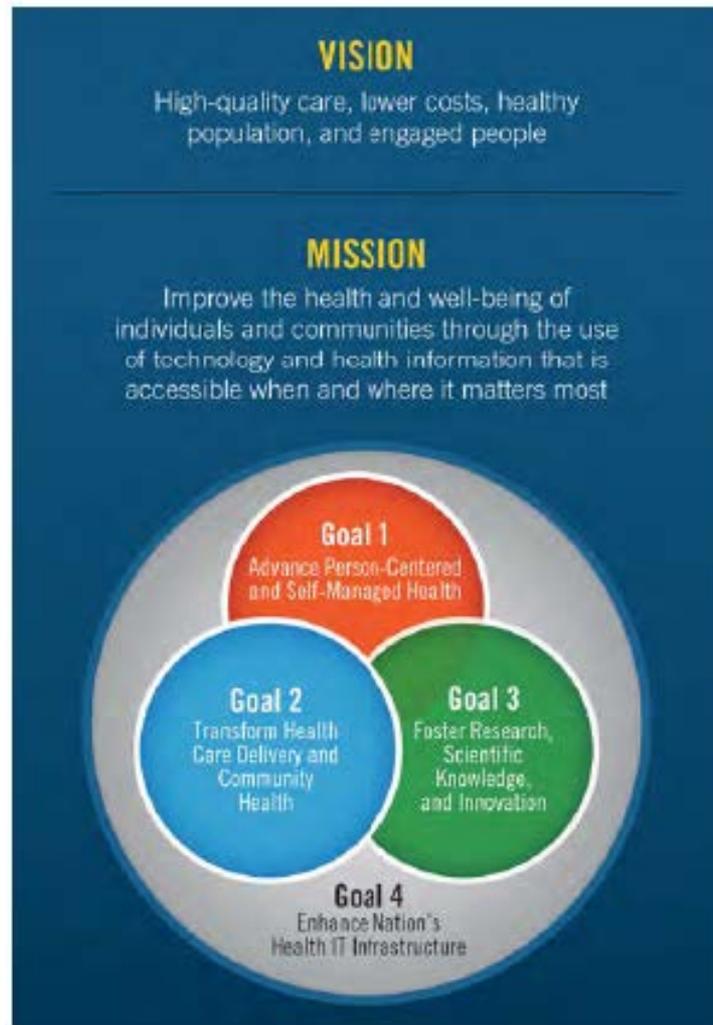
**Innovation**

**Cooperation**

**=**

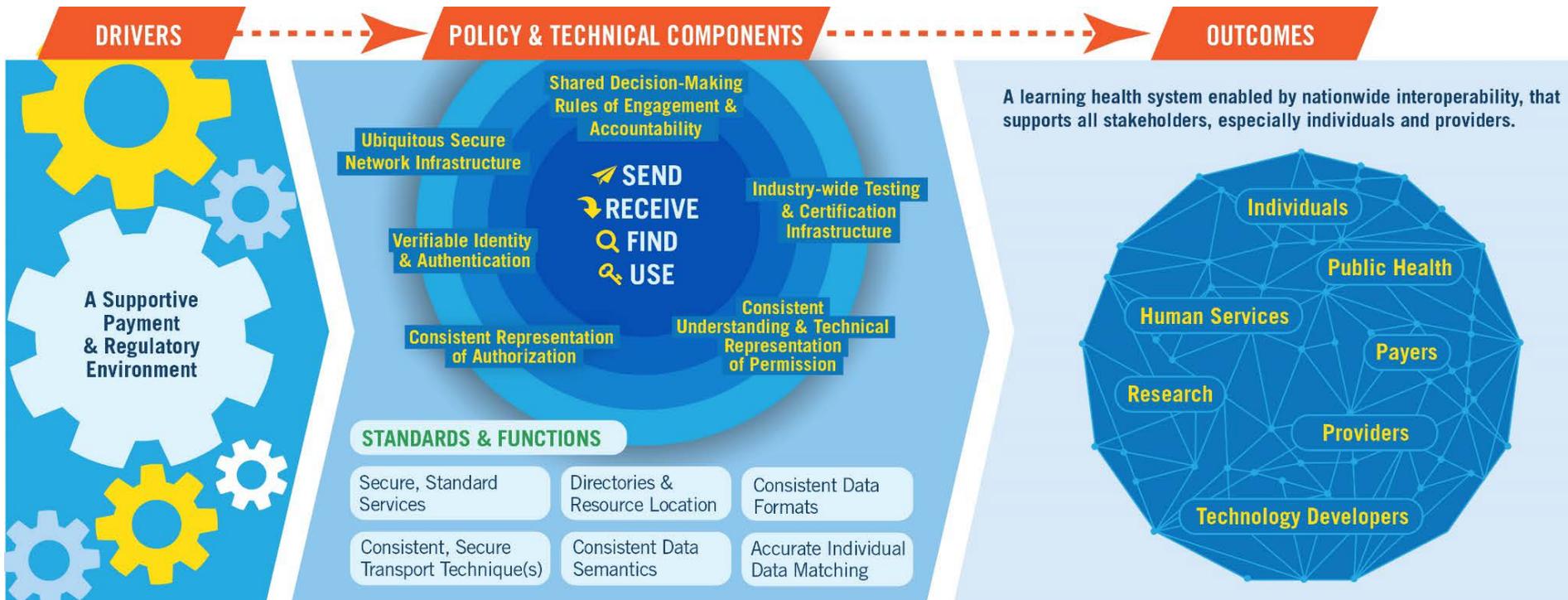
**TRANSFORMATION**

# Health IT Strategic Plan 2015-2020



- Purpose: To modernize the nation's Health IT Infrastructure so that individuals, their providers, and communities can use it to help achieve health & wellness goals

# A Shared Nationwide Interoperability Roadmap



## State Medicaid Director (SMD) Letter

- The CMS Medicaid Data and Systems Group and ONC Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:
- This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care with.
- Medicaid HITECH funds can now support HIE onboarding and systems for emergency medical services (EMS) providers, behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
- It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

This update, per the HITECH statute, allows 90/10 Federal/State matching funding for State Medicaid Agencies that may be used for:

*“pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information under this title, subject to applicable laws and regulations governing such exchange.”\**

## General Guidelines

- The contract should have bi-lateral termination clauses without penalty given within a certain notice period.
- The contract should stipulate that it may not be transferred by one party without written approval of the other party.
- The contract should have a definition section for anything that is not readily understandable.
- The contract should spell out what happens in the event of default by either party and should be as evenly weighted as can be possibly negotiated.

## Contracting guidelines

- The contract should spell out who owns the data (clinic/agency should have complete data ownership) and that the data will be returned in a nonproprietary form (standard, interoperable) should the agreement between the two parties be terminated for any reason.
