EMSTS Data Sharing Policy

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Approval: Terence Mullins, EMSTS Section Supervisor

Policy Statement

This policy outlines the process for data requests specific to:

- Montana EMS Registry
- Montana Trauma Registry
- Montana Violent Death Reporting System (MT-VDRS) Data
- State Unintentional Drug Overdose Reporting System (SUDORS) Data

Reason for the Policy

The Department's EMS, Trauma System, and Injury Prevention Section (EMSTS) has responsibility to steward the Montana EMS and Trauma registries and VDRS/SUDORS data. EMSTS receives data requests related to these datasets on a regular basis. This document establishes standards for the evaluation of these data requests.

Pertinent Statutes and Rules

- ARM 37.104.212 requires ambulance services to submit National Emergency Medical Services Information System (NEMSIS) compliant data for every EMS incident to DPHHS.
- ARM 37.104.3014 requires all healthcare facilities, as defined by MCA 50-6-401, to submit trauma registry data.
- Section 50-6-415, MCA, states that trauma registry data is not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding. It also states that statistical reports developed by the Department that do not identify specific health care facilities, health care providers, or patients are not confidential and are considered public information.
- Section 46-4-123 MCA, states the coroner shall make a full report of the facts discovered in all human deaths requiring inquiry under provisions of 46-4-122 in the Montana coroner death management system or provide the report in a reasonable amount of time. If the death is ruled suicide, the toxicology testing results must also be made available.
- The Government Health Care Information Act (GHCIA), Mont. Code Ann. §§ 50-16-601, et seq. provides strong protections for the confidentiality of health care information maintained by the Department. The Act allows release "for statistical purposes, if no identification of individuals can be made from the information released."

De-identification Requirement

Montana EMS & Trauma registry data are considered "health care information" under the GHCIA, and therefore, data release is prohibited unless the release meets one of the exceptions listed in Section 50-16-603, MCA. The GHCIA makes an exception allowing data to be released for statistical purposes "if no identification of individuals can be made from the information released."

De-identification Standard

The Department has designated itself a hybrid entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this Hybrid Designation Statement, EMSTS is a covered entity for purposes of HIPAA. As a covered entity, EMSTS adheres to the HIPAA De-identification standard which outlines two methods to de-identify data (Expert Determination or Safe Harbor).

Please see Appendix A for details on EMSTS dataset de-identification.

Types of data requests and EMSTS response

All data requests must be made through the EMSTS Data Request Form.

Medical Record or Report Requests: Requests for a specific medical record or report will be referred to the agency or facility that provided the patient's care, because the EMSTS data registries contain only partial information from the original medical record or report. Requests for specific death certificates will be directed to Office of Vital Statistics.

Aggregate Data Requests: Requests for summary statistic(s) (ie- count, rate) on a topic of interest over a specified time period will be filled on a first-come, first-served basis, with data suppression according to Department policy:
- Non-zero numbers less than 5 will be suppressed
- Rates will not be calculated if N<20

Row-level Data Requests: Row level data refers to individual, specific pieces of information in a dataset, much like individual rows in a spreadsheet. Each row typically represents a single person, or event. (By Contrast, aggregate data is a summary of many rows that provides a big picture perspective). De-identified row level data may be available upon request for public health or research purposes. Requestors seeking row-level data should submit a Project Proposal that includes:
- Project summary including objectives/goals and research questions
- Background including rationale for project, public health impact, and relevance to EMSTS programs
- List of requested data elements
  - For list of EMS data elements, visit NEMSIS v3.4 / NEMSIS 3.5
  - For list of trauma data elements, visit NTDS
  - Overview of SUDORS data elements
  - For list of VDRS data elements, visit WISQARS-NVDRS
  - *Please note that some requested variables may not be available*
  - *See Appendix A for identifiers that cannot be released*
- Study design & analysis plan including outcomes, sample size calculation, statistical methods, linkage
- Data storage, protection, and destruction strategies
- Dissemination plan
- Project timeline

