

Cooperative Agreement Proposal

“Emergency Medical Services Medical Director Workforce Assessment (EMS MDWA)”

Date: January 1, 2015

Project Lead:

Christian Knutsen, MD, MPH, FACEP

National Association of EMS Physicians®  
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January 1, 2015

DOT/NHTSA Office of Emergency Medical Services  
1200 New Jersey Avenue SE,  
West Building,  
Washington, DC 20590

Re: Unsolicited Proposal for Emergency Medical Services Medical Director Workforce Assessment

On behalf of the National Association of EMS Physicians (NAEMSP), I am pleased to submit our proposal for a cooperative agreement entitled "Emergency Medical Services Medical Director Workforce Assessment." We are excited to take part in this effort and create a new and detailed picture of medical directors across the United States.

NAEMSP is uniquely positioned to complete this project and provide NHTSA the highest quality project. NAEMSP is the national leader in medical director education and prehospital policy development. Our team of experts in prehospital medicine and research at SUNY Upstate Medical University and NAEMSP have significant experience in emergency medical services policy and protocol development, system design, education, and research.

We believe that our team is uniquely positioned to involve national EMS organizations in the development and distribution of a comprehensive survey instrument to medical directors across the country and create the first national description of this critical workforce in prehospital medicine. Describing this workforce's population attributes, qualifications, types and sizes of agencies served, and their financial compensation and legal protections is critical to determining trends of employment, identifying professional and training needs, recognizing barriers for medical directors, and directing policy and advocacy efforts.

Sincerely,

A handwritten signature in black ink, appearing to be "CK", written over a light blue circular stamp.

Christian Knutsen, MD, MPH, FACEP  
Medical Director, Upstate EMS Educational Programs  
Associate Program Director, Upstate EMS Fellowship  
Assistant Professor of Emergency Medicine  
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## I. Background

With over 50,000 separate EMS agencies and fire departments providing care to millions of patients each year, a clear description of the training and backgrounds of those who provide medical direction of EMS services in the US is surprisingly not available. An estimated 8,500 medical directors serve 20,000 EMS agencies and 30,000 fire departments across the country.<sup>1,2</sup> Emergency medical dispatch centers, aeromedical services, mass gathering events such as marathons and concerts, and police departments and their special operations teams also require medical directors. Despite a growing number of trained and now boarded certified EMS physicians, prehospital medical direction faces several obstacles and unknowns. Currently data is difficult to identify, but many medical directors are thought to be from several specialties such as family practice, internal medicine, and surgery and have little or no EMS experience. In addition, individuals serving as EMS directors have varying degrees of involvement with their services. Medical directors' compensation, legal protections, involvement in research, and education are also largely unknown.

The 1996 Emergency Medical Services *Agenda for the Future* proposed 14 key attributes requiring development for successful and efficient emergency medical services.<sup>3</sup> Medical direction that provides oversight of prehospital providers, ensures high level of medical care, and facilitates integration with the larger healthcare system was identified as one of these crucial attributes. The *Agenda for the Future* had a specific vision for EMS medical directors:

Medical direction is provided by qualified physicians and staffs with special competency in EMS. Recognition of competency, by virtue of acquisition of knowledge and skills relevant to the delivery of EMS care and administration of EMS systems as population-based health care systems, is available in the form of subspecialty certification for physicians, nurses and administrators. This helps ensure that medical direction, which ultimately affects the care provided to patients in the community, is provided by knowledgeable and qualified individuals.

The Institute of Medicine also recommended that “physicians who provide medical direction for EMS systems should meet standardized minimum requirements for training and certification that are reflective of their responsibilities.”<sup>4</sup> The American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP®) both recommended that the ideal EMS physician would be an Emergency Medicine physician with an EMS Fellowship and experience with prehospital services.<sup>5,6</sup> For certification, the American Board of Medical Specialties followed recommendations from ACEP and NAEMSP® and recognized EMS Medicine as a boarded subspecialty. In 2013, just over 800 physicians were the first to be subspecialty boarded in EMS Medicine.

Knowing the population of EMS medical directors in the United States would create several benefits. Defining this groups' demographics; qualifications; number, types and sizes of agencies served; and their financial compensation and legal protections is critical to determining trends of employment, identifying professional and training needs, recognizing barriers for medical directors, and directing policy and advocacy efforts. NAEMSP® considers this effort essential to the improving EMS medical direction across the nation and would pursue this project if the resources to do so were available. The National Highway Safety Administration (NHTSA)

and other federal departments would benefit from understanding its prehospital medical leadership from a national preparedness perspective. A cooperative agreement between NHTSA and NAEMSP® is therefore proposed to support and execute this initiative.