- The contract should also include language regarding the vendor turning over source code, data models, design documents, etc. should it, for whatever reason, go out of business or cease to operate.
- The contract should spell out whether the cost of the system includes upgrades, patches, etc. and, if so, how many, who is responsible for applying them, at what cost, and what happens if an upgrade negatively impacts the system.

The contract should be structured to include a progressive payment schedule based on the achievement of certain implementation milestones.

- Example:
- 15% Signing of contract
- 10% Installation of software and hardware
- 20% Completion of training
- 25% Completion of system testing
- 30% Final system acceptance



## Interoperability Pledge

### What You Can Do

Companies that provide 90 percent of electronic health records used by hospitals nationwide as well as the top five largest health care systems in the country have agreed to implement three core commitments:

**Consumer Access:** To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and that of their community.

**No Blocking/Transparency:** To help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing).

**Standards:** Implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy and security.

# 90%

Companies that provide 90 percent of electronic health records used by hospitals nationwide have pledged

[Pledge Now](#)



<https://www.healthit.gov/commitment>

# ONC Initiatives, Resources, and Tools to Support EMS



[Home](#)

## Projects Map

The project map below displays the location of registered projects.

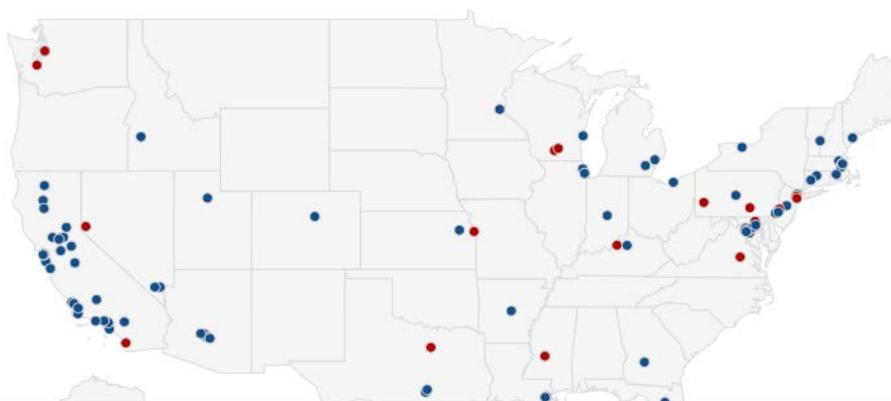
Click on a marker to learn more about the projects - this information will be displayed adjacent to the map.

To clear the project information, click on the marker again.

The information displayed will be replaced if a different marker is selected.

