



What's New for Rural EMS Under the Flex Program?

Project HOPE

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Objectives

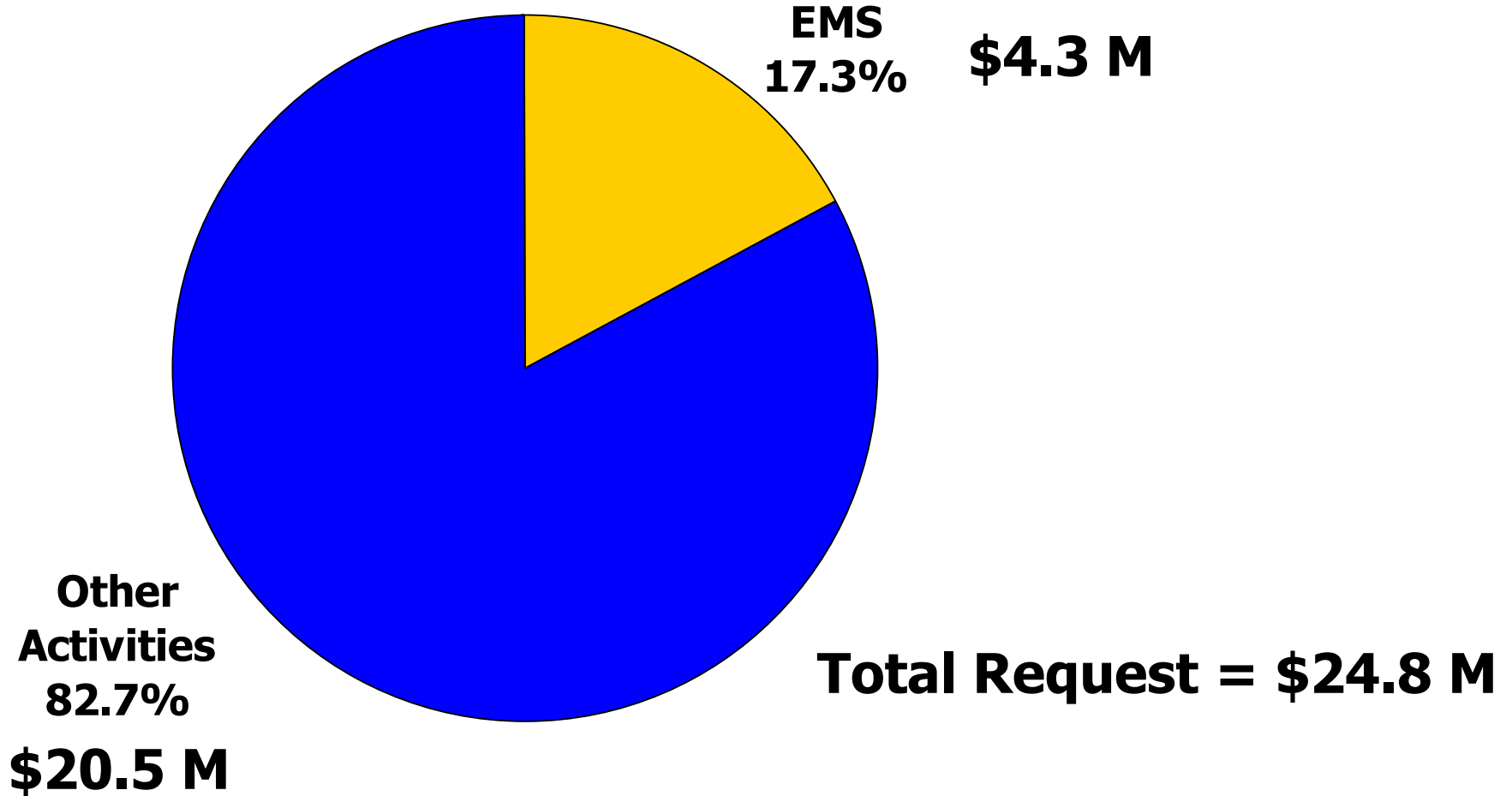
1. Provide overview of states' EMS activities in Year 3
2. Highlight initiatives in 3 long-standing EMS "problem" areas:
 - EMS recruitment and retention
 - EMS reimbursement and financing
 - EMS restructuring / networking



