



SOUTH DAKOTA
DEPARTMENT OF HEALTH



SOUTH DAKOTA DEPARTMENT OF HEALTH

WELCOME

EMS STAKEHOLDERS' GROUP

May 7, 2015



SOUTH DAKOTA DEPARTMENT OF HEALTH

Secretary Kim Malsam-Rysdon

South Dakota Department of Health



GOAL:

To provide recommendations to the Department of Health on EMS sustainability and ensuring access to quality EMS in South Dakota, particularly in rural South Dakota, by identifying key issues and suggesting strategies. The group's work and recommendations will be reflected in a document the Department of Health and Office of Rural Health can use for internal strategic planning.



John Becknell, PhD



John is a community and organizational psychologist and an accomplished facilitator, interviewer, teacher and researcher. He has been involved in emergency services and healthcare for 35 years and has worked as a paramedic, educator, manager, systems developer and consultant. John is the founding publisher of Best Practices in Emergency Services and the former editor-in-chief of The Journal of Emergency Medical Services (JEMS). He serves on numerous national projects and provided the conceptual design for the National EMS Workforce Agenda for the Future (2009). John has been involved in emergency medical system development in North America, the Middle East, and

Central America. He is the author of two books and has published articles in numerous journals and trade magazines on emergency services administration, management, and workforce. John has a passion for finding and identifying best practices as well as understanding the sociological relationship between emergency medical services and the communities they serve.



Aarron Reinert



Aarron has become nationally known as a leader, master teacher and expert in management, leadership, system design and applied best practices in rural and small town emergency medical services systems. Aarron has been involved in emergency medical services for more than 20 years and is the executive director of an emergency medical service in central Minnesota. He is well known for asking tough questions and encouraging out-of-the-box thinking. Using such tools as the Balanced Scorecard, Aarron helps organizations recognize the necessary balance between finance, customer service, employee satisfaction and community awareness. Aarron's recognized understanding of

current emergency services issues led to him serving on numerous national boards and projects and to an appointment as chairperson of the National EMS Advisory Council by the U.S. Secretary of Transportation.

South Dakota Dept. Health EMS Stakeholders' Meeting

May 7th, 2015



Introduction

- Welcome from Department of Health
- Goal of Stakeholders' Workgroup
- Facilitators
- Group introductions
- Meeting goal
- Meeting process

Charge and Goals

- To provide recommendations to the DOH on EMS sustainability and ensuring access to quality EMS in South Dakota, particularly in rural South Dakota, by identifying key issues and suggesting strategies.
- The group's work and recommendations will be reflected in a document the DOH and ORH can use for internal strategic planning.

Our Agreements

- Seek first to understand, then to be understood
- All voices will be heard
- Single conversations
- Limit monologues to 1-2 minutes (the ability to yield)
- No making points at the expense of others (no personal or group attacks). Respectful disagreement.
- Conflict will be facilitated
- Stay mission focused
- Support the group during multi-month process
- Agree to the stakeholder groups deliverables

How we will make decisions

- Keep it simple
- Stay recommendation focused
- Pay attention when consensus shows up
- Use simple majority in absence of consensus

