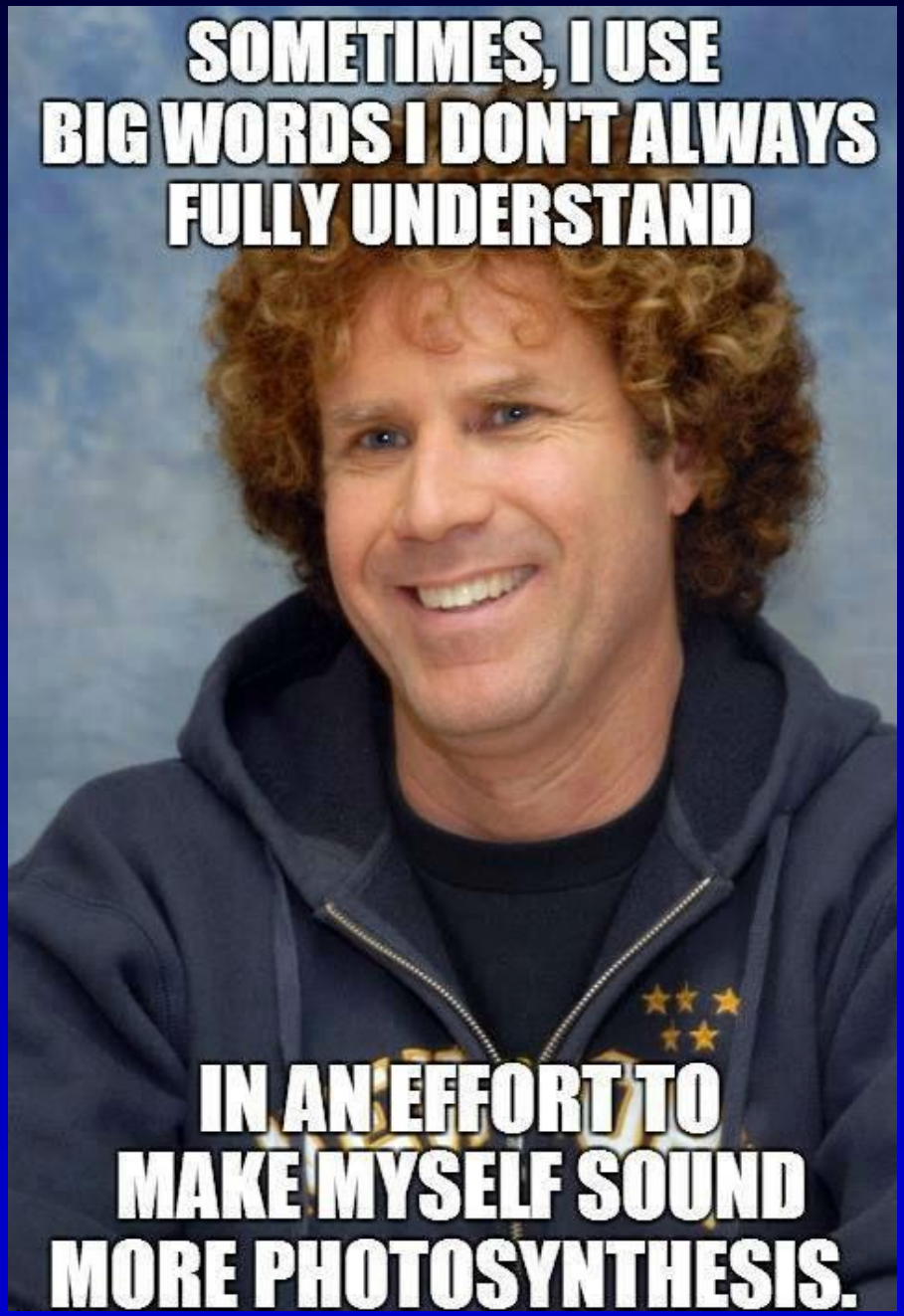
National Association of State EMS Officials

Leadership 2014

EMS Issues and Projects of National Significance

Andy Gienapp, MS, NREMTP
Wyoming Office of EMS



Andy

- Current Wyoming State EMS Director
- EMS Field Supervisor – Chattanooga, TN
- 23 years with the Army (all components)
- Wyoming in 2010

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

Outline of Presentation

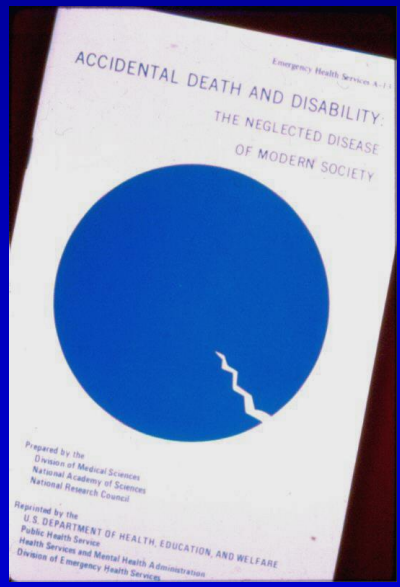
- Historical perspectives
- IOM report on Emergency Care 2006
- National EMS Advocacy
- Lead federal EMS agency
- Advanced practice paramedics
- Drug shortage
- CMS ambulance reimbursement
- DEA issues