Methods

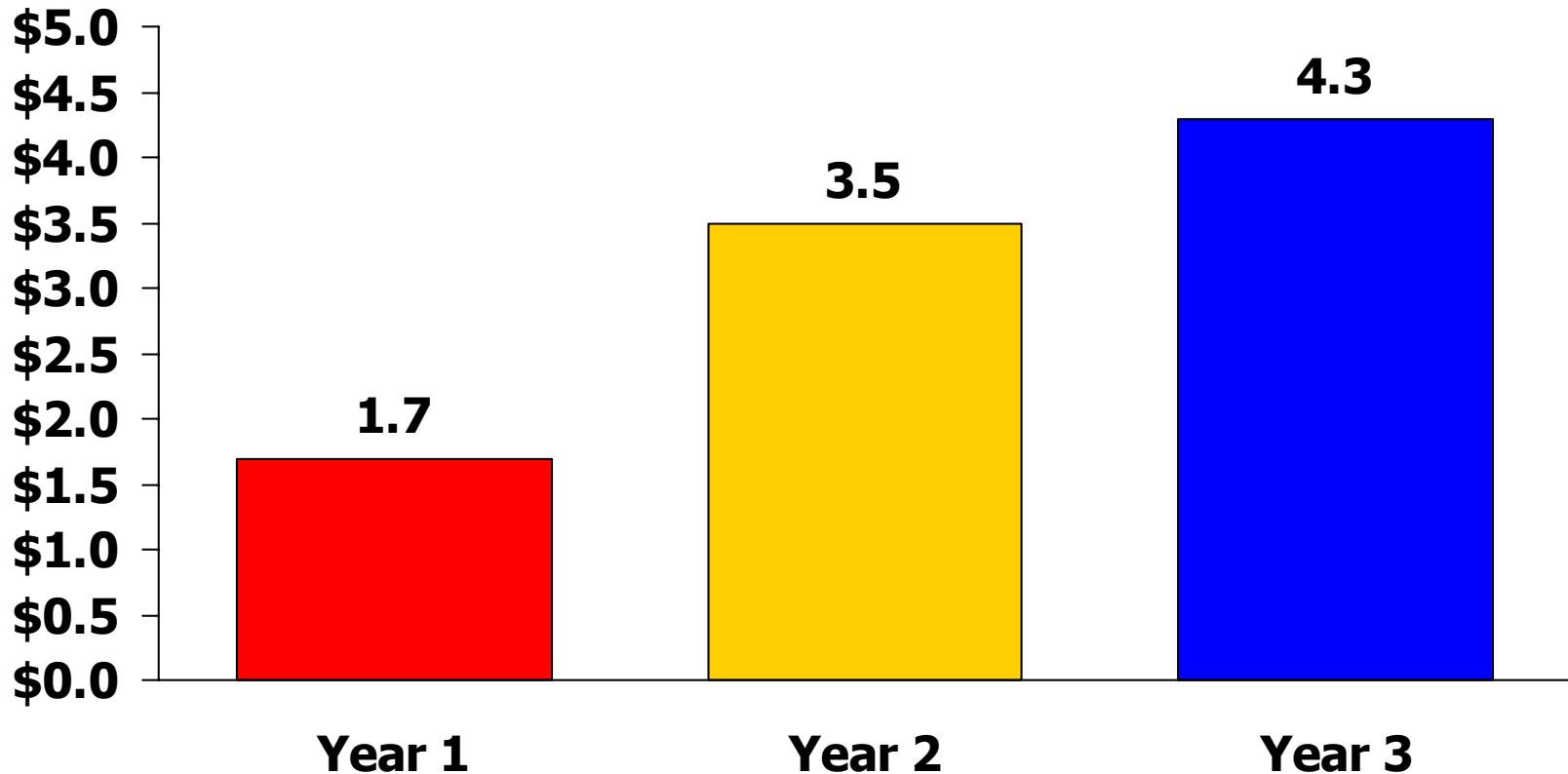
- Review Year 3 proposals
 - table summarizing EMS activities and budgets by state
- Develop “short list” of states for 3 topic areas
- Contact states for more information
- Conduct 3 site visits
 - Minnesota: recruitment and retention (mid March)
 - North Carolina: system finance (late March)
 - Kansas: restructuring / networking (late April)

Share of Requested Funds Devoted to EMS – Year 3



Requested EMS Budgets by Year

(millions)





EMS Activities in Year 1

- With some notable exceptions, EMS was often given a relatively low priority
 - budget cuts
 - focus on state plans, CAH conversions
 - need for further study
- Formed EMS work groups
- Collected data/conduct EMS needs assessments
- Reviewed relevant state regulations
- Formulated plans for future years