Process

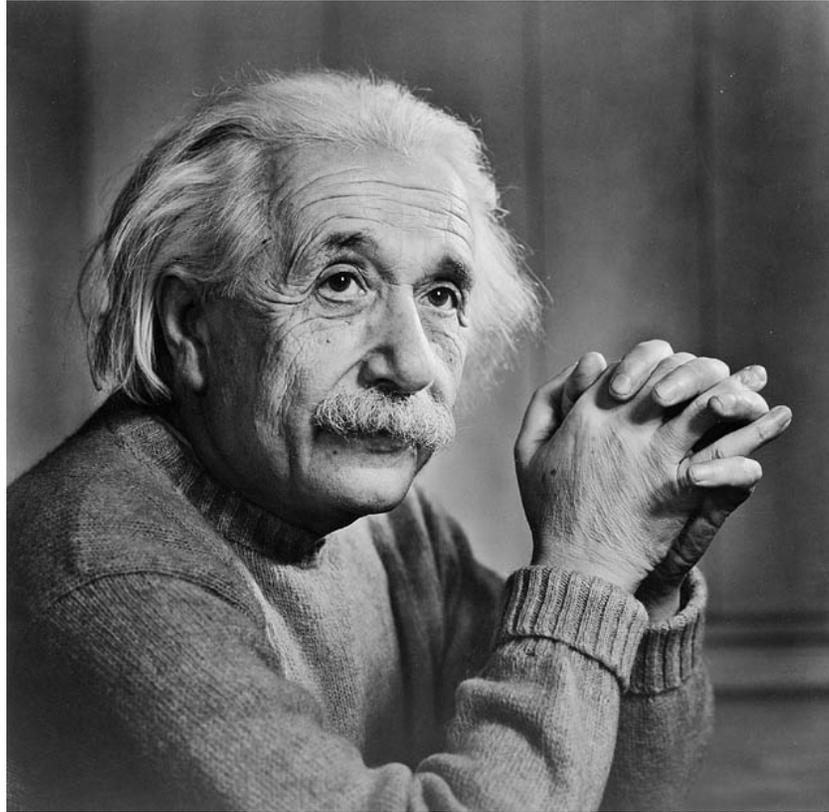
- Presentations
- Whole group discussion
- Small group discussion (world café)
- Council process
- Assignments

Recommendations

- Meaningful (must make a difference)
- Actionable (must be something we can actually do)
- Measurable (must be able to measure progress or success)
- Connected to the charge of the stakeholder group

Goal of today's meeting

- Clarify charge of stakeholders group and specific goals
- To create structure, process and agreements for the multi-month work
- Begin with shared understanding of where we are today and how we got here
- Big picture industry issues, themes, challenges
- Explain recent changes in EMS at state level
Identify themes for discussion in future meetings



We can't solve problems by using the same kind of thinking we used when we created them.