## **II. Purpose**

This project recommends that a cooperative agreement be undertaken between NAEMSP® and NHTSA to investigate and define key attributes of EMS medical directors across the country in order to create a national picture of prehospital medical direction. NAEMSP® will use our existing infrastructure and relationships with key individuals and organizations across the spectrum of the EMS community and the greater continuum of healthcare systems to create an Emergency Medical Services Medical Director Workforce Assessment (EMS MDWA).

## **III. Objectives**

The EMS MDWA will be designed to provide the first description of the physicians providing medical direction for prehospital services across the nation. No other detailed description of EMS medical directors at the local level has been previously created.

The objectives of the EMS MDWA are to:

1. Identify the demographic make-up and experience of medical directors,
2. Define the professional qualifications of medical directors,
3. Describe the EMS, fire, police, aeromedical, and medical dispatch systems that EMS physicians support,
4. Classify the financial support provided to medical directors for their efforts,
5. Outline the legal protections and source of these protections provided to medical directors,
6. Describe the involvement that medical directors provide their agencies in terms of education, quality improvement, and policy or protocol development.

## **IV. Project Overview**

The EMS MDWA will be a 36 month project with survey design and approval in the first 12 months, data collection completed within months 13 to 24, and data analysis and drafting of the final product in months 25 to 36 of the award.

Data has been previously estimated by surveys of state medical offices. Identifying and contacting every medical director in the country, however, would be time consuming and beyond the scope of this project. Therefore, a viral survey methodology is proposed to reach as many medical directors across the county as possible. A survey instrument that will measure attributes of medical directors will be created. Appendix A outlines proposed components of the survey instrument. The survey will be widely distributed to the members of NAEMSP® and by NAESMSO, state EMS offices, and by other relevant national organizations to medical directors in their states and regions. Each person completing the survey will be asked to recommend other medical directors to complete the survey. In addition, a link to the survey will be made available

on a newly created Facebook page associated with this project and social media used to reach medical directors.

Before the start of the project, the survey instrument will be created, reviewed, and tested. The first year of the project will then be dedicated to obtaining approval by the Office of Budget and Management for this national survey.

The second year of the project will be dedicated to disseminating the survey as widely as possible. In the first four months of the second year, this survey instrument will be first distributed to New York medical directors by the New York Department of Health's Bureau of Emergency Medical Services (NYDOH BEMS) and the state's 18 Regional Emergency Medical Advisory Councils. Referral to other medical directors by those completing the survey will be made and social media also used. NYDOH BEMS has a complete list of all BLS and ALS agencies in the state. An estimation of the penetration by this type of survey distribution will be made.

At the annual meeting of NAEMSP® in January of the second year (month 15), this project and survey instrument will be presented to all attendees. The survey will be distributed to all attendees and they will be encouraged to complete the survey and refer to their colleges. Non-physician attendees will be asked to distribute to their medical directors and other medical directors in their regions. Concurrently, NASEMSO regional representatives will begin distributing to their regions and state EMS offices to their medical directors. Responses will be collected and the survey distributed to medical directors as they are identified. Data collection and survey distribution will continue for seven months until the end of the second year (month 23).

Our research team will compile the survey results throughout year two. The results will be analyzed in the third year of the award. A draft of the EMS MDWA will be made available for review and comments by May 1, 2018. A presentation of the results and a revised EMS MDWA draft will be presented to NHTSA and NAEMSP® leadership in August 2018. The final draft of the EMS MDWA will be submitted by August 30, 2018.

## **V. NAEMSP Background**

NAEMSP® possess the expertise required to complete the project. Dr. Knutsen has assembled a team of experts in prehospital care and research who will function as the research and writing team for this project.

NAEMSP® is one of the leading organizations promoting and advancing prehospital care in the United States and abroad. Initially created to serve as a resource and advocate for EMS physicians and other EMS personnel, NAEMSP®'s current 1,400 members include a wide range of providers, including EMS physicians, physicians in training, EMS administrators, and EMS field providers. As the primary organization of EMS medical directors, NAEMSP® and its members are the experts in prehospital medical direction. Therefore, NAEMSP® is uniquely positioned to be the national EMS organization that can assume a leadership role in executing and completing the EMS MDWA.

