**Minutes**

1. **Welcome and Introductions/Roll Call**

Ms. Spurlin began call at 10:00 a.m. and welcomed participants

**Meeting Attendees**

***Members: Representing:***

Ms. Bridget Marburger and Mr. Guy Gros Huntsville Memorial Hospital

Mr. Andrew Karrer Montgomery County Public Health District Mr. Michael Smith Conroe Regional Medical Center/ Kingwood Mr. Robert Reed MHMR Authority of the Brazos Valley Ms. Krystle Riley St. Luke’s The Woodlands Hospital

Mr. Tim Ottinger St. Joseph’s Regional Health Center

Ms. Karla Blaine, Mr. Ryan Pekarek, Dr. Carly McCord Texas A&M Physicians and Ms. Doris Howell

Ms. Cynthia Peterson Tri-County Services Ms. Liz Dickey Health For All Ms. Lynn Yeager The Prenatal Clinic Ms. Jennifer LoGalbo and Ms. Gina Lawson RHP 8 Anchor Team Mr. Jeff Hayes Austin/Travis County EMS System

1. **Raise Performance – Focus Area and Open Discussion** 
   1. **May Spotlight:** Presentation: “The Practical Side of Health Informatics”

Health informatics can be used to improve agency performance and health outcomes. Ms. Spurlin introduced Mr. Jeff Hayes, the Chief of Staff for the Austin/Travis County Emergency Medical Services System. Mr. Hayes will outline examples of how his agency uses health informatics and a model for health data exchanges to improve coordination of care.

* 1. **Innovator Agent(s): Jeff Hayes, MPH, LP – Chief of Staff, Office of the Medical Director, Austin/Travis County Emergency Medical Services System**

Ms. Spurlin distributed Mr. Hayes’ Health Informatics slideshow to participants. Mr. Hayes has over 30 years of experience working in EMS and 10 years of experience in Disaster Preparedness.

A personal health record is a collection of health information about individual patients or populations. Mr. Hayes will focus on the specific personal health records: electronic health records (hER), electronic medical records (eMR), and electronic patient care records (ePCR). ePCRs are EMS incident focused and eMRs are hospital incident focused and both provide a snapshot of patient care. ePCRs and eMRs are siloed health information records that would ideally be combined into one record, accessible by all in the continuum of care.

The first example Mr. Hayes presents is that of an EMS director wishing to use patient outcome data to create a program to assess the clinical performance of the EMS system. The program would use three sources of patient information: first responder, EMS, and hospital data. However, the eMRs used in the healthcare networks are unable to import and export ePCR information directly into each other’s eMR. Currently, most EMS systems have to call the hospital to acquire the patient outcome data or attain a paper copy of the patient’s record. More efficient options for data exchange are Health Information Exchange (HIE), where patient health information is electronically shared between all member organizations. HIE acts as a single point-of-access for data for all organizations along the patient’s continuum of care. Unfortunately barriers to HIE include technological incompatibility between multiple computer systems and perceived privacy issues. Travis County is implementing HIE through a central data repository to promote data sharing among organizations.

The second case Mr. Hayes presents is that of a public health director who seeks to update data systems that compile information regarding disease outbreaks. Surveillance data could be augmented by utilizing Computer Aided Dispatch of EMS and Fire Dispatch systems to gather data on 911 callers, especially when aggregated over time. Another source of data is ePCRs to aggregate call-types and paramedic impressions of patient. Austin/Travis County EMS utilizes First Watch© Software, which mines data from multiple sources to produce customizable patient outcome reports. Austin/Travis County EMS also utilizes the CDC and Department of Justice’s security software called BioWatch.

The third case Mr. Hayes provides is that of a new data manager who is tasked with transitioning an EMS system from paper-based to an ePCR. There are multiple ways to implement an ePCR, but the first task is to determine what the organization wishes to be able to pull out of the system and finding which ePCR fit these needs.

The fourth case Mr. Hayes provides is that of a new EMS medical director who wishes to find literature to support existing patient care protocols. Austin/ Travis County EMS utilizes online literature databases to find evidence-based practices to shape organization protocols for care such as aspirin for chest pain.

