



CONFERENCE CALL FOR THE REGIONALIZED EMERGENCY MEDICAL CARE SERVICES (REMCS) STEERING COMMITTEE

September 1, 2011

Committee Members Present: Arthur Kellermann, MD (co-chair); Andrew Roszak, JD, MPA, EMT-P (co-chair); Brendan Carr, MD, MA, MS; Arthur Cooper, MD, MS; Kristi Anne Henderson, DNP, NP-BC, FAEN; John Kusske, MD; Ronald Maier, MD, FACS; Ricardo Martinez, MD, FACEP; Nick Nudell, BA, NREMT-P, CCEMT P; Jesse M. Pines, MD, MBA, MSCE; Kathy Rinnert, MD, MPH, FACEP; Michael Sayre, MD; Robin Shivley, AA, EMT; Gary Wingrove; Richard Zane, MD, FAAEM

NQF Staff Present: Helen Burstin, MD, MPH; Sally E. Turbyville, MA, MS; Eric Colchamiro, MPA

Others Present: Tabinda Burney; Charles Cairns, MD; Gregg Margolis; Jeff Williams, MD

WELCOME AND CALL OVERVIEW

Mr. Colchamiro welcomed the REMCS Steering Committee, thanked them for their continued participation, and conducted a brief roll call. He reviewed the agenda and objectives for the conference call which included a discussion by the Committee of the recently completed NQF Member and Public Comment Period, including proposed responses to comments and any textual changes that needed to be made to the framework report.

Dr. Kellermann and Mr. Roszak also welcomed the Committee, and thanked them for their participation.

REVIEW OF COMMENTS AND PROPOSED MODIFICATIONS

Mr. Roszak led the Committee through a review of the comments, and addressed the proposed changes made to the draft report in response to the comments received.

All line numbers referenced below refer to the [draft report posted to the NQF website](#). Only requested content changes have been addressed in this meeting summary, however, both content and grammatical changes will be reflected in the revised draft report to be posted for NQF Member voting. Language will be drafted by NQF staff on all of these issues and circulated back to the Committee for review and approval.

Specific Issues

- **Lines 73-77:** Committee members asked to expand the definition of regionalization, to further specify that the “defined population of patients” or “defined geography” is a self-organized grouping, dependent on the episode of care being considered.
- **Lines 509-511:** Committee members requested that public-health services also be partnered with emergency management organizations (along with local public health agencies).
- **Lines 556-567:** Committee members asked that the National Emergency Medical Services Information System (NEMSIS) be mentioned as a platform for sharing data within this subdomain.

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- **Lines 571-584:** Committee members asked that language be inserted within this subdomain about legal and regulatory frameworks, to indicate that future changes in protocol may enable or could impair regionalization of care.
- **Lines 610-614:** Committee members asked that the need to measure bystander and citizen training be added to subdomain 2.2, as they are key aspects of recognizing and diagnosis episodes which require care.
- **Lines 747-749:** Committee members asked to revise this subdomain, on care of special populations, to reference to the need to assess caregivers in addition to the patients.
- **Lines 777-782:** Committee members asked for more clarity regarding subdomain 5.2, specifically with regard to inter-facility transports. It is important to capture, specifically, the overall transports as opposed to ones that are for a specific clinical area of care.

General Issues

- **Executive Summary:**
 - Purpose

Committee members would like more succinct, concrete language inserted about the purpose of the framework, in relation to the broader process of how measures are developed and submitted to NQF for consideration as voluntary consensus standards, and the process by which measures are considered (including feasibility of implementing the measures). They also asked that language be added to emphasize that the report does not prioritize specific clinical areas or metrics for care.
 - Next Steps

It was also suggested that the summary identify next steps for potential measure development, potentially tying the high-level conceptual issues presented, with the guiding principles, domains, and subdomains in the report.
- **“Systemness”:**
 - Committee members emphasized that the report is intended to allow for the development of structure, process, and outcome measures which can be used to evaluate systems and for evaluations across systems. They asked for additional clarity in the report to articulate that the episodes-of-care model considers the actual clinical impact on an individual or a population, and should also allow for auditing of this data.

NQF MEMBER AND PUBLIC COMMENT

The call was opened to member and public comment. No comments were received.

NEXT STEPS

The Steering Committee will review the next iteration of the draft report via email, and will be asked to recommend that the report move to NQF member voting, or to decide that it needs further revisions.