Straw Man Document

September 2017
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About EMS Agenda 2050

Twenty years ago, pioneers and leaders in the Emergency Medical Services (EMS) industry described a vision of data-driven and evidence-based systems in the *EMS Agenda for the Future*. Since then, the profession has worked tirelessly to fulfill the vision set out in that landmark document.

Throughout 2017 and 2018, the EMS community will come together to develop a new vision for the future of EMS. EMS Agenda 2050 is a collaborative and inclusive, two-year project, to create a bold plan for the next several decades. EMS community members, stakeholder organizations, and the public, are all encouraged to get involved in writing a new *Agenda for the Future* that will set forth a vision for the next thirty years of EMS system advancement.

A note on terminology:

There is ongoing discussion in the profession about how well the term “emergency medical services” accurately describes the full scope of the services provided by EMS organizations and personnel. The EMS Agenda 2050 Technical Expert Panel (TEP) considered this debate and chose to use “EMS” in this initial Straw Man document, as the profession has not yet agreed upon another way to refer to the many important services it provides to communities, or the individuals who deliver those services.
A straw man is a proposal put forth to generate discussion.

• It is not as detailed as the final document
• Ideas are included to provoke a reaction, so they can be debated, improved and refined
• It is not all-inclusive—we are counting on everyone to get involved and add more bold ideas

This EMS Agenda 2050 “Straw Man” was developed based on the input received from the community thus far through several channels, including informal conversations, the EMS Agenda 2050 website, conference sessions, and a formal request for information, which received responses from many individuals and major EMS organizations. The concept of a Straw Man is to hold ideas and concepts up and allow you to absorb, discuss, and expand them. There may be ideas that seem impossible, or others that appear extreme. The goal of the Straw Man is to stretch your thinking and to solicit thoughtful—even passionate—responses. In the spring of 2018, we will release EMS Agenda 2050, and we want you to recognize it as your own.

In other words, this Straw Man is not the end of the process, but simply the end of the beginning. Over the next several months, we hope you poke holes in it, build on to it, or rearrange it. We hope it inspires you to think boldly and give us your thoughts on what EMS should look like three decades from now.
THE VISION FOR 2050

In 2050, EMS systems are **people-centered**.

In people-centered EMS systems, processes, protocols, technology, policies and practices, are designed to provide the best possible outcome for individuals and communities, day-to-day and during disasters. EMS is a versatile, mobile, community healthcare resource. It serves as the front line of the healthcare system and plays a core role in supporting the well-being of members of the community through data-driven, population-oriented, evidence-based, and safe approaches to prevention, response and clinical care. EMS organizations collaborate with their community partners and have access to the resources they need, including up-to-date technology and a highly trained, healthy workforce.
THE VISION FOR 2050

To achieve this vision, EMS systems in 2050 will be based on six guiding principles.

EMS systems will be:
• Integrated and seamless
• Socially equitable
• Inherently safe
• Sustainable and efficient
• Reliable and prepared
• Adaptable and innovative
EXPLAINING THE VISION AND GUIDING PRINCIPLES

The over-arching vision presented here is a **people-centered** EMS system.

Why **people-centered**?

- People-centered, not patient-centered, because while caring for patients is our top priority, we must also meet the needs of patients’ loved ones and communities, as well as the practitioners who provide care.

- People-centered because for too long, decisions have been made because of tradition, or assumptions, or what’s best for the organization providing care.
EXPLAINING THE VISION AND GUIDING PRINCIPLES

In a people-centered EMS system:

- People receive comprehensive care in the place that is most convenient and comfortable for them as often as possible, rather than being transported someplace else.

- If patients do need to be relocated for a complex intervention, they are moved to the ambulance using technology to lift and transfer them that decreases the risk of injury associated with lifting for their care providers. The ambulance travels without the use of antiquated lights and sirens, therefore taking advantage of other advances that prevent collisions.

- Patients not only receive lifesaving and disease-treating care, they also receive care that reduces physical, emotional, and psychological suffering; care providers are given education and training that adequately prepares them to meet the needs of their patients.

- EMS providers and other components of the healthcare system access the same comprehensive medical record for their patients.