The fifth case Mr. Hayes provides is that of a local health initiative that is planning to implement a Communtiy Paramedicine Program for high EMS utilizers. Austin/Travis County’s Community Paramedicine program targets chronic disease patients, psychiatric patients, and the indigent patient population and utilizes the Critical Connections program that allows multi-level healthcare providers to input patient care information into one central local for the identified high EMS utilizers.

Electronic health information can be used to drive performance improvement.

* 1. **Open Discussion:**

Ms. Spurlin asked Mr. Hayes, while BioWatch is used in certain cities, is anyone at the local level able to utilize the data? The twice-daily air sampling data obtained through BioWatch is only available to those who participate in the program.

Ms. Doris Howell asks is the Computer Added Dispatch was universal among all EMS networks and if outside people could access that information? Mr. Hayes indicates that approximately 70% of EMS and Fire Dispatchers utilize Computer Aided Dispatch and she would have to reach out to local EMS/Fire Agency to access the surveillance data.

Ms. Spurlin asked if Austin/Travis County EMS has any Promising Practices in their Community Paramedicine Program, as there is no standardized body of data or literature on implementation of such programs. Mr. Hayes indicates that while Texas does not have standardized program implementation, Wisconsin and Minnesota have employed a state-wide program. Austin/Travis County EMS has determined their local focus of the Community Paramedicine Program by interviewing local health departments, clinics and hospitals to identify needs. Mr. Hayes also cautioned against fully standardizing Community paramedicine Programs and letting the unique community needs drive the focus of the program and suggested that standardizing Community Paramedicine education might be a more successful route.

Ms. Spurlin asks how the Austin/Travis County EMS Community Paramedicine Program is addressing the reimbursement of services. Mr. Hayes indicated that the County is currently wiling to continue funding the program in the hopes that funding mechanics for Paramedicine and Community Paramedicine Programs will be modified in the future to make the program independently sustainable.

Ms. Spurlin asked Mr. Karrer if Montgomery County’s Community Paramedicine program first identified patients externally or internal high utilizers. Mr. Karrer indicated that Montgomery County’s Community Paramedicine program drew from the programs in Washington County and others around the state and also partnered with Community entities to identify the unique needs of Montgomery County. Mr. Karrer also indicated that Montgomery County utilizes software similar to FirstWatch to monitor incidents and schedule paramedics appropriately.

Mr. Peterson asked how Community Paramedicine Programs are handling substance abuse cases. Mr. Hayes indicated that his Community Paramedics often work in tandem with the Mobile Crisis Unit to deal with substance abuse cases. The Community Paramedics were trained to get substance abuse patients to appropriate treatment centers after they have been medically cleared from being transported from the Emergency Department.

Mr. Reed asked Mr. Hayes to elaborate on the collaboration between the Mobile Crisis Unit and the Community Paramedicine program. Mr. Hayes indicated that the Mobile Crisis unit has social workers on call that will co-locate with the Community Paramedics, some social workers that will be called to assist when the Community Paramedics identify a situation, and some social workers that will travel with the Community Paramedics.

Ms. Spurlin asked Mr. Hayes if there were multiple contractual agreements needed to allow the exchange of data between entities. Mr. Hayes indicated that the Community paramedicine Program hold a Memorandum of Understanding with each partnering organization, which are handled by the Critical Care Connections Agency. Each partnering organization pays a fee to the Critical Care Connections Agency for access to the data sharing.

1. **Learning Collaborative Recap & Upcoming Events**
   1. Cohort Group Update – next meeting on May 21st at 9:30am at the Rural & Community Health Institute in College Station
      * Resource Guide completion
      * Interactive Discussions going forward – renewal/extension considerations
      * A sample electronic referral guide will be displayed for in-person participants
   2. Peer Opportunity – June 17th (all day) – RHP 3 Event at the Hilton on the University of Houston Campus
      * Participation is free but registration is mandatory
2. **Next Steps & Adjourn** 
   1. Next call scheduled for Thursday, June 11, 2015 at 10 a.m.

*Have an idea/suggestion to share or topic to recommend for future Learning Collaborative calls, articles, or upcoming events? We want to know! Email the Anchor Team at* [*rhp17@tamhsc.edu*](mailto:rhp17@tamhsc.edu)*.*