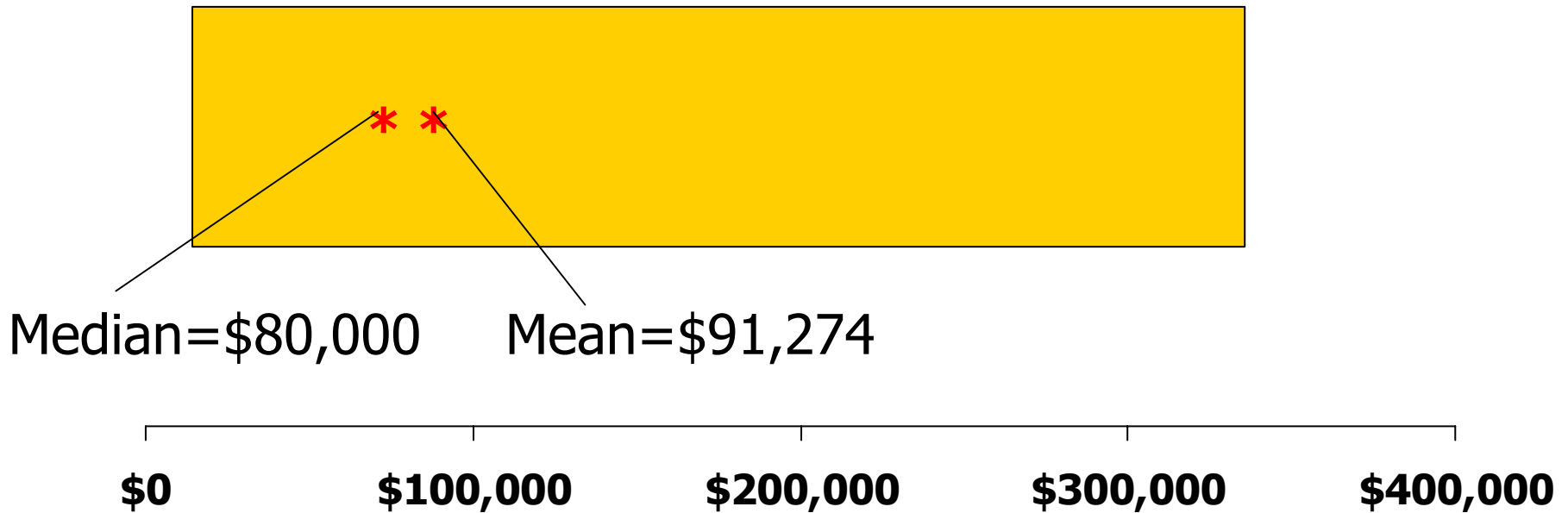
EMS Activities in Year 2

- More attention was given to EMS
 - fewer budget cuts
 - CAH conversion process established
 - some Year 1 EMS needs assessments completed
- 44 of 47 states proposed EMS activities in Year 2

