

**Virginia Office of Emergency Medical Services**  
**Response to VAGEMSA's Questions Regarding VPHIB, NEMSIS and NEMSIS Version 3**  
**October 28, 2011**

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**Why are we going to NEMSIS version 3?**

- Specific Points
  - The EMS Agencies and providers have invested a significant amount of time, effort, and resources to get to the current level of reporting.
  - The increased amount of elements increase out of service time at hospitals.
  - OEMS has stated that a majority of third party vendors will be unable to support NEMSIS version 3 and this will incur additional expense.

OEMS completely shares the feeling that Virginia EMS agencies, providers, and the OEMS have all invested a painfully significant amount of time establishing NEMSIS version 2 (v2.) So why are we going to move to NEMSIS version 3 (v3) already? OEMS staff was extremely vocal and resistant about moving to v3 on the national level making this exact same point. OEMS also felt that it was too soon for Virginia to move to v3 and that the result of pushing us towards v3 could result in Virginia deciding to no longer collect EMS data.

Through the Data Managers Council (DMC) of the National Association of EMS Officials (NASEMSO) we were able to voice our concerns collectively along with the State EMS Directors group and have made several adjustments to the v3 implementation that should make it less of a challenge; including widening the implementation window. This is not to say that it is not going to be a challenge still, but we have seen NEMSIS work better with the states so we can in turn implement v3 a little easier.

OEMS staff also demanded from NEMSIS to know why we (the states) were being pushed so hard and so fast to v3. Ultimately, what we have learned over the past couple of months was helpful for us to better understand the push and to feel a little less like we were being forced to v3. The short answer is the great push is coming from the federal government and the need for justification for the cost of EMS medical care.

How does this relate to EMS? More and more news articles have been discussing the disparity in the cost of EMS care and in some cases the abuse occurring with EMS billing. The Centers for Medicare and Medicaid Services (CMS) which sets the costs associated with most other health care costs wants a valid source of EMS data collection. As an example, CMS sets all the reimbursement costs that hospitals charge for goods and services for Medicare and Medicaid patients. CMS does this through the collection patient, patient care, and patient care cost data

submitted by hospitals to a single state entity, in Virginia the Virginia Health Information Inc. collects this, and then submits it to CMS. CMS decides the technical format and dataset that the hospitals will submit.

The National Highway Safety Transport Administrations' (NHTSA) Office of EMS is the home of NEMSIS and is working to convince CMS to allow NEMSIS v3 to be the data standard and the source of EMS data that will be used by CMS to set uniform ambulance billing costs in the near future. This commitment to CMS is the reason for an aggressive timeline. The alternative to states not moving to v3 would be for NEMSIS, which is developed by EMS for EMS, to be developed by CMS. OEMS staff and other state offices staffs have put in thousands of hours working together and in cooperation with NEMSIS and NASEMSO to assure v3 serves the needs of EMS providers, EMS agencies, state EMS data systems, the National EMS Database, and the federal medical databases at the same time.

Concerns about NEMSIS' v3 causing undue costs to Virginia EMS agencies can be mitigated. OEMS has already begun advising agencies through the VPHIB e-mail list serve and support site that NOW is the time to prepare for v3. When OEMS contracted with ImageTrend, the impact of v3 was not known to us. However, our contract language (available on the OEMS website) with ImageTrend states that ImageTrend will provide OEMS with the most current version available from NEMSIS and provide us with the ability to submit to the National EMS Database. Agency contract language should allow for the growth of technology and meet your needs such as billing and reporting to the state. This potentially could eliminate your costs, lower your costs, or at least allow you to have a predetermined cost if customization is required.

We have offered this same advice since February 2007. Throughout the project planning and implementation process VDH/OEMS utilized the following agency roles to communicate this with: The two persons listed in the EMS licensure database as the agency owners (owner1 and owner2) as requested by VAGEMSA, the person(s) that had previously submitted data to PPDR quarterly for the previous two years, known 3<sup>rd</sup> party software vendors, and known billing company contacts. Communication was given via e-mails, website postings, US Mail, OEMS quarterly report, quarterly verbal report and the EMS Advisory Board and others.

