



Rural Emergency Medical Communications Demonstration Project

April 18, 2016

Fiscal Year 2016 Report to Congress



Homeland
Security

National Protection & Programs Directorate

Message from the Under Secretary

April 18, 2016

I am pleased to submit the following report, "Rural Emergency Medical Communications Demonstration Project," prepared by the National Protection and Programs Directorate.

This document has been compiled pursuant to language in the Joint Explanatory Statement accompanying the *Fiscal Year 2016 Department of Homeland Security (DHS) Appropriations Act* (P.L. 114-113). It fulfills the Department's reporting requirements for a plan to establish a demonstration project to aid in the development and implementation of the National Emergency Communications Plan. The demonstration project shall leverage existing technologies and engage nonmedical professionals to help establish or sustain statewide medical communications systems and to utilize existing infrastructures to improve the delivery of rural medical care.



Pursuant to congressional requirements, this report is being provided to the following Members of Congress:

The Honorable John R. Carter
Chairman, House Appropriations Subcommittee on Homeland Security

The Honorable Lucille Roybal-Allard
Ranking Member, House Appropriations Subcommittee on Homeland Security

The Honorable John Hoeven
Chairman, Senate Appropriations Subcommittee on Homeland Security

The Honorable Jeanne Shaheen
Ranking Member, Senate Appropriations Subcommittee on Homeland Security

Inquiries relating to this report may be directed to me at (202) 282-8260 or to the Department's Deputy Under Secretary for Management and Chief Financial Officer, Chip Fulghum, at (202) 447-5751.

Sincerely,

A handwritten signature in blue ink that reads "Suzanne E. Spaulding". The signature is written in a cursive style.

Suzanne Spaulding
Under Secretary
National Protection and Programs Directorate

Executive Summary

The DHS Office of Emergency Communications (OEC) is planning a Rural Emergency Medical Communications Demonstration Project in accordance with language in the Joint Explanatory Statement accompanying P.L. 114-113. This document fulfills the Department's reporting requirements for a plan for the demonstration project. In fulfilling this requirement, OEC coordinated with other DHS Components to ensure that the report meets the Appropriations Committees' requirements.



Rural Emergency Medical Communications Demonstration Project

Table of Contents

I. Legislative Requirement	1
II. Background	2
III. Program Overview	4
IV. DHS Action Plan.....	7

I. Legislative Requirement

This report responds to the requirements set forth in the Joint Explanatory Statement accompanying the *Fiscal Year 2016 Department of Homeland Security (DHS) Appropriations Act* (P.L. 114-113), enacted December 18, 2015, which states:

Of the total provided, \$34,205,000 is for the Office of Emergency Communications (OEC), of which \$2,000,000 is to establish a demonstration project to aid in developing the National Emergency Communications Plan. The demonstration project shall leverage existing technologies and engage non-medical professionals to help establish or sustain statewide medical communications systems and utilize existing infrastructures to improve the delivery of rural medical care. OEC shall submit a plan for establishing this demonstration project to the Committees within 90 days of the date of enactment of this Act.

II. Background

The DHS Office of Emergency Communications (OEC) supports and promotes communications capabilities used by emergency responders and government officials across the country. In its efforts to advance interoperability, OEC develops the *National Emergency Communications Plan* (NECP), which is the Nation's strategic plan that establishes goals, objectives, and actions to enhance and improve interoperable and operable emergency communications. In developing the NECP, OEC assesses the Nation's emergency communications capabilities and identifies gaps and opportunities for improved operability and interoperability. The 2014 NECP recognizes the specific challenges of limited interoperable communications in rural areas that affect efficient medical care delivery. These emergency response efforts for medical services are also known as rural medical communications.

Rural regions often lack the resources to provide adequate medical services because of smaller population size and financial challenges in deploying communications systems in those areas. Medical services are commonly concentrated in highly populated urban areas throughout the state; therefore, rural communities may not have the same interoperable technological infrastructures as urban areas. Many medical providers rely on emergency responders to assist with emergency medical response in rural areas. These coordinated rural response efforts require interoperable emergency communications to deliver emergency medical services efficiently.

The intersection between medical services and emergency communications is key to providing timely response and medical care to underserved rural areas. Many facets of rural medical communications include emergency responders, medical professionals, health facilities and institutions, hospitals, medical patients, and nonmedical entities such as technology vendors. The convergence of medical and emergency communications systems is relatively new and poses challenges to interoperability. Moreover, gaps in rural medical services reinforce the need for coordination and training of nonmedical personnel. For example, the transfer of patient information between nonmedical emergency responders and medical personnel requires complex health information technology systems that may be unfamiliar to nonmedical emergency responders.

OEC will establish the Rural Emergency Medical Communications Demonstration Project to examine barriers and develop solutions to enhance existing infrastructure to improve the delivery of rural medical care. To do so, the demonstration project will leverage communications infrastructure, improve operational effectiveness, and provide communications training and education to enable improved rural medical services. Stakeholders will improve medical communication systems and existing infrastructures; and, as a result, improve interoperability and rural communities' ability to access medical

services. The demonstration project also enables OEC to address the rural medical communications challenges, develop and share best practices, and inform OEC's NECP planning and implementation efforts.

III. Program Overview

OEC developed this report to outline proposed plans for the demonstration project. This includes associated activities with establishing and administering a grant.