NAEMSP® has existing relationships with a large number of key EMS stakeholder organizations and NAEMSP®'s members are actively involved in these organizations. Members of NAEMSP® act as representatives and liaisons to the following stakeholder organizations, with regular attendance at individual organizations' meetings:

- AAP Pediatric Education for Prehospital Professionals (PEEP)
- ACEP Task Force on Alternative Health Care Providers in Emergency Departments
- Advocates for EMS (AEMS)
- Air Medical Physicians Association (AMPA)
- Air & Surface Transport Nurses Association (ASTNA)
- American Academy of Emergency Medicine (AAEM)
- American Academy of Pediatrics (AAP)
- American Ambulance Association (AAA)
- American Board of Emergency Medicine (ABEM)
- American College of Emergency Physicians (ACEP)
- American College of Surgeons (ACS)
- American Heart Association (AHA) Emergency Cardiovascular Care Committee (ECC)
- AMPS Air Medical Transportation Conference
- Association of Air Medical Services (AAMS)
- Brain Trauma Foundation (BTF)
- Basic Trauma Life Support International (BTLSI)
- Centers for Disease Control and Prevention (CDC)
- Center for Medicare and Medicaid Services (CMS)
- ComCARE Alliance
- Commission on Accreditation of Ambulance Services (CAAS)
- Commission on Accreditation of Medical Transport Services (CAMTS)
- Continuing Education Coordination Board for EMS (CECBEMS)
- Emergency Nurses Association (ENA)
- ENA Task Force on Interfacility Transfer
- Federal Emergency Management Agency (FEMA)
- Federal Interagency Commission on EMS (FICEMS)
- Health Resources and Services Administration (HRSA)
- International Association of Fire Chiefs (IAFC)
- International Association of Fire Fighters (IAFF)
- National Academies of Emergency Dispatch (NAED)
- National Association of EMS Educators (NAEMSE)
- National Association of EMTs (NAEMT)
- National Association of State EMS Officials (NASEMSO)
- National Athletic Trainers' Association (NATA)
- National Fire Protection Agency (NFPA)
- National Flight Paramedics Association (NFPA)
- National Heart, Lung, and Blood Institute (NHLBI)
- National Highway Traffic Safety Administration (NHTSA)

- National Institutes of Health (NIH)
- National Registry of EMTs (NREMT)
- NSA Brain Attack Coalition
- Society for Academic Emergency Medicine (SAEM)
- United States Fire Administration (USFA)

NAEMSP® has an experienced and capable administrative team that will support the fulfillment of this grant. Stephanie Newman will serve as the Grant Project Director. She has experience in providing administrative support for other grants on behalf of NAEMSP®. She will arrange and participate on conference calls, prepare materials for face-to-face meetings, support development and distribution of surveys, and perform all other project management tasks associated with fulfilling the objectives of the cooperative agreement. Debbie Farrow will serve as the Accounting Associate for NAEMSP®. She will be responsible for paying expenses incurred with the grant and making sure appropriate accounting records are maintained.

Prehospital Emergency Care (PEC) is the official journal of NAEMSP® and serves as a vehicle for widespread dissemination of information on prehospital care. PEC is widely regarded as the premier journal of Emergency Medical Services. Its impact factor of 1.785 is ranked 9th of 24 Emergency Medicine Journals that are currently rated by the ISI Web of Knowledge. It is also ranked 4th among these journals in its Immediacy Index (0.459), a measure of how rapidly articles that are published in PEC are cited in the same year. PEC has served as a platform for widespread distribution of NAEMSP®'s position papers, conference proceedings, and specialty research sections for the EMS community. Therefore, PEC can serve as an ideal forum for dissemination of the final EMS MDWA.

