

# To Achieve Technology Innovation in EMS, the Vendor-Agency Dynamic Must Change

Jonathon S. Feit, MBA, MA

Bruce Graham, BS, NREMT-P

***“Prehospital care technology should be a tool of efficiency but it’s become a source of fear.”***

It might seem strange for two executives from a prehospital care IT company to make such a statement. We would think so, too, were it not for a California fire captain who lamented about “software vendors who take advantage of [his] lack of knowledge.” Or a North Carolina EMS director who described her crews’ experience as “we got blamed anytime anything technical went awry.” Agency leaders have grown accustomed to their concerns *not* being quickly addressed—and sometimes not even acknowledged as “real.”

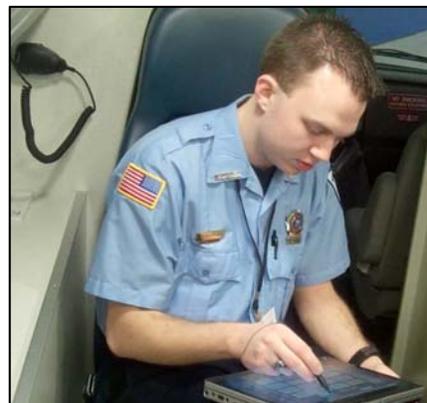
When agencies reach the point of feeling that their data collection and analysis procedures work better on paper than they are in digital form, it is little wonder that so many industry leaders have B.S. meters that are calibrated through the roof. They’ve been sold bills of goods so many times in the past that they no longer know what to believe. Still, at least they are discussing technology, so that’s a step up from teams that have sworn to resist digital documentation until regional regulators compel their adoption under threat of decertification. How did something as conceptually simple and potential helpful as the prehospital electronic patient care report (ePCR) become stale, commoditized, and so distrusted?

When Jonathon publicly declared the following on-stage at the 2014 International Roundtable on Community Paramedicine—“To realize the power of Fire and EMS technology to improve care through efficiency, the agency-vendor dynamic must change”—he got a rise out of people on both sides of the aisle. The conference attendees said they had never before heard a vendor make such an “agency-empowering” statement. It was new to them...and welcomed.

**Too many Fire- and EMS-facing information technology companies have forgotten whom they serve.** Isn’t it time to demand change? Why are companies allowed to mire their agencies in product cycles that are too long to be useful, or to hold patient data hostage to increase their bottom lines by refusing to integrate with other software vendors’ product suites or even to incorporate clients’ ideas—despite the fact that doing so would certainly boost the program’s value to its users? Certain companies have even mastered the art of the “back-room deal,” despite the widely known fact that monopolies erode innovation.

But there’s cause for optimism. Here’s the thing:

Every agency harbors within its leadership the power to halt this pattern. As a health-and-safety IT firm serving one of America’s most honorable



**First Do No Harm, then Do Less Paperwork:** Prehospital technology can improve documentation time, clinical quality and interoperability for Fire and Emergency Medical Service agencies. But for IT firms to fulfill their part of the bargain—i.e., developing software that is easy to learn, deploy and use—they must understand their users’ needs and be able to explain their innovations in terms of measurable values.

yet under-sung professions, it may seem against our interests to call out practices that maximize profits by scaring clients. We are doing so here for just one reason: **We believe that when EMS & Fire agencies take control of their needs, vendors get better. Innovation will flourish—because it *must*.**

A partner of ours (a leading electronic health records and billing company), has a mission as its slogan: “*There is a better way.*” We think you should know that better *is* in your agency’s reach. Unfortunately, many Fire and EMS agencies have been seduced by sexy technology tools whose range of capabilities and constraints they do not yet fully understand or cannot leverage. In some corners of our industry, opinions have supplanted facts as the main information source. Confusion about the unknown, coupled with fear of getting it wrong—with implications for career, crews, and safety—can scuttle even the most progressive leaders. Therefore, “*I’ll go with what they’re using over there*” will remain a common theme for as long as innovation is the exception, not the rule. There’s a software industry saying that goes: “No one ever got fired for hiring IBM.”

Here are six tips to ensure that the partnership—and it *is* best seen as a partnership—between your agency and your technology vendor is conducive to mutual reliance and success:

1. Beware of “free,” since “that which is cheap may end up being more expensive.” Quality, support, training, compliance, and continued innovation require money, time, and talent.
2. Do your homework on the pros and cons of each technology you are considering, and be sure each technology developer you consider has done its homework on you, too. There are critical distinctions between using a given technology tool at base versus in the field’s uncontrolled environment. The National Association of State EMS Officials recently published a guide to help agencies make educated decisions when choosing an ePCR.

>>> **Below is a link to NASEMSO’s “Deciding on ePCR Software: A Guide for EMS Agencies”:**

<http://bit.ly/NASEMSO-ePCR-guide>

3. Know what you need to do your job better, faster, cheaper, and with better quality—and what is fluff. What are your comprehensive costs, technical must-haves and regulatory limits? What features offer “real” measurable value...and which are merely shiny tinsel?
4. Don’t assume that bigger brands or more (or less) expensive systems are “better.” Small firms innovate to make up for a lack of name recognition. They’re more agile, support less overhead, and hunger for wins. But most companies start out small, so those that grew larger clearly did something right along the way. Do you *trust* that the company you are evaluating still has that *special something*?
5. Demand proof—at least a prototype—of new features and functions being advertised. Ask hard questions then vet the answers critically. It’s easy for vendors say “Yes” without proof, but with technology the details can be critical.
6. You should never have to become an IT professional to work with modern ePCR software. Ask every question that comes to mind, but it’s also important to respect one another’s areas of expertise—whether you’re discussing technology, administration, or training—to facilitate a long-term partnership.

Our declarations here should not be taken as a suggestion that companies should avoid turning a profit—they should, indeed they *must*, because only healthy firms can afford to advance innovation and support. But there is a dangerous downside to our industry’s “race to the bottom,” as some firms artificially lower prices so they can be thought of a “free” option (even though everyone knows they ultimately are not). Make sure you ask yourself the following question: **if you intend to procure technology XYZ, can you explain its value—in measurable terms—to your colleagues, bosses, and citizens?** If not, your decision process is not yet complete.

Cool toys are entertaining but it is vital to calculate the “hard costs” and “hard revenues” that they will impact both now *and* down the road. Immediate business process ROI is rare; most investments take time to prove their worth. The humble ePCR could become a core tool of the EMS Agency of the Future, but only if it is purposefully designed.

**Jonathon S. Feit, MBA, MA**, is Co-Founder & Chief Executive Officer at Beyond Lucid Technologies. He has served in a strategic IT role for the Executive Office of the President of the United States (OMB), is a member of the National Press Club, and has been featured in *Inc.* and *Harvard Business Review*.

**Bruce Graham, BS, NREMT-P**, is Partner-Client Development Manager at Beyond Lucid Technologies, with over two dozen years of EMS leadership experience, most recently as EMS Director for the city of Hudson, Ohio. He is currently serving as Vice President of the Ohio EMS Chiefs Association.