- Diagnosis and treatment are supported by comprehensive expert systems that continuously update in real-time.
Explain the vision and guiding principles

The six guiding principles provide a framework for addressing the most critical aspects of developing a people-centered EMS system. By considering the future of EMS through the lens of these principles, the EMS profession can imagine how the individual attributes of an EMS system – from education to clinical care, to quality improvement and much more – fit together to create a people-centered system.

Integrated and seamless  
Socially equitable

Sustainable and efficient  
Adaptable and innovative

Reliable and prepared  
Inherently safe

People-centered EMS system
EXPLAINING THE VISION AND GUIDING PRINCIPLES

Integrated and seamless

Healthcare systems, including EMS, will be fully integrated with each other and with the communities in which they operate. From the patient’s and community’s perspectives, care will be seamless, with communication and coordination between different pieces of the continuum making it difficult for someone to ascertain where EMS “ends” and where primary care, in-patient care, specialists, public health, and social services begin.

Socially equitable

In a socially equitable system, access to care, quality of care, and outcomes will not be determined by age, socioeconomic status, gender, ethnicity, or other social determinants. In every community in the nation, EMS systems will be able to provide any resident or visitor to the United States the best possible care and services, in order to maintain the health of individuals and populations. Caregivers will not feel intimidated by, or be unprepared for, caring for children, people who speak different languages, persons with disabilities, or other populations that they may not interact with frequently.
EXPLAINING THE VISION AND GUIDING PRINCIPLES

Inherently safe

The entire EMS system, from how care is accessed, to how it is delivered, will be designed to be inherently safe and minimize exposure of people to injury, infections, illness, and stress. Decisions will be made with the safety of patients, bystanders, the public, and practitioners as a priority, from how patients are moved to hygiene practices in the field and in the ambulance.

Sustainable and efficient

EMS systems across the country will have the resources they require to provide care in a fiscally-responsible, sustainable, framework that compensates caregivers with a living wage and allows them to find joy in their work. Efficient service will minimize waste and organizations will operate with efficiency, transparency, and accountability.
EXPLAINING THE VISION AND GUIDING PRINCIPLES

Reliable and prepared

No matter when or where someone needs help, or who the practitioner is, patients will receive reliable EMS service that is consistent, evidence-based, and compassionate. EMS systems will be prepared for anything by being scalable, able to respond to fluctuations in day-to-day demand, as well as major events, both planned and unplanned, that increase demand for service.

Adaptable and innovative

An adaptable healthcare system, including EMS, will quickly and effectively meet the evolving needs of the population. EMS will continuously and methodically evaluate new technologies, system designs, educational programs, and other aspects of the system in order to best meet the needs and desires of the people and communities it serves. Innovative individuals and organizations will be able to test new ideas and implement effective new programs.
HOW WE GET THERE

The following are the ideas generated by the Technical Expert Panel (TEP) and the broader EMS and healthcare communities. You will note that some ideas overlap or take different approaches to the same issue. How they will ultimately be organized, articulated, and prioritized will be part of the feedback process.

For now, for the Straw Man process, we want to know:

What ideas resonate?
What has been left out?
What needs to be combined, eliminated or expanded?
Guiding Principle #1
INTEGRATED AND SEAMLESS

• Hospitals, skilled care facilities, medical offices, and EMS must work together as a team to ensure smooth transitions of care for patients. Increase collaboration of EMS with physicians and other healthcare professionals including hospice care, respiratory therapy, nurses, dentists, wellness coaches, psychologists, and others.

• Partners throughout the healthcare system, including hospitals, medical offices, and public health, should work to better understand EMS and create partnerships that improve population health and care delivery.

• EMS must be integrated with community resources; including social services, community, and religious organizations, and other entities. EMS must have knowledge of the available resources and be able to link patients with the appropriate organization or entity that will provide the care of service they need. Legal and jurisdictional barriers to integration must be removed.

• Incorporate EMS and inter-facility/critical care transport, including air medical resources when appropriate, into regional systems of care.

• Design systems that measure outcomes, promote safety, and contribute to a fully integrated, patient-centered medical record. Implement data systems that produce real-time knowledge about the patterns of disease and injury, based on populations, geography, demographics, or other criteria.

• Create a real-time, national healthcare database, that can be accessed remotely with biometric authentication. This database can be linked to monitoring devices and allow for real-time data sharing.
Guiding Principle #1
INTEGRATED AND SEAMLESS

• Integrate EMS and public health data to help identify emerging outbreaks or demographic trends in injury and illness patterns.