NAEMSP® holds an annual meeting that is well-attended by members of many EMS stakeholder organizations. In 2014, the annual meeting in Tucson, AZ, drew more than 600 members and guests. The NAEMSP® annual meeting has served as a vehicle for a variety of specialty and consensus conferences that have been well attended by members of other organizations. For example, NAEMSP® coordinated an Ambulance Safety Conference in 2010 in fulfillment of an unrestricted educational grant from Zoll Medical and Physio-Control. This conference brought together a wide variety of experts in EMS safety, including EMS researchers, administrators, medical directors, field providers, and engineers, leading to the successful completion of a written document outlining the current status and future direction of EMS vehicle safety.<sup>5</sup> Similarly, NAEMSP® has successfully coordinated a Pediatrics Emergency Care Research Workshop annually since 2004, as a product of a contract between NAEMSP® and the Federal EMSC's Partnership for Children Program. Building on our prior experience, NAEMSP® will be able to solicit participation for all key stakeholder organizations to provide input into this project.

NAEMSP® has previously been awarded and successfully completed competitive grants on a wide variety of prehospital care topics. This prior experience provides NAEMSP® with an understanding of the requirements and technical knowledge needed to successfully complete such contracts. Recent grants include:

<b>Grant</b>	<b>Awarding Agency</b>
Terrorism Injuries: Information Dissemination and Exchange (TIDE 2)	CDC
Ambulance Safety Project	Zoll Medical & Physio-Control
National Research Agenda Modification No. 7 – Ethics	NHTSA
Pediatric Emergency Care Research Workshop	HRSA, MCHB, EMSC
Terrorism Injuries: Information Dissemination and Exchange (TIDE)	CDC
Medical Directors Distance Education & Mentoring Program	NHTSA
Technology and EMS Project NHTSA	NHTSA
National Prehospital Evidence-Based Guidelines Strategy	NHTSA

## **VI. Project Team Composition**

*Christian Knutsen, MD, MPH, FACEP*

Dr. Knutsen will act as the Principal Investigator/Project Manager and will have the lead responsibility for the day-to-day operation of the Cooperative Agreement. Knutsen completed his Emergency Medicine residency and his EMS Fellowship at the University of Pittsburgh Medical Center. He was among the first in the nation to be subspecialty boarded by the American Board of Emergency Medicine in EMS Medicine. Dr. Knutsen is an Assistant Professor of Emergency Medicine at SUNY Upstate Medical University where he is also the Medical Director of its EMS Educational Programs and is the Associate Program Director for its EMS Fellowship. Dr. Knutsen serves on the Standards and Practice Committee and Community Paramedicine Committees for NAEMSP®, works with the Central New York Regional Medical Advisory Committee serving as the chair of its education committee, serves with the University Police Physician Response Team, and provides medical direction to multiple EMS agencies, Mercy Flight Central Air Medical Service, and the Syracuse Police Department’s Special Operations Team. Dr. Knutsen is involved in multiple ongoing EMS research projects.

*William D. Grant, EdD*

Dr. Grant is Professor of Emergency Medicine, Professor of Family Medicine and serves as the Associate Dean for Graduate Medical Education. He has extensive experience in teaching research methodologies and statistical concepts at the undergraduate and graduate levels to a variety of students and residents including experience in various specialties ranging from medicine to pharmacy to industry. He has designed and conducted research in clinical medicine and for industrial clients including medical device and pharma companies. He has extensive experience in developing and implementing funded projects at both the Federal and private levels. He is a Fellow of the Royal Statistical Society, a Fellow of the Royal Medical Society, he serves as a statistical peer reviewer for 5 medical journals and has served as grant reviewer for US and foreign governmental agencies. Dr. Grant has over 100 peer reviewed articles and over 200 invited presentations.

*Susan Wojcik, PhD, ATC*

Dr. Wojcik is an Associate Professor of Emergency Medicine. She has been with Upstate Medical University for over 14 years providing research education and support to the research endeavors of faculty, residents, fellows and students. Her focus and assistance in clinical research has expanded to assist others in understanding and application of statistical design and analysis and research interpretation. She has developed and implemented a research seminar series for the department's multiple fellowship programs. To facilitate clinical research she designed and implemented a program of student volunteers to assist in research data capture in the emergency department setting. She has been implementing a research scholarship program for the Department of Pharmacy residents. She has enhanced the research activities of other department working on both clinical and device studies. She has co-authored multiple research related publications including several focused on EMS.

*Derek Cooney, M.D., FF/NREMT-P, FACEP*

Dr. Cooney is the Director of EMS and Disaster Medicine at SUNY Upstate Medical University and the Program Director of the EMS Medicine Fellowship. Dr. Cooney is board certified in EMS Medicine, Emergency Medicine, and Undersea & Hyperbaric Medicine, and is a Fellow of the American College of Emergency Physicians. He completed his Emergency Medicine Residency and EMS Medicine Fellowship training at the Texas A&M University Health Science Center, Scott & White Memorial Hospital.

