

# NASEMSO Member Survey FICEMS Policy Options Paper March 2011

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NASEMSO gratefully acknowledges survey input from the following states and territories:

AL, AR, AZ, CA, CO, CT, DC, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, VI, WA, WI, WV, and WY

N=110 members (from 45 states plus 2 US territories participating)

## 1. Composition of respondents:

- 42 State EMS Director or Deputy Director
- 14 State Education and Compliance Coordinators
- 12 State Pediatric Care Coordinators
- 9 State Trauma Program Managers
- 7 State EMS Medical Directors
- 4 State Data Managers
- 22 Other (or unspecified)

## 2. Do you feel that Congress should establish a Lead Agency for EMS at the Federal level?

- Yes-87.3% (n=96)
- No- 6.4% (n=7)
- Undecided- 6.4% (n=7)

## 3. Please indicate your opinion on appropriate roles for the federal government or lead agency in the following:

	Strongly agree feds (or lead agency) should play this role	Agree feds (or lead agency) should play this role	Neutral	Disagree feds (or lead agency) should play this role	Strongly disagree feds (or lead agency) should play this role	Response Count
Coordinate EMS issues between federal agencies	<b>69.7% (76)</b>	22.0% (24)	4.6% (5)	2.8% (3)	0.9% (1)	109
Implement the recommendations of FICEMS and assist with the development and coordination of State emergency medical services programs	38.2% (42)	<b>44.5% (49)</b>	12.7% (14)	3.6% (4)	0.9% (1)	110
Establish federal licensure for EMS providers	10.9% (12)	13.6% (15)	<b>29.1% (32)</b>	22.7% (25)	23.6% (26)	110

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<b>3. (Continued) Please indicate your opinion on appropriate roles for the federal government or lead agency in the following:</b>						
	<b>Strongly agree feds (or lead agency) should play this role</b>	<b>Agree feds (or lead agency) should play this role</b>	<b>Neutral</b>	<b>Disagree feds (or lead agency) should play this role</b>	<b>Strongly disagree feds (or lead agency) should play this role</b>	<b>Response Count</b>
Establish a professional advancement track	15.7% (17)	26.9% (29)	<b>42.6% (46)</b>	11.1% (12)	3.7% (4)	108
Provide technical assistance to states	41.3% (45)	<b>53.2% (58)</b>	5.5% (6)	0.0% (0)	0.0% (0)	109
Evaluate the reimbursement of EMS regarding inclusion of readiness costs and permitting payment without transport	<b>49.1% (54)</b>	31.8% (35)	14.5% (16)	3.6% (4)	0.9% (1)	110
Provide technical assistance to local jurisdictions	8.2% (9)	<b>39.1% (43)</b>	23.6% (26)	20.9% (23)	8.2% (9)	110
Establish a National EMS Training Academy	26.6% (29)	25.7% (28)	<b>32.1% (35)</b>	10.1% (11)	5.5% (6)	109
Establish national EMS data standards	<b>55.5% (61)</b>	35.5% (39)	7.3% (8)	0.0% (0)	1.8% (2)	110
Maintain a National EMS Information System	<b>49.5% (54)</b>	42.2% (46)	5.5% (6)	1.8% (2)	0.9% (1)	109
Dedicated funding for EMS to coordinate national preparedness at the Federal, state, and local levels	<b>65.7% (71)</b>	29.6% (32)	2.8% (3)	0.0% (0)	1.9% (2)	108
Track and address EMS workforce trends	31.8% (35)	<b>52.7% (58)</b>	13.6% (15)	0.9% (1)	0.9% (1)	110
Coordinate and promote EMS research priorities and funding	<b>46.4% (51)</b>	42.7% (47)	7.3% (8)	1.8% (2)	1.8% (2)	110
Develop an evidence-based categorization system for EMS, EDs, and trauma centers based on adult and pediatric service capabilities	33.6% (37)	<b>43.6% (48)</b>	14.5% (16)	6.4% (7)	1.8% (2)	110
Develop evidence-based model prehospital care protocols for the treatment, triage, and transport of patients	27.3% (30)	<b>46.4% (51)</b>	19.1% (21)	6.4% (7)	0.9% (1)	110
Develop evidence-based indicators of emergency care system performance	34.5% (38)	<b>53.6% (59)</b>	8.2% (9)	2.7% (3)	0.9% (1)	110