### Project Status

All ▾



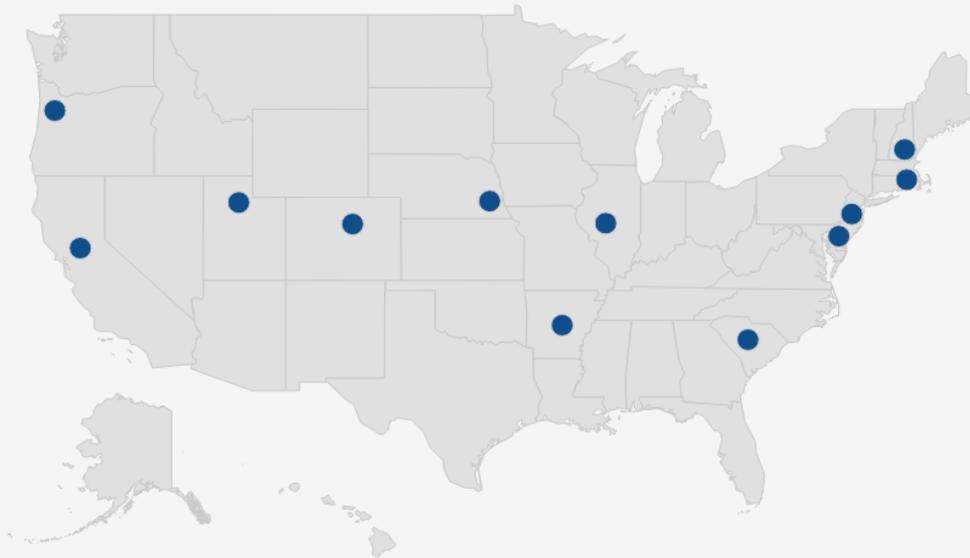
<https://www.healthit.gov/techlab/ipg/>

# ONC Initiatives, Resources, and Tools to Support EMS

## Advance Interoperable Health Information Technology Services to Support Health Information Exchange

This two-year cooperative agreement program has awarded \$29.6 million to support the efforts of 12 states or state designated entities to expand the adoption of health information exchange technology, tools, and services; facilitate and enable the send, receive, find, and use capabilities of health information across organizational, vendor, and geographic boundaries; and increase the integration of health information in interoperable health IT to support care processes and decision making.

The map below visualizes this program's grant awardees and provides pertinent grantee-specific project information. Hover on a marker to learn more about each awardee, and click the marker to see the grantee's external website. This and more grantee information are provided below the map.



<http://dashboard.healthit.gov/dashboards/health-it-program-grantees.php#advance-interoperability>

# ONC Initiatives, Resources, and Tools to Support EMS

## EMS to HIE Innovation

Home > The Projects > EMS to HIE Innovation



### Project Summary

EMS is both the gateway to and an integral part of the health care system, and yet only a few EMS systems have access to a health information exchange (HIE) or information stored in other electronic health/medical records systems. Providing clinical and non-clinical providers with access to HIE data during a disaster or other large scale emergency has

### Project Team

#### Team Members

Rachel Abbey, ONC  
Kevin Horahan, ASPR  
Lee Stevens, ONC

<http://www.hhs.gov/idealab/projects-item/ems-to-hie/>

The Office of the National Coordinator for Health Information Technology



## Health Information Exchange Issue Brief: National Emergency Medical Services Use Cases

### Introduction

This report sets the stage for discussion and collaboration among Emergency Medical Service (EMS) agencies, Health Information Exchange (HIE) organizations, and the health communities and customers they serve. The primary audiences are EMS and HIE entities and their many clients. Perhaps the most important anticipated benefits from the implementation of these, or related, use cases are the many lives that could benefit from increased and improved sharing of information between these organizations in support of the communities they serve.

The goals of this report include summarizing and understanding the use cases for EMS to participate in health information exchange<sup>1</sup>, understanding how EMS participation can enhance and improve data sharing enabled through this exchange, and understanding how these improvements could in turn increase the ability for HIE organizations to sustain and expand their services to their customers. Additional goals of this issue brief are to position the use cases in the context of population health, care coordination, and new models of health care delivery, as well as foster more discussion about how EMS, HIEs, and communities can collaborate.

EMS systems are universally regarded as an essential part of the health care delivery system today.<sup>1</sup> A 2007 Institute of Medicine report stated, "EMS operates at the intersection of health care, public health, and public safety and therefore has overlapping roles and responsibilities. Often local EMS systems are not well integrated with any of these groups and therefore receive inadequate support from each of them."<sup>2</sup> The absence of health IT and integration through exchange of health information seems to mirror the absence of service integration.