Dr. Cooney currently provides Medical Direction to a number of emergency services in the region and is the Medical Director for the University Police Physician Response Team providing physician field response since 2008. Dr. Cooney serves on the Onondaga County EMS Advisory Board, CNY Regional EMS Council, CNY EMS Regional Emergency Medical Advisory Committee, New York ACEP EMS Committee, and the New York State EMS Counsel.

Dr. Cooney is a member of the Board of Directors and is the Chair for Standards and Clinical Practices at NAEMSP. Dr. Cooney has lectured locally, regionally, nationally, and internationally. He is active in research, has authored 15 book chapters in Emergency Medicine and EMS textbooks, and is editor the first edition of a new EMS Medicine textbook for McGraw-Hill. In addition to his qualifications as a physician, Dr. Cooney is also a certified paramedic and firefighter.

## VII. Project Timeline

### Pre-Project (January 2015 – August 2015)

An online survey instrument will be developed to assess the multiple attributes of prehospital medical direction outlined in the objectives section. The survey will be created and then reviewed and revised using a sample of EMS physicians in the Upstate New York area.

### Year 1 (September 2015 – August 2015)

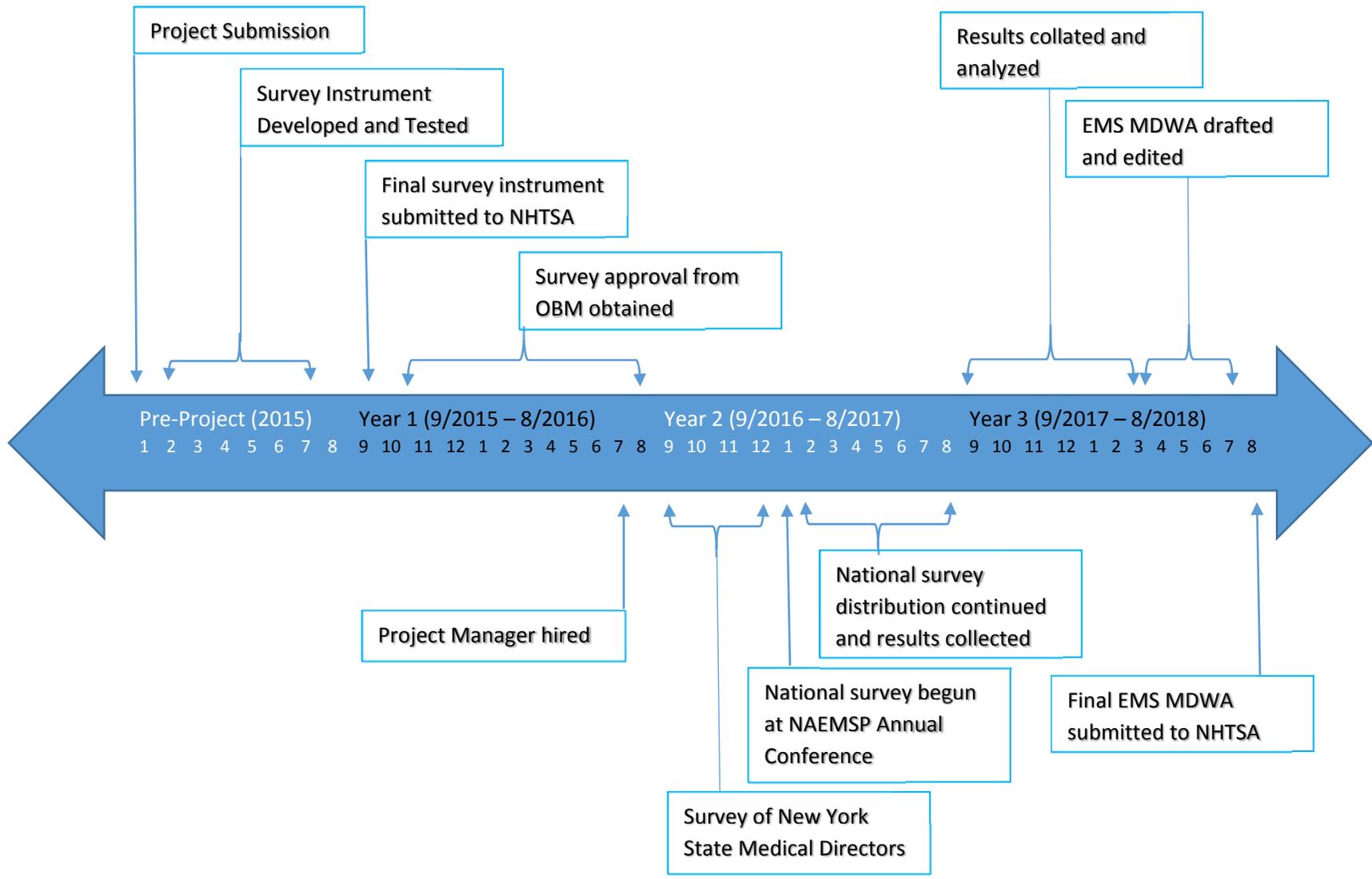
- September 2015: Survey design finalized by SUNY Upstate Research Team
- September 2015: August 2015 - NHTSA obtains Office of Budget and Management approval for EMS MDWA survey project
- July 2016: SUNY Upstate DEM hires a project manager to manage day-to-day needs of this project, survey distribution, results collection, and project submission.