Upon receiving the proposal, EMSTS staff will conduct a Scientific Merit Review. The review process is intended to ensure that:
- The dataset meets project needs while also passing re-identification risk assessment
- Adequate procedures for data use, storage, and destruction are in place
- EMSTS staff use a standardized method for deciding whether to approve, deny, or refine proposals
- EMSTS staff time is prioritized for projects having maximum public health impact

Following the Scientific Merit Review, a Data use agreement (DUA) will be put in place in collaboration with DPHHS legal counsel.
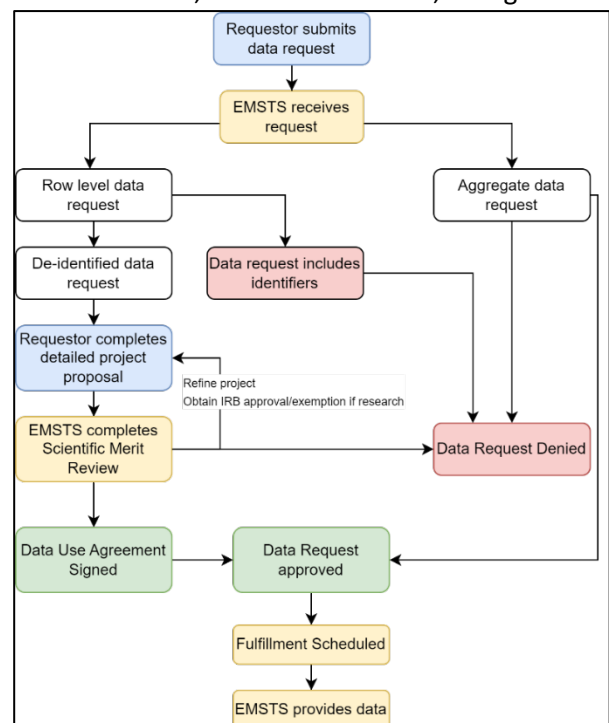

Figure 1. EMSTS Data Request Process

APPENDIX A. EMSTS Dataset De-identification

Data Element Type	Notes
Names	Not available for release *Applies to patient/decedent, relative, and provider names*
County	Can be released with expert determination* *Applies to patient residence, incident/injury/death location, destination/facility location*
Zip-code	Full zip-code is not available, but initial three-digits of zip code can be released (599, 598, 597, 596, 595, 594, 593, 592, 591, 590)
Street address, city	Not available for release *Applies to patient residence, incident/injury/death location, destination/facility location*
Patient Birth Date	DOB is not available for release, but patient age in years can be released with age 90 and older aggregated into a single category
Service Dates	Dates are not available, except for year. Quarter or month can be released with expert determination* *Applies to any date that is directly related to an individual including admission date, discharge date, date of injury, date of death, EMS incident date, all dates associated with EMS response*
Service Times	Service times can be released as time intervals of interest (ie- EMS Response Time elapsed)
Clinical, law enforcement, coroner/medical examiner narratives and free text fields	Not available for release, but can release key-word search results as dummy variables with expert determination* *Examples: Opioid term mentioned in EMS narrative Yes=1/No=0; VDRS decedent had history of non-suicidal self-harm Yes=1/No=0*
Hospital Names	Not available for release, but Trauma region (Western, Eastern, Central) and designation level can be released
EMS Agency Names	Not available for release, but paid/volunteer status and agency type (ground transporting, non-transporting, air medical) can be released
Telephone/fax number, e-mail address	Not available for release
Social security number	Not available for release
Report numbers	Not available for release *Applies to EMS trip report numbers, medical record numbers, law enforcement or coroner/medical examiner report numbers*
Vehicle identifiers	Not available for release
Device identifiers and serial numbers	Not available for release
Biometric identifiers or full face photos	Not available for release
URLs/IP addresses	Not available for release

* As long as Expert Determination concludes that there is a very small risk that the information could be used by the requestor to identify the individual who is the subject of the information, alone or in combination with other reasonably available information.