How to solve a problem

Historical Development of Rural EMS

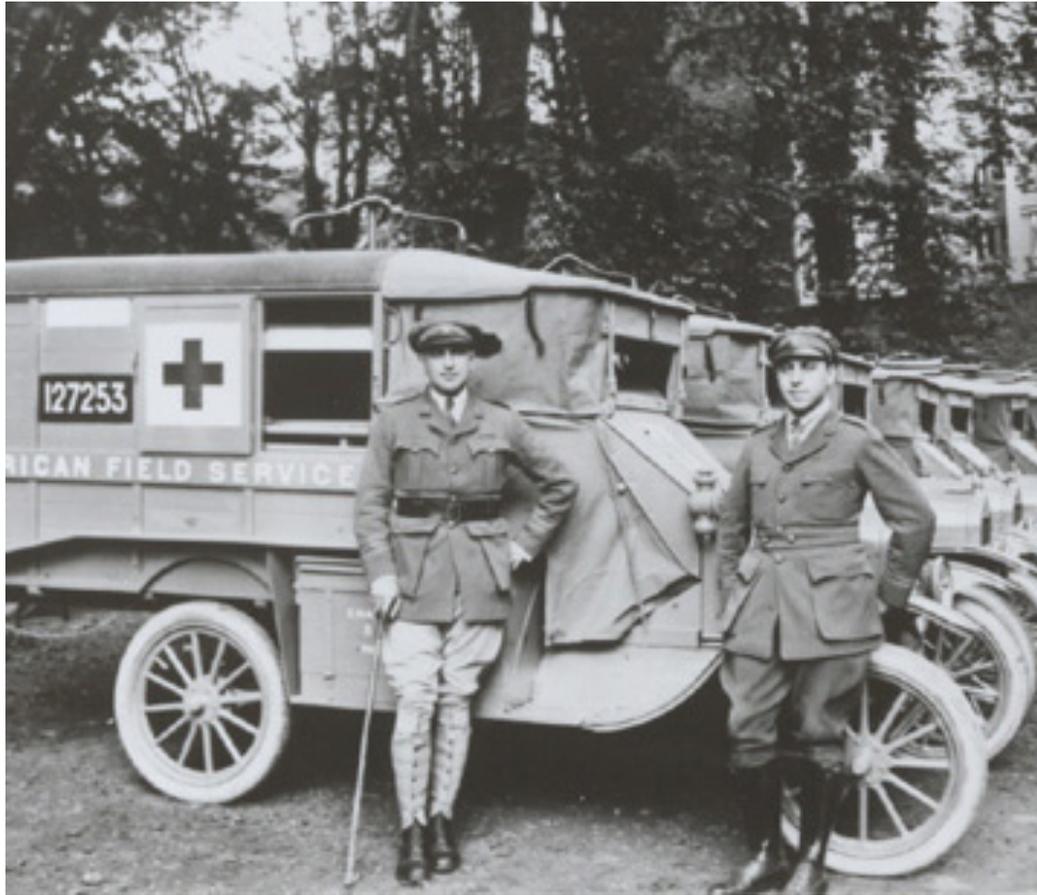


A long tradition of volunteerism









CIVIL DEFENCE

WOMEN WANTED AS AMBULANCE DRIVERS



OFFER YOUR SERVICES TO YOUR LOCAL COUNCIL
OR ANY BRANCH OF WOMENS VOLUNTARY SERVICES
