

State EMS Medical Directors

UNDERSTANDING CURRENT ROLES AND JOB LANDSCAPE

MARCH 2023

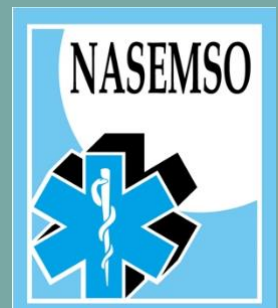


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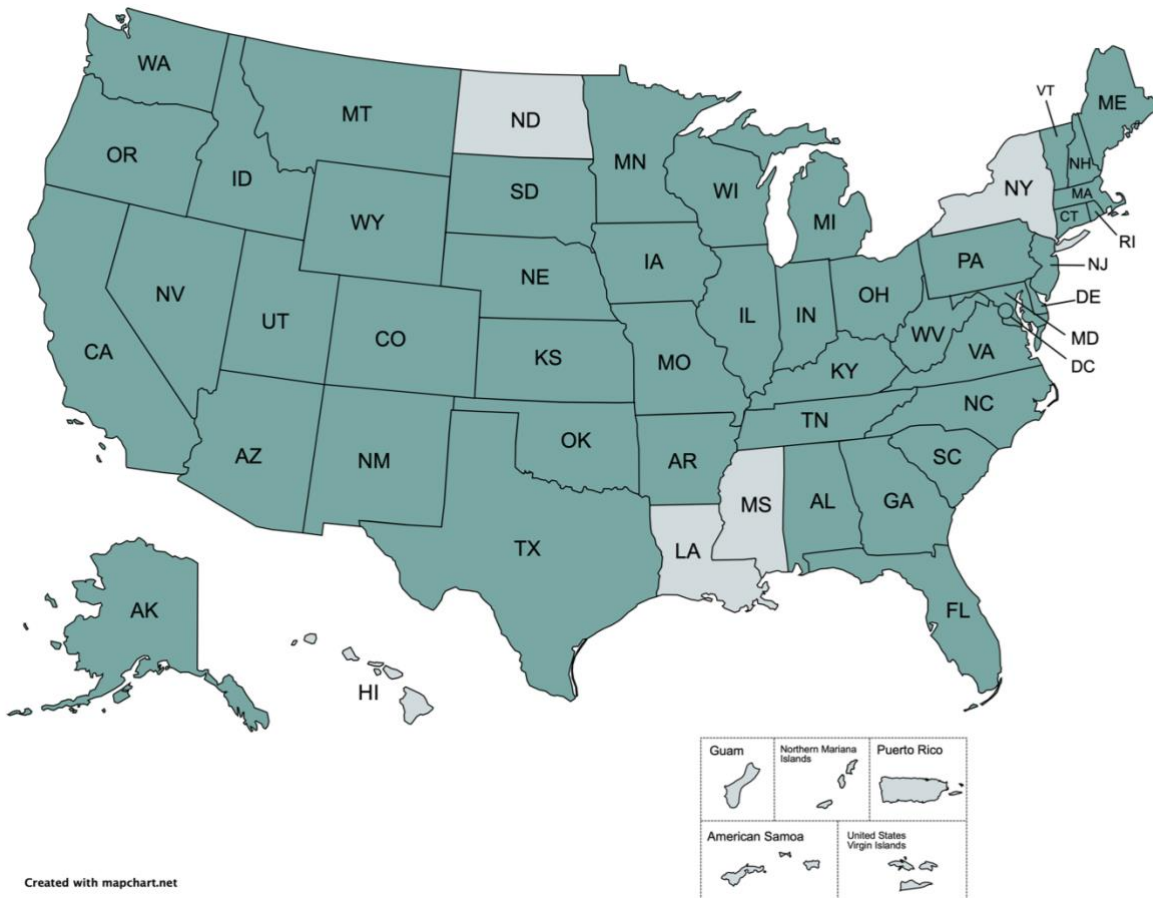
BACKGROUND & PURPOSE

While most state EMS offices have a physician appointed to serve as the state EMS medical director, their employment arrangements, qualifications, duties, and compensation vary among states. The purpose of this survey, first conducted in 2007-08 and repeated in 2022-23, was intended to capture this information to assist in identifying commonalities, especially for states in the process of creating the position.

STATE RESPONSE DEMOGRAPHICS

Forty-six states responded to the 2023 survey (Figure 1).

FIGURE 1



STATE EMS MEDICAL DIRECTOR EMPLOYMENT ARRANGEMENT

This section of the survey focused on identifying which state EMS offices had an official state EMS medical director position. Additional questions regarding the position were asked of those respondents who indicated “yes” they had a position.

DOES YOUR STATE HAVE AN OFFICIAL STATE EMS MEDICAL DIRECTOR POSITION (REGARDLESS OF WHETHER IT IS PAID OR UNCOMPENSATED)?

FIGURE 2

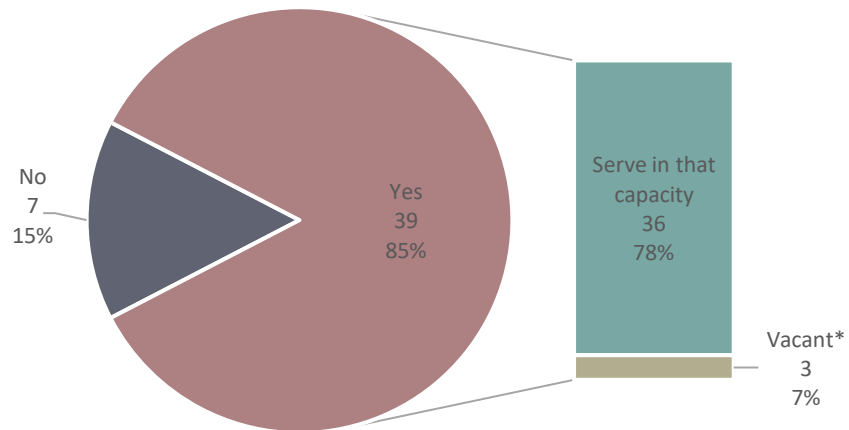


FIGURE 3

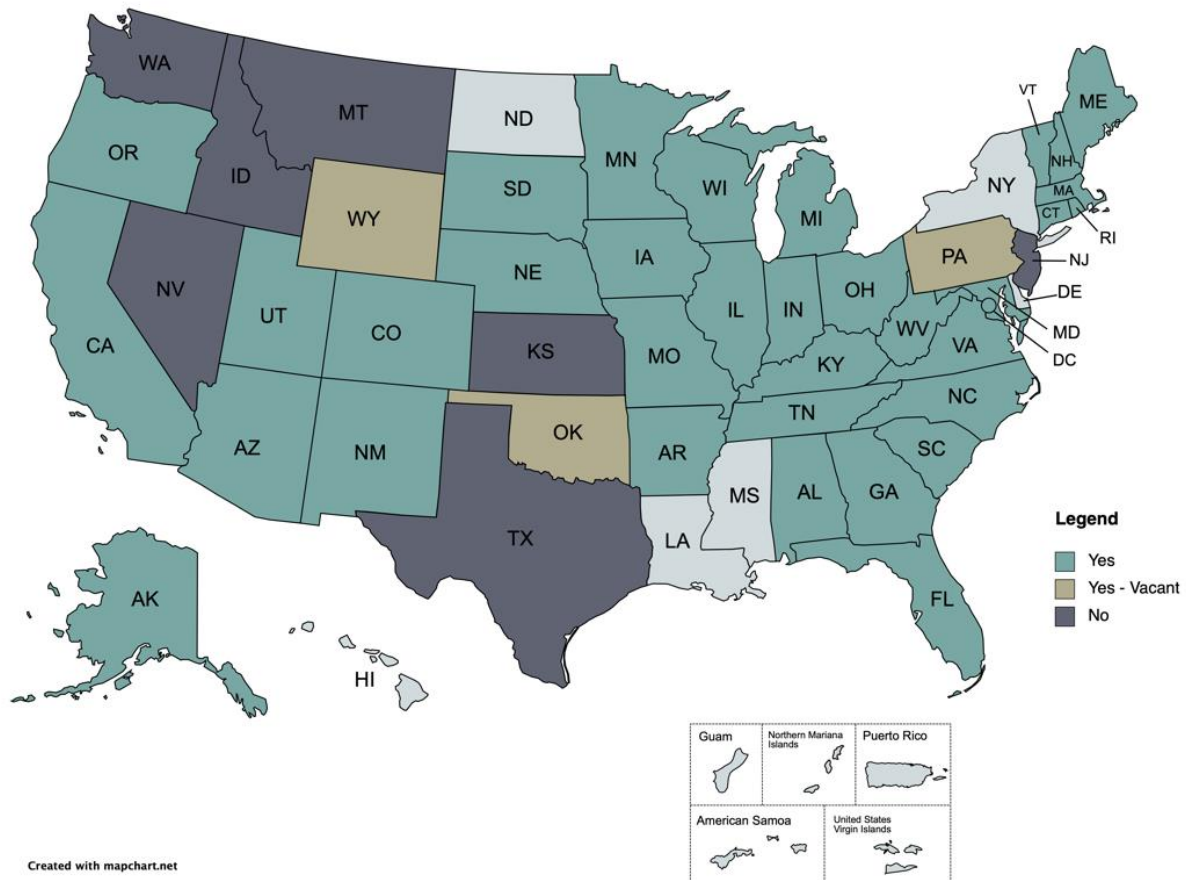
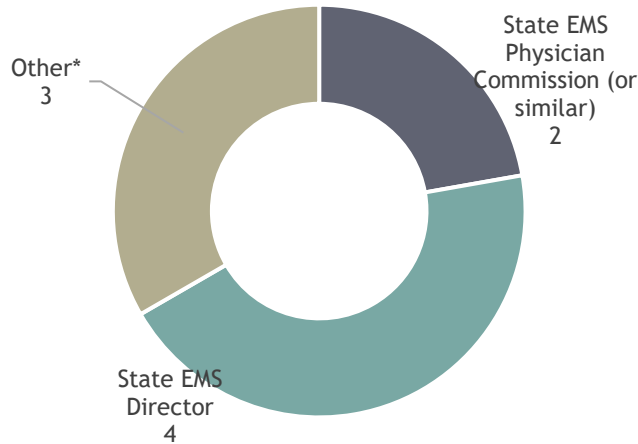


