National Association of State EMS Officials Air

Medical Committee Annual In-Person Meeting

May 15, 2019 - Salt Lake City, Utah

Chair: Joe House, Kansas

Attendees:

Stephen Wilson	AL
Chris Hutto	AL
Greg Brown	AR
James Bledsoe	AR
Tom McGinnis	CA
Billy Kunkle	GA
Melissa Bell	ID
Michael Kaufmann	IN
Joe House	KS
Wendy O'Hare	KS
Tim Held	MN
Sabina Braithwaite	MO
Alyssa Johnson	MT
Sharon Steele	NE
Nikki Arana	NM
Chad Kim	NM
Bob Seesholtz	TN
Brandon Ward	TN
Carl Avery	UT
Cam Crittenden	VA

Jay Ostby	WY
Associates/Partners/Guests/Staff	
April Larsen	Classic Air Medical
Joe Ferrill	Biospatial
Dave Zaiman	Biospatial
Morgan Anderson	Image Trend
Michael Patock	Image Trend
Dick Bartlett	KY Hospital Assoc.
Robert Byrd	GMR/AMGH
Dudley Smith	CAMTS
Sarah Lifsey	Atlas Rsch.
Bill Doyle	Boston Med Flight
Joyce Hospodar	AZ Ctr. For Rural Hlth.
Jon Krohmer	NHTSA OEMS USDOT
Rachel Abbey	ONCHIT, USDHHS
David Bump	IBSC
Todd Vreeland	IBSC
Stefanie Zucker	Pediatric Medical
Jon Gondek	Calspan Corp.
Kevin McGinnis	NASEMSO

The meeting was called to order by Joe House at 0805 MST.

1. WELCOME/INTRODUCTION/AGENDA
Joe House welcomed all attending and explained the agenda items. The agenda was approved by members. It was noted that the Committee will meet on the fourth Tuesday of odd numbered months starting in July.

2. ROUNDTABLE ON STATE LEGISLATIVE INITIATIVES THAT IMPACT AIR AMBULANCE INDUSTRY
No federal legislation is known to be pending.

FAA authorization act ambulance advisory board is being stood up. Applicants are being reviewed.

Complaint process on USDOT website is being pushed out with a 1-800-number as well. Four complaints last month.

There are lots of complaints being fielded by state insurance commissioners on balance billing.

Jim DeTienne reported that Montana has had a voluntary arbitration process for two years to address out of network balance billing issues that arise. He said that it has been proceeding quietly and presumably well. He encouraged the group to not focus on balance billing but to return attention to how air medical components integrate with the EMS system.

There was a discussion on state legislation to address subscription programs, some of which are treated by state insurance commissioners as forms of insurance. Legislation in New Mexico and Florida did not succeed. The Indiana legislature allowed air medical subscriptions to go from one year to three. The National Council of Insurance Legislators (NCOIL) is addressing this issue and balance billing. Robert Byrd described the NCOIL review of balance billing, saying that the issue has caused suppliers to look at their own practices in a different light. He said the FAA's advisory board will be important in this and that the ADA has become less of cause for suppliers while keeping in network has become more the issue.

3. TOPIC DISCUSSIONS

a. Appropriate Utilization of Air Ambulances

Are there appropriate tools in existence to measure this?

Massachusetts is concerned regarding coverage. CMS parts A and B don't integrate well so data may be skewed. They use a quarterly performance improvement score card that goes to their board.

Michael Kaufmann and Joe House described the Air Medical Prehospital Triage score as very useful in their states.

Virginia EMS partnered with a university on a retrospective study of utilization and is developing an application for street-level use for activating air medical resources. Indiana EMS medical director is developing an application for street-level use to show closest air medical resources in real-time.

Arkansas uses Fleet Eyes, a fleet tracking program, to track all air medical resources. Arkansas EMS pays for and operates the system and all services voluntarily participate. The savings it generates more than pay for it.

Fixed and rotor wing utilization tracking are completely different, and the former is more troublesome.

Kansas just started using an application in three hospitals allowing clinicians to determine appropriate level of care required for transport. The hospitals like it but some ground services think it has resulted in taking transports away from them.

It was suggested that we look we survey EMS offices to see how many states have a centralized resource for air medical activation which allows emergency physicians to do telemedicine.

Joe House asked for volunteers for a work group to look at utilization/activation, reviewing the Virginia, Indiana and other apps as well as the CAEMTS requirements for utilization review (and BLS/ALS/Critical Care/Intensive Care standards) that may impact apps development. Bill Doyle and Cam Crittenden volunteered.

b. Performance Measures – Quality of care

There was a brief discussion on establishing measures of patient care quality and it was noted that the GAMUT (Ground and Air Medical qUality Transport) standard and database may be sufficient

and is at least a starting point. There were no volunteers for a work group to explore this.

c. Location of Air Medical Resources

Joe House said that there is a concern about state EMS offices being able to know where air medical resources are based. The ADAMS database is intended to serve this purpose but it is voluntary and may not be wholly accurate. There was discussion around how many states present knew the location of bases and whether this was important to them. The CONCERN Network (for reporting air medical incidents) was discussed. It was decided not to form a work group around this issue.

4. Possible NASEMSO Position Statement on Seeking Exemption of Air Medical Services Providing Emergency Transportation from the Provisions/Protections of the ADA

Joe House explained that he has seen renewed interest in air ambulance regulation from such corners as the National Association of Insurance Commissioners and the National Conference of State Legislatures. He said that the basic premise of the adequacy of the marketplace to control the quality, availability and selection of services by consumers works for the general flying public and the ADA therefore suffices, but not so for the critically injured or ill patient and his family in a time of personal crisis. Therefore, he wanted to discuss this issue to see if there is interest in developing a position around it.

Significant discussion ensued with Jim DeTienne, Tom McGinnis and other members voicing the need for an Association position emphasizing the ability of state EMS systems to better assure that the closest, most appropriate air medical resource is utilized appropriately to transport appropriate patients to the closest, most appropriate facility for their care. They expressed that medical direction of EMS should extend to areas considered carved out by the ADA such as routes and destinations. They said that these are medical appropriateness considerations not commercial ones.

Robert Byrd said that the ADA does not provide the leverage it once did and with the large air medical networks that have been built the industry is closer to fulfilling this purpose on their own.

Dudley Smith said that CAMTS is a voluntary process for standards development and should be used to mediate these issues as it can effect changes rapidly in a year or two.

Following the extended discussion, Joe House said that we will at least develop a draft for further review by the Committee.

5. Revisit the 2007 NASEMSO/NAEMSP Air Medical Paper

Joe House described the history of the Air Medical Task Force that ultimately led to publishing a broadly sweeping article on air medical issues and policy in PEC. The central question discussed was whether the time is appropriate to explore with NAEMSP updating and publishing this work. Following discussion, he said that we would work in this direction.