

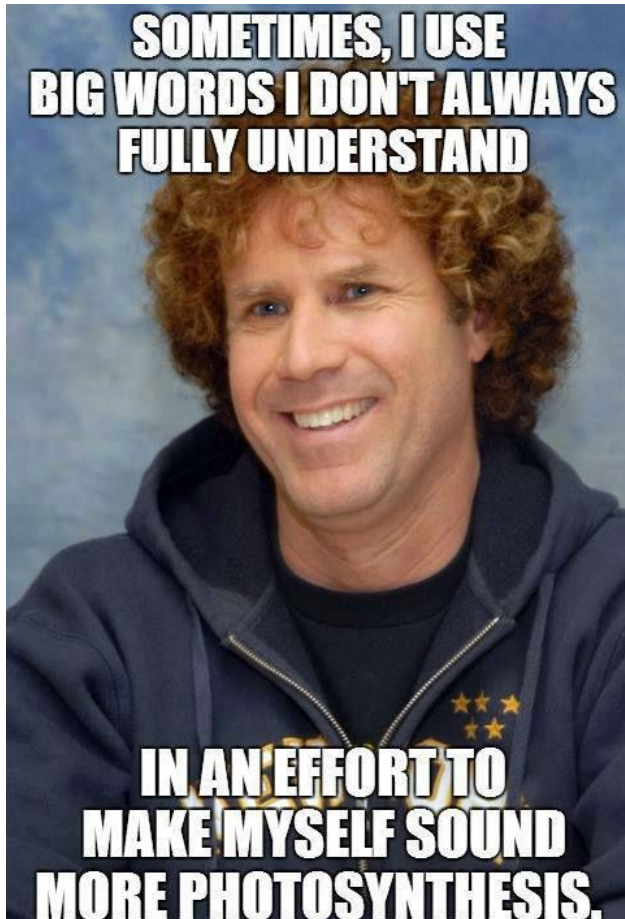
History, Politics and Other Matters



Andy Gienapp
Wyoming State EMS Director



me



- + Andy
 - Current Wyoming State EMS Director
 - EMS Field Supervisor – Chattanooga, TN
 - 25 years with the Army (all components)
 - Wyoming in 2010
 - NASEMSO Involvement:
 - Western Region Representative
 - Vice-chair, Rural EMS Committee
 - Appointee to CAPCE

(I had no idea of what I was getting into.)

I couldn't have picked a worse time.

- + Transition to National EMS Education Standards
- + Wyoming was in dire need of change
- + Elections held in the fall of 2010
- + No Trauma Program Manager (and the program had been neglected)
- + One of the last untapped air medical markets
- + New statewide ePCR and Trauma Registry was rolling out
- + EMS in a rural state

Session Objectives

1. Set the stage for your elevator conversation.
2. Give you a few lessons learned from my experiences.
3. Raise more questions than answers.

Your new world...

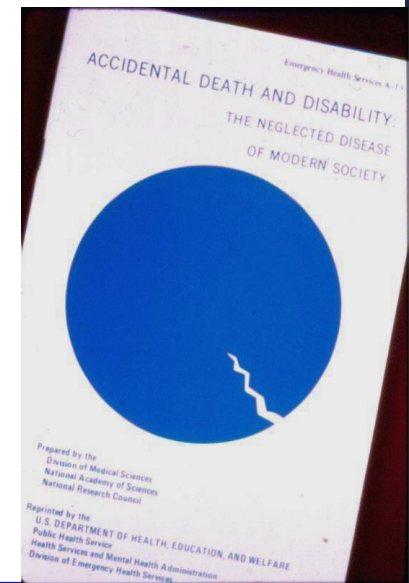
- + Licensing vs. certification
- + Compliance
- + Cross-border issues
- + Systems of care
- + EMS/trauma as public health or public safety
- + Compliance
- + EMS' role in disasters or public health emergencies
- + Budgets (state and Federal)
- + Data
- + Performance measures
- + Reimbursement
- + Education
- + Scope of practice
- + Community Paramedicine

Issues about which you will most certainly get asked:

1. How is it that _____ happened in EMS? (cross border issues, NREMT, air medical...whatever.)
2. When can we be Critical Care or other specialties?
3. When are we getting Community Paramedics?
4. What about the licensure compact?
5. What is going on in rural EMS?

A short historical review....

- + *Accidental Death and Disability: The Neglected Disease of Modern Society*
 - + Landmark NAS/NRC 1966 report on highway fatalities– the modern epidemic
 - + Recommendations to develop and improve US system of emergency care including:
 - + Trauma Care
 - + Emergency Medicine
 - + Prehospital EMS
 - + 911 access to care



The Feds react.

- + **1966 - Highway Safety Act**
- + **Utilized recommendations in the report**
- + **Authority and funding for DOT to improve EMS**
- + **Developed national standard curricula, standards, and model legislation**
- + **Emphasis on regional EMS programs with \$142 million funded between 1968 and 1979**

The Feds react...with another report.