Figure 3 is current as of March 2023. Note that Pennsylvania has historically had a state EMS medical director but the position was vacant for a brief period when the survey was conducted.

WHAT IS YOUR ROLE WITH YOUR STATE/TERRITORY EMS OFFICE?

This question was asked of those who responded “No” to the question, *Does your state have an official state EMS medical director position.*

FIGURE 4



*Other Responses (n=3):

- Representative to the Medical Directors Committee of NASEMSO
- Medical Program Director {the} county/ {the state} has a MPD system with an appointed MPD for each county (four counties are with low population so ythat they are counted as two counties, total) making 37 MPDs
- Board of Medical Executive Officer who by default has assumed medical director responsibilities

The following questions were asked of the 36 who answered that their state has an EMS medical director postion and they serve in that capacity.

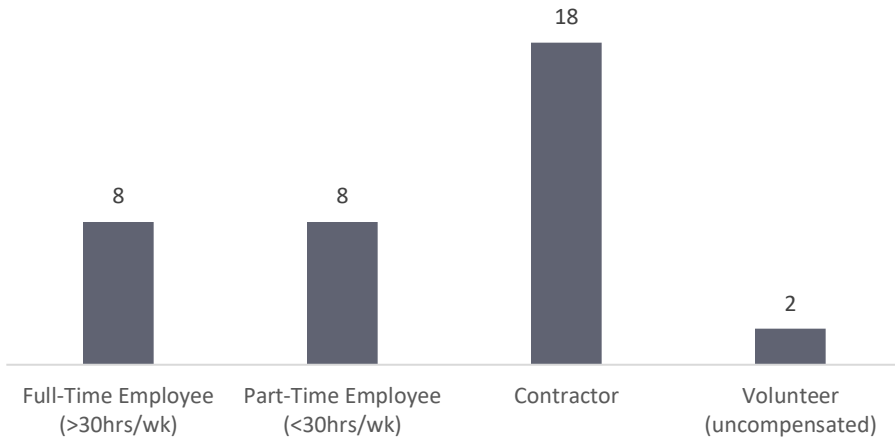
DO YOU HAVE A FORMAL JOB DESCRIPTION?

FIGURE 5



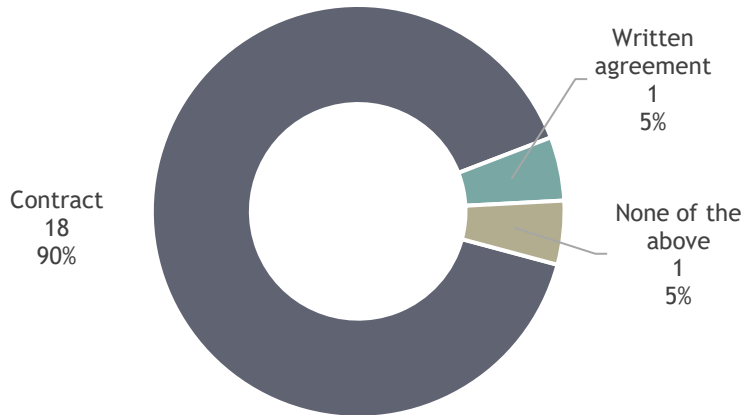
WHICH BEST DESCRIBES YOUR EMPLOYMENT STATUS WITH THE STATE?

FIGURE 6



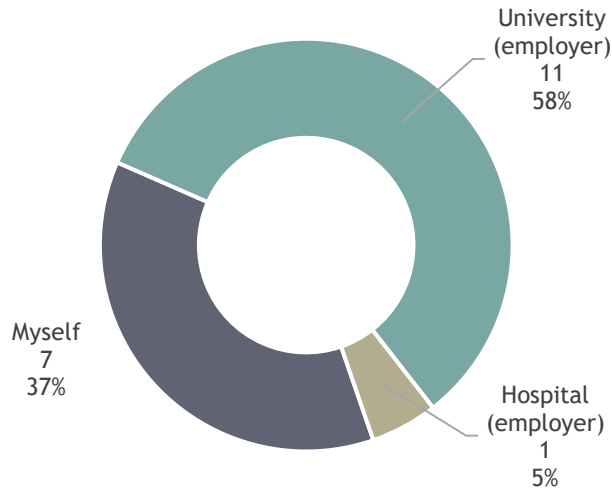
DO YOU HAVE A WRITTEN AGREEMENT OR CONTRACT?

FIGURE 7



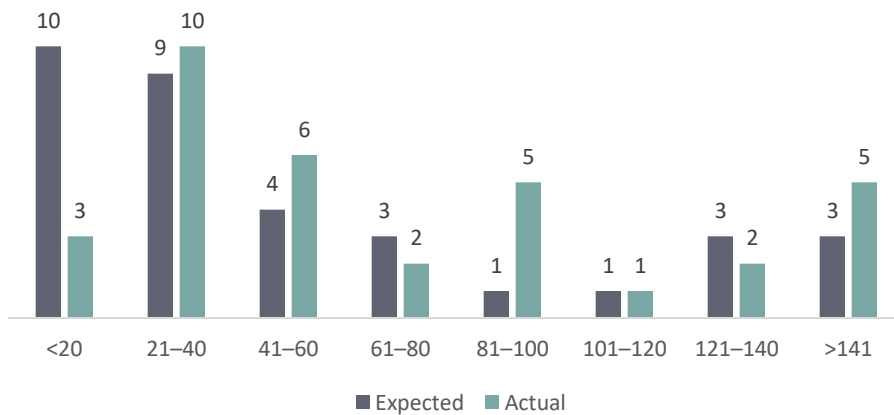
THE AGREEMENT/CONTRACT IS BETWEEN THE STATE/TERRITORY AND:

FIGURE 8



ESTIMATED AVERAGE NUMBER OF HOURS PER MONTH STATE EMS MEDICAL DIRECTORS ARE EXPECTED TO WORK VS HOURS ACTUALLY WORKED*

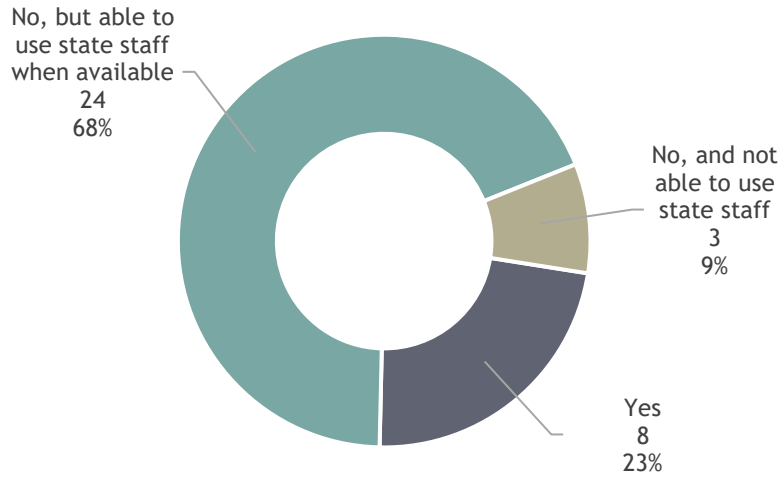
FIGURE 9



*The intent of these questions was to determine the variance in expectations in dedicated work hours versus actual hours worked in the *state EMS medical director* job function. This question did not clarify this distinction, and may therefore not accurately reflect the intent.