Distribution of EMS Budgets Across States – Year 3

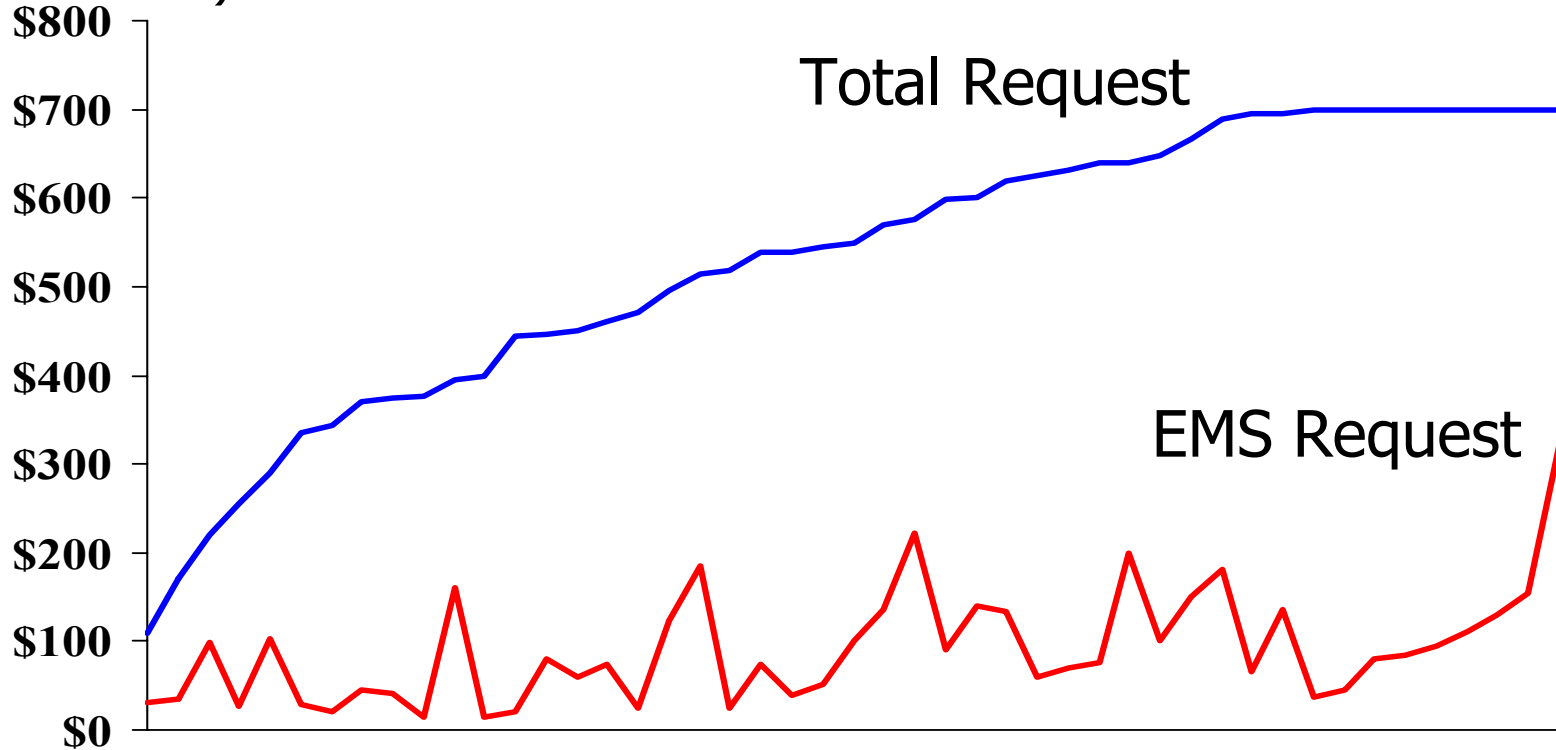
Minimum=
\$14,252

Maximum=
\$321,245



States' EMS Budgets Relative to Total – Year 3

(thousands)



47 Participating States



What are States Doing?

- EMS needs assessments
- Training programs
- Data collection systems
- Billing systems
- Equipment purchases / capital improvements
- Feasibility studies of CAH/EMS mergers
- Regional / statewide trauma systems
- Expanded use of paramedics (e.g., in ERs)
- Standardized protocols
- EMS quality assessment and improvement



EMS Needs Assessments

- Measure system performance in areas such as personnel, training, communications, and transportation
- Identify system shortcomings
- Report findings to relevant parties in the state and community
- (Jointly) develop strategies to respond to identified needs
- Implement strategies (with future Flex funds or grants obtained from other sources)



EMS Training Initiatives

- Conducted locally or via distance learning
- Conducted with CAH staff or several EMS providers
- (Matching) scholarships
- Range of courses:
 - first responder to paramedic
 - initial courses and continuing education
 - trauma/cardiac care for ER personnel
 - paramedic-to-nurse bridge programs
 - medical direction, dispatch, EMT instructors
 - administration/management
 - billing/collections
 - pre-hospital data systems



How are States Doing It?

- Mini-grant programs
 - specific to EMS
 - networking / quality grants for which EMS is a priority area
 - recipients may be CAHs, other hospitals, EMS providers, regional trauma systems, or other entities
- Close collaboration between SORH and state EMS Office
- TA / education from SORH, OEMS, and consultants via workshops, videos, manuals, and site visits

Minnesota:

Recruitment and Retention

- Three \$25,000 grants (public health dept., hospital, EMS provider)
 - provide non-emergency opportunities to “network”
 - joint training courses
 - attendance at professional conference
 - volunteer recognition event
 - recruitment ads in local newspapers
 - employer incentive program
 - inter-agency staffing pool
 - renovate crew quarters
 - hire paramedics to work in the hospital ER
 - EMS recruitment video

North Carolina: EMS Billing System



- Six squads merged into county system in 2000
- Mixed history with billing, 20-60% collection rates
- Goal: use 3 dedicated billing staff to reach 64% rate for county
- Reality:
 - county collection rate moved from 50% to 52%
 - added spending on billing double the added revenue
 - low collection areas were pockets of high poverty
 - hard for billing staff to be aggressive toward "neighbors"
- Will change to a 3rd party biller

Kansas:

EMS Restructuring

- Three counties with 5 small, volunteer EMS services
- \$25,000 Flex grant to explore collaboration
 - centralized training: EMT-B → EMT-I
 - beginning a data collection system (billing, QA)
- Future plans: centralize billing, joint purchasing, centralize review of state regulations, data system, training hub
- Change is slow: need to demonstrate tangible benefits to outweigh added burden on volunteer directors of participating in collaborative efforts



Preliminary Observations

- States are building on Years 1 and 2
 - increased attention to rural EMS
 - more specific projects, tailored to local needs
- Flex EMS grants serve as “seed money”
 - too small to make a large, long-term difference
 - good for getting relevant players around the table
- Good foundations to build upon
 - communities likely to need grant writing assistance
- States need to start documenting impact of their EMS efforts