Andy's DOs and Don'ts

- ***Don't*** **try to follow every group with "national" in its name**
- ***Do*** **settle in on one or two relevant sources (NASEMSO and ASTHO)**
- ***Don't*** **subscribe to every news feed/news letter….you will never read them all**
- ***Do*** **become intimately familiar with your statutes and rules and regulations (I keep a PDF copy on my "desktop")**
- ***Don't*** **hesitate to call a counterpart and ask a dumb question**

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 including 911 access to care**



Federal Response

- 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

NAS/NRC Follow-Up 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

Federal Response

- 1973 – EMS Systems Act
- Established Division of EMS at DHEW
- Provided grants for EMS systems, research, and training
- Regional focus
- 15 essential components
- Each state designated a lead EMS agency
- States and locals left to address the organizational structure of services and systems

…except nobody knew how to do it.

NAS/NRC
Additional Follow-Up Report

- **1978 – *Emergency Medical Services at Midpassage***
- **Critical of DHEW**
- **Recommended more research and evaluation of EMS system development… *otherwise we will asking these questions 25 years from now!***
- **Federal coordination problems and conflicting standards (DOT versus DHEW)**

Federal Response

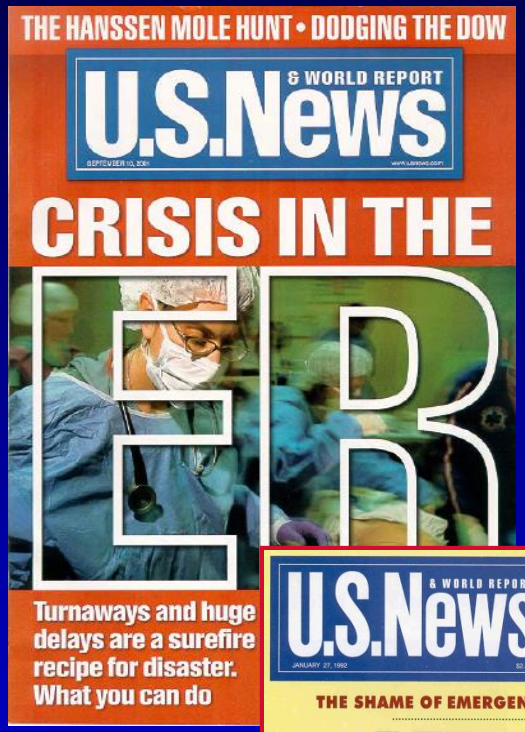
- 1978 - agreement between DOT and DHEW to coordinate efforts largely failed
- 1981 - DHEW program and grants eliminated
- 1982 – EMS funding through public health block grants – EMS fared poorly
  - Federal role redefined as technical assistance and coordination (1976 - *Forward Plan for the Health Services Administration*)

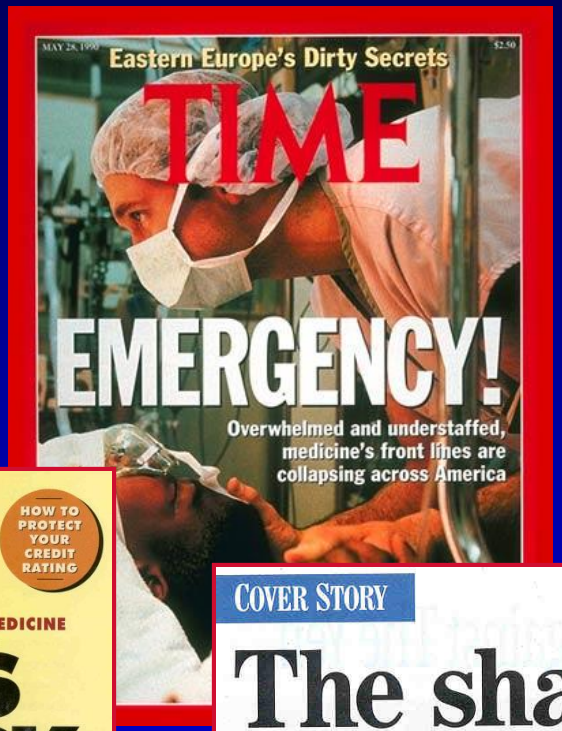
(The point is EMS grew up local and organic…and we have struggled ever since.)