DO YOU HAVE DEDICATED STAFF SUPPORT?

FIGURE 10



IS A JOB PERFORMANCE EVALUATION COMPLETED FOR YOUR STATE EMS MEDICAL DIRECTOR DUTIES?

FIGURE 11



DUTIES & RESPONSIBILITIES

FREQUENCY IN WHICH THE FOLLOWING DUTIES ARE PERFORMED

Task**	Very Frequently	Frequently	Occasionally	Rarely	Very Rarely	Never
Patient care protocol approval/review/development	13 (37%)	15 (43%)	3 (9%)	1 (3%)	2 (6%)	1 (3%)
State policy approval/review/development	13 (37%)	16 (46%)	6 (17%)	0 (0%)	0 (0%)	0 (0%)
Legislative statute/rule approval/review/development	9 (26%)	10 (29%)	13 (37%)	2 (6%)	1 (3%)	0 (0%)
Investigation/mediation	6 (17%)	7 (20%)	12 (34%)	8 (23%)	1 (3%)	1 (3%)
Disaster/HAZMAT/terrorism preparedness	2 (6%)	9 (26%)	11 (31%)	9 (26%)	2 (6%)	2 (6%)
Hospital/ED preparedness	1 (3%)	10 (29%)	14 (40%)	7 (20%)	1 (3%)	2 (6%)
Emergency telecommunications issues	0 (0%)	5 (14%)	18 (51%)	9 (26%)	2 (6%)	1 (3%)
Service operational plan review/approval	2 (6%)	7 (20%)	14 (40%)	5 (14%)	5 (14%)	2 (6%)
Trauma system oversight/development/participation	9 (26%)	16 (46%)	7 (20%)	1 (3%)	2 (6%)	0 (0%)
Public health/prevention (not COVID related)	0 (0%)	9 (26%)	16 (46%)	6 (17%)	3 (9%)	1 (3%)
Training & education standards/policy development	7 (20%)	10 (29%)	15 (43%)	3 (9%)	0 (0%)	0 (0%)
Tactical EMS oversight	4 (11%)	0 (0%)	4 (11%)	13 (38%)	7 (20%)	7 (20%)

Task**	Very Frequently	Frequently	Occasionally	Rarely	Very Rarely	Never
Law enforcement oversight	1 (3%)	1 (3%)	4 (11%)	6 (17%)	6 (17%)	1 (49%)
Community paramedicine/mobile integrated health oversight (development and/or participation)	4 (11%)	11 (31%)	10 (29%)	3 (9%)	4 (11%)	3 (9%)
Professional organization liaison activities	10 (29%)	14 (40%)	7 (20%)	1 (3%)	2 (6%)	1 (3%)
COVID/pandemic-related activities	9 (26%)	8 (23%)	10 (29%)	3 (9%)	4 (11%)	1 (3%)

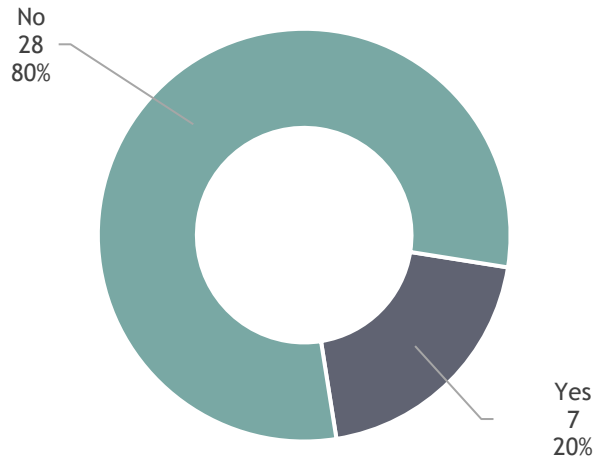
**** Task totals equal more than 100% due to rounding. Shading represents quartiles for each task.**

OTHER DUTIES PERFORMED IN YOUR ROLE, THAT ARE NOT LISTED ABOVE (AND NOT RELATED TO PATIENT CARE).

- Chair the State EMS Medical Direction Committee, other special projects such as SIMBOX currently, CARES leadership
- consultant to other parts of the CT DPH in regards to investigation/need for expertise/review
- Interface between the State Office and the EMS Medical Director’s Advisory Council and EMS Advisory Committee
- Review of EMS clinician integrity/compliance cases
- Liaison with civilian (public and private), state, federal, national, and international partners and stakeholders
- Medical Director for state police, parks & recreation, Dept. of Forestry
- Education of Local Service Medical Directors. (30+ hours/year in direct classroom based education) + Approximately 50 hours / year in direct conversation with Local Medical Directors.
- stroke and cardiac system of care development/implementation: frequently Registry development/implementation: frequently EMS Data systems integration: frequently

ARE PREHOSPITAL PATIENT CARE RESPONSIBILITIES PART OF YOUR
STATE EMS MEDICAL DIRECTOR POSITION?

FIGURE 12

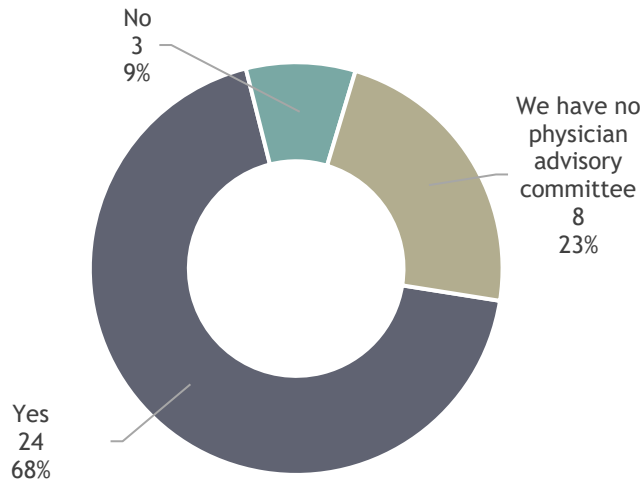


Description of “yes” responses:

- Respond on certain calls
- Not a core responsibility but able to participate in prehospital patient care as requested/on occasional basis
- disaster related
- Development of prehospital guidelines and protocols; investigation and review of deviations from guidelines/protocols and/or inappropriate care; development of QA/PI policies.
- No specifics listed, but I would engage in large scale situations.
- As needed emergent basis, not routine
- Protocols

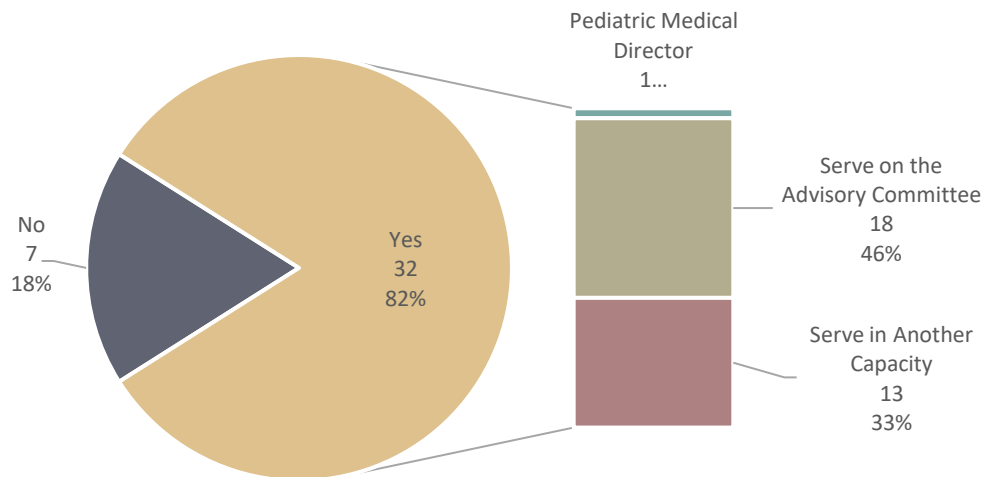
DO YOU SERVE AS MEMBER OF YOUR STATE/TERRITORY PHYSICIAN'S ADVISORY COMMITTEE (OR SIMILAR BODY)?