### Year 2 (September 2016 – August 2017)

- September 2016 – December 2017
  - o Survey distributed to New York State medical directors by NYSDOH BEMS and REMAC offices.
  - o Estimation of survey penetration into known number of NY medical directors made.
- January 2018 – August 2018
  - o Project is introduced at the January 2018 NAEMSP® Annual Meeting and the survey is distributed to all attendees. NAEMSP® physicians complete the survey and both physician and non-physician members forward the survey link to other medical directors.
  - o NASEMSO and state medical offices distribute the survey to medical directors and EMS leaders.
  - o A Facebook Page is made available with a link to survey, allowing social media to help distribute the survey link to medical directors.
  - o Survey results are collected.

### Year 3 (September 2017 – August 2018)

- September 2017 – March 2018: Survey results statistically examined and results tabulated.
- March – July 2018: EMS MDWA product will be drafted and made available for comments and revision through the process.
- August 2018: Final draft of the EMS MDWA will be submitted to NAEMSP® and NHTSA.



## **Appendix A: Proposed Components of a Medical Directors Survey Instrument**

### *Demographic Data*

- Name (blinded from investigators, for checking)
- City and state of current employer and practice
- State of practice
- Age / Date of birth
- Gender
- Ethnicity and/or racial background

### *Medical Director Qualifications*

- Medical Degree (MD or DO).
- Medical school attended, identifying both state and country of training.
- Residency Training
  - Type of Residency Training (EM, IM, FP, surgery, other)
  - Name of residency program and year of graduation
  - Information about residency EMS experience
    - Residency include prehospital EMS experience?
    - Residency include aeromedical EMS experience?
    - Residency include special operations experience?
- Board Certification, Certifying Board, and year of certification
- Fellowship Training
  - Type of fellowship training
  - Name of fellowship program and year graduated
  - For EMS fellowship trained physicians, Information about fellowship experience
  - ABEM EMS Fellowship Board Certification (yes, no)
- Medical Director Course Training
  - NAEMSP®
  - State
  - Local / Regional
  - Other
- National organization involvement: ACEP, AAEM, NAEMSP®, NASEMSO,
- Previous Prehospital Training and Certification (past, current) as EMT Basic, Advanced EMT, EMT Paramedic, fire fighter, police officer, medical dispatcher, nurse, flight nurse or flight medic.
- Background
  - Number of years as a prehospital medical director
  - Expected number of year remaining in EMS medical direction

### *Primary Work Description*

- Base salary (by intervals)
- Type of Practice: academic or private practice, EM/IM/Other,
- Primary Site – academic, community, clinic, rural, tribal
- Hospital employed, group employed, mix
- Full time or part time

### *Medical Directions for Prehospital Services*

- Medical Director for EMS agencies
  - How many EMS agencies served?