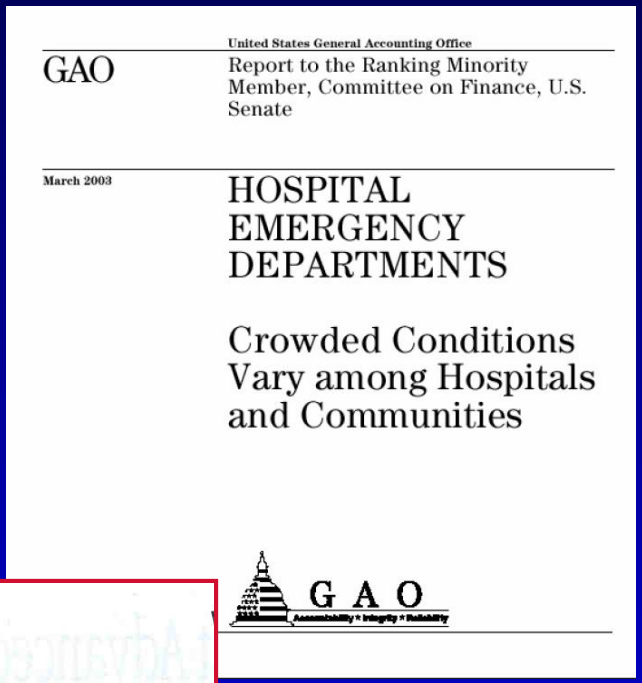
History Since 1981

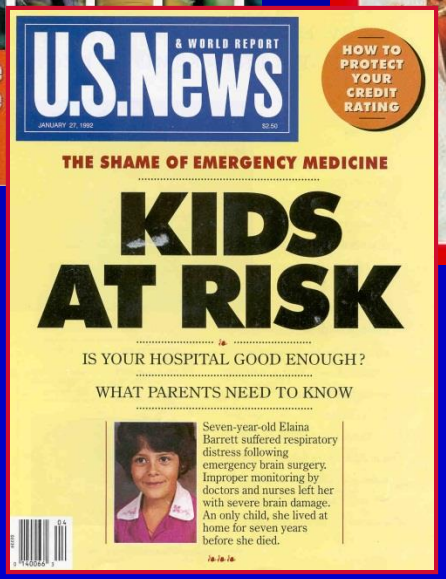
- The de facto lead agency for EMS is DOT's National Highway Traffic and Safety Administration which has been modestly funded
- EMS for Children program at HRSA established in 1985 and enhanced after the 1993 IOM report
- HRSA Trauma and EMS Program established 1991, modestly funded, and eliminated twice despite success in promoting trauma system development
- State and local EMS systems have continued to function variably with profoundly reduced federal support
- More recent federal interest in EMS and formation of Federal Interagency Committee on EMS (FICEMS)

Media Attention 2000 – 2004
The Crisis in Emergency Care

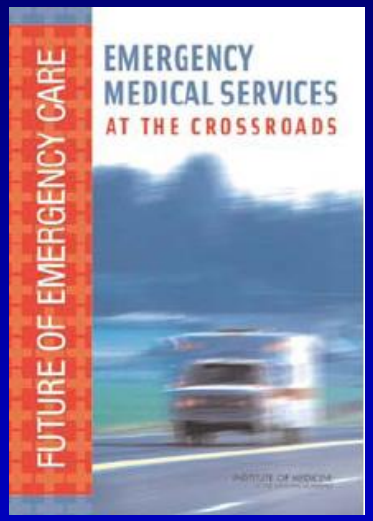


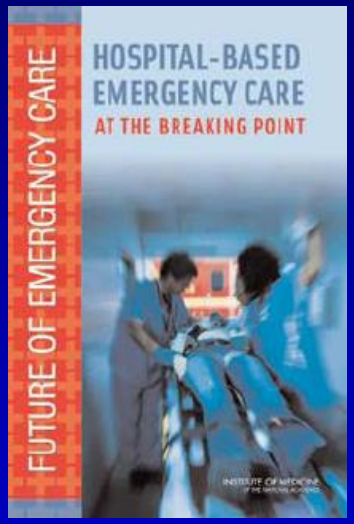






Institute of Medicine 2006
The Future of Emergency Care in the United States





INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Emergency care is highly fragmented

