

National Association of State EMS Officials

201 Park Washington Court
Falls Church, VA 22046-4527
703.538.1799
Point of Contact: Dia Gainor, MPA, QAS

Leading EMS Growth Amidst Health Care Reform:

*A Workplan to Develop Tools for the
State EMS Office of the Future*



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Overview

Following the EMS Systems Act of 1973, system planning was a hallmark of federally facilitated regional EMS system growth in the 1970's. So too, in some cases earlier than that, was planned standardization of key system components at the national level such as ambulance service licensure and, through the efforts of the National Highway Traffic Safety Administration, emergency medical technician (EMT) and other practice levels through their concomitant scopes of practice and national training curricula.

State level coordination and planning efforts were later-arriving on this evolutionary scene, largely because federal EMS planning/funding incentives enabled regional more than statewide development. States began to develop EMS regulatory (primarily) and system planning (secondarily) capabilities in response to the flourishing field emergency medical practices largely in the 1970s, and to reinforce EMS system planning infrastructure as federal funding for regional structures declined and largely ended in the early 1980's.

More recently, beginning in the early 1990's, the evolution of regional specialty centers, electronic patient care records, a national EMS education agenda in place of national standard curricula, and specialty care concepts (e.g. mobile critical care, tactical and wilderness EMS, and the recent blossoming of community paramedicine/mobile integrated healthcare) have cemented the need for, but also challenged, statewide EMS system planning and development.

The state EMS office's role transformed over this same period to face the challenge of leading, or at least managing, these changes, as well as regulating the providers and other components of the system. It has done so with little outside funding to develop the requisite capabilities to effectively integrate change, and often little incentive or evidence to encourage change. As a result, some EMS offices may fall back on largely regulatory analysis and solutions when change is suggested.

The growing trend, and the standard for the National Association of State EMS Officials (NASEMSO) members, however, is for state EMS offices to exert leadership in system development, and not just to regulate. As this enlightened perspective is embraced, the state EMS office pursues a process to encourage, accommodate and facilitate system improvement suggested by colleague medical directors, local and regional EMS agency officials and EMS providers. It also includes larger considerations of how the EMS system integrates with the health care system, as well as public safety disciplines.

Modern EMS system theory has included aspects of injury and emergency illness prevention, as well as rehabilitation from them, as exemplified in the 1996 *EMS Agenda for the Future* and the

2004 *Rural and Frontier EMS Agenda for the Future*. Both documents encourage EMS resources to be more broadly applied in addressing community health care needs. More recently, efforts such as EMS Agenda 2050 and the EMS 3.0 initiative strive to define the EMS role in the reform of healthcare in general from long- and short-term perspectives. We do not know how incentives for different approaches to patient care will change from the health care reform of the past federal administration to that of the present.

State EMS offices are the logical leaders and sources of tools for EMS systems under pressure to change. To this end, NASEMSO, with support from NHTSA, has undertaken an assessment of current state EMS office organization, functions and staffing, as well as trends impacting state EMS offices. The results have fueled a planning process to improve the effectiveness of the state EMS office of the future, and the effectiveness of NASEMSO in supporting that office.

Preliminary results of a survey on organization, functions and staffing of state EMS offices also shed light on what trends were perceived as impacting EMS offices. These results fed discussion at the 2016 NASEMSO Board retreat on the “EMS office of the future”, and included these most suggested themes:

- Financing and value based reimbursement. Cost effectiveness. Pay for care and not transports.
- Rapidly changing healthcare system demands on EMS. Pressure to do community paramedicine and mobile integrated health care.
- Budget, travel restrictions and staffing reductions. Showing Return on Investment of regulating. Funding nationally and locally. Preparedness lack of funds. Increased regionalization.
- Use and integration of new technologies/communications and field interventions.

All of these suggest pressure to address EMS integration in health care reform, how to do it (e.g. new technologies/communication), and barriers (e.g. lack of state EMS funds).

The April 2017 NASEMSO monograph, “Organization, Functions and Staffing of State EMS Offices” described the complete survey results mentioned above. It summarized emerging trends, as follows (also suggested by the Word cloud from this survey question on the workplan cover):

- **Funding/Reimbursement for EMS** – Both decreased funding for state and other EMS system coordination and regulation operations, and for operation of EMS in general.

Inadequate and poorly conceived reimbursement for EMS services. The need for EMS to be funded by other than a supplier of transport services basis. The need for EMS to provide and be funded as a provider of emergency and other care services. The requirement that EMS service leaders prepare for value-based rather than volume-based incentives for service funding.