• Incentivize health information exchange between EMS and the rest of healthcare.

• Use technology such as retinal scans or other identifiers to quickly access medical histories and other important information.

• Equip EMS with more sophisticated diagnostic tools in the field, moving from a rapid treatment and transport paradigm, to a system where EMS can more accurately assess and ensure a patient navigates to the right resources.

• Ensure that paramedics have access to physician care plans and physicians understand EMS care plans.

• EMS physician oversight should come from a physician with specialty training that includes public health, managing population health, social services, etc. Medical direction for EMS systems may come from a collaborative group of physicians with different specialties.

• EMS medical direction for specific patients and/or populations will include close collaboration with the physician or physicians who make up the patients’ medical home.
Guiding Principle #1
INTEGRATED AND SEAMLESS

• EMTs and paramedics should be trusted to practice at the highest levels of their scope, training, and education. EMS should take advantage of technology and telemedicine to connect with physicians during patient care when direct oversight and consultation adds value and improves outcomes.

• Education of paramedics needs to include more about public health, social services, and the determinants of health.

• Create inter-professional education systems that prepare EMS personnel and healthcare colleagues to work with each other collaboratively.

• A training program should be developed for a “pre-hospital paramedic practitioner,” based on an advanced program at the post-graduate level for experienced paramedics and military medics. These individuals would serve as a liaison between emergency rooms and patients’ doctors; and also treat individuals in the pre-hospital setting; and arrange for transport of these patients to the correct level of care, such as clinics or doctors’ offices; or leave patients at home, if that is the most appropriate course of action.

• Make paramedicine a specialty of nursing, with nurses specifically trained in EMS and community paramedicine.
Guiding Principle #2

SOCIALLY EQUITABLE

• EMS should have education and training that makes them comfortable assessing and treating patients of any age. Systems should also develop evidence-based protocols, and have equipment appropriate for every age range in the patient spectrum. Equipment should be designed to be more adaptable to different patient ages and sizes.

• EMS across the nation should have equal access to technologies, devices, and other tools that are shown to improve patient care and/or patient and provider safety.

• Virtual models of care must be developed in order to efficiently provide specialty care and other resources in rural communities.

• Language or cultural barriers should not inhibit delivery of the standard of care.

• Instead of providing all medical consultation through a base station, EMS should be able to contact specialists wherever they might be in order to better serve patients. This approach could include using technology to consult with the patient’s primary care physician, or a specialist in the next state, rather than transporting patients long distances to a specialty center far from home.

• EMS practitioners must be educated on how biases impact patient care and how to overcome them.

• EMS education should be subsidized if the practitioner commits to serving in underserved communities where they are needed.
Guiding Principle #2

SOCIALLY EQUITABLE

• EMS education must include more appropriate training on how to advocate for a patient in today’s healthcare system.

• There should be national clinical guidelines with published levels of evidence. When Level 1A evidence exists, there should be no difference from one system to another. Local medical directors should have to explain and justify any variances from the national guidelines.

• Scope of practice for EMS practitioners should be uniform across the country, but must also be adaptable for specialized needs within communities (e.g., wilderness care, tactical medicine).

• EMS must improve end-of-life care, by better understanding how to work with patients and their families, to treat them according to their wishes and care plans developed with their physicians.

• Use technology to allow access by EMS to advanced directives and Physician Orders for Life Sustaining Treatment (POLST).

• Ambulances and air transport should be used more judiciously and with more transparency regarding the benefits and risks, as well as costs, in order to avoid surprise medical bills.
Guiding Principle #3
INHERENTLY SAFE

• Promote a culture of safety among EMS personnel, agencies, and organizations.

• Develop a consensus-based set of quality and safety metrics in order to spur improvement efforts and allow for benchmarking.

• Develop mandatory federal reporting requirements for patient safety and quality metrics, and publicly report the measures.

• Tie reimbursement to patient safety measures.

• Use data and science to develop evidence-based approaches to improving patient and provider safety.

• Standardize drug formularies and provide resources to eliminate the need of calculating drug dosages by EMS practitioners.

• Promote the concept of just culture.

• Encourage self-reporting of near misses and adverse events to federally designated Patient Safety Organization and share data across EMS networks.