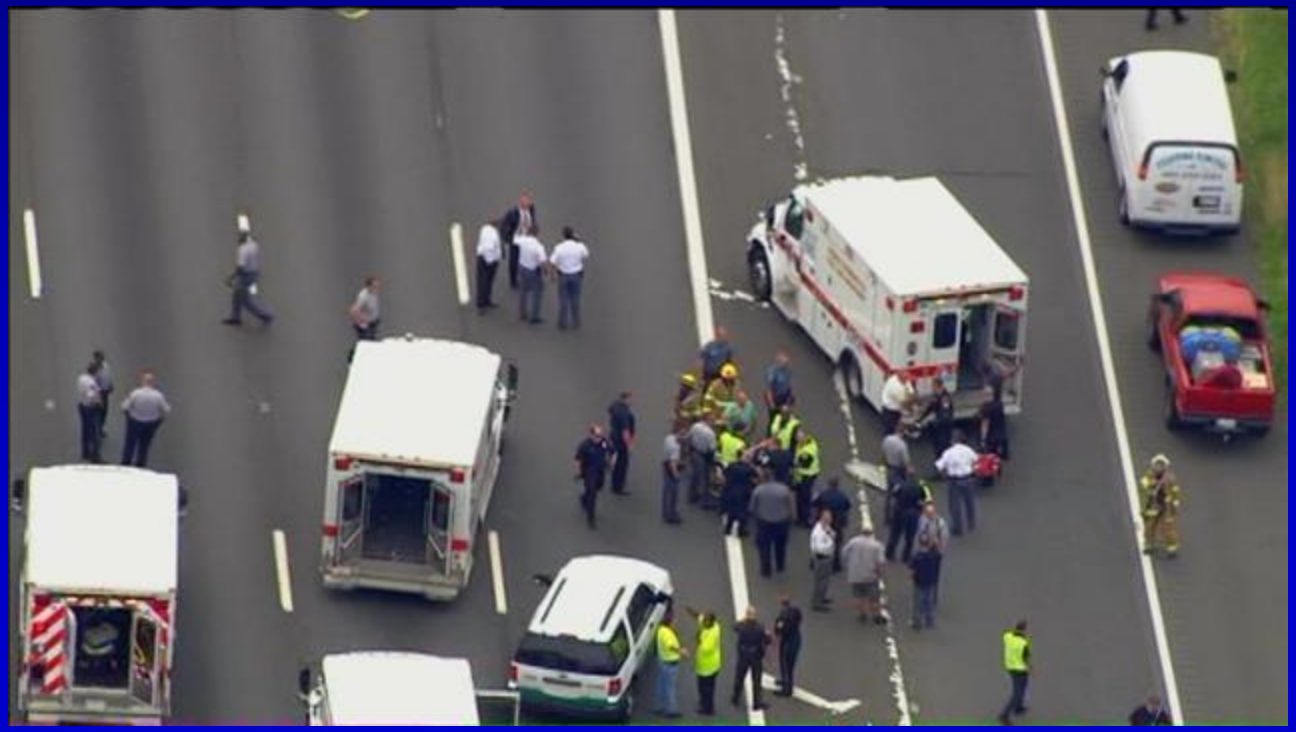
- Cities and regions are often served by multiple 9-1-1call centers.
- Emergency Medical Services (EMS) agencies do not effectively coordinate EMS services with EDs and trauma centers.
- EMS does not communicate effectively with public safety agencies and public health departments—they often operate on different radio frequencies and lack common procedures for emergencies.
- There are no nationwide standards for the training and certification of EMS personnel.
- Federal responsibility for oversight of the emergency and trauma care system is scattered across multiple agencies.

EMS and EDs are not well equipped to handle pediatric care.

- Most children receive emergency care in general (not children's) hospitals, which are less likely to have pediatric expertise, equipment, and policies in place for the care of children.
- Children make up 27 percent of all ED visits, but only 6 percent of EDs in the U.S. have all of the necessary supplies for pediatric emergencies.
- Many drugs and medical devices have not been adequately tested on, or dosed properly for, children.
- While children have increased vulnerability to disasters, disaster planning has largely overlooked their needs.

Emergency and Trauma Care
The Vision

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



Federal Recommendations

- Congress should establish a lead agency in DHHS for emergency and trauma care.
  - * Establish a working group
  - * Consolidate functions & funding
- Congress should create and fund a federally-funded demonstration program to promote regionalized emergency care services nationwide…
- CMS should evaluate EMS reimbursement

Federal Recommendations

Appoint panels to

- **Develop evidence based criteria for categorization of EMS, EDs, and trauma centers**
- **Develop evidenced based model EMS protocols for treatment, triage and transport**
- **Develop evidence-based indicators of emergency care system performance**
- **Include pediatric considerations in all the above**

Federal and State Recommendations

- Federal and state governments must <u>improve communication systems</u> interoperability (both voice and data) between EMS agencies, hospitals, public health departments as well as public safety and emergency management agencies

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**

State Recommendations

- 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.

Additional Recommendations

- **End boarding and EMS diversion. CMS and JCAHO *must* provide incentives and oversight to achieve this goal**
- **ABEM should establish subspecialty certification in EMS**

Disaster Preparedness Recommendations

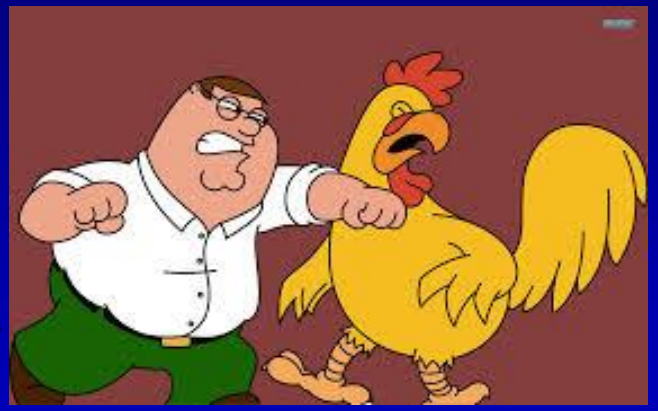
- Elevate EMS care to a position of parity with other public safety entities in planning and operations
- Increase funding for EMS preparedness, through dedicated funding streams
- Incorporate regular preparedness training into EMS training and continuing education

