June 19, 2012

Mr. Kelly Spratt, Chairman
Emergency Medical Services Regulatory Board
2829 University Ave SE
Suite 310
Minneapolis, MN 55414

Re: Data Workgroup Recommendations

Mr. Spratt,

Thank you for the opportunity to provide recommendations on the Minnesota State Ambulance Reporting System (MNSTAR). This document will provide a brief overview of the process used to develop the recommendation as well as the recommendations themselves. The workgroup members worked hard over many months and through passionate and thoughtful debate developed these recommendations for the Board's review. The workgroup hopes the Board will consider adopting and implementing these recommendations as quickly as possible.

Beginning in November of 2011 a workgroup was formed to respond to a change in the ambulance data collection statue, Minnesota Statue 144E.123. The specific change follows:

> Subd. 5.Working group.
>
> By October 1, 2011, the board must convene a working group composed of six members, three of which must be appointed by the board and three of which must be appointed by the Minnesota Ambulance Association, to redesign the board's policies related to collection of data from licenses. 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 licenses, particularly for rural volunteer services. The working group must report its findings and recommendations to the board no later than July 1, 2012.

The workgroup was formed with three Emergency Medical Services Regulatory Board (EMSRB) appointees: Suzanne Gaines, Dr. Paul Satterlee, and Mark Schoenbaum, and three appointees from the Minnesota Ambulance Association (MAA): Aarron Reinert, workgroup Chair, Randy Fischer, and Clif Giese. The workgroup received staff support from EMSRB Executive Director Pam Biladeau, Melody Nagy, and Debby Teske. The workgroup also had alternate members of Tim Held (EMSRB) and Tom Fennell (MAA). During the process MAA representative Randy Fischer had to step away from the process and his position was filled by Tom Fennell.

To begin its work the workgroup members considered a simple yet deeply important question; should data collection continue? After much thoughtful and insightful debate, all workgroup members unanimously agreed that data collection should continue and that data was critically important to the

future of Emergency Medical Services in Minnesota. To this end the workgroup developed a purpose statement to guide its work moving forward.

> Purpose Statement: EMSRB should use data for measurable meaningful uses to enhance Emergency Medical Services in Minnesota

The workgroup's next step was to consider areas for improvement as well as current barriers that might exist that prevent the fulfillment of the purpose statement. The result of the exploration process was a whiteboard list that became the foundation of future recommendations. The whiteboard document follows:

MNSTAR

- Data upload process
- System capacity
- System speed
- HIPAA / Data privacy
- Cost of data collection for the providers (both direct and indirect)
- Time to collect
- Too many elements/duplicates
- User interface
- Data collection for quality verses data collection for electronic patient care chart
- Missing elements (nulls)

How data is used

- Data feedback / quality
- Reports / reporting (output)
- Competition / referrals
- How is it or isn't it being used

Administrative

- Different treatment of different providers
- Punitive

From this document, the workgroup spent several meetings exploring each item to ensure it understood the item as well as understanding the genesis of the item and potential solutions. Workgroup members were charged between meetings to discuss the whiteboard topics with their peers to ensure as many voices as possible were included in the discussion. Once the workgroup felt comfortable with the items and the details supporting each item, the group began to consider possible recommendations.

The workgroup's recommendations are structured to match the whiteboard categories and great thought was given to making the recommendations as specific as possible to ensure the Board would understand the intent, yet broad enough to ensure the board would be able to implement the recommendations within its financial, organizational, and resource constraints. The workgroup would like to encourage both the MAA and EMSRB to continue its collaboration on data collection. Workgroup members found the process to be helpful and insightful. Additionally, workgroup members felt that the organizations had the potential to bring different resources to the table, such as MAA legislative tools and the EMSRB regulatory role.

Recommendations:

MNSTAR

- Data elements
  - The EMSRB should collect data elements and values consistent with the EMSRB data dictionary version 2.2.1
  - The EMSRB should make several revisions to its requirement to change to NEMSIS version 3.0 as of January 1, 2013
    - The EMSRB should delay implementation of the next national version of NEMSIS (version 3.xx) until one year after the date it has been approved at the national level. The version number approved at the national level should be the version number adopted in Minnesota.
    - The EMSRB, through DPSAC, should monitor national progress on the availability of vendor systems certified by NEMSIS as compliant with the final NEMSIS approved version. If vendor systems will not be available simultaneously with the effective date of the new NEMSIS standard, EMSRB should consider extending the Minnesota implementation date.
  - The data workgroup recommends that the EMSRB changes submission of trauma system related elements from optional to required. Elements are listed below:
    - E14.4 systolic Blood Pressure
    - E14.7 Pulse Rate
    - E14.11 Respiratory Rate
    - E14.15 Glasgow Coma Score: eye
    - E14.16 Glasgow Coma Score: verbal
    - E14.17 Glasgow Coma Score: Motor

- Interface features
  - The data workgroup recommends that the data collection interface in MNSTAR be changed to allow the user to select to either see all data elements, such as if the user was using MNSTAR as a ePCR system, or select to only see required elements, as if the user was only using MNSTAR to comply with the law.

How data is used

- Release of MNSTAR Data
  - The EMSRB should classify ambulance service specific data as private data
  - The EMSRB should only release MNSTAR data that is not more specific than regional as defined by the eight EMS regions
  - The data workgroup recommends the EMSRB implements DPSAC approved standardized aggregate reports (still requires AG guidance on data classification of these reports, which are more specific than regional)

- Quality
  - The data workgroup recommends that the Data Policy Standing Advisory Committee (DPSAC) continues, and continues its work on data quality, data integrity, and standardized aggregate reports for ambulance providers
  - The data workgroup recommends that the Medical Direction Standing Advisory Committee (MDSAC) begins to use the MNSTAR data as part of its regular work

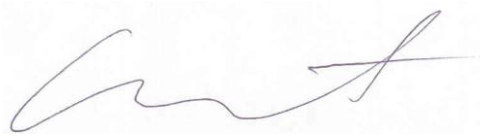
- DPSAC
    - The data workgroup recommends that the membership of DPSAC change to include the following:
        - Six appointees that are specifically ambulance providers, two of which are appointed by the MAA with the expectation they represent the MAA membership as a whole, not just their specific services

Administrative

- Regulation
    - The EMSRB should develop a policy that documents the procedure used to regulate MNSTAR data collection as required by Minnesota Statue 144E.123

The workgroup members feel honored to have been chosen for this important project and have worked in a collaborative, thoughtful way to develop meaningful recommendations to aid in the development of data collection in Minnesota.

Sincerely,



Aarron Reinert
Workgroup Chair