• Create uniform definitions for adverse events and/or near-misses and provide training for EMS professionals.
Guiding Principle #3
INHERENTLY SAFE

• Collect data on what medical errors occur, and use those data to determine why they occur and how to prevent harm.

• Incentivize and promote EMS utilization of voluntary Event Notification Tool.

• Scope of practice and provider levels should be continuously revisited and re-evaluated to ensure desired patient outcomes are being met.

• Promote the use of detection equipment, training, and personal protective equipment known to enhance the safety of EMS personnel.

• Improve education of safe practices during initial certification and continuing education.

• Develop and disseminate education programs on mental health issues impacting practitioners.

• Screen EMS professionals for risk factors that may make them more susceptible to the stresses of the job, and provide education and training on mental health issues for the provider.

• Government should mandate safe design of ambulances, including the integration of self-driving technology.

• Response modes and methods, such as the use of lights and sirens, should be based on evidence and place safety before provider and/or patient satisfaction.
Guiding Principle #3

INHERENTLY SAFE

• Adopt and enforce evidence-based practices for determining shift length and other factors that influence the impact of fatigue on the safe practice of pre-hospital medicine and transport.

• More accurately identify callers’ locations and any hazards that may exist in the area.

• Enhance cybersecurity of EMS data systems to prevent any theft or blackmail related to patient information.

• Increase federal support for EMS research.

• Use research networks, such as PECARN and SIREN, to conduct high-quality research in EMS, and advocate for federal support of such efforts.

• Eliminate arbitrary and extremely lengthy FDA requirements to place life-saving devices, medications, and procedures in the field.
Guiding Principle #4

SUSTAINABLE AND EFFICIENT

- Evaluate system designs, assessments, and interventions based on patient outcomes and cost.

- Provide secondary telephonic medical triage for non-critical patients from a properly licensed and trained clinician under physician oversight, and, direct them to alternative community resources based on evidence-based protocols.

- Create PSAPs that serve as integrated information resources for callers, allowing the PSAP to make decisions about the resources needed for the caller/patient.

- Develop cost-controls for critical life-saving equipment, increasing accessibility throughout the country.

- Redesign reimbursement schemes to incentivize the most appropriate care for the patient, and the situation, including treatment at home or transport to facilities other than a hospital.

- Re-classify ambulances services as providers, not suppliers, within the CMS reimbursement structure.

- Increase local, state, and federal support for EMS infrastructure and preparedness needs; reimbursement cannot adequately fund a system and ensure it is prepared.
Guiding Principle #4
SUSTAINABLE AND EFFICIENT

- Declare EMS an essential service in communities and fund it through subsidies much like police, fire, and public health services, without any need for reimbursement from CMS or private healthcare payers.

- Establish a minimum wage for EMS practitioners that is higher than the mandated minimum wage for all workers in communities.

- Take advantage of telemedicine and other “virtual” assessment and treatment methods, reserving face-to-face interaction for patients that need it.

- Invest in ways to explain the EMS mission and educate the public about the important role it plays in preparedness and the population’s health at the local, state, and national levels.

- Have full transparency in costs and charges for all EMS services, allowing patients and their families to know in advance how much they will have to pay for a response, assessment, treatment, or transport.

- Decrease the amount of time and effort spent on documentation by improving voice recognition, data-sharing between devices, and automation of the documentation of care.
Guiding Principle #5
RELIABLE AND PREPARED

• Create state or federal mandates for local municipalities to provide EMS services to communities.

• Ensure agreements between jurisdictions so all patients get the most appropriate and closest resource during time-sensitive emergencies.

• Increase the level of training and understanding of data collection and analysis in EMS systems in order to improve quality management systems and create consistent care throughout organizations.

• Create multiple pathways for transitioning areas from a volunteer model to a paid, or regionalized model, in order to ensure consistent, reliable EMS coverage in every community.

• Make EMS a more attractive career option through better pay, benefits, and career paths that encourage experienced and skilled EMS clinicians to remain in the field.

• Incentivize states to adopt the national scope of practice and certify providers for all levels, including those not based on ambulances, such as emergency medical responders and emergency medical dispatchers.

• Improve paramedic education to reflect EMS practices in the field, including residency programs that prepare providers for any experience they might face once they practice on their own.