Research Recommendations

- DHHS should conduct a study to identify major gaps in emergency and trauma care research (hospital based and EMS)
- A research strategy should be devised to improve the performance, quality and safety of EMS care
- Increase federal funding for EMS research, emphasizing health systems and outcomes research to improve care
- Include pediatric considerations is all the above

National EMS Advocacy

- 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
- In 2002, NAEMSP and NASEMSO formed Advocates for EMS



Advocates for EMS (AEMS)

- Expanded to include other national EMS organizations, but lost support in past 2- 3 years (NAEMSE, NAEMT and finally NASEMSO pulled out).
- Challenges to engaging the fire service
- Increased recognition of EMS on Capitol Hill – “fire, police, and EMS”
- Successes – Established FICEMS and increased funding for NEMSIS and other projects

Field EMS Bill

- Lead federal agency at HHS
- Grant programs (system, field and education)
- Study of impediments to high quality care and medical oversight
- Evidenced based practice center to promote research in EMS
- Foster a Study of alternate dispositions for patients not requiring transport
- EMS trust fund
- Introduced 2010 and 2011; no hearings or activity

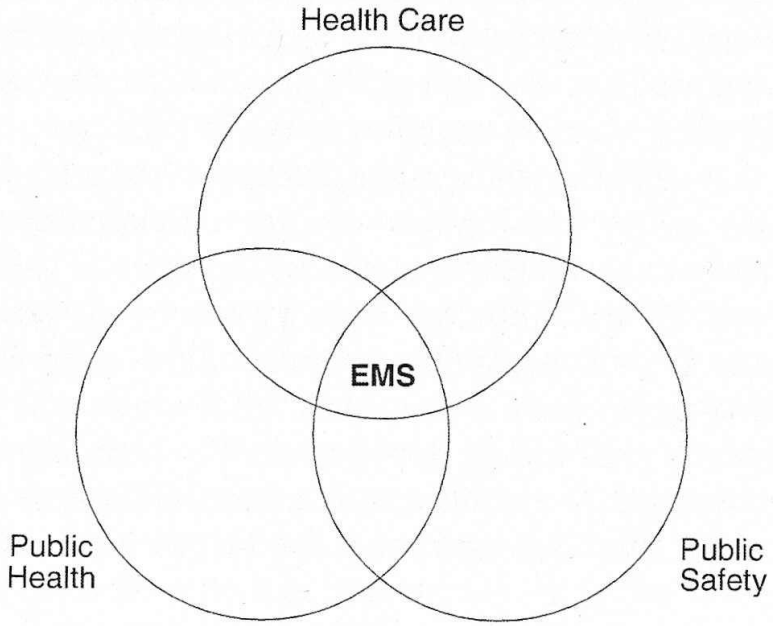
Field EMS Bill

- **Original: H.R.809 – Field EMS Quality, Innovation and Cost Effectiveness Improvements Act of 2013**
- **Update: S. 2400 Field Innovation Act (Companion bill introduced on May 22, 2014. (Both bills are referred to Committees)**
- **National Association of EMTs (NAEMT) is tracking this closely. http://www.naemt.org/advocacy/FieldEMSBill/FieldEMSBill.aspx**

Lead EMS Agency
NHTSA, DHHS, or DHS?
Many strong opinions

THE TROUBLED STATE OF EMS

EMS operates at the intersection of health care, public health, and public safety and therefore has overlapping roles and responsibilities (Figure 2-1). Often, local EMS systems are not well integrated with any of these groups and therefore they receive inadequate support from each of them. As a result, EMS has a foot in many doors but no clear home.



Executive Order?

- White House requested FICEMS to develop a confidential options paper for lead EMS agency which was submitted in May 2011
- Options, not recommendations
- What action, if any, WH will take is unclear
- Richard Read at NASEMSO in 2011 – “EO by end of year”
- No EO and no hearings on Field EMS Bill

Expanded Scope of Practice

- National EMS Education Agenda for the Future
  - * Core Content
  - * Model Scope of Practice
  - * EMS Education Standards
- Other key components
  - * National accreditation of EMS educational programs
  - * National certification as a prerequisite for state licensure

Not withstanding the EMS Education Agenda…

- There remain significant variations in scope of practice at the state level
- The Model Scope of Practice – floor rather than ceiling
- Many intermediates between EMT and paramedic
- More recently, expanding scope of practice for paramedics

Update: NEMSAC is currently developing suggested revisions to the EMS Ed. Agenda. The draft can be reviewed at: http://ems.gov/nemsac/DraftRevisionsEducationAgenda-PublicComment-Aug2014.pdf

Anticipating another opportunity for input this fall(?) and then a formal vote on Dec. 3-4.