In recent years, growing concerns about health care costs, shrinking clinical resources, and the need for disaster preparedness has led to changes in the relationships and dynamics between local communities and their EMS providers in recognition of this critical

[https://www.healthit.gov/sites/default/files/IssueBrief-NationalEMS\\_Use\\_Cases.pdf](https://www.healthit.gov/sites/default/files/IssueBrief-NationalEMS_Use_Cases.pdf)



Health IT Buzz > Electronic Health & Medical Records > Interoperability > The Real HIPAA Supports Interoperability

## The Real HIPAA Supports Interoperability

February 4, 2016, 3:45 pm / Lucia Savage, J.D. / Chief Privacy Officer, and Aja Brooks, J.D. / Privacy Analyst

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At ONC, we hear all of the time that the [Health Insurance Portability and Accountability Act \(HIPAA\)](#) makes it difficult, if not impossible, to move electronic health data when and where it is needed for patient care and health. This is a misconception, but unfortunately one that is widespread. This blog series and accompanying fact sheets aim to correct this misunderstanding so that health information is more often available when and where it is needed.



### Get to Know HIPAA

What many people don't realize is that HIPAA not only protects personal health information from misuse, but *also* enables that personal health information to be accessed, used, or disclosed interoperably, when and where it is needed for patient care. As illustrated in two new fact sheets we are publishing today, HIPAA provides many pathways for permissibly exchanging Protected Health Information (PHI). We developed the fact sheets with the [Office for Civil Rights \(OCR\)](#), which oversees policy and enforcement for the HIPAA Privacy, Security and Breach Notification Rules. The fact sheets give numerous examples of when electronic health information can be exchanged without first requiring an authorization or a writing of some type from the patient, so long as other protections or conditions are met.



Download the fact sheets

[Permitted Uses and Disclosures: Exchange for Health Care Operation \[PDF – 1.3 MB\]](#)

[Permitted Uses and Disclosures: Exchange for Treatment \[PDF – 1.1 MB\]](#)

Mo

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EMR

Cons  
Recc

Fea



Arc

Sele

<https://www.healthit.gov/buzz-blog/electronic-health-and-medical-records/interoperability-electronic-health-and-medical-records/the-real-hipaa-supports-interoperability/>

# Federal Collaboration to Support EMS

- Federal partnerships with ASPR and NHTSA
- Participation in Federal Stakeholder groups (FICEMS, CEMC)
- Prevention of duplicative and siloed efforts



December 22, 2015

Mark R. Rosekind, Ph.D.  
Administrator  
National Highway Traffic Safety Administration  
1200 New Jersey Ave, SE  
Washington, DC 20590

Dear Dr. Rosekind,

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was created by Congress in 2005 (42 U.S.C. § 300d-4) and established by the Secretaries of Transportation, Health and Human Services, and Homeland Security to, in part, *ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems*. I serve as the elected Chair of FICEMS.

One of FICEMS' highest priorities is to assure standardization of EMS patient care data through full implementation of the [National Emergency Medical Services Information System](#) (NEMSIS). The availability and enhancement of such standardized data has assisted in assuring quality of care through effective medical oversight, supporting EMS research, and providing overall EMS system accountability. As NEMSIS transitions from Version 2.2 to Version 3.0+, FICEMS recognizes the need for complete and uniform documentation of EMS patient care, the inclusion of that documentation in the patient's electronic health record, and the use of this data to support EMS performance measurement and improvement.

Several Federal publications and projects have confirmed the importance of EMS data for the continuum of care of patients. The following may serve as references for your staff and for applicants to your grant programs:

Department of Defense  
Office of the Assistant  
Secretary of Defense for  
Health Affairs

Department of  
Homeland Security  
Office of the Assistant  
Secretary for Health  
Affairs/Chief Medical Officer

U.S. Fire Administration

Department of Health &  
Human Services  
Office of the Assistant  
Secretary for  
Preparedness and Response  
Indian Health Service  
Centers for Disease  
Control and Prevention  
Health Resources and  
Services Administration  
Centers for Medicare &  
Medicaid Services

Department of  
Transportation  
National Highway Traffic

The screenshot shows the HealthIT.gov website header with navigation links for 'Providers & Professionals', 'Patients & Families', and 'Policy Researchers & Implementers'. The main content area features the following text:

## ONC Annual Meeting

Committed to Better Care through Health IT

**May 31 – June 2, 2016**

Walter E. Washington Convention Center  
Washington, D.C.

The Office of the National Coordinator for Health IT is pleased to announce its sixth Annual Meeting will be held **May 31 – June 2, 2016, at the Walter E. Washington Convention Center in Washington, D.C.**

The Annual Meeting is an opportunity for a wide array of public and private sector partners to discuss ways to leverage health IT to achieve better care, smarter spending, and healthier people.

**NEW THIS YEAR:** We have extended the Annual Meeting to three days this year in order to devote an entire day of focus to enabling consumers to become partners in their health via health care through access to their health information and technology.

*More details to follow.*

**Help get the word out!**

**SAVE THE DATE**



The Office of the National Coordinator for  
Health Information Technology



## Questions?

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### CONTACT INFORMATION

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