

December 16, 2014

Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Suite 729-D
Washington, D.C. 20201

Dear Dr. DeSalvo,

For the past seventeen years, I have had the privilege of being involved in the world of Emergency Medical Services. And in that time, I have witnessed many changes, some good, some bad – and even some which left me thinking “what in the world?”.

However, in those seventeen years, one thing has always remained the same. EMS has been the black sheep of the healthcare family, which no one seems to want to claim or acknowledge. It’s time for that to change.

With as critical as EMS is in the healthcare realm, it is absolutely crucial that the system be afforded the same access to key patient information in times of emergency, as every other medical provider. Even more so now that EMS has begun to take on the role of Community Paramedicine, in essence, bringing back the house calls of the “old days”.

More times than not, EMS providers are on the frontlines and often the first “medical provider” to lay a finger on a patient, yet we receive no recognition and no incentive for the quality of care being provided, or performance measures being met.

If we can incentivize hospitals, primary care physicians, laboratories and pharmacies to get them “onboard” with the collaborative sharing of patient care information by means of “Meaningful Use”, then why is that same incentive not on the agenda for EMS?

If we truly want an integrated healthcare system that works, then we must take the steps to ensure that the system is inclusive to all medical providers, which are equally represented and afforded the same access to information and incentives. The time for changes is now, and I urge you to be the voice of EMS.

Sincerely,



Trent Funt, EMT
President and Chief Executive Officer