FIGURE 13



DO YOU SERVE IN ANY CAPACITY WITH YOUR STATE/TERRITORY EMS FOR CHILDREN PROGRAM?*

FIGURE 14



*this question was "select all that apply" but all respondents only selected one answer

Serve in another capacity responses (n=13):

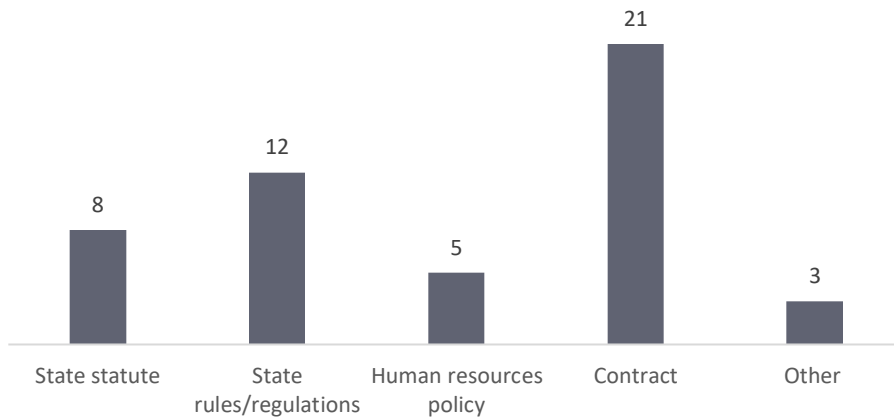
- EMSC is under the umbrella of our Bureau
- Support when able/asked
- I work closely with our Associate State EMS Medical Director for Pediatrics and EMSC Director.

- While I do not sit on the EMS-C committee, my colleague (the associate state medical director) does and I intersect frequently in my capacity with the EMS-C Program
- I attend all meetings
- I work closely with our EMS-C Director
- Attend meetings and have input but no formal role
- Liaison

QUALIFICATIONS & PREREQUISITES

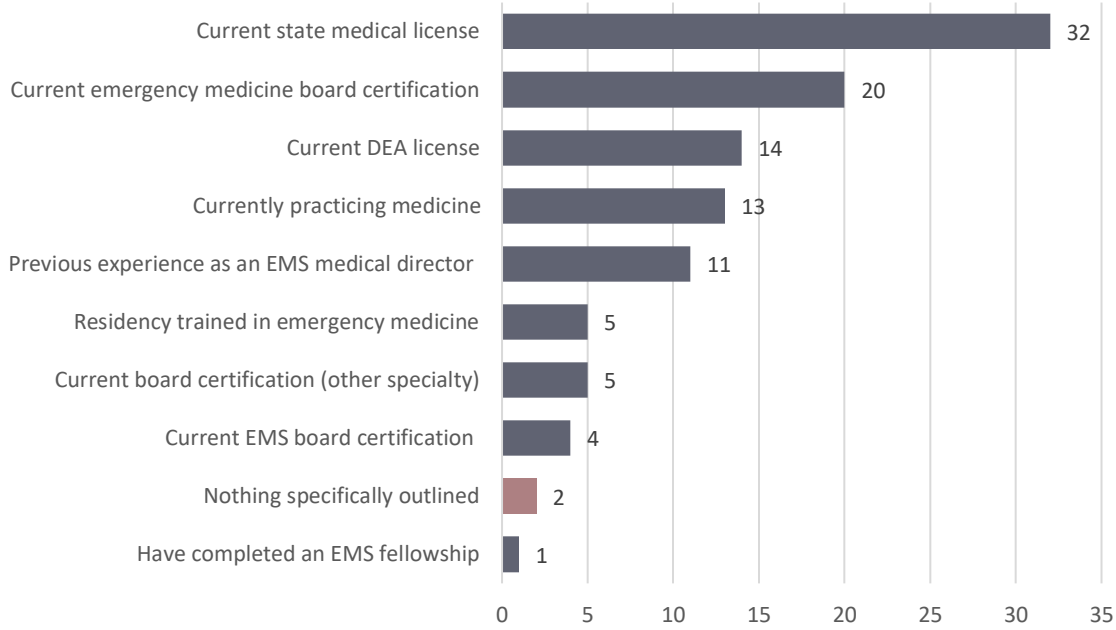
MY STATE EMS MEDICAL DIRECTOR PREREQUISITES/QUALIFICATIONS
ARE OUTLINED IN: (SELECT ALL THAT APPLY)

FIGURE 15



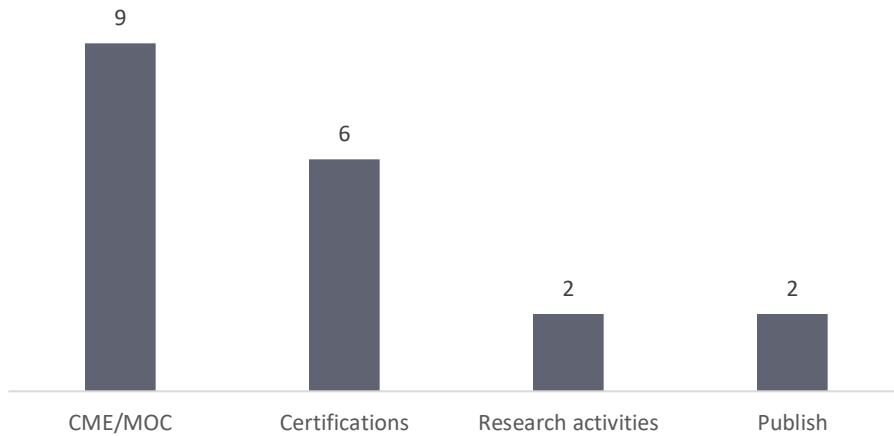
THE STATE EMS MEDICAL DIRECTOR PREREQUISITES/QUALIFICATIONS
INCLUDE: (SELECT ALL THAT APPLY)

FIGURE 16



WHAT ADDITIONAL ITEMS ARE REQUIRED TO MAINTAIN YOUR STATE
EMS MEDICAL DIRECTOR POSITION? (SELECT ALL THAT APPLY)

FIGURE 17



CME/MOC, how many and what type:

- State CME requirements
- CME 25/year to maintain license
- 50 Category 1 CME credits required every 2 years for renewal

- Per state Board of Licensing in Medicine rules
- 40 hours level 1
- 12 to maintain state license
- Ongoing EM and EMS board
- 50 hours in 2 years
- {one respondent didn't indicate what specifically was required}

Certifications:

- EM through ABEM
- Emergency Medicine, EMS
- must maintain ABEM EM certification
- ICS-100/200, ICS-300, and ICS 700/800
- EM/EMS
- Current emergency medicine board certification

Research activities:

- anticipated, but no stated requirement
- Yes: CARES, FAST-ED, Opioids

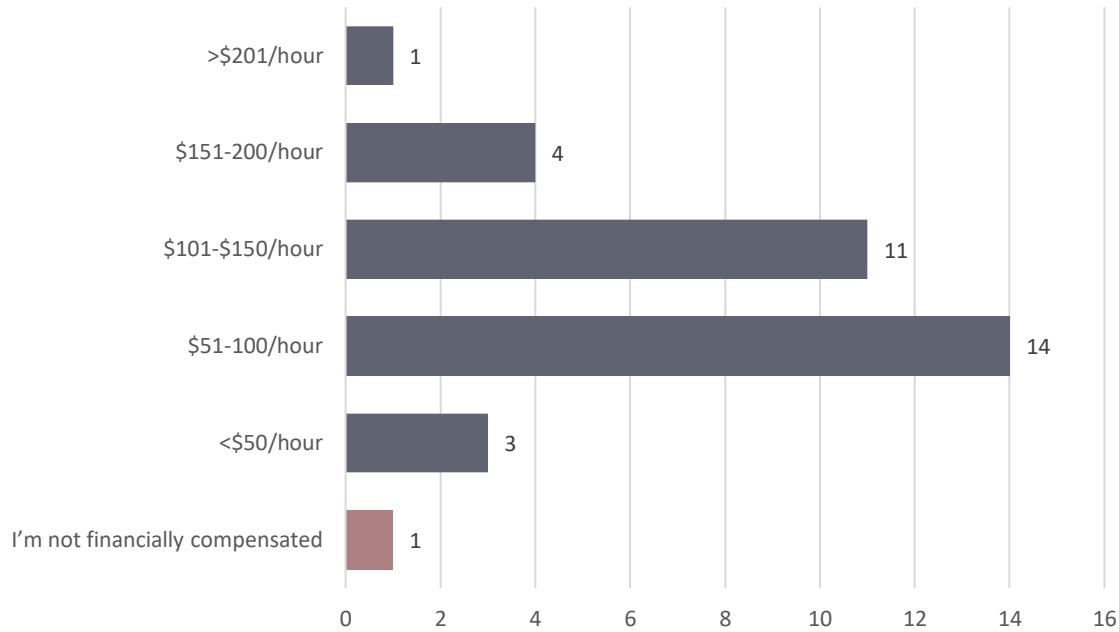
Publish:

- anticipated, but no stated requirement
- Yes - have published several articles and more in process

COMPENSATION & BENEFITS

HOURLY COMPENSATION AMOUNTS*

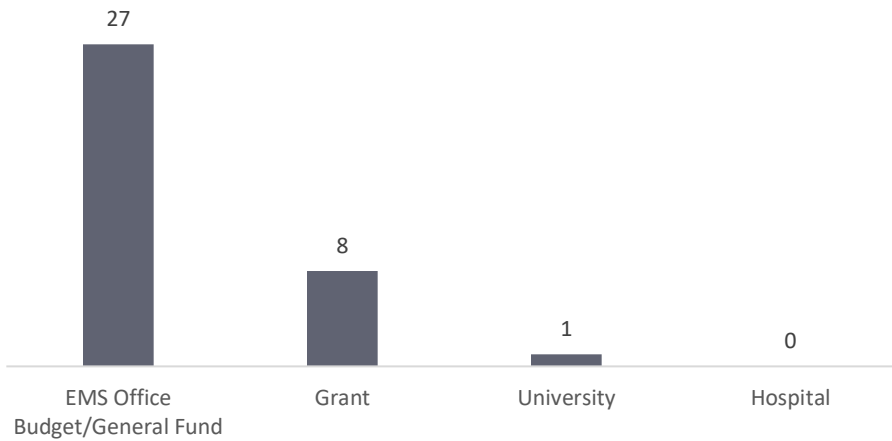
FIGURE 18



* If salaried, members were asked to calculate the amount to dollars per hour

WHAT IS THE FUNDING SOURCE(S) FOR YOUR POSITION? (SELECT ALL THAT APPLY)

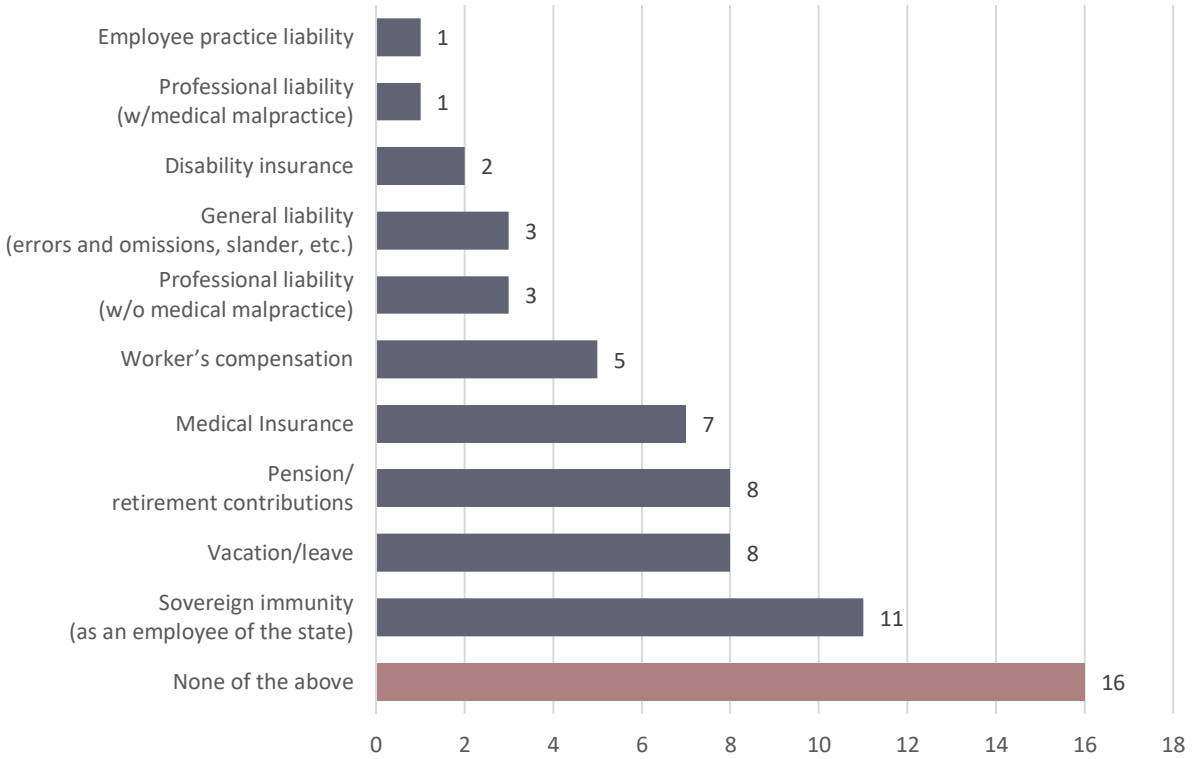
FIGURE 19



- Three (3) members (8%) indicated that they did not know how their position was funded.

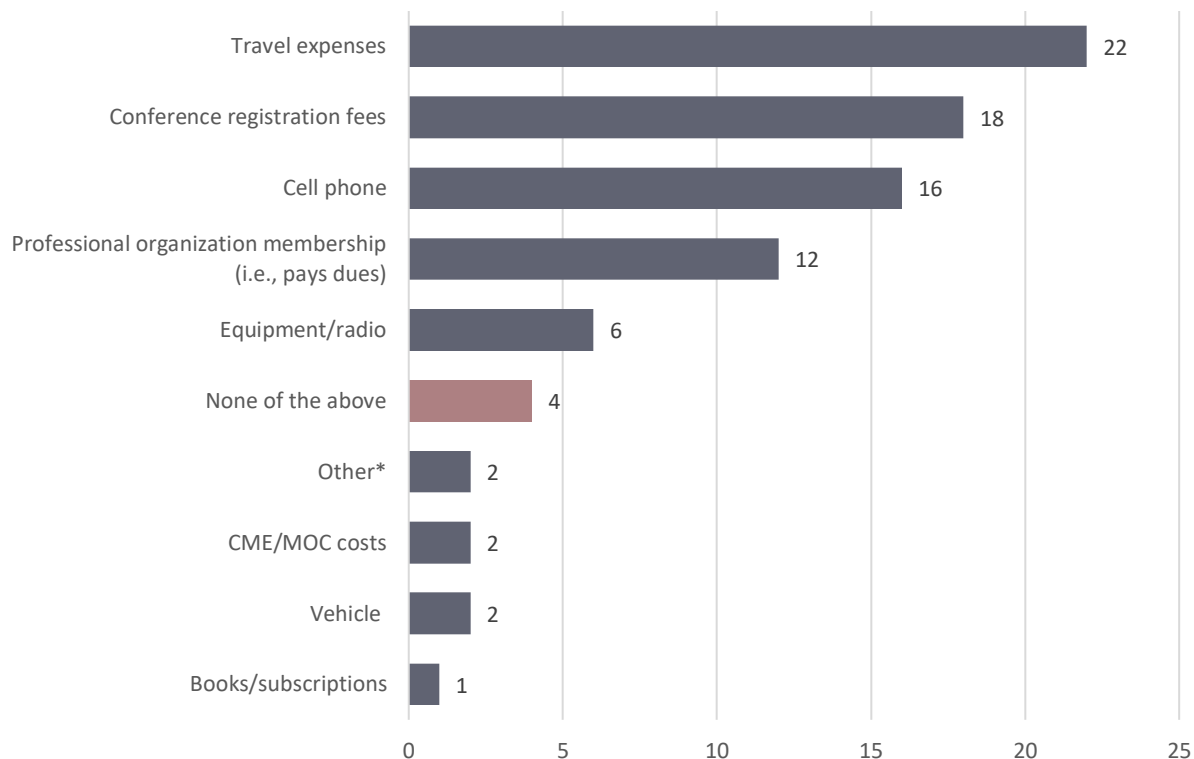
WHICH OF THE FOLLOWING BENEFITS DOES THE STATE PROVIDE TO YOU (IN YOUR ROLE AS STATE MEDICAL DIRECTOR)?
(SELECT ALL THAT APPLY)

FIGURE 20



WHAT ADDITIONAL BENEFITS DO YOU HAVE
(IN YOUR ROLE AS STATE MEDICAL DIRECTOR)?
(SELECT ALL THAT APPLY)

FIGURE 21



* Other responses:

- “I got a jacket”
- “laptop & office space”

Additional details based on the question: “If you selected professional organizational membership and/or conference registration fees in the list above, please indicate which professional organizations and conferences are supported.”