Advanced Paramedic Practice

Paramedic Specialties

- Critical Care
- Flight
- Community
- Tactical
- Wilderness
- Hazmat
- Others?

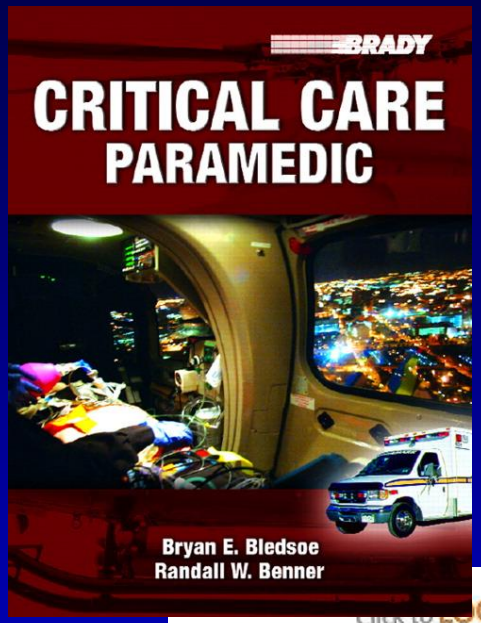
Critical Care Transport

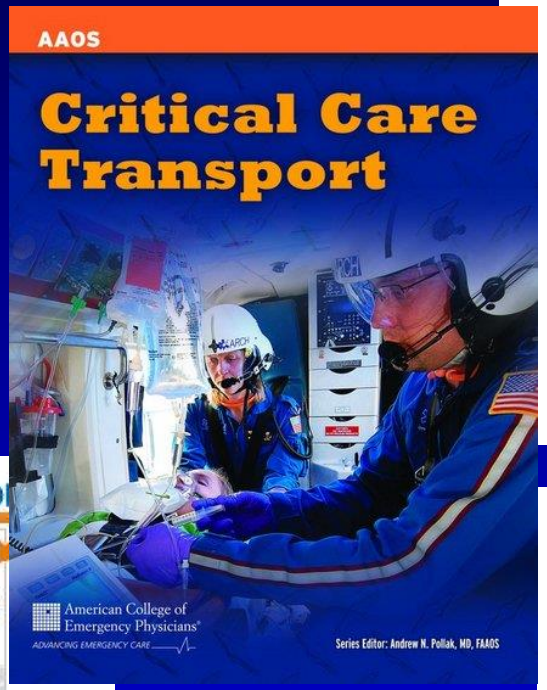
- Aka specialty care transport
- Inter-facility – mostly
- CMS: scope of practice beyond EMS education standards for paramedics
- Rapid growth in the past decade
- Maryland CCT Programs – 3 in 2006, 9 in 2010

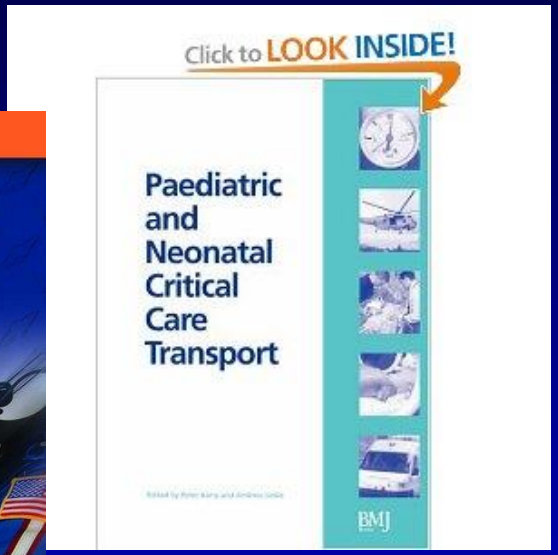
Factors Impacting Rapid Growth

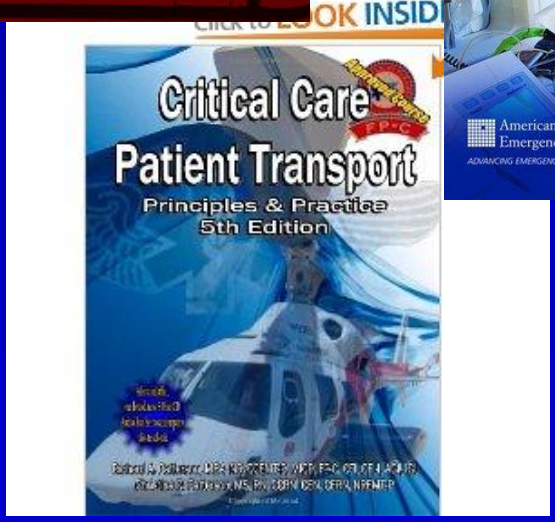
- Regionalization of care
  - Traditionally trauma, neonatal and pediatric care, and sick ICU patients
  - More recently stroke, STEMI, and OOHCA
- Growth of hospital systems and networks
- Higher reimbursement by CMS