- **Integrated/Care/Services/Community Paramedicine** – Ninety-two percent of state EMS offices have reported in other recent NASEMSO surveys that there is community paramedicine (CP) activity in their states. This may be only preliminary discussions or it may be one of the 200 operational CP-type programs believed to be operating actively. Whether CP or a mobile integrated healthcare (MIH) approach, state EMS offices are seeing this type of integration with the healthcare system occurring more frequently. It blends with the funding concepts mentioned above and underscores the need for EMS to broaden its scope of service into primary and tertiary prevention and care in addition to its current secondary prevention/care role.
- **EMS Offices** – State EMS offices will be called upon to provide system leadership and enablement of the trends cited here. This will include legislative and regulatory enablement and encouragement while protecting the public, sources of information and tools for services wishing to provide CP, MIH, and other related services, and coordination with funding sources such as Medicaid, third party insurers, and health systems. EMS offices are increasingly required to show return on investment and value for state dollars spent.
- **Technology** – The advent of FirstNet and the technologies it enables, such as EMS telemedicine, will assuredly change the practice of EMS. It will enable both technology to replace training and experience for some types of diagnostics and care, and the CP services discussed above. Data systems must go beyond the electronic patient care report (ePCR) focus of today and into information sharing and data communications for real-time operations. Coordination of ePCR systems, health information exchanges, and hospital and other medical information systems must occur. Statewide EMS e PCR systems must not just prioritize effective data collection, but will need to provide meaningful data for both real-time operations and performance improvement, as well as other critical system support services.
- **Education** – The adequacy of the current education system is strained. There is pressure to add to education programs for licensure. This increases cost and complexity. Some of the new trends cited here have education impact (e.g. training for CP).

- **Rural** – Rural EMS faces service closures and added pressure from hospital closures or service reduction and movement of specialty services to cities. Reliance on volunteers is commonly thought to be decreasingly viable. System development is greatly needed to address these issues and to explore new approaches to service delivery. Integrating CP, MIH, and regionalized response and system support solutions are thought to have promise.

These efforts provide direction for this proposed workplan to develop a toolkit for state EMS offices to guide their systems in positioning themselves in a climate of health care reform when the nature of that reform may be changing.

Vision

A conclusion of the April 2017 NASEMSO monograph “Organization, Functions and Staffing of State EMS Offices” was:

“The striking issue that this survey reveals is that state EMS offices are very much involved in functions of the EMS system of the past, and have work to do to prepare to be a leader in enabling their systems and providers to meet the challenges of the EMS system and healthcare trends that state EMS officials perceive to be occurring.”

By providing state EMS offices with tools with which they may, in turn, lead and equip their EMS systems and agencies to meet the challenges of health care reform, this project will have significantly addressed that conclusion.

Workplan Components and Milestones and Deliverables List

(With descriptions as necessary; Milestones and Deliverables are presented in the timeline chart below)

- **KICK-OFF MEETING**

NASEMSO has a strong history of developing Kick-Off meeting presentations, including briefing packages (including copies of the RFA and NASEMSO proposal) and PowerPoint presentations. This briefing will be conducted by the Project Manager and Executive Director. Attendees for whom mutually convenient scheduling will be arranged will include interested NHTSA and Federal Interagency Committee on EMS (FICEMS) technical working group staff at a location of NHTSA’s choosing in Washington, D.C.

Through a concise but thorough project overview of the workplan that reflects the planned approach, the project objectives, activities, tactics and milestones, and deliverables will be provided. This briefing will provide attendees with the opportunity to gain a greater

understanding of not only the implementation plan but also provide an opportunity for questions, responses, and discussion.

- **RESEARCH AND COMPILATION OF FINDINGS OF RECENT RELATED ACTIVITIES AND GENERAL BACKGROUND REFERENCES**

NASEMSO staff will research, compile, and prioritize findings from its recent activities on improving the effectiveness of state EMS offices/NASEMSO (developing the “state EMS office/NASEMSO of the future”) and the general literature related to the EMS role in health care reform from:

- Pilot and preliminary survey findings, for the “Organization, Functions and Staffing of State EMS Offices” monograph, used for discussion of emerging trends affecting state EMS offices at the December 2016 NASEMSO Board retreat;
- The product of the two-day December 2016 NASEMSO Board Retreat identifying emerging trends affecting the state EMS office of the future and its needed new areas of service emphasis that are related to EMS roles in health reform;
- Product of the December 2016 retreat that specified ways that NASEMSO can better support the state EMS office of the future;
- The monograph “Organization, Functions and Staffing of State EMS Offices” published in April, 2017; and
- The product of NEPS 2017 task (Task/Condition 3, Item 5) to “*Develop new NASEMSO and state EMS office implementation plan*”. This will be the summary document for the current NEPS “Improving State EMS Office and NASEMSO Effectiveness” overarching objective, under which the products above are subsumed. As agreed upon with NHTSA in the NEPS plan: “The resulting NASEMSO organizational approach will facilitate a rapid process for state EMS offices to address emerging topics through distribution of informational resources, such as electronic learning management systems, deliberations on issues of national significance, and convening of leadership in order to decide on messaging and action items. This characteristic will remain a central capability in future service delivery plans.” This will inform the health care reform resources to be developed.

