



NATIONAL
RURAL HEALTH
RESOURCE CENTER

New EMS Resources

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July 2019

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July 2019

The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



TASC Funding Supplement

- Emergency Medical Services (EMS)
 - 2019 Rural Emergency Care Integration Summit
 - Three guides
 - Three spotlight videos
 - Support to the National Rural EMS & Care conference
 - [Rural Community Ambulance Agency Transformation](#) – Resources and self-assessment for ambulance agencies



2019 Rural Emergency Care Integration Summit



Health Care Payments are Moving to Value

- Rural health care providers are developing population health strategies that involve building partnerships and systems to meet the goals of the Centers for Medicare and Medicaid Services (CMS) quality strategy.
- Health care transformation provides opportunities for rural EMS to be more fully integrated into the health care system and participate in potential new payment and collaborative care models.

CMS Quality Strategy



Better Care, Healthier People, Smarter Spending



About the Summit

- Convened a group of expert stakeholders in rural EMS and hospitals to develop key strategies to support the transition of rural EMS services to value models
- Summit objectives:
 - Identify opportunities, strategies, and resources (existing and needed) to encourage collaborative engagement of rural EMS and hospitals, including how Flex Programs can support related activities
 - Identify the issues and challenges related to engagement between rural EMS providers and hospitals



Summit Participants

- Christy Edwards, Federal Office of Rural Health Policy (FORHP)
- John Eich, Wisconsin Office of Rural Health
- John Gale, University of Southern Maine, Flex Monitoring Team
- Heidi Hedberg, Alaska Office of Rural Health
- Tim Held, Minnesota Office of Rural Health
- Joyce Hospodar, Arizona Office of Rural Health
- Steve McCoy, Florida Office of EMS
- Kevin McGinnis, National Association of EMS Officials (NASEMSO)
- Clint McKinney, RUPRI Center for Rural Health Analysis
- Donna Newchurch, Louisiana Ambulance Alliance
- Tim Putman, Margaret Mary Health
- Lynn Weber, Clinton Area Ambulance Service Authority
- Tim Wilson, Nebraska Office of EMS
- Gary Wingrove, Mayo Clinic Transport
- Matt Zavadsky, Med-Star Mobile Healthcare



OPPORTUNITIES

Identify opportunities for rural EMS and hospitals to collaboratively engage with each other in the changing health care environment



From the Participants: Opportunities

Three categories of opportunity were identified:

- Community
 - Incorporate EMS into health planning
 - Engage the community in awareness of current level of emergency response they receive and what different options cost
- Providers, including EMS, primary, and acute care
 - Focus on improving leadership, create a vision of what could be and a culture of change
 - Relationship building between organizations
 - Medical direction for improved consistency and quality
- Information
 - Information exchange for continuity of health information
 - Education about value models



From the Participants: Strategies

Information and Technology

- **Data:** Use and invest in technology to advance data collection and validation. Have regional discussions about the value of data and data sharing.
- **Infrastructure:** Invest in technology and infrastructure such as FirstNet to enhance the capabilities of data collection and the use of data.



From the Participants: Strategies, Continued

- Financial literacy is vital for EMS agencies to move toward sustainability. Make a business case for the services offered in the community.
- Bridge the value proposition amongst different stakeholders so that they find ways to work better together in order to promote the best patient outcome.
- Educate the community about the transition to value and the cost of emergency response so that they are able to make informed decisions.



From the Participants: Strategies, Final

- Workforce
 - Retention of skills is an important part of practitioner retention. Provide high quality, accessible education.
 - Address emotional fatigue in practitioners to ensure their mental wellness and avoid burnout.
 - Understand the wants and needs of younger generations of workforce.



Flex Program Support for Rural Emergency Care

- Flex provides a platform and resources for states to strengthen rural health care by supporting improvement initiatives, for both hospitals and EMS.
- The role of the Flex Program is to be the convener between local, state, and national groups, while maintaining a neutral position.
- Foster partnerships between hospital and EMS, help them understand how they could be working together and how it benefits them both.



Flex Program Support for Rural Emergency Care, Continued

- Identify existing models and initiatives that are working and think creatively about how to adapt them to your state.
- Make both CAHs and rural EMS agencies aware of available resources.
- Flex Programs could fund:
 - Planning and implementation of innovative models of EMS-hospital collaboration.
 - Community engagement initiatives that help them understand and support emergency response.



Key Takeaways

- Rural ambulance services and hospitals both struggle with embracing new reimbursement methodologies because they still require income to operate while trying new things.
- They have a lot in common in regard to data, HIT, workforce, and resource needs and may benefit from collaboration.
- Collaboration isn't always incentivized and is sometimes disincentivized. The transition to value-based payment changes this.
- Strategies for ambulance service entry into value-based purchasing do exist such as aligning financial incentives and working with accountable care organizations.



Current Flex Program Initiatives from the State Flex Profiles

Examples of current Flex Program initiatives

- Building systems to support state mandated data reporting to cardiac and stroke registries (UT)
- Identifying rural relevant EMS measures and implement reporting, first validating data and correcting data quality issues (FL)
- Piloting financial measures to build sustainability (Joint project KS and OH)



Current Flex Program Initiatives from the State Flex Profiles, Continued

Examples of current Flex Program initiatives

- Telestroke implementation (AK)
- Community Paramedicine (CO, FL, KS, MA, ME, MT, NC, PA, SC, VT, VA, WY)
- Education, toolkits, guides (CO, WI, WV)
- EMS provider mental health (LA)
- Mental Health First Aid (MT, NC)
- Opioid-related activities
 - Overdose recognition and treatment (AL)
 - Project ECHO (UT)
 - Opioid Workgroup (WA)



Current Flex Program Initiatives from the State Flex Profiles, Once More

Examples of current Flex Program initiatives

- Prehospital Traumatic Life Support (AZ)
- Pediatric emergency care (MS, OK)
- Stop the Bleed (AK, WV)
- Simulation training for CAHs and EMS agencies (ID, OR)
- Stroke readiness, STEMI response times (IL, NE, UT)



Current Flex Program Initiatives from the State Flex Profiles, Again

Examples of current Flex Program initiatives

- Trauma
 - Designation
 - Planning and technical assistance (ME)
 - Performance improvement (AZ, PA)
 - Statewide trauma managers meetings (AZ)
- Rural Trauma Team Development (RTTD) courses (CA, UT)
- Trauma Nurse Core Courses (TNCC)



Current Flex Program Initiatives from the State Flex Profiles, Final

Examples of current Flex Program initiatives

- Medical Director education (KS, OR)
- Leadership training (NM)
- Other continuing education
- Committee of EMS agencies and hospitals developing frameworks for greater collaboration, community health promotion and mutual sustainability (KS)
- EMS feedback/communication (MN)
- Statewide and community-level EMS assessments



Rural EMS Integration Guide



Rural EMS Integration Guide

- A practical guide for ambulance services to use in their pursuit of sustaining effective and efficient delivery of patient care and developing at least some integration with other agencies.
- Integration is intended to provide and sustain improved patient care by capitalizing on efficiencies of different services.
- The guide will provide insights into various means, which have been used by agencies within the industry to promote integration between agencies, to the benefit of the agencies, the staff, and, most importantly, their patients.



Rural EMS Integration Guide, Continued

- Content includes direction (examples, strategy and tactics, measures, and more) on topics that agencies can use to learn how to work together to provide consistency:
 - Medical direction, protocols and quality reviews
 - Training and continuing education
 - Operations: Written policies, equipment and supplies, leadership
 - Public information, education, and relations
 - Safety



Coming Soon!

- Community Paramedicine Impact Reference Guide: A reference guide to impact research, organized by impact areas (e.g. 30-day readmission reduction, 911 utilization reduction, emergency department use reduction, asthma stabilization, falls reduction).
- Purpose:
 - To assist Flex programs in steering constituents who want to try CP in one form or another to try programs that have demonstrated success.
 - To enable EMS agencies, hospitals, and Flex programs considering different options for services to learn from others what worked or not, and what pitfalls they might avoid.



More Coming Soon!

- Community Benefit and Financial Distress Tool Instruction Set
 - Kansas and Ohio using Flex funds to create and test a tool for use by rural ambulance services. It is expected to be available for use by all in September 2019.
 - Output from ambulance services using the tool will be aggregate and individual data on the value of community benefit created by the ambulance services, and also a financial distress ranking of the agencies.
 - Flex Programs will be able to use that information to target resources toward specific agencies, and more broadly by creating tools that aid not only distressed agencies but are useful to all agencies.



EMS Spotlight Videos

- Purpose: To highlight and share successes
- Similar to the Small Rural Hospital Transitions (SRHT) hospital spotlight videos
 - <https://www.ruralcenter.org/resource-library/hospital-spotlights>
- Two of three EMS videos are scheduled and will be filmed this summer
 - Florida: EMS data reporting and validation
 - Iowa: Stakeholder engagement and financial turnaround
 - Third to be filmed this fall



Rural Community Ambulance Agency Transformation



- Purpose: Provides resources and tools to assist rural ambulance agency leaders to succeed with moving from volume to value in their agency's culture and operations.
- Based on the Critical Access Hospital Blueprint for Performance Excellence, from the Baldrige Excellence Framework for Health Care.

Rural Community Ambulance Transformation Agency Resources

- Resource collections in the defined core competency areas:
 - Leadership
 - Strategic Planning
 - Patients, Partners, and the Community
 - Data, Collection, Management, and Analysis
 - Operations and Processes
 - Workforce
 - Outcomes and Impact



Rural Community Ambulance Transformation Agency Self-Assessment

- Demonstration of [self-assessment](#)
- Find it on the TASC website:
<https://www.ruralcenter.org/tasc>
 - TASC landing page navigation, or
 - Keyword search: *rural ambulance*
 - Will be listed in the “Resource Library” drop down of the main page navigation under “Portals”





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