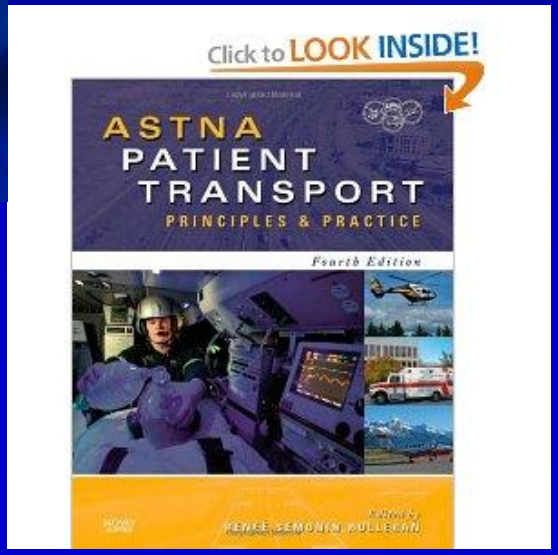
Critical Care Paramedic Education











Critical Care Paramedic Training

- A number of universities, community colleges, and health care institutions offer training
- Some states approve programs that meet "standards"
- Most widely used CCT paramedic training is University of Maryland Baltimore County
  - 48 programs in 33 states

National Guidelines Critical Care Paramedic

- Not addressed in current EMS Education Standards
- Several aborted efforts to establish standards
- International Association of Flight Paramedics (formerly NFPA) developed FP-C in 1999 through the Board for Critical Care Transport Certification (BCCTPC)

- **Programs in Australia, Canada, UK**
- **Red River (NM) Project and Alaska Community Aide Practitioner (CHAP)**
- **Recent Efforts underway in MN, ME, NE, CO, TX and other states**
- **In the US, mainly rural HP shortage areas**

Minnesota

- Community Paramedicine legislation enacted in July 2011 – MA funding in 2012
- Minor and chronic health conditions
  - Suture, adjust medications, asthma, mental health, and preventive visits
- 3 months of additional training
- Cost, quality and coordination to be evaluated in report by 2014
- Supporters suggest expansion to urban areas and other states

Other States

- Maine – recent legislation for pilot program
- Colorado – Western Eagle County
- Texas – Medstar in Fort Worth
- NCSL website has good summary
- Emerging governmental interest
  - Innovative models of delivery to reduce ED visits, hospital admissions and re-admissions and improve compliance and health outcomes

Challenges

- Reimbursement… programs are currently grant funded
- Medicare does not reimburse EMS without transport
- Challenges from other professions such as nursing
- Lack of evidence on safety, quality and cost (Bigham PEC Jul-Sep 2013)
- Studies underway in MN and CO

Tactical Medic

- Growing trend – especially since 9-11
- Operational versus medical training
- Medical training may be beyond scope of paramedic
- Many educational programs and curricula

Advanced Practice Paramedics

- Rapidly emerging and growing trend in advanced practice specialty care certifications for paramedics
- Wide variety of curricula and training programs
- Many questions
  - Cost, safety, and effectiveness of the programs themselves
  - Appropriateness of curricula
  - Quality of the training programs
  - Should there be national standards and if so, who should develop?
  - Who should certify?

Drug Shortage

- Five fold increase in FDA reported shortages from 2005 to 2010; Reached all time high in 2014 with 300 existing drug shortages!
- Complex multifactorial etiology
  - Industry: product discontinuation, a single manufacturer, aging production facilities
  - Regulators: quality control issues, delays in new drug approval, inability to inspect abroad
  - Market: secondary shortages, smaller inventories

Significant Impact on EMS

- Widespread shortages
- Many drugs impacted: D50, epinephrine, atropine, benzodiazepine, midazolam, ketamine, morphine, fentanyl, magnesium sulfate, lidocaine, and others.

Update: Shortages of NS and LR continue to impact both hospitals and EMS…no end in sight.

National Response

- Multiple EMS advocacy groups engaged individually and through the JNEMSLF
- President's Exec Order (2011), FDA Interim Final Rule (2011-12)
- Food & Drug Safety & Innovation Act (2012) kept problem from being much worse – Drug manufacturers must provided advance notice
- ASTHO/HHS: Coping with/ Mitigating the Effects of Shortages of Emergency Medications (Dec 2012)

NASEMSO Response

- **Erin Fox, PharmD, Univ of Utah Drug Info Service, national expert on drug shortages – 2012 Annual Meeting speaker**
- **NASEMSO EMS Drug Shortages Summit (Mid-Year Meeting, March 2014, Orlando)**
- ***Drug Shortages in EMS: Coping Strategies & Best Practices* (April 2014) https://www.nasemso.org/Resources/DrugShortages.asp**
- **https://www.nasemso.org/Members/IssueBrief-DrugShortages.asp**

