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NASEMSO / NOSORH Joint Committee on Rural Emergency Care

A coalition of NASEMSO and NOSORH EMS committees - formed to engage each association on topics relevant to rural and frontier emergency care

Minutes, July 13, 2009
Position paper focus call

Present: Chris Tilden, Dave Boer, Matt Womble, Joyce Hospodar, Ron Seedorf, Eileen Holloran, Bob Jex, Doug Kupas, John Barnas, Gary Wingrove, Dia Gainor, Susan Perkins, Norajean Miles, Nels Sanddal

Subject	Discussion
Meeting time	There was a mix up on the meeting time with an hour difference between the time suggested in minutes of the last meeting and a time announced later. Sorry to all, especially those that may have missed the call completely. A follow up call with Kevin is scheduled for Tuesday. Jim and Chris will bring him up to speed on the discussions.
3-5 in 3-5 discussion	Tremendous thanks goes to Matt Womble and his group from North Carolina that put their detailed thoughts into something we chose to use for the base of today's discussion. Their points and associated discussion are listed on the following pages.
Other thoughts	We
Additional meetings	Next regular meeting of the JCREC and further position paper discussions is currently schedule for August 6th. Kevin has a conflict with our regular time of 1:00 Mountain on August 6. A meeting request will be sent out to find out if everyone can meet earlier that day. A follow up meeting for August 20 was set for 8:00 am Pacific; 9:00 am Mountain; 10:00 Central; 11:00 am Eastern. Please pencil this in (Kevin may have a conflict, but will keep in touch and let us know as his schedule develops.)

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Following are the thoughts from North Carolina presented by Matt Womble and our discussions. Meeting discussions and thoughts are inserted in **blue**.

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Prioritize this as the #1 issue.

EMS not integrated into the health care continuum

a. EMS is seen and treated as a stand-alone Public Service like Fire and Police with little or no integration into the larger health care system

    i. Poor communication between the field and hospital/MD, missing opportunities and contributing to lack of insightful, well informed care

    ii. Contributes to the revolving door of healthcare especially for chronically ill, where EMS is just the transporter

b. EMS does not have access to healthcare records nor outcomes of patients, further fragmenting care.

Describe the future of EMS as part of the healthcare system that will be needed if other systems of care are going to be able to be successful, ie. Without the ability to move patients to regionalized STEMI, trauma or stroke systems, they will not be successful.

The ability of EMS to provide secondary transport in these systems will be important.

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Add Workforce (insert as 2nd issue on the list)

a. Build the case and the logic for a future model in which EMS is a paid, professional workforce.
b. Safety of the workforce is important
    a. Need to discuss provider wellness such as fatigue and sleep deprivation
    b. Need to discuss issues which keep this a young person's profession in which providers move on to something else after 5 years because they're worn out but there's no career ladder to move up to something else in the field.

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Lack of an EMS "Profession"

a. EMTs and Paramedics are paid much less than other healthcare professionals such as nurses, PA's, Nurse Practitioners, Respiratory Therapists, etc.

b. EMTs and Paramedics are required to provide advanced care (some beyond the scope of other healthcare professionals listed above) sometimes in uncertain, unclean and even hostile environments

c. Those EMTs and Paramedics that excel usually move onto higher paying jobs with a more structured work environment like those listed above in a.

d. Issues with the level, quality and access to EMS clinical education (inconsistent and generally provided only through technical schools)

e. All of the issues listed above combine to affect the high turnover in the profession (see study by Center for Research on EMS, study on turnover http://bit.ly/EMS-Research)

   i. Recruitment issues due to the above problems and competition for skilled and motivated workers

   ii. Con-Ed issues (goes back to d. above)

   iii. Retention

There was a discussion about whether 'Integration into healthcare' and 'Lack of an EMS Profession' should be combined:
- Both are interrelated, so could be combined into one thought, however
- #4 (integration) is a lead-in to several of the other issues and therefore should be kept separate in order to lay the groundwork for presenting #3 (EMS profession), workforce and others as specific issues

How can the EMS profession be elevated as equals to other professions for funding, education and workforce development, especially at the state and federal policy level.

Discussed a need to present the EMS provider as something more than an 'emergency responder' or 'first responder' which includes other groups and don't truly identify the unique nature of EMS response.

Discussed using the "EMS is the intersection of public health, public safety and healthcare' Venn diagram as watermark for the policy paper.

EMS is the 'point of first contact'; part of the medical home or healthcare home.

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Leadership development

a. EMS organizations have very few leaders with any organizational, management, quality management, performance improvement knowledge and skills.

b. This has huge impact in all areas of the organization including cost, sustainability, quality of service, staffing, etc.

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Advancement of Evidence Based Medicine in EMS needed

a. What are standards, the proven practices that can be implemented nationally to produce the best outcomes?

    i. Electronic data and linkage with other healthcare data systems are required

        1. Individual medics can then have feedback to learn and better understand their role in the care of the patient

        2. These systems can provide data that will serve as the basis for evaluations and studies of EMS to inform and develop additional evidence based models of care.

b. State protocol development (NC actually does a great job of this) to assist in standardization.

c. Expanded scope / Community Paramedic model greatly needed

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Reimbursement issues

a. All reimbursement is bundled and based solely upon patient transport, not on what is best for patient.

    i. EMS should be patient focused, not transport focused

    ii. No incentive provided to improve level of intervention, availability of access, level of quality or service.

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iii. Treating and releasing patients, in some instances is the most appropriate and efficient care, is not reimbursed

iv. The application of technology / drugs / devices (sometimes the standard of care) is not reimbursed at a level that even covers the cost of care provided

1. E.g. //: clot busting drug use, advanced patient care monitors, CPR devices, etc.

b. Many services (especially in rural areas) billing and collection processes are broken – from the trip ticket data collection/signature through to the billing office

c Outdated fee schedules – services with gaps in what their costs are vs. what they charge when they charge

Discussed that increased reimbursement will support many of the strategies and changes needed in the system.

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Other discussions:

Be sure to link the policy paper as much as possible with IOM documents as well as the agenda for the future documents.

Link it with other policy papers, such as from NEMSAC or other organizations, which may have intersection with similar issues.

Should this paper:
- **Discuss what EMS could be in the future and suggest steps to get there; or**
- **Discuss the most critical issues facing EMS now and steps to fix them?**

What is the audience of this paper?

This policy paper would present a platform for both our organizations to use to support strategies which meet these issues.

This paper could be used to bring together other associations and organizations around the issues.

This paper could be used to help influence state and federal policy makers.

Remain aware of how this paper could be used beyond the current audience; how there could be unintended consequences; good and bad.