Health Information Exchange
Solutions for EMS

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Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring...It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public’s emergency medical safety net.

*EMS Agenda for the Future published by NHTSA, August 1996*
Historical Perspectives and Challenges

• Federal Legislation
  – 1966 – Highway Safety Act
  – 1973 - Emergency Medical System Services Act
  – 1980 – Withdrawal of federal EMS support and leadership
  – 1984 – Federal Legislation created EMS-C

• California Regulations
  – 1971 – Wedworth-Townsend Pilot Paramedic Act
  – Created organized system of personnel and equipment in California

• Challenges
  – Establishing evidenced based practice
  – Data inconsistency and interoperability
  – Moving EMS beyond volume based to value based
The World will little note nor long remember what we say and do here...

...unless somebody invents tape recorders and transcripts.
ICEMA Health Information Network

• Standardizes EMS data collection
• Enables data integration for specialty patients (Trauma, Stroke, STEMI)
• Provides data linkage between EMS providers and hospitals
• Enables data consistency and interoperability
• Facilitates syndromic surveillance
• Provide patient tracking and patient at risk information
Building the HIE Infrastructure

• The corner-stone of the current EMS HIE is the ICEMA EMS Data System

• The ICEMA EMS ePCR standardizes data elements and combines the field generated patient care report, CAD response data, and repeat patient information

• The ICEMA EMS Data System combines the EMS ePCR with a Hospital Dashboard and Hospital Specialty Care Registries

• The ICEMA EMS Data System provides Base Hospital enhancements to the ePCR
Health Information Exchange

• Mobilize the exchange of healthcare information between authorized users
• Provide real-time access to patient health information through a Master Patient Index
• Combine health information from disparate resources
• Provide patient health information for:
  – Continuation of care information
  – Outcome
Health Information Exchange allows for the sharing of health information between multiple providers

- Health Information Exchange transports information within related organizations or provides connections across disparate disciplines

- The missing link in the continuum of health care is Emergency Medical Services (EMS)
Building on the ICEMA EMS Health Information Exchange

• The ICEMA EMS Health Information Exchange carries patient information to and from others involved in the continuum of care.

• Data mobility is achieved through partnerships with local HIE organizations that specialize in data exchange

• Information is transferred through a Clinical Health Portal and made available to disparate providers

• Health information is shared between hospitals, clinics, pharmacies, and EMS providers
ICEMA EMS
Health Information Exchange

- Lab Results
- Pharmacy eRx
- Syndromic Surveillance
- Public Health
- EMS Care Provider
- EMS Data Reporting
- Respite Care Facility
- Skilled Nursing Facilities
- Mobile Community Medicine
- Home Health Care
- Telestaff Integration
- Hospitals Acute Care Centers
- Speciality Care Centers
- Patient at Risk Public Health
- Patient Tracking Public Health
EMSA-ICEMA Update

Base Hospital Communication Form
• Implement ePCR enhancements
• Identify and evaluate additional processes necessary for integration

ePCR Expansion
• Northern California EMS
• Sierra-Sacramento Valley
• North Coast EMS
• Tuolumne County EMS

State Data Repository
HIE is more than a black box--It’s a miracle

“I think you should be more explicit here in step two.”
Any Questions?
On Behalf of
ICEMA
THANK YOU!