- The general literature on the impact of “volume to value” on EMS, community paramedicine, mobile integrated healthcare and other conceptual and practiced EMS-centric approaches to health care reform.

- **DEVELOP HEALTH REFORM TOOL CANDIDATE LIST**

NASEMSO staff will create a working draft of candidates for inclusion in the toolkit to be provided to state EMS offices to aid their staff and their EMS agencies in integrating with local, state, and national health care reform system-building. This will be crafted from the compilation of research and findings described above.

Each item in the candidate list will be classified to the degree to which NASEMSO staff time will be required to add the candidate to the toolkit, varying from “least” (item is already developed and need only be described and referenced in the toolkit) to “most” (item needs to be developed {e.g. as NASEMSO created a community paramedicine “community needs assessment” resource – it itself a small toolkit; see <https://www.nasemso.org/Projects/MobileIntegratedHealth/documents/CHNAs-Resources-for-CP-MIH-19May2017.pdf> ; will include an estimate of staff time to complete, and its achievability under this project}).

- **REVIEW CANDIDATE LIST AND RECOMMEND FINALISTS**

NASEMSO staff will distribute candidate list to NASEMSO CP-MIH Committee which will review and make recommendations at a monthly teleconference/webinar meeting. These recommendations will be sent to the NASEMSO Board for its consideration.

- **SELECT FINALIST ITEMS FOR TOOLKIT**

NASEMSO staff will facilitate a review and selection process for contents of the final toolkit during the annual Board retreat or utilizing a surrogate Board member process as deemed appropriate by the NASEMSO Executive Committee.

- **IMPLEMENT AND POST**

A webpage will be created to explain and provide access to the tools selected. Tools that need to be developed will be completed with approval of the NASEMSO CP-MIH and Executive Committees. All contents will then be posted.

- **SUBMIT QUARTERLY PROGRESS REPORTS**

By the 15th of the month after the conclusion of the first conventional calendar quarter (e.g., October 1-December 31) post award, the NASEMSO Project Manager will provide

a written report of that quarter's accomplishments and obstacles encountered, plans for the next reporting period, questions for NHTSA. Actual or anticipated issues requiring the attention of the COR(CAP) or CO will be specifically outlined in the report.

- **SUBMIT DRAFT FINAL REPORT**

NASEMSO will prepare a Draft Final Report that includes a description of the project, issues addressed, program implementation (previous, ongoing and planned), evaluation strategies, findings and recommendations. With regard to toolkit content development and transfer, it is important to know what worked and what did not work under what circumstances, and what can be done to avoid the problems identified in future efforts.

Tool/Document Development and Management Tactics

- The project manager (who will also be the technical writer) will have the primary responsibility for document development and management.
- Document management practices, as necessary, will include an online collaborative workspace such as Basecamp or Dropbox to facilitate easy access to the most current working documents during the duration of the project by NASEMSO members and staff.
- All content development teleconferences will utilize online document display and dynamic desktop sharing using GoToMeeting or a comparable commercially available system to enhance group interaction, clarity during discussions, and overall performance.
- The project manager/technical writer and editor will create and revise iterative drafts throughout the process, and will complete a final review prior to final submission.
- In addition to document file type requirements for submission to US DOT/NHTSA, the grantee will create a dynamic electronic version for use after NHTSA internal clearance that includes active links to citations, industry websites, and other source documents available online.
- The project manager/technical writer, NASEMSO Executive Director and editor will be available during the NHTSA internal review process should any assistance, clarification, or document refinements be needed.
- NASEMSO commits to maintaining the work products of this project including any future revisions pending resource capability.

Task Management: Comprehensive Timeline Including Milestones and Deliverables

Milestones (M) Deliverables (D)	Months Post Award																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Award Date 10/1/17																			
Kick-off Meeting (D)	X																		
Compilation of Findings and References (D)		X	X																
Develop Final Tool Candidate List (D)		X	X																
CP-MIH Committee Review of List and Recommendations (M)		X	X	X															
Board Selection of Finalist List (M)			X	X	X	X													
Develop Tools, Implement Toolkit and Post(D)														X					
Quarterly Reports (D)			X			X			X			X			X				
Submit Final Report (D)																			X