• Expand bridge programs to take advantage of veterans’ military medical training and experience, ensuring that veterans are adequately prepared to work in non-military EMS environments.
Guiding Principle #5

RELIABLE AND PREPARED

• Expand options for paramedics to receive degrees in EMS (associates, bachelors, masters, etc.).

• Create more education programs for EMS educators to ensure the people teaching at all levels, from initial certification through advanced degree programs, are qualified and prepared to provide instruction.

• Increase accessibility to, and use of, high-fidelity simulation, in EMS education and continuing education to prepare caregivers for low-frequency, high-risk situations.

• Integrate EMS fully with other aspects of the preparedness system to create a unified disaster care response system.

• Create and standardize subspecialties for EMS practitioners (e.g. tactical, USAR, disaster care).

• Prioritize succession planning and leadership education for a new set of leaders in every EMS system.

• Include diverse patient populations of all ages in disaster planning and exercises, including people with disabilities, children, adults, and others.

• Encourage and educate members of the community to be “active bystanders” or “immediate responders” during situations such as cardiac arrest, active shooter, overdoses, and other times when they can use their training and publicly accessible resources (e.g., AEDs, tourniquets, auto-injectables) to provide care prior to the arrival of professional responders. Require education on responding to these situations during elementary through high school education.
Guiding Principle #5
RELIABLE AND PREPARED

• Use drones for search and rescue, delivering supplies, etc. Provide resources for active bystanders to use on scene prior to the arrival of professional responders.

• Use big data and monitoring to predict who needs care and when, such as recognizing impending signs of cardiac arrest, and initiating a response and treatment prior to the arrest.

• Adopt consistent, evidence-based, national triage criteria and methods for use during mass casualties (e.g., the Model Uniform Core Criteria for Mass Casualty Triage).

• Train practitioners and prepare EMS systems to treat, evacuate, and otherwise care for “hospital at home” patients and other residents of the community with needs during disasters.

• Use healthcare and other information systems to identify members of the community in need of special assistance prior to, and during, major disasters.

• Enact the Recognition of Emergency Medical Services Personnel Licensure Interstate CompAct (REPLICA) in all states and territories.

• Plan for and allow for more flexibility in the practice location and setting of all healthcare professionals (i.e., allow hospital-based employees to practice in the field when situations demand it, credential EMS providers to aid in the hospital or nursing facilities when disasters overwhelm the system).
Guiding Principle #6
ADAPTABLE AND INNOVATIVE

• Develop systems for testing and evaluating training and equipment, and disseminating information throughout the profession.

• Establish systems for regular exchange of practices between civilian and military EMS.

• Develop core services, but also allow for rapid creation of specialized services that may be deployed based on need and incident.

• Better leverage technologies to improve access to resources that EMS providers might need during special situations encountered in the field.

• Change the focus of paramedic education to include more on how research, and the evidence base, change the standards of care rather than teaching the current standards as if they are the only method of treatment.

• Create more agile and flexible education systems for EMS initial certification and continuing education to allow education and training to match the needs of patients in the field.

• Educate providers to consider what outcomes are important to patients and their families, rather than assuming they know what patients want based on their own training or preferences.
Guiding Principle #6
ADAPTABLE AND INNOVATIVE

• Increase federal and state support for innovative pilot projects that have the potential to improve outcomes or reduce costs, and use rigorous measurement and evaluation protocols.

• Increase funding for EMS research tied to outcomes beyond mortality, extending to others such as morbidity, the patient experience, healthcare utilization, and cost of care.

• Rethink the Exception from Informed Consent (EFIC) regulations and the “community consultation” concept to facilitate more field research and trials in EMS.

• Develop an easier pathway for rapid FDA approval for therapies and devices that can improve outcomes.

• Identify barriers to performing randomized controlled trials and make recommendations for best practices for the conduct of such trials. Resources also should be available to investigators and institutions capable of performing such trials in order to speed the delivery of high quality clinical data to drive EMS practices.

• Encourage more QI-based research in order to accelerate the pace of research, and change through a plan-do-study-act cycle.
APPENDIX A: NOTE ON THE ORIGINAL AGENDA ATTRIBUTES

Two decades ago, the *EMS Agenda for the Future* described 14 attributes essential to an effective EMS system. The attributes were:

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<td>1. Integration of Health Services</td>
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<td>2. EMS Research</td>
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<td>5. Human Resources</td>
<td>12. Clinical Care</td>
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<td>6. Medical Direction</td>
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The public conversation leading up to the development of the EMS Agenda 2050 Straw Man included a discussion about the 14 attributes—are any no longer relevant? Was anything not included that is necessary today?