Please feel free at any time to contact VPHIB support and ask for advice related to the wording of your EMS data contracts.

Increased data elements are causing increased out of service times at hospitals. OEMS would be more than willing to address this and work to make improvements. To do so we would request that this claim be evidence driven and provided to OEMS to review. There are many factors that can influence longer report writing times that can be attributed to how the report is being written, has billing information being added, is the software you are using being maximized to make documenting as easy as possible etc. Our ePCR software has a built in timer and when we have checked the average time to complete a run form it has been 7 – 10 minutes.

“OEMS has stated that a majority of third party vendors will be unable to support NEMSIS version 3 and this will incur additional expense.” This statement is not accurate. OEMS has indeed passed on that we have heard this statement with each NEMSIS v3 presentation we have heard given by NEMSIS and or its principle stakeholders. OEMS wants our agencies to know this because as we speak and over the next year agencies will be contemplating purchasing/entering in agreements with EMS software vendors and we want you to know what we know.

We have included in this report which vendors attended the recent NEMSIS software vendors meeting in an effort to give our agencies as much information as we can. We actually submitted a Freedom of Information Act request to get this for you. V3 will be a more mature software product and less forgiving of not submitting quality data. Because of this maturity it is expected that some of the current vendors may no longer find EMS data collection to be profitable or that they have only been willing to maintain their current product versus the cost of writing a new one.

Virginia OEMS moving to v3 is somewhat irrelevant to Virginia EMS agencies being forced to move to a new software program. OEMS was personally unable to attend the most recent NEMSIS software vendors meeting, which we have in the past, but the other state data managers that did attend unanimously agreed that the EMS software vendors present are eager to move to v3 and away from v2. OEMS anticipates that we will face more frustration from agencies because the agency will want to move to v3 while OEMS will attempt to go slow enough to accommodate as many vendors as possible.

Those agencies that currently own a software product that will not move to v3 or have not already begun to prepare for v3 will likely conclude for themselves that they have an outdated product. Remember EMS billing and a national effort is moving us to v3 not OEMS.

### **Is the end result of the data collect worth the total investment?**

Simply, knowing what is occurring on the federal level with EMS fee for service, pay for performance, and the other issues surrounding health care reform; can we afford not conform the new and upcoming data requirements. These federal efforts are real and they are occurring now and they will shape EMS' future. If EMS data collection is not done this way, it is likely to occur another way.

We certainly hope the investment will be worth it. All those entities driving EMS data collection forward may explain it more eloquently than we can. To begin to prove the benefit of EMS care

being provided and what resources it takes to provide that care can serve to increase the validity of what we do. We stand to be able to increase reimbursement, decrease costs by discovering treatments that have no benefits, and develop education curriculum and treatment protocols based on science focused on our area of health care.

**More information on why the quality standards are going to increase is wanted.**

We can absolutely provide more information on why quality standards are being increased. OEMS commits to providing agencies with more information about how we are making decisions to increase a quality standard and in return we ask the EMS agencies commit to accepting this information by opening our e-mails and using the news and knowledgebase in the VPHIB support site. OEMS tries very hard to limit spam e-mail and when we send VPHIB information out and we do so based on what information we have been asked to provide and what we think is important for you to know to be prepared for upcoming changes. The last place we want agencies to learn about VPHIB is from our field program representative staff or from an adjudication officer.

As mentioned in our July OEMS Quarterly Report, which we also post in the VPHIB support suite for those not involved with the EMS Advisory Board, we have begun focusing our resources to assessing the quality of data being submitted to VPHIB. The quality “is not so good” in some cases and that is another reason the nation is moving to v3. We will begin sending out data quality information on a system-wide level and individual agency level. Your willingness to improve data submission will help determine how much technology will be placed at the submission point and how much value we can all realize from our collective investment of EMS data collection.

Please see the OEMS quarterly report or VPHIB Support Suite knowledge base for a sample of our data quality assessment and why we are putting additional data quality standards into place on January 31, 2012.