NATIONAL SERVICE





Accidental Death and Disability: the Neglected Disease of Modern Society

1966



1966 Highway Safety Act -- DOT --- EMS

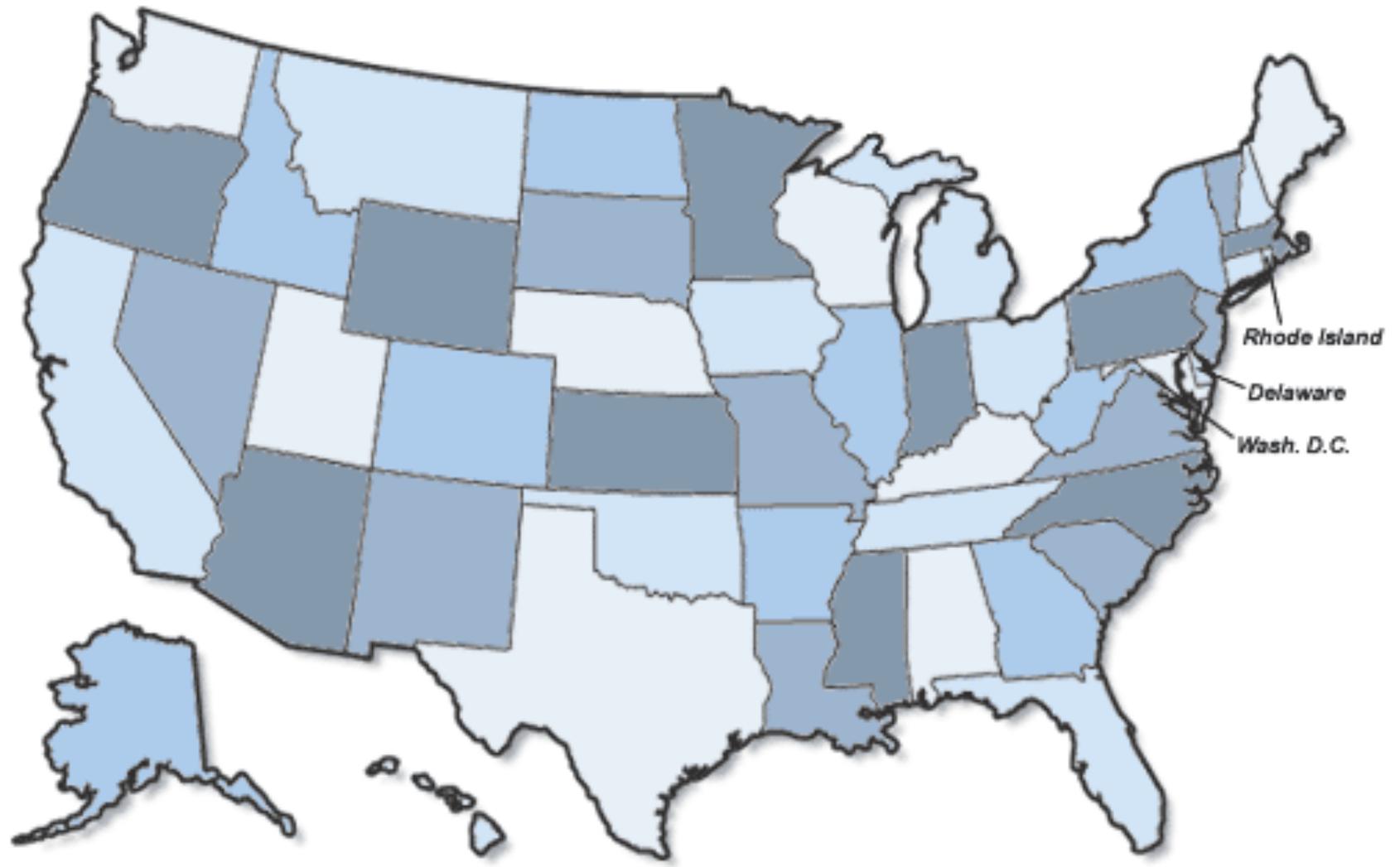


1973 The Emergency Medical Services Act

Regionalization



David Boyd, MD