- For each agency:
    - Type of service (third service, fire service)
    - Location (Urban, Suburban, Rural agency, tribal)
    - Provider model (all career, mostly career with some volunteer, mostly volunteer with some career, all volunteer)
    - Level of service ALS or BLS
    - Size of agency (number of ambulances, number of EMTs/Paramedics, number of activations per year).
  - Relationship with Agency
    - Employee, Independent Contractor, Volunteer
    - Full time, part time (<35 hours per week),
    - Type of contract or agreement: No written contract, with practice, with employer, with university, with institution, with other agency
    - Written job description or none
    - Dedicated Hours Per Month: no dedicated hours, 0-20, 21-40, 41-60, 61-80, 81-100, 101-120, 121-140, 141-160, >160
    - Additional Support: Vehicle, Equipment, Radio, Cell Phone, Pager
  - Financial Support
    - Amount of compensation
    - Direct compensation, paid through employer, other model
- Medical Director for emergency dispatch centers
    - Ability to review, modify, and approve dispatch protocols?
    - Participate in an organized quality improvement program at PSAP
    - Involved in Education, training, and medical oversight of emergency medical dispatchers?
    - Attended an EMD orientation course
    - Financial Support
      - Amount of compensation
      - Direct compensation, paid through employer, other model
  - Medical Director for Aeromedical Service
    - How many aeromedical agencies served?
    - Size of each aeromedical service (number of helicopters; number of flight paramedics, flight nurses, flight physicians; number of activations per year).
    - Relationship with Agency
      - Employee, Independent Contractor, Volunteer
      - Full time, part time (<35 hours per week),
      - Type of contract or agreement: No written contract, with practice, with employer, with university, with institution, with other agency
      - Written job description or none
      - Dedicated Hours Per Month: no dedicated hours, 0-20, 21-40, 41-60, 61-80, 81-100, 101-120, 121-140, 141-160, >160
      - Additional Support: Vehicle, Equipment, Radio, Cell Phone, Pager
    - Financial Support
      - Amount of compensation
      - Direct compensation, paid through employer, other model
  - Medical Director for Law Enforcement Agency
    - Number of law enforcement agencies served
    - Type of service: entire agency, tactical team only, other

- Relationship with Agency
  - Employee, Independent Contractor, Volunteer
  - Full time, part time (<35 hours per week),
  - Type of contract or agreement: No written contract, with practice, with employer, with university, with institution, with other agency
  - Written job description or none
  - Dedicated Hours Per Month: no dedicated hours, 0-20, 21-40, 41-60, 61-80, 81-100, 101-120, 121-140, 141-160, >160
  - Additional Support: Vehicle, Equipment, Radio, Cell Phone, Pager
- Financial Support
  - Amount of compensation
  - Direct compensation, paid through employer, other model
- Agency Involvement
  - For agencies, protocol development, review, and revision,
  - For region or state, protocol development, review, and revision
  - Agency continuing quality investigations
  - Ride outs with agency, number per month
  - Provide regular education
- Workplace Protections
  - Type of liability coverage
    - Professional liability with medical malpractice
    - Professional liability excluding medical malpractice
    - General Liability only
    - Employee practice liability
  - Worker's Compensation
  - Disability Insurance
  - Medical Insurance
- Prehospital Education
  - Residency Training Program (EM, IM, EM-IM, FP): faculty
  - EMS Fellowship Training: faculty, director
  - EMS Education Program: faculty, director
- Research
  - Involved in EMS research
  - Number of publications

