**EMS Interoperability Task Force Meeting Minutes**

February 16th 11am to 12:30p

Overview of Task Force

* Meetings 2nd Thursday of every month (90min time slot)
* Same zoom link for all calls

Today’s Topics

* Identifying data exchange partners and establishing relationships- High Level Discussion

Benefits of WISHIN (Steve Rottman)

* How to fast track and automate data exchange
* Expanding functionality with Milwaukee FD
* Demographic accuracy is crucial
* Working on pushing outcome patient data to Milwaukee using CCDA
* Pushing EPCR in bulk
* Master patient Index- Connects patient together but demographic is crucial
* Before taking state approach with ORH
  + Prove the use case

HIE attendees

* (Texas) Katherine Lusk- Facilitate connections between EMS vendor and the local hospital
* (Utah) David Brian- Interest due to data not being shared.
  + Discovery phase as position in regards to claim clearing how and data exchange.

E- Health Exchange and National Networks (Didi Davis)

* E-health exchange oldest largest network in US. Well defined in its process
* Annual fee. Cost 7k to 41k <https://ehealthexchange.org/pricing/>
* Depending how it could be used with a query exchange. Can be used by:
  + Partner bringing into vendor
  + Already have a gateway within your organizations (i.e. Health Gorilla)
* QHEN will all work like a utility- all has to have same functionality to provide their customers
* If HIE wants to connect with e-health exchange, it is required to complete an application and a “DURSA”, policy documents, and one shared data exchange document.
* If the data exchange connects to an HIE (i.e. EPIC), the cost does not go to the individual organizations unless it connects as a “node”.
* If an agency connects to an HIE- if HIE is connect to data exchange, then organization connects through a gateway (i.e. WISHIN)
* Link to show who are connected to eHealth Exchange Network including 61 HIEs: <https://ehealthexchange.org/participants/>

EMS Software Vendors- Who did you partner with and how?

* Beyond Lucid (Jonathon Feit)
  + CCD to HIE- built “pipe”- have done with 12 other 3rd party vendors
  + Joined Commonwealth, ESO and Image Trend
  + Built relationships:
    - Because of Commonwealth, they were able to work with Athena
    - Giving EHR to what they are asking for which
* Image trend (Kashif Khan)
  + Having direct conversations with hospitals and HIE’s
  + Interoperability partner (Kno2)

Were your questions answered?

* CDPHE (Amber Viitanen)- Call is helpful to understand that there are many different offices.
  + EMS providers want to know if what they are doing is good.
  + Interoperability looks different
* Brian Herskovitz
  + Bring the information to the first responders

Discussed next steps