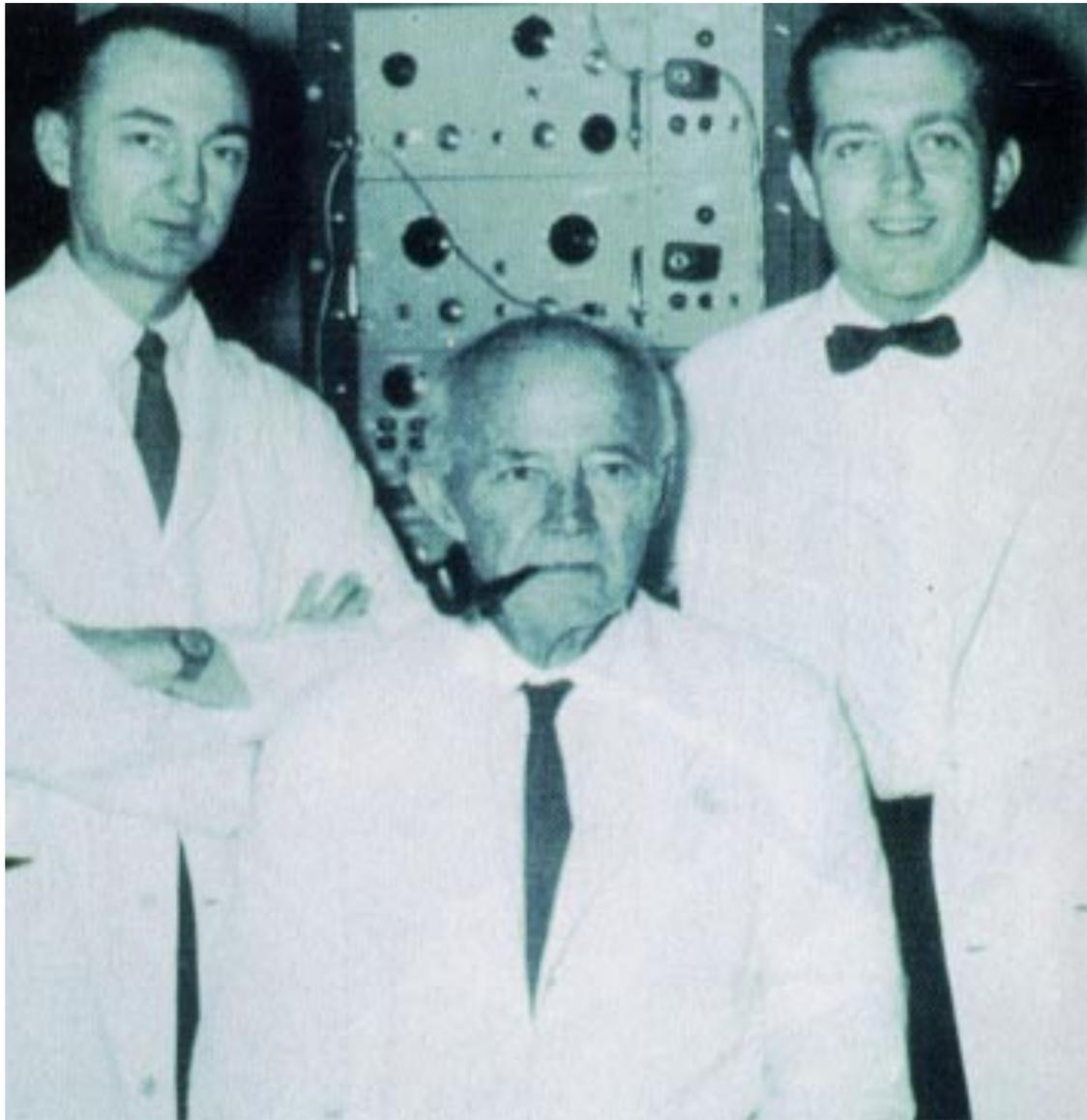


The Omnibus Budget
Reconciliation Act 1981
By 1982 All Federal EMS
System Funding Ended





Peter Safar



Kouwenhoven, Jude and Knickerbocker

“Anyone, anywhere, can now initiate cardiac resuscitative procedures. All that is needed are two hands.” *JAMA*



1967 - Frank Pantridge, Belfast Ireland

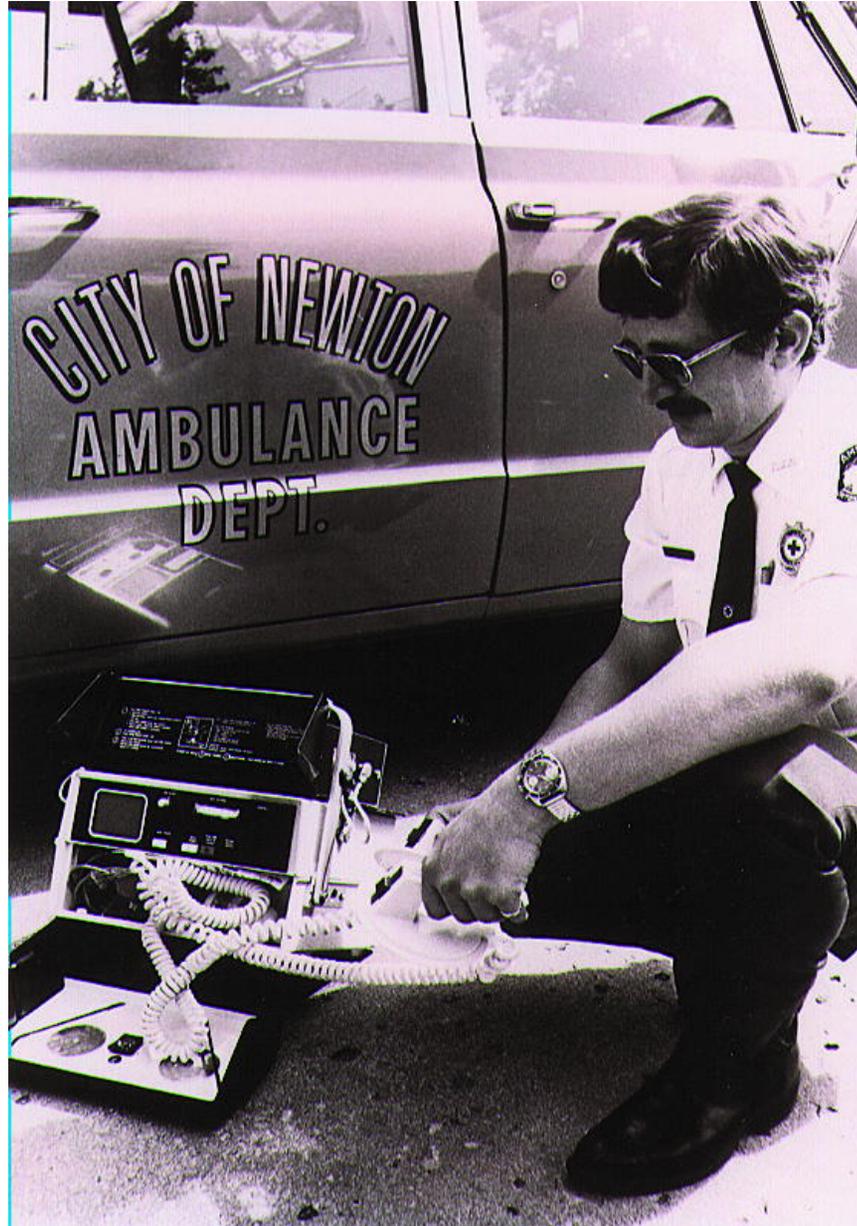




Seattle's first Medic One van arrived on scene in 1969.

(Photo Courtesy of Medic One Van Preservation Fund)





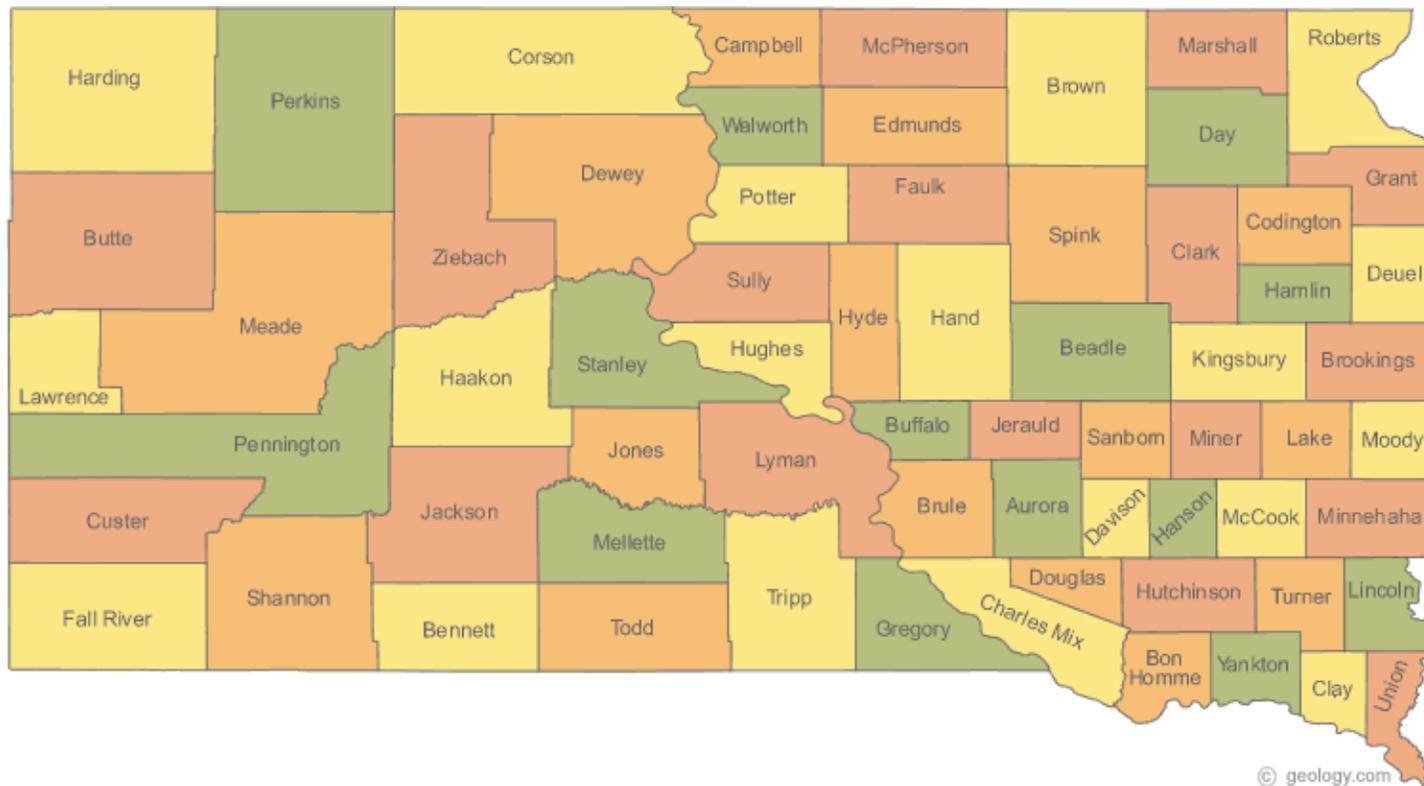




- **Urban oriented**
- **Cardiac care driven**
- **Hyper time sensitive**
- **Volume dependent**



South Dakota EMS



- **No mandate**
- **No system or plan**
- **Local**
- **Organical**
- **Subsidized by volunteer labor**
- **Club structure**
- **Control & power all local**



40 Years of success



What changed?

SocioEconomic changes

Cultural changes

Attitude changes

Demographics

Requirements / accountability

Regionalization of healthcare

New generations

The elephant in the room

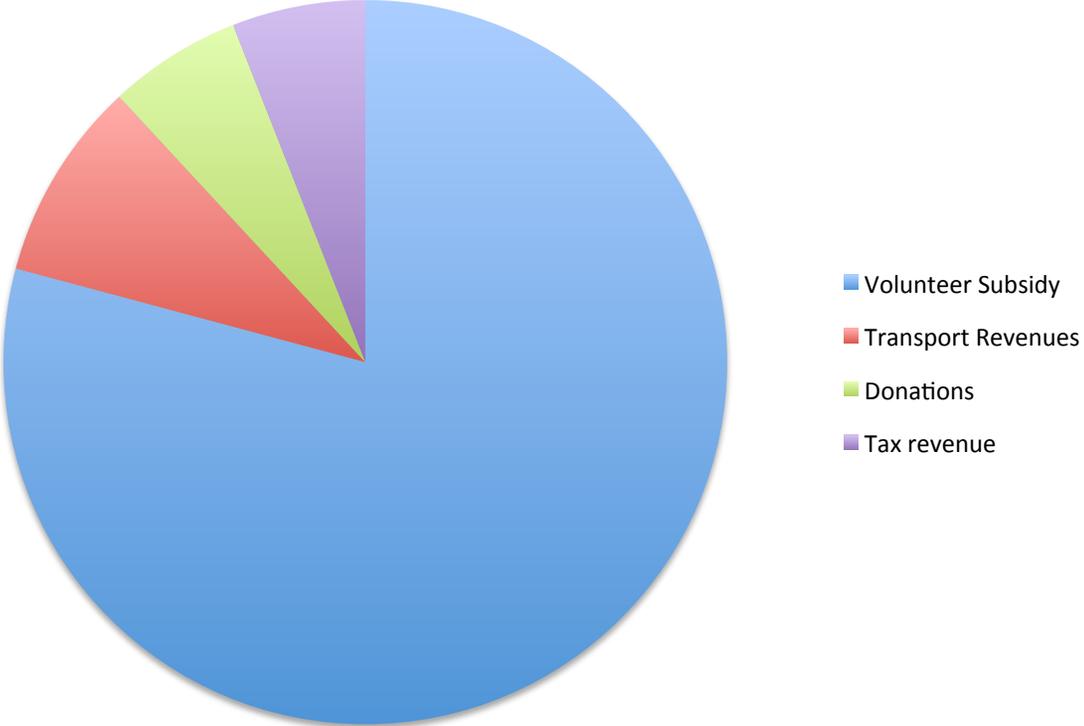


Costs and funding?

- **\$414,268 annually - to operate one 24/7 ambulance in SD**
- **\$70,000 - (vehicles, radios, equipment, facility, supplies)**
- **\$344,268 - staffing costs** (two, 24/7, at \$19.65/ hr)

(Bureau of Labor Statistics, Independent Sector)

- **SD volunteer subsidy is worth \$25+ million/yr**
- **Funded by: transport revenues, taxes, donations, volunteer subsidy**





1. Integration of Health Services
2. EMS Research
3. Legislation and Regulation
4. System Finance
5. Human Resources
6. Medical Oversight
7. Education Systems
8. Public Information, Education and Relations
9. Prevention
10. Public Access
11. Communication Systems
12. Clinical Care and Transportation Decisions/Resources
13. Information Systems
14. Evaluation

NHTSA State Assessment (2002)

- Training,
- Recruitment/Retention,
- Local funding,
- Other (paperwork, biochemical protection, etc.),
- Medicare/Medicaid Reimbursement,
- Scope of Practice,
- Communication difficulties,
- Medical direction,
- Protocols and policies,
- Liability issues.

5 recommendations

- Develop comprehensive state EMS enabling legislation which establishes the current Department of Health EMS Program as the State lead agency
- Transfer all licensure, scope of practice and other EMS personnel oversight responsibilities to OEMS from the Board. All levels of EMS practice so regulated should be levels of “licensure” not “certification”.
- Re-establish a State EMS Advisory Council via legislation or executive order with defined subcommittees aligned with the functional components of the EMS system.
- Modify applications at all levels to include self-declaration of relevant criminal histories and a tracking mechanism to monitor the frequency and types of violations reported.
- Pursue legislation to establish protection from disclosure and confidentiality provisions in statute

What does the history teach us

- Rural EMS had always been subsidized and probably always will be
- Volunteerism may not a reliable staffing option going forward
- The current fee-for-transport model is inadequate
- Communities wrestling with sticker shock
- Currently the power to change is local
- EMS has not been seen as an essential service

National Trends

A look at our nation's EMS system in
2015 and beyond

EMS at a Crossroads

- Volunteerism
 - New round of consolidations
 - Healthcare Reform
 - ACOs
 - Medical Home
 - Healthcare Exchanges
 - Community Paramedicine / MIH
 - Decreasing Reimbursement
-
- What's missing on this list?

National EMS Assessment (Data)

- 2009 data
 - Number of EMS agencies
 - 21,283 EMS agencies
 - Type of Agencies
 - **Fire Based 6,388 (40%)**
 - **Non-Fire Based 3,255 (21%)**
 - **Hospital Based 901 (6%)**
 - **Private non-hospital Based 3,910 (25%)**
 - **Other (8%)**

EMS agencies responded to an estimated 36,698,670 calls for service in 2009 – this resulted in an estimated 28,004,624 transports or 76% of calls in 2009.

Sequestration

- Here to stay?
- 2% across the board cut to providers and supplies
- 2% cut to Federal match to Medicaid
- Gross charges / Medicare allowable – deductible
- New fiscal cliff Oct 2015 if not sooner

CMS Extenders

- 2% urban
- 3% rural
- 22.6% super rural
- SGR Fix / Passed April 15th 2015
- 33 month extension for bonus payments
- The secret no one wants to talk about

Healthcare Reform

- Expansion of Medicaid program
- Everyone must have insurance
- All employers must provide insurance
 - 50 or more employees
 - 30 hour rule
 - \$3,000 penalty
 - Volunteers exempted
 - “Minimally compensated”
- By 2020 9 out of 10 employers might not offer health insurance (NPR, 2014, *All things considered*)

Recent CMS Reimbursement Items

- GAO Report
- MedPac
 - Private equity
 - BLS non-emergency
 - Extenders
- Pay for performance
- Reimbursement for readiness
- Provider vs Supplier
- Revalidation
 - Site visits
 - Completing documentation

NEMSAC

- Statutory vs discretionary
- Federal Agency Liaisons
- EMS Education Agenda for the Future
- Culture of Safety
- EMS as an essential service
- EMS Agenda for the Future
- Patient Protection and Accountable Care Act

National Items

- Ambulance standards
 - NFPA 1917 rev 2
 - CAAS Ambulance Standards
 - NASEMSO minimum vehicle standards
 - New ASE standard on cot mounting hardware
 - Bench seat
- NASEMSO
 - Interstate compact
 - EMS Compass
- CP/MIH
- FLEX
- NEMESIS / Data Collection Agenda for the Future

EMS of 2025 / Maybe 2015....

- Clubs vs Businesses
- Reimbursement model
- Volunteers?
- Part of Healthcare
- Pay for performance
- Cost Reporting
- Leaders.....

Questions???