Each of these 14 points is still important, but members of the EMS profession have suggested several others that could be included today, such as:

- Preparedness and Surge Capacity
- Patient and Practitioner Safety
- Systems of Care
- Public Health and Planning
- Stakeholder Engagement and Customer Experience
Organizing the original *EMS Agenda for the Future* around the attributes paved the way for important developments in each of those areas. At the time, EMS systems were emerging from a period of rapid growth and improvement over the previous two decades. Characteristics of systems that are taken for granted today—a national data standard, local 911 access to emergency dispatchers, a national scope of practice for EMS practitioners—had not been achieved. Clearly, not every goal has been reached, but great progress has certainly been made toward ensuring those 14 attributes are integrated into every EMS system.

EMS Agenda 2050 will consider each of these attributes, and more, but the Straw Man proposes an approach that looks at them not as separate components; rather, they are interwoven together. For example, information systems and communication systems are increasingly becoming one and the same, as digital technologies allow for rapid and easy sharing of health information. The growth of mobile integrated healthcare programs, community paramedicine, and other innovations has blurred the lines between clinical care, prevention, and public education. EMS education and training systems are the backbone to just about everything we do. So while each of these attributes will not individually be addressed as its own section, none of them are any less critical to providing person-centered care than it was when visionary leaders came together to write the original *EMS Agenda for the Future* more than 20 years ago.
APPENDIX B: THE PROCESS

STRAW MAN DEVELOPMENT

This EMS Agenda 2050 Straw Man was developed based on the input received from the EMS community and public, through a formal request for information, informal conversations, the EMS Agenda 2050 website, conference sessions and other opportunities for feedback.

20TH Anniversary of the 1996 EMS Agenda for the Future
2016

RFI for the New Agenda for the Future
Released to Gather Community Feedback
Spring 2016

Technical Expert Panel Convened
March 2017
CREATING A VISION

The release of the Straw Man kicks off several more opportunities for the EMS community, our partners in healthcare and public safety, as well as members of the general public to provide input on the Straw Man. Those opportunities will include conference sessions, a webinar, and four public meetings.

**Public Meetings**

**Silver Spring, MD**
September 25, 2017

**Minneapolis, MN**
November 7, 2017

**Los Angeles, CA**
January 17, 2018

**Dallas, TX**
March 1, 2018

Find more information about the meetings and sign up to attend at [EMSAgenda2050.org](http://EMSAgenda2050.org).

You can also provide feedback on the Straw Man online by visiting [EMSAgenda2050.org/share-comments](http://EMSAgenda2050.org/share-comments).
In the spring of 2018, a draft of EMS Agenda 2050 will be released for comment. After reviewing the feedback on the draft, the Technical Expert Panel will finalize EMS Agenda 2050.
Following the release of EMS Agenda 2050, a National Implementation Forum will be held in September 2018 to discuss how to turn the vision for the future of EMS into a reality.
APPENDIX C: WHO’S INVOLVED

TECHNICAL EXPERT PANEL

The Technical Expert Panel (TEP) is tasked with listening to community input and gathering evidence in order to craft a vision for the future of EMS. Its members bring diverse competencies and backgrounds in public safety and healthcare; experience at local, state and national levels; a history of innovative thinking and a passion for making a difference in the lives of patients and providers. Facilitating the work of this group is Mike Taigman, Improvement Guide for FirstWatch, performance improvement facilitator, and former paramedic.

Meet the EMS Agenda 2050 TEP*:

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*The TEP would also like to acknowledge the contribution of Grace Mandel, MPH, EMT, who served as a member of the panel during the initial phase of EMS Agenda 2050 but resigned after accepting a new position within the Federal government, which made her ineligible to continue serving as a member of the panel.
APPENDIX C: WHO’S INVOLVED

FEDERAL AGENCY SPONSORS

EMS Agenda 2050 is supported by the:

- National Highway Traffic Safety Administration Office of EMS
- Health Resources and Services Administration EMS for Children Program
- Dept. of Health and Human Services Office of the Assistant Secretary for Preparedness and Response
- Dept. of Homeland Security Office of Health Affairs

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