CMS Ambulance Reimbursement
Medicare Part B

- Current national fee schedule established in 2000 after extensive negotiated rulemaking
- Medicare ambulance benefit is for medically necessary transportation with other limitations
- 2007 GAO study: average ground reimbursement 6% below cost

Current CMS Reimbursement Issues

- **Increasing interest in study of ambulance costs and reimbursement**
- **ACCT bill – critical care air reimbursement**
- **Rapid growth of BLS non-emergency suppliers and transports**
- **Fraud and abuse – mostly non-emergency and dialysis, but public ALS providers have been fined as well**

Update: H.R. 5460 introduced Sep. 11, 2014 Medicare Access, Fraud Prevention and Reform Act of 2014

Current CMS Reimbursement Issues

Update: Rep. Greg Walden (R-OR) introduced H.R. 5460 Sep. 11, 2014 Medicare Access, Fraud Prevention and Reform Act of 2014 - Amends part B (Supplementary Medical Insurance Benefits) of title XVIII (Medicare) of the Social Security Act with respect to the ambulance fee schedule:

(1) Increase the conversion factor for ground ambulance services in the formula for determining the appropriate fee, and

(2) Increase the mileage rate for such services.

Current CMS Reimbursement Issues

Directs HHS to:

- **Study how the conversion factor should be modified, if at all, to take into account the cost of providing ambulance services in urban, rural, and super-rural areas.**
- **Establish a process to determine, in advance of furnishing end stage rental disease (ESRD) ambulance services, whether payment for them may not be made because they are not covered or because they are excluded from coverage. Prohibits any payment unless the Secretary determines, pursuant to this process, that the service meets coverage requirements.**
- **Develop a data collection system for providers and suppliers of ambulance services to collect cost, revenue, utilization, and other appropriate information.**

Affordable Care Act and EMS

- **Meaningful use?**
- **"Pay for quality (outcomes)" vs. "Fee for service?"**

"Although EMS is only mentioned 4 times in the entire 1900 pages, it is safe to say that we might be on the edge of a substantial change to how we operate." – Marc Eckstein, MD, MPH

http://gatheringofeagles.us/2013/Saturday/Eckstein-HealthcareReformAndEMS.pdf

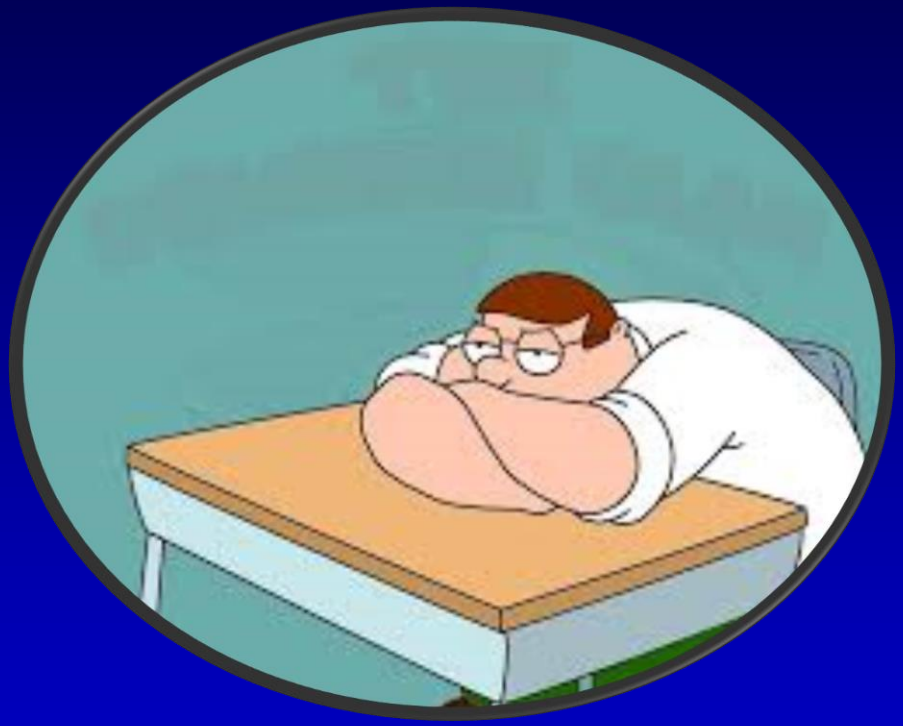
DEA Issues

- Advisory letter from DEA December 2011 – must have physician order for each patient given a controlled substance
- State to state variations in DEA rules related to state laws
- Medical directors recently targeted
- FICEMS is engaging DEA in discussions

Resources

- NASEMSO Washington Update
  http://lists.nasemso.org/read/all_forums/subscribe?name=wu
- International Roundtable on Community Paramedicine
  http://ircp.info/
- http://www.ems1.com/

QUESTIONS?



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