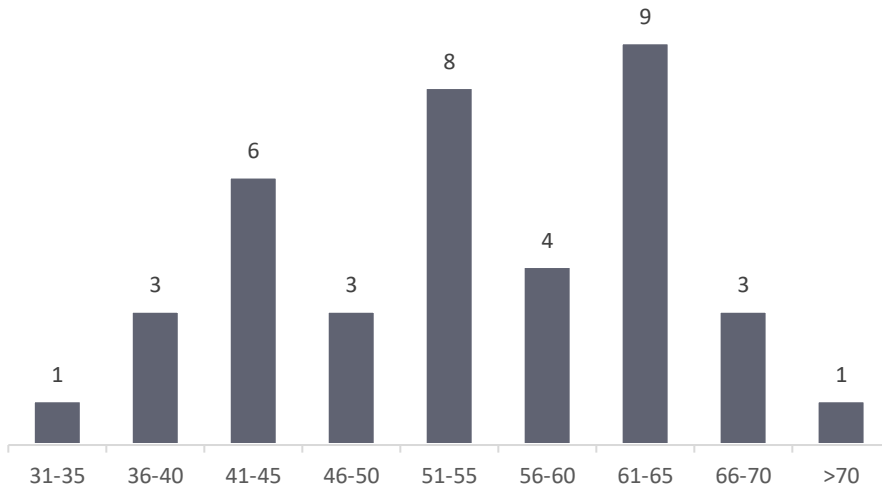
- Of the 12 who selected “Professional organization membership”:
 - o 2 did not indicate which memberships are paid
 - o 2 indicated both NASEMSO & NAEMSP
 - o 2 indicated NASEMSO, NAEMSP, & others (AMA, local state medical society, and “occasional others as needed”)
 - o 1 indicated “Membership and travel to NASEMSO annual meeting only”
 - o 5 indicated NASEMSO only
- Conference registration fees comments included
 - o Hotel, conference registration fee, and travel for the National Association of EMS Physicians annual meeting only
 - o Conference Travel when funds are available (this is not a given benefit)

- 2 didn't not indicate membership fees were paid, but travel expenses to NASEMSO were covered

DEMOGRAPHICS & EDUCATION

AGE RANGE

FIGURE 22



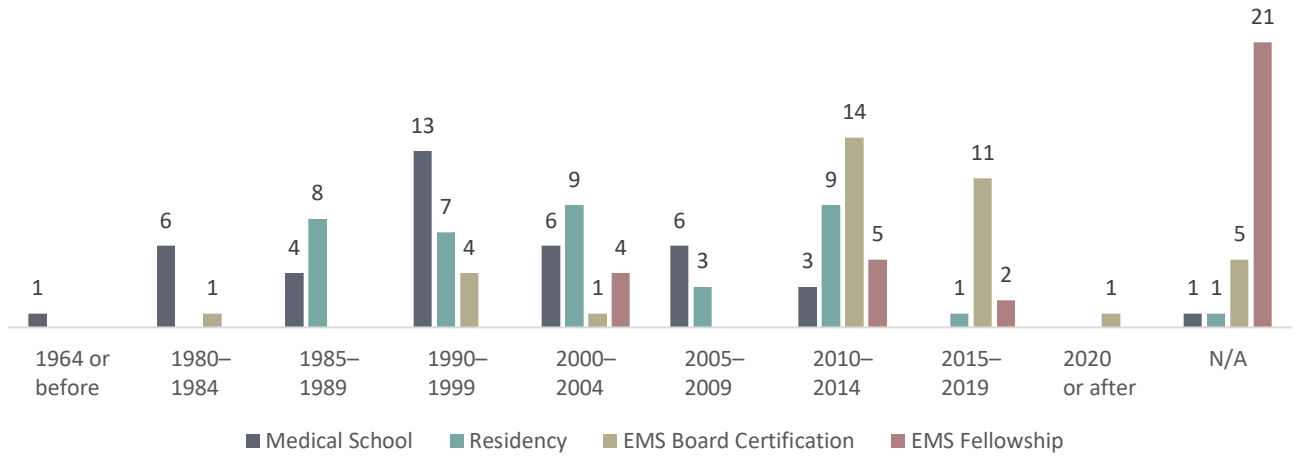
TO WHICH GENDER IDENTITY DO YOU MOST IDENTIFY?

FIGURE 23



PLEASE INDICATE THE TIMEFRAME YOU GRADUATED FROM/COMPLETED:

FIGURE 24

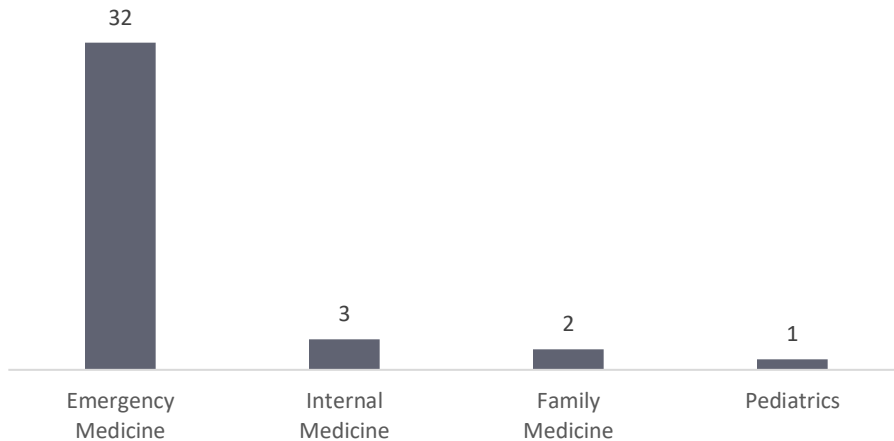


SPECIALTIES & FIELDS

Residency

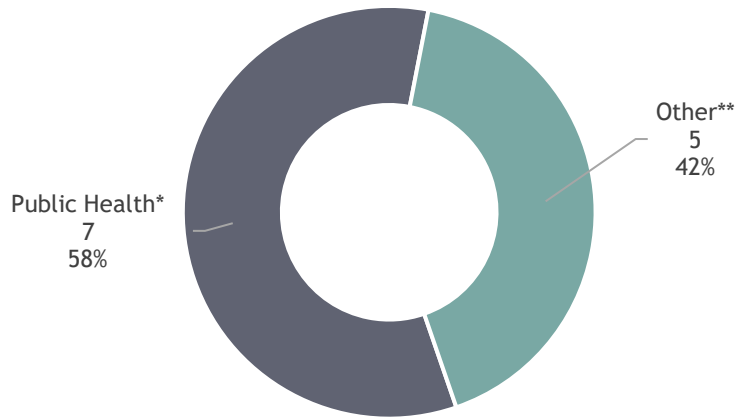
(37 responses – 2 responses had multiple specialities)

FIGURE 25



Master fields

FIGURE 26

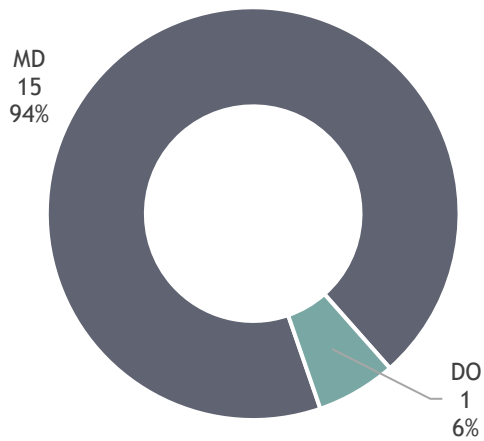


* **Public Health Clarifications:** One (1) Public Health response included “Global Health” and one (1) included “Infectious Disease Epi + Health Policy”

** **Other Descriptions:** One (1) each: Clinical Physiology; Business Administration; Resource Mat (sic); MS Anatomy; Medical Management

Doctorate fields

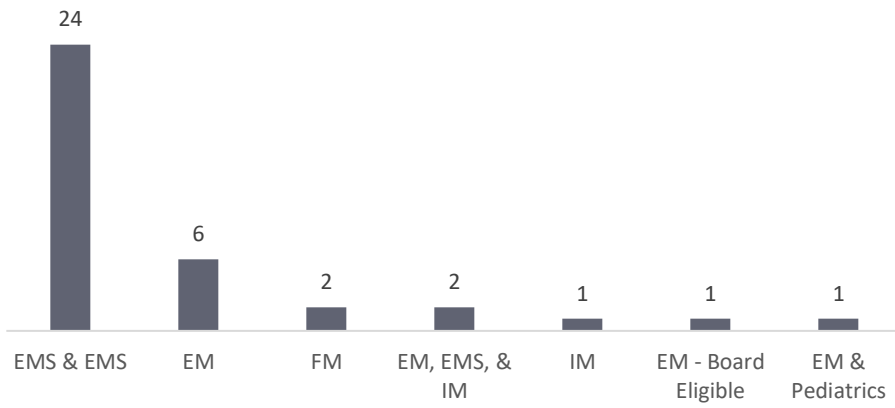
FIGURE 27



Board certification specialties

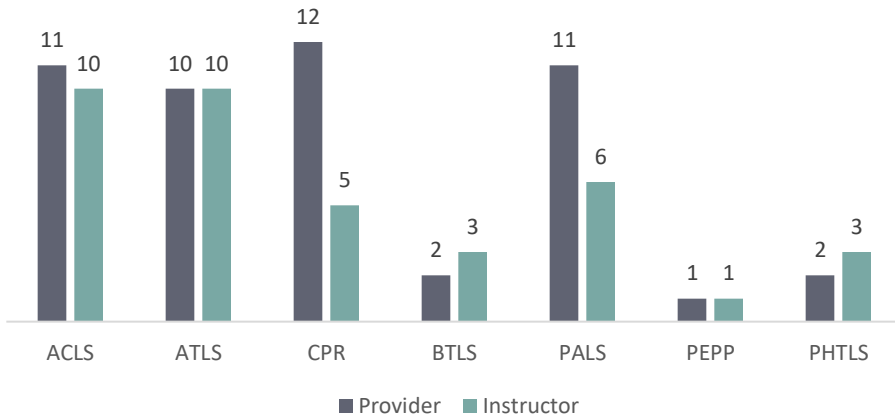
(37 responses)

FIGURE 28



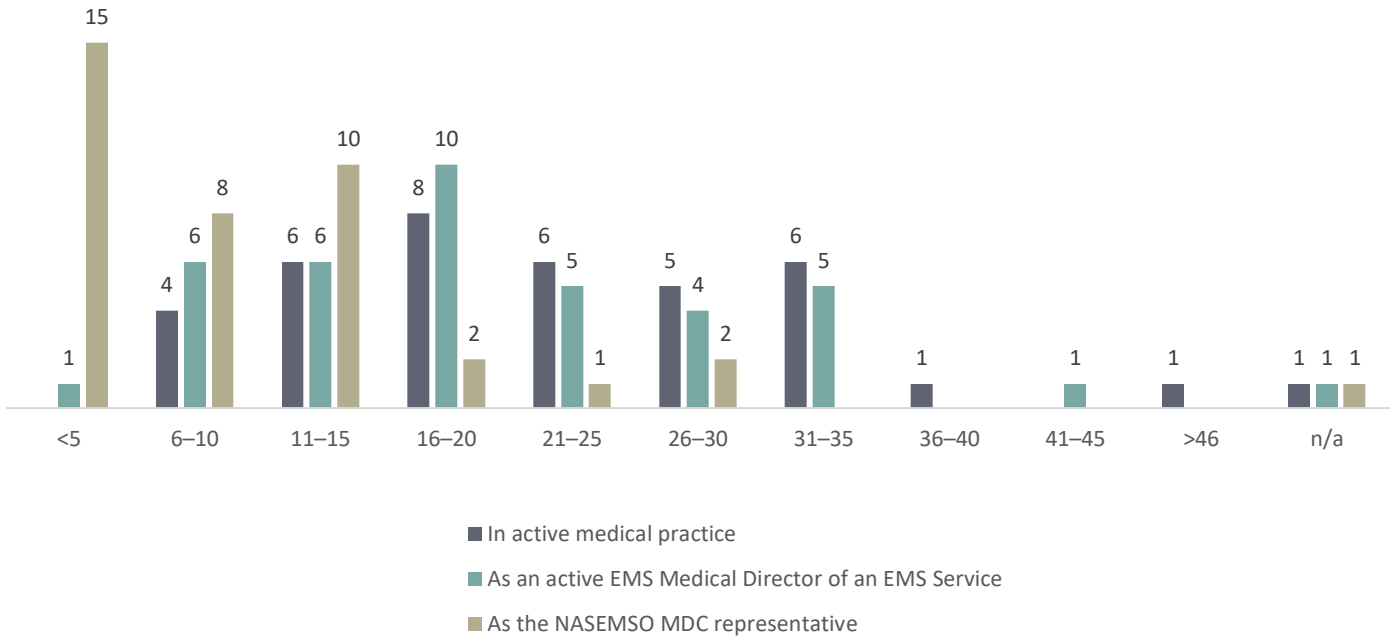
CURRENTLY HELD CERTIFICATIONS

FIGURE 29

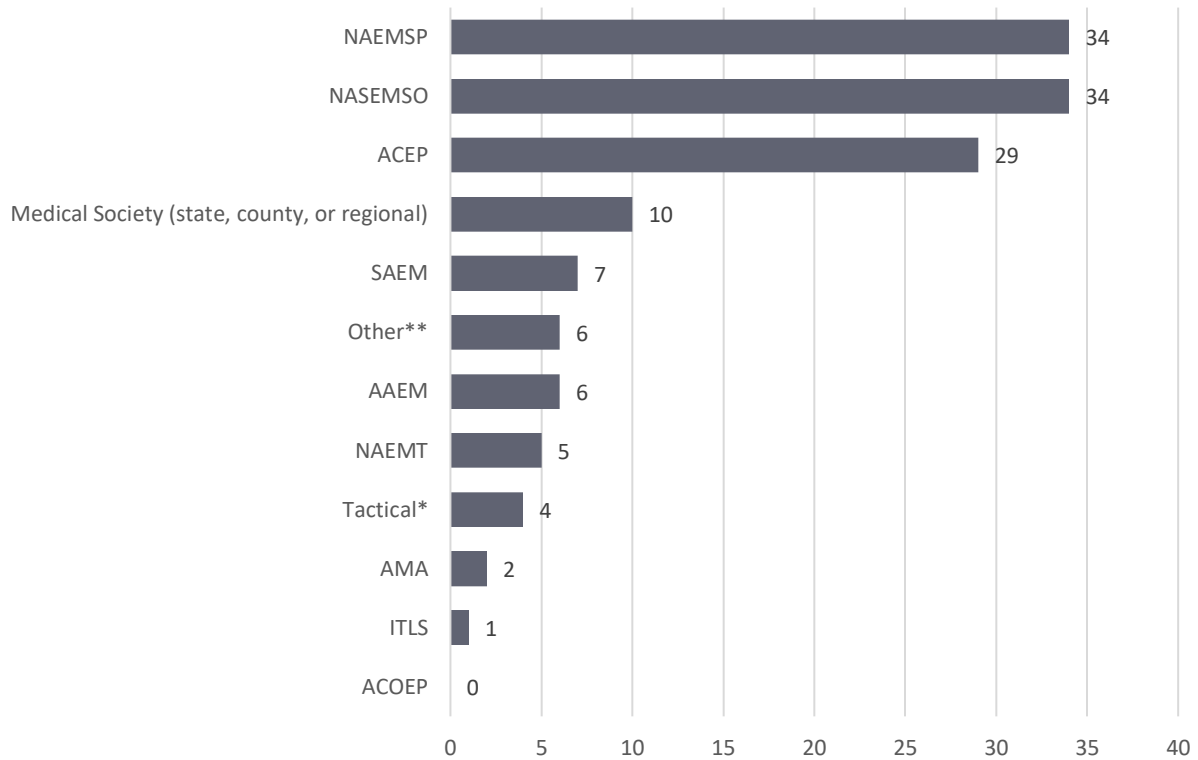


NUMBER OF YEARS SINCE RESIDENCY GRADUATION

FIGURE 30



CURRENT PROFESSIONAL ORGANIZATION MEMBERSHIPS
(SELECT ALL THAT APPLY)



*** Tactical Descriptions:**

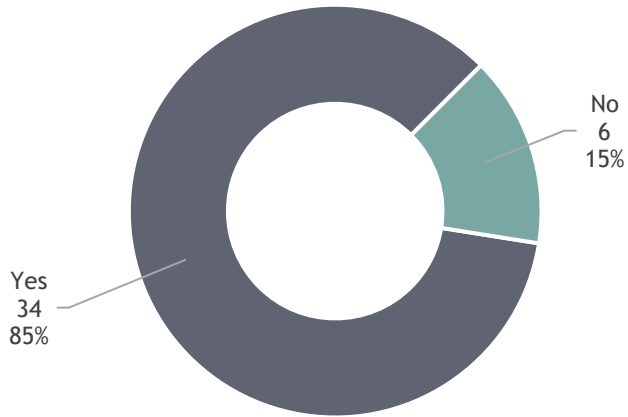
- Committee on Tactical Emergency Casualty Care (C-TECC)
- IAFC, NTOA
- SOMA
- Tactical - Special Operations Medical Association, National Tactical Officers Assoc, Illinois Tactical Officers Assoc Simulation - Society for Simulation in Healthcare

**** Other:**

- Federation of State Medical Boards
- American College of Physicians (ACP)

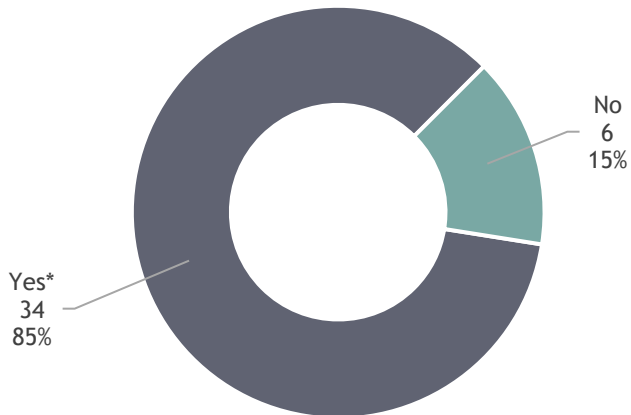
DO YOU WORK OUTSIDE OF YOUR STATE EMPLOYMENT / CONTRACT?

FIGURE 31



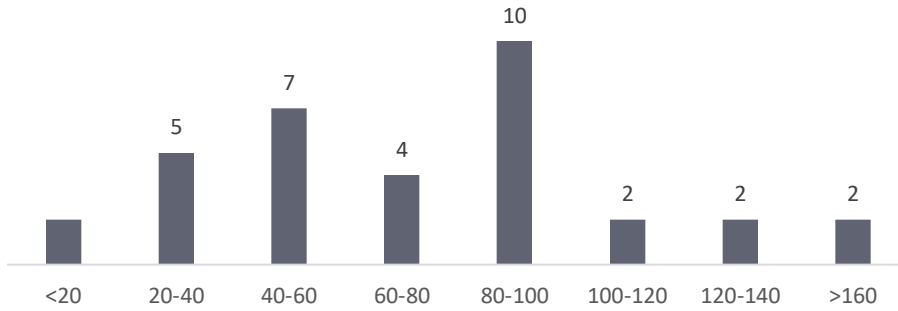
ARE YOU STILL PRACTICING MEDICINE?

FIGURE 32



* Breakdown of hours worked included in Figure 33

FIGURE 33

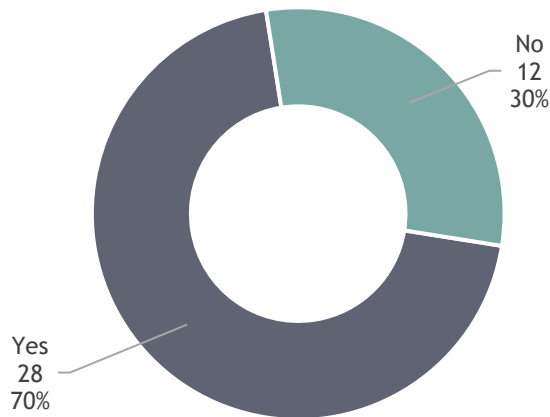


Comments:

- One response in the 60-80 category indicated: “as of July 1, will stop practice and be full time as State EMS Medical Director”
- One response not included in the Figure 33: “Full time EMS”

ARE YOU CURRENTLY PROVIDING EMS MEDICAL DIRECTION TO EMS SERVICES?

FIGURE 34

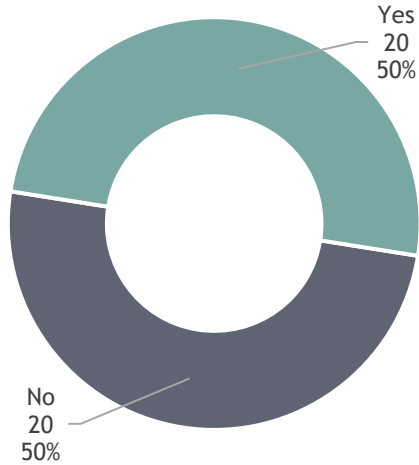


Number of services for those who indicated “yes”:

- 1 (n=6)
 - o 1 indicated “large multi-agency service” & 1 indicated “other fire based metro service”
- 2 (n=3)
- 3 (n=4)
 - o 1 indicated “municipal fire departments”
- 4 (n=2)
- 6 (n=2)
- 7 (n=2)
- 9 (n=2)
- 10 (n=2)
 - o 1 indicated that the “County has 10”
- 13
- 18 (specifically 1 County Medical Control Authority with EMS agencies)
- 31
- lots...honestly i dont have the number available - can obtain
- There are 3 Counties, 1 State Police Aeromedical and 70 BLS Companies

ARE YOU CURRENTLY PROVIDING MEDICAL DIRECTION FOR EMS
TRAINING CENTERS/COLLEGES?

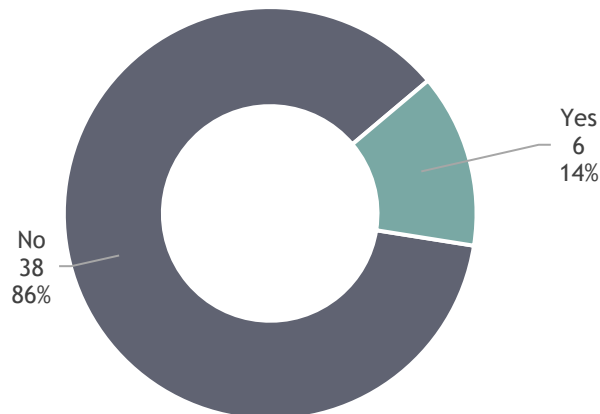
FIGURE 35



MEDICAL OVERSIGHT

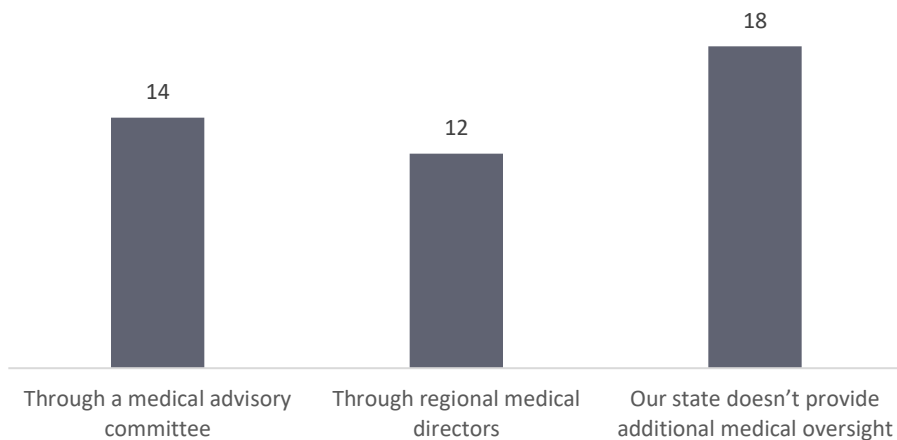
DOES YOUR STATE HAVE A POSITION FOR ASSOCIATE STATE EMS
MEDICAL DIRECTOR?

FIGURE 36



HOW DOES YOUR STATE PROVIDE ADDITIONAL MEDICAL OVERSIGHT AT
THE STATE OR REGIONAL LEVEL?

FIGURE 37



DESCRIBE THE MEDICAL OVERSIGHT PROCESS IN YOUR STATE

Answered by those who don't have a state EMS medical director.

- The Physician Commission regulates scope of practice and medical direction requirements. No role in direct agency medical director. Advisory role to EMS Bureau regarding issues in EMS.
- Local Medical direction
- The Board of Medical Examiners provides a Practice Guidelines document. Service medical directors must complete board-approved education and hold an endorsement.
- This position will be created in the very near future as legislation was passed to require a state EMS Medical Director. Medical oversight is current done at the local level and should we need additional oversight our Deputy Director provides assistance and guidance.
- Regulations require the agencies follow NHTSA guidelines at a minimum. If the agency wants to provide skills, medications, etc. that are outside scope of practice the must submit for a varaince through the state Board of Health.
- Agencies select medical directors for their agencies and we are notified of the medical director change and approve their protocols.
- Joseph Schmider, State EMS Director provides oversight of EMS in Texas.
- 37 Medical Program Directors; each responsible for one county (2 in the case of the 4 small counties)
- Medical oversight is provided at the local level.

ADDITIONAL COMMENTS

- NASEMSO Medical Directors Council is of superior value to me in my EMS work.
- There are 34 distinct local EMS Agencies in California, with oversight from the state EMS Authority
- Texas does not have a "State Protocol". Our large State and its diverse patient needs is well-suited for local control of evaluation and treatment of patients. There are basic requirements that cover the minimum equipment, evaluation, and treatment. This provides safety for patients across the State.