Coordination

OEC will coordinate and engage stakeholders across all levels of government and medical practitioners to ensure an impactful demonstration project. Specifically, OEC will work with the DHS Office of Procurement Operations' Grants and Financial Assistance Division (GFAD) to provide financial management of the demonstration project. OEC has a strong working relationship with GFAD, following the joint administration of the Border Interoperability Demonstration Project, a \$30 million program funding innovative solutions for interoperable border communications. In addition, OEC will coordinate with external federal partners such as the Department of Health and Human Services as well as the Healthcare and Public Health Sector Coordinating Council, to better understand emergency medical communications needs. OEC also will continue its work with the Wireless Public Safety Interoperable Communications Program (SAFECOM) members and the National Council of Statewide Interoperable Coordinators to develop its plan for the demonstration project.

Program Objectives

OEC recognizes the value that demonstration projects have in assisting other communities to address similar needs and challenges. The focus on rural, medical emergency communications¹ provides a unique opportunity to share demonstration project successes and challenges with other communities. OEC will work with the recipient to assess outcomes against program objectives. The demonstration project should aim to:

- Identify solutions to ensure that emergency responders can communicate with medical practitioners in rural, underserved communications, as needed and when authorized;
- Develop concepts for inclusion of rural medical care and emergency communications support as a component of the NECP; and

¹ OEC will leverage components of the Federal Communications Commission's definition for health care telecommunications services which is, "any advanced telecommunications or information service that enables Health Care Providers to post their own data, generate new data, or communicate, by providing connectivity over private dedicated networks or the public Internet for the provision of health information technology."

- Demonstrate the importance of emergency responders interoperating with medical practitioners, joint communications training and exercises, and greater coordination among the whole community.

During this demonstration project, OEC and the recipient will identify, document, and share lessons learned and best practices with other stakeholders. OEC will develop an outreach plan for transferring this knowledge to communities addressing rural, medical emergency communications.

Estimated Funding

Congress expressed its view in the Joint Explanatory Statement that OEC should use \$2 million of its appropriated funding to establish a demonstration project to help establish or sustain statewide medical communications systems to improve the delivery of rural medical care. OEC will allocate 95 percent of the available funds for the recipient. These funds will be provided directly to the recipient. OEC will retain five percent of the funds for the management and administration of the demonstration project. Management and administration will include programmatic and financial oversight, as well as grantee-requested technical assistance. OEC will provide technical assistance to enable emergency response providers to address threats and contingencies in a variety of environments.

Award Information

OEC anticipates developing and publishing project guidance, reviewing proposals, and awarding the demonstration project by September 30, 2016. During the planning phase, OEC will establish program goals and objectives to measure the success of the demonstration project. To ensure that the recipient is best poised for success, these objectives will be used to develop eligibility criteria and allowable costs as outlined in the Notice of Funding Opportunity (NOFO). The demonstration project will focus on rural medical access and existing statewide medical communications systems in accordance with the authorizing statute. Criteria also will consider indicators such as mortality rates and cardiovascular disease in rural jurisdictions to assess the highest level of need and help narrow the focus of the project to ensure the best eligible grantee is selected to advance rural medical care and leverage best practices. Because of this targeted focus and limited funding for the demonstration project, the grant has been set aside as noncompetitive funding. This will ensure that the best eligible grantee is selected.

Risks

OEC will incorporate risk management strategies as part of its plan to establish the demonstration project. Risks can arise in both the program administration and financial

management of the demonstration project. Table 1 identifies project assumptions, potential risks, associated impacts, and OEC plans to mitigate and resolve risks that may occur while administering the demonstration project.

Table 1. Project Assumptions, Risks, Impacts, and Responses

Assumption	Risk	Impact to Rural Area	OEC Risk Response
Medical and nonmedical partners located in rural areas will participate in the project	Lack of partners in the rural areas	Failure to establish interoperability capabilities across rural medical communities	<ul style="list-style-type: none"> • Coordinate with appropriate DHS components and federal partners to organize official meetings with state/local rural entities to generate awareness and garner participation • Leverage existing relationships with state/local rural partners
Rural medical partners already have existing systems for emergency response incidences and medical services delivery	Medical communications systems lack interoperability in emergency response efforts	Emergency response to callers and hospital will not be handled in a timely matter	<ul style="list-style-type: none"> • Incorporate the technological requirements for rural medical participation into project guidance; encourage involvement through contacts • Conduct research to identify gaps and communications needs
All interoperability requirements will be met for every project	Technological upgrades may be needed to ensure interoperability based on equipment compliance	Rural medical partners' inability to meet user requirements and inefficiency in delivering medical care	<ul style="list-style-type: none"> • Identify alternative mechanisms to support federal requirements, including promotion of <i>SAFECOM Guidance on Emergency Communications Grants</i> • Provide technical assistance depending on recipient's needs
Federal grant funding is enough to establish the demonstration project	Insufficient resources and funding to fully meet the goals of the project	Existing system will not be operable because project is incomplete, leaving some emergency response efforts stranded	<ul style="list-style-type: none"> • Set minimum funding levels • Identify alternative funding sources to ensure sustainability of the project • Require recipient to submit quarterly reports to identify challenges early on in the project implementation process

IV. DHS Action Plan

OEC's next steps are to continue coordination and refine proposals for project guidance and application materials, community selection, program administration, and technical assistance offerings. The following table outlines OEC's timeline for planning and meeting major milestones to standing up the demonstration program.

Table 2. Program Timeline

Estimated Date	Activity
Ongoing	Coordination with GFAD
1 week following submission of report to Congress	Development of NOFO
No later than 60 days before September 30	Release of NOFO
30–45 days following release of NOFO	Application period
1–3 weeks after application due date	Application review
No later than September 30	Grant award