- + **1972 - *Roles and Resources of Federal Agencies in Support of Comprehensive Emergency Medical Services***
- + **Concerned that federal efforts had not kept pace with efforts to upgrade EMS**
- + **Urged integration of all federal EMS efforts into the Department of Health, Education and Welfare (DHEW)**
- + **Primary focal point for local EMS should be at the state level**
- + **Coordinate all efforts through regional programs**

More reaction.

- + 1973 – EMS Systems Act
- + Established Division of EMS at Department of Health, Education and Welfare (DHEW) [became Health and Human Services]
- + Provided grants for EMS systems, research, and training
- + Regional focus
- + 15 essential components
- + Each state designated a lead EMS agency
- + In 1980, that funding was gone
- + States and locals left on their own
...except nobody knew how to do it.

“We don’t know any songs!!!”



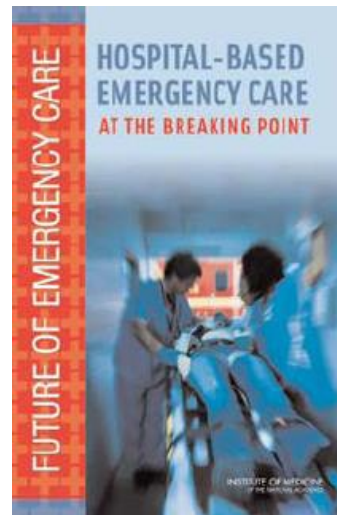
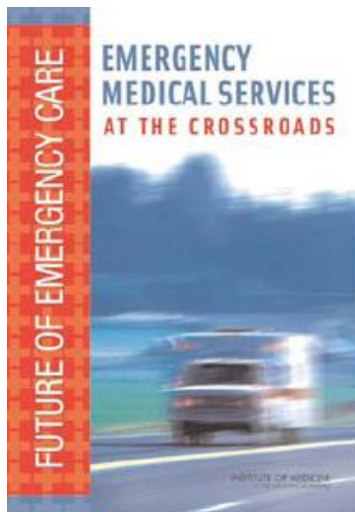
Short story:

The point is EMS grew up local and organic...and we've struggled ever since.



Institute of Medicine 2006

The Future of Emergency Care in the United States



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Emergency and Trauma Care: The Vision

Coordinated, regionalized, and accountable systems that provide evidence based care.



State Recommendations

- + States should regulate air medical providers including medical communications, dispatch, and transport protocols
- + Regionalize emergency care to get the *right patients* to the *right hospitals* and maintain specialist coverage
- + Require national accreditation of paramedic education programs.
- + Require national certification as a prerequisite for state licensure.
- + Establish a common scope of practice for EMS personnel across states, with reciprocity.

Our national EMS today...

- + EMS has been historically challenged in developing national advocacy for EMS
- + Fragmentation (fire, private, career, volunteer, rural, urban, etc.)
- + Conflicting interests
- + Multiple efforts to develop national coalitions in the 1980's and 1990's failed
- + Under-resourced at local, state and federal level
- + Total misconception in your state about what EMS is and does



Rural EMS

- + Volunteer system is no longer sustainable.
 - + Would you go to work all day and then run ambulance calls?
 - + As the free labor (the volunteer subsidy) goes away, the money goes with them
- + Inexpert leaders
- + Ambulance services run like “clubs” instead of a “business”
- + Increasing demand, and same expectations, but no population change to meet this imbalance
- + No matter what state you’re in, you have a rural EMS component!!
- + Rural EMS Committee meets Monday @ 10:30

Other FYIs

- + National EMS Advisory Council has 19 (of 25) new members
 - + Will work for the next two years on recommendations (go to ems.gov for more info)
- + Dr. Jon Krohmer named to head NHTSA Office of EMS
 - + Where will NHTSA head now?


Your world and NASEMSO

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 **REPLICA**

Recognition of EMS Personnel
Licensure Interstate CompAct

 **EMS COMPASS**
Improving Systems of Care Through Meaningful Measures

 **NATIONAL MODEL
EMS CLINICAL
GUIDELINES**

 **SafeAmbulances.org**
Ground Ambulance Standards
and EMS Safety Resource

Councils and Committees

My top 10 tips:

1. Connect personally with your EMS directors/chiefs/administrators.
2. Do more listening and less talking.
3. Learn your rules and regulations quickly...and be friends with your Attorney General.
4. Learn your legislative and rule making process.
5. Don't make internal change too quickly....but don't wait too long either.
6. Don't try to follow every "national" source.
7. Have two conversations ready: one that is academic, and one for the elevator.
8. Don't hesitate to contact a counterpart and ask a dumb question.
9. Never waste a good crisis.
10. Eat the elephant one bite at a time.

QUESTIONS?



Andy Gienapp
307-777-6020
andy.gienapp@wyo.gov