Program #40199O - ARP - Health Data Exchange	7/6/2021

Department:	Health Department	**Program Contact:**	Aaron Monnig
Program Offer Type:	Innovative/New Program	**Program Offer Stage:**	As Adopted
Related Programs:	40005 Emergency Medical Services		
Program Characteristics:	One-Time-Only Request		

Executive Summary

Prehospital emergency medical services (EMS) are critical to patient outcomes and the overall health care continuum. However, at this time EMS data are not efficiently exchanged with hospitals or State registries that monitor time critical, life threatening events (such as cardiac arrest survival). This proposal would allow for the purchase of software that will enable a secure, regional health data exchange.

Program Summary

From the moment a paramedic arrives on scene, to the time a patient is discharged from a hospital, health data information exchange among EMS and hospitals is key to rapid and accurate diagnosis, provision of appropriate intervention(s), and stabilization of critical illness. Unfortunately, information sharing between emergency medical services (EMS), and receiving hospitals remains poor. Pre-hospital/EMS, hospital, and state clinical registries currently operate on separate systems with information exchanged verbally, via fax, and/or through manual data entry. Only later is an EMS record is faxed to the hospital. Once received, EMS records are not integrated with hospital electronic health record systems. Moreover, key information necessary for State registries, which inform our understanding of clinical and public health trends often requires manual chart review, data retrieval, and data entry.

This program offer funds the development of a data exchange that will allow EMS records to flow directly into the hospital electronic medical record (EHR) for improved diagnosis, interventions, and patient care and outcomes. EMS data will also flow directly into state registries used by hospitals and EMS to monitor cardiac arrest survival, stroke outcomes, and care for traumatic injuries. Likewise, it will allow hospital outcome information to be directly available to EMS for clinical quality assurance; this will help EMS refine pre-hospital clinical protocols, target training, and improve patient care for time dependent, life threatening and serious medical illnesses.

This project will also improve our understanding of clinical and public health trends, racial inequities, and help ensure the delivery of appropriate and equitable health care. Integrated data also allows us to forecast costs which drive health care forward and ensure providers are always prepared for what might lie ahead.

Performance Measures

Measure Type	Primary Measure	FY20 Actual	FY21 Budgeted	FY21 Estimate	FY22 Offer
Output	Make Health Data Exchange available to emergency ambulance provider	0	0	0	1
Outcome	Make Health Data Exchange available to hospital systems (includes the 16 Hospitals in the region)	0	0	0	4

Performance Measures Descriptions

Data and Data Systems belong to the Hospitals and EMS agencies. Multnomah County EMS has a role which includes Quality Assurance, and Quality Improvements of the EMS System, Agencies, and Providers.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	**2021**	**2021**	**2022**	**2022**
Contractual Services	$0	$0	$0	$400,000
Total GF/non-GF	**$0**	**$0**	**$0**	**$400,000**
Program Total:	**$0**		**$400,000**	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	$0	$0	$0	$400,000
Total Revenue	**$0**	**$0**	**$0**	**$400,000**

Explanation of Revenues

$ 400,000- ARPA Federal Multco- EMS and Hospital System Health Data Exchange

Significant Program Changes

Last Year this program was:

This program offers addresses the Crisis Response & Community Recovery priority. The Health Data Exchange will allow for the efficient exchange of health data among emergency medical services and hospitals or State registries that monitor time critical, life threatening events (such as cardiac arrest survival). This proposal would allow for the purchase of software that will enable a secure, regional health data exchange.