Appendix B: EMS MDWA Proposed Budget

EMS MDWA Budget											
EXPENSES	Yr. 1 Costs ( Sept. 2015 - Aug. 2016)	YR. 1 Units	YR. 1 SUBTOTAL	YR. 2 Costs (Sept. 2016 - Aug. 2017)	YR. 2 Units/Rate	YR 2. SUBTOTAL	YR. 3 Costs (Sept. 2017 - Aug. 2018)	YR. 3 Units/Rate	YR 3. SUBTOTAL	TOTAL	Budget Narrative
<b>Contractual</b>											
Project Manager	\$ 150.00	96	\$ 14,400.00	\$ 150.00	96	\$ 14,400.00	\$ 150.00	96	\$ 14,400.00	\$ 43,200.00	
Survey Manager			\$0	\$20,000		\$20,000	\$ 20,000.00		\$ 20,000.00	\$ 40,000.00	Contract with SUNY Update
Grant Project Director	\$ 109.20	40	\$ 4,368.00	\$ 109.20	30	\$ 3,276.00	\$ 109.20	\$ 30.00	\$ 3,276.00	\$ 10,920.00	set up and participate on conference calls (1 hr per month), submit monthly progress reports (1 hr per month), submit monthly payment requests (1 hr per month), assist with survey and social media set-up
Accounting Personnel	\$ 91.00	18	\$ 1,638.00	\$ 91.00	18	\$ 1,638.00	\$ 91.00	\$ 18.00	\$ 1,638.00	\$ 4,914.00	Project-related accounting and audit expenses
Research Team Member 1 - Grant	\$6,670		\$6,670	\$6,670		\$6,670	\$ 6,670.00		\$ 6,670.00	\$ 20,010.00	Stipend
Research Team Member 2 - Wojcik	\$6,670		\$6,670	\$6,670		\$6,670	\$ 6,670.00		\$ 6,670.00	\$ 20,010.00	Stipend
Research Team Member 3 - Cooney	\$0		\$0	\$1,000		\$1,000	\$1,000		\$1,000	\$2,000	Stipend
<b>Travel</b>											
Kick-Off Meeting Total						\$ 545.00				\$ 545.00	
Airfare				\$ -							round trip_coach airfare
Hotel Accommodations @ \$224 including tax				\$ 224.00	1.00	\$ 224.00					Lodging @ \$224 for one night
Ground Transportation (Round Trip @ \$0.575/Parking				\$ 292.72	1.00	\$250					Mileage for one round trip from Pittsburgh, PA to Washington, DC + Parking
Per Diem				\$ 71.00	\$ 1.00	\$ 71.00					Per diem for meals and incidentals
<b>Final Presentation to NHTSA Total</b>									\$ 545.00	\$ 545.00	
Airfare	\$ -		\$ -				\$ 500.00				round trip_coach airfare
Hotel Accommodations @ \$224 including tax	\$ -		\$ -				\$ 224.00	1.00	\$ 224.00		Lodging @ \$224 for one night
Ground Transportation (Round Trip @ \$0.575/Parking	\$ -		\$ -				\$ 292.72	1.00	\$250		Mileage for one round trip from Syracuse, NY, to Washington, DC + Parking
Per Diem	\$ -		\$ -				\$ 71.00	\$ 1.00	\$ 71.00		Per diem for meals and incidentals
<b>Travel Subtotal</b>										\$ 1,090.00	
<b>Supplies/Direct Costs Total</b>										\$ 3,700.00	
Survey Tool	\$ 200.00		\$ 200.00	\$ 200.00		\$ 200.00	\$ 200.00		\$ 200.00	\$ 600.00	Survey Monkey subscription
Copies	\$ 1,000.00		\$ 1,000.00	\$ -						\$ 1,000.00	copies to distribute information about the survey to NAEMSP, New York Medical Directors, NASEMSO
Conference Calls	\$ 50.00	4	\$ 200.00	\$ 50.00	4	\$ 200.00	\$ 50.00	4	\$ 200.00	\$ 600.00	Quarterly Conference Calls
Postage	\$ 1,500.00		\$1,500							\$ 1,500.00	Distribution of survey
<b>Indirect</b>	\$ 37,191.00	19%	\$ 7,066.29	\$ 54,054.00	19%	\$ 10,270.26	\$ 34,599.00	19%	\$ 6,573.81	\$ 23,910.36	NAEMSP indirect cost rate agreement with the Federal Government
<b>TOTAL EXPENSES</b>			\$ 44,257.29			\$ 64,869.26			\$ 61,172.81	\$ 169,754.36	

## References

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- <sup>1</sup> National Association of State EMS Officials (2011). *2011 National EMS Assessment*.
- <sup>2</sup> National Fire Protection Association, Fire Analysis and Research Division (2013). *US Fire Department Profile 2012*.
- <sup>3</sup> U.S. Department of Transportation, National Highway Traffic Safety Administration (1996). *Emergency Medical Services Agenda for the Future*.
- <sup>4</sup> Institute of Medicine, Committee on the Future of Emergency Care in the United States Health System (2007). *Emergency Medical Service: At the Crossroads*.
- <sup>5</sup> American College of Emergency Physicians. *Medical Direction of Emergency Medical Services*. Available at <http://www.acep.org/Clinical---Practice-Management/Medical-Direction-of-Emergency-Medical-Services/>.
- <sup>6</sup> National Association of EMS Physicians Position Paper. *Physician Medical Direction in EMS*. Available at <http://www.naemsp.org/Documents/Position%20Papers/POSITION%20PhysicianMedDir.pdf>.