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Establish a demonstration program to promote regionalized, coordinated, and accountable emergency care systems throughout the country	27.3% (30)	<b>46.4% (51)</b>	21.8% (24)	3.6% (4)	0.9% (1)	110
Develop strategies for addressing pediatric needs in the event of a disaster	31.8% (35)	<b>47.3% (52)</b>	12.7% (14)	7.3% (8)	0.9% (1)	110
Fund and promote the development of integrated and interoperable medical communications and data systems	<b>55.5% (61)</b>	32.7% (36)	9.1% (10)	1.8% (2)	0.9% (1)	110
Develop, evaluate, and update pediatric emergency care clinical practice guidelines and standards of care	24.8% (27)	<b>47.7% (52)</b>	18.3% (20)	8.3% (9)	0.9% (1)	109

### 4. What other functions/issues do you think a federal lead agency for EMS should perform and address?

#### DATA AND COMMUNICATIONS

- Provide for a source for "best practices" on variety of EMS-related issues.
- Develop technology standards (i.e., data dictionaries and .xml etc.) related to telematics and other emerging devices and data transmission needs for manufacturers and users.
- Establish standards for the EMS applications anticipated in Next Generation 9-1-1 systems.
- Assure a robust data collection and analysis system exists at the national level for EMS provider line of duty deaths and injuries.
- Assure a robust data collection and analysis system exists at the national level for EMS vehicle crashes.
- Serve as a clearinghouse for state EMS information and data
- Maintain a database for EMS that is not just prehospital data, include hospital, rehab (continuum of care); develop targeted issues assessment tools and toolkits for states.
- Promote data linkage between law enforcement, EMS, trauma, hospital emergency department and in-patient.

#### FUNDING AND/OR REIMBURSEMENT

- Provide a component for grant opportunities for professional enrichment (i.e., an opportunity for EMS folks to get higher education...something badly needed in EMS)

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- Be a strong advocate for funding of EMS nationally.
- Funding for EMS should remain a top priority.
- Coordinate with CMS so that adequate documentation of the patient-incident (i.e., a Patient Care Report, or PCR) and timely submission of this information to the state is a requirement for reimbursement of EMS providers through Medicare and Medicaid. Alternatively or in combination with the above, create a federal EMS preparedness funding stream and tie this to timely submission of EMS PCR data to the state. Rationale: Currently, at least in many states, there are inadequate incentives for EMS providers to collect and submit quality PCR data to the state in a timely manner.
- Coordination of strategies, research and funding for alternate delivery methods for out of hospital care.
- Federal funding for research and education, issued in a NIH-like fashion.
- Secure and distribute federal grant funding to support the development of the national, state and regional emergency healthcare systems not just for disaster prep.

### EMERGENCY PREPAREDNESS/RESPONSE

- Surge and disaster functions need to be addressed.

### SYSTEM

- Establish EMS as a legitimate part of the health care industry.
- Although EMS is a local/regional issue, there needs to be a consensus overall governing factor that will help EMS move between states. National Registry has this role somewhat as a certifying private entity that helps states know of a standard that is almost national. I would like to see the Federal government expand this role to create a process of reciprocity that would be valid across the country.
- Develop clear guidelines for the provision of EMS by federal employees, particularly clarification of when state licensing is required.
- Develop a nationally recognized community paramedicine program that would be eligible for reimbursement from Medicare, Medicaid, and other insurances.
- Coordinate the intