Rural EMS Update

Kevin McGinnis MPS
Program Manager
Rural EMS and Community Paramedicine/Mobile
Integrated Healthcare

National Association of State EMS Officials
The National Association of State EMS Officials is the respected voice for national EMS policy with comprehensive commitment for EMS, a focus on development of effective, integrated, community-based systems.

Read more...

| NASEMSO News

NASEMSO Program Manager Rachael Alter Published in Journal of Prehospital Emergency Care

(06/29/17) NASEMSO Program Manager Rachael Alter, EMT, QAS, has been published in the Journal of Prehospital Emergency Care. She is an author of the article, “Medical Oversight, Educational Core Content, and Proposed Scopes of Practice of Wilderness EMS Providers: A Joint Project Developed by Wilderness EMS Educators, Medical Directors, and Regulators Using a Delphi Approach.” (See abstract online.) The article reports on the results of the National Association of EMS Physicians Wilderness EMS Committee’s...
Figure 9A. Percentage Agency Type in County/Equivalent Considered Rural: 911 Response with Transport Capability Agencies.
EMS Volunteer Base

Figure 8A. Percentage of Agency Types Considered Volunteer: 911 Response (Scene) with Transport Capability

[Map of the United States showing the percentage of agency types considered volunteer in different states, with a legend that ranges from 0 to >50%.]
Figure 11B. Poll: Volunteer Services are Declining in Favor of Mixed/Paid Volunteer/Call Services
Informed Self-Determination

• Problems:
  – EMS not “essential service”
  – Historically “free” service provided by volunteers
  – Decline of volunteerism \(\rightarrow\) increase in cost
  – Hospital closures & centralizing specialty services
  – Lack of community knowledge of their EMS

• One Solution:
  – Assess the EMS service
  – Estimate cost of alternatives
  – Inform the community served
  – Community chooses service and investment
Informed Self-Determination

• Assessment
• Alternative Models and Cost Impact
• Decision-Makers Forum
• Operating Model Chosen/Funded
Informed Self-Determination

• Assessment
  – Response characteristics/adequacy
  – Clinical level and performance adequacy
  – Operational characteristics/adequacy
  – Financial characteristics/adequacy
Informed Self-Determination

- Alternative Models and Cost Impact
  - Different Levels of Service
  - Different Response Level
  - Outside the Box Alternatives
    - Regionalization
    - Fly Car
    - CP
  - Discussion, Not Take It or Leave It
Informed Self-Determination

• Decision-Makers Forum
  – Ideally, Public Including Elected Officials
    • Or Elected Representatives
  – Report Presentation
  – Straw Poll
Informed Self-Determination

• Operating Model Chosen/Funded
  – Binding Decision Process (e.g. change to mil rate or other taxes)
  – Designate Follow-Up Reporting Process
Kevin McGinnis
Program Manager
Rural EMS and
Community Paramedicine
National Association of State EMS Officials
The further one moves from an emergency medical facility,
The more one may need higher levels of local EMS capability,
And the less likely that this EMS capability will be available.
Three Constructs

- Community Paramedicine
- Community Paramedic
- Mobile Integrated Healthcare
Community Paramedicine

Adapting EMS resources to address community health care and/or public health needs not currently being met and embracing the “paramedic paradox” as one of those needs.
Community Paramedicine

• IS
  – A generic concept
  – A means to fill a temporary or on-going health care need
  – Expansion of EMS roles and services
  – Generally on an episodic, not case management, basis
  – Leverages the 24/7 presence and mobility of EMS resources

• IS NOT
  – An expansion of EMS scope of practice
  – Just for the Paramedic license level
  – The same in every (or any) community
  – Competing for community health roles
Rural and Urban

- 45/49 States/Territories have CP activity (92%)
- 200+ Communities Served
<table>
<thead>
<tr>
<th>CP Enabled (48 or 86%)</th>
<th>CP Enabled (48 or 86%)</th>
<th>CP Not Enabled (7 or 12%)</th>
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<tr>
<td>*Missouri</td>
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*Completed or Anticipated Law/Rule Change in 2015/16  + Medicaid Revenue Secured /Attempted
• Currently No Universal Funding Provisions
  – Start-ups:
    • Self-funded; Excess Capacity
    • Grants
  – Medicaid Policy Evolution
35. Section 440.130 is amended by revising paragraph (c) to read as follows:

§ 440.130 Diagnostic, screening, preventive, and rehabilitative services.

(c) Preventive services means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—

1. Prevent disease, disability, and other health conditions or their progression;
2. Prolong life; and
3. Promote physical and mental health and efficiency.
Is there activity to try to use Medicaid to reimburse CP-MIH services?

Answered: 47  Skipped: 2

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Are hospitals/health systems involved in development of CP-MIH reimbursement strategies?

Answered: 47   Skipped: 2

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Results? e.g. Nova Scotia

- Clinic Model
  - 23-40% ED Use Reduction

- Nursing Home Model
  - 60% ED Transport Reduction
Community Paramedicine - Mobile Integrated Health Documents & Resources

Click Here for The Latest Published CP-MIH Articles

Click Here for The Latest CP-MIH News

Thanks to the Ramsey Social Justice Foundation Which Supports the Notion That Emergency Medical Services and Healthcare Are Rights For All People

Community Health Needs Assessments Resources for Community Paramedicine/Mobile Integrated Healthcare (05/19/17)

State CP Status Board and Map
FirstNet and Public Safety Broadband Data
Implications for Rural EMS Organizations

National Public Safety Telecommunications Council (NPSTC)
National Association of State EMS Officials (NASEMSO)
EMS Communications Working Group

Purpose

The purpose of this white paper is to highlight unique issues facing rural EMS agencies and to examine how public safety broadband communications may be used to support and enhance EMS service delivery. The First Responder Network Authority, also known as FirstNet, is an independent authority within the U.S. Commerce Department, chartered with providing a
• Responsible for building the Nationwide Public Safety Broadband Network
• Independent Authority in U.S. Department of Commerce
• Nationwide license for 20 MHz of spectrum
• $7 Billion in authorized funding from spectrum sales
• 15 member Board of Directors including public safety
• 42 member public safety advisory committee (PSAC)
Innovative public-private partnership

Creating an infrastructure dedicated to public safety
State Plans Timeline

- National State Plan kickoff Meeting: JUNE 7-8
- FirstNet State Plan release: JUNE 19
- State reviews and provides any comments on State Plan: NO LATER THAN AUGUST 4
- FirstNet reviews any comments: NO LATER THAN AUG-SEPT
- Official notice to governor: NO LATER THAN LATE SEPT
- Governor Decision: NO LATER THAN LATE DEC

FirstNet engagement with states
Where to go for FirstNet info

Two sites provide you complete information about this first-of-its-kind initiative:

- .gov
- .com

**FirstNet program, activities and the First Responder Network Authority**

On this site:
- FirstNet mission and guiding principles
- FirstNet board and leadership
- FirstNet Public Safety Advisory Committee
- Consultation with public safety, states and territories
- State Plans Process and State Points of Contact
- The law that created FirstNet
- FirstNet Innovation and Test Lab

**FirstNet network products and services and advantages for public safety**

On this site:
- Quality of service, priority and preemption
- Local control features
- Application ecosystem
- Devices and accessories for FirstNet
- Coverage and rate plans
- FirstNet network FAQs
- Contact a FirstNet specialist
Kevin McGinnis MPS, Paramedic Chief (Ret.)
Program Manager,
Community Paramedicine - Mobile Integrated Healthcare,
and Rural Emergency Care
National Association of State EMS Officials

mcginnis@nasemso.org

(207) 512-0975