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Integrating EMS for Care Coordination and Disaster Response

Webinar #061616-NE

DATE AND TIME

June 16, 2016
1:30 p.m. - 3:00 p.m. CT

OVERVIEW

It is critical to incorporate two often-overlooked components of the health care system into the HIE landscape - disaster response and emergency medical services (EMS). It is necessary to exchange clinically relevant patient information both in response to widespread disasters and during daily emergency medical treatment to improve patient transitions of care between ambulances and receiving hospitals. ONC is funding an approach in California that applies principles of health information exchange in the disaster and emergency medical services areas; areas not previously addressed in either California or the United States on any significant scale. In this project has two components.

In the first, bring developed is an interoperable disaster response patient lookup system with direct connections to community HIEs and hospital-system EHRs, and implement a secure, web-based portal for eligible professionals who are California Disaster Healthcare Volunteers (nationally known as ESAR-VHP) and using Single Sign On capability. The intent is to help address the health information needs of providers rendering care for patients transferred from hospitals in an affected area, victims of the disaster transported by first responders, victims transported by family for friends, walking wounded in need of urgent care, and evacuees in need of routine care. The system will be examined through a drill in early 2017. In the second, a system is being developed for daily Emergency Medical Services (EMS) interoperable exchange and demonstrating it in production as part of patient care. The system must be able to Search for patient information from a community HIE using the EMS ePCR, Alert the ED of critical patient information before arrival, File all treatment information from the ePCR into the hospital's EHR after the patient arrives, and Reconcile the ultimate patient treatment with the ePCR following discharge.

TARGET AUDIENCE

Health IT professionals and providers, including EMS professionals, and especially those interested in emergency and pre-hospital care and disaster response.

OBJECTIVES

- Identify why it is important to integrate EMS into the continuum of care.
- Recognize the special challenges of pre-hospital care and disaster response.
- Discuss how existing capabilities can be leveraged to address pre-hospital and disaster response and list them.
- Describe what a replicable disaster response system might look like.

FACULTY

Dr. Robert Cothren, Executive Director
California Association of Health Information Exchanges

Dr. Cothren is Executive Director of the California Association of Health Information Exchanges, CAHIE, where he leads a diverse group of stakeholders in realizing statewide interoperability in California through outreach, education, policy development, and emerging technologies that promote widespread, secure sharing of health information. As a consultant, Dr. Cothren aids government and private organizations in advancing their health IT systems through collaborative governance, sound processes, and reliable and secure technologies. Dr. Cothren has been part of NwHIN since its inception, led the implementation of California's statewide HIE strategy under HITECH, and continues to work with ONC and federal agencies to promote interoperability. He has over 20 years of experience in health technology, over 15 years in systems integration, and over 10 years in health information sharing. Dr. Cothren holds a PhD in medical engineering from the Harvard/MIT Health Sciences and Technology program, and currently teaches health informatics as part of the University of California Davis Extension program.

PRICE

$195 per connection.

Note: The fee is for one phone line with unlimited participants. For example, 10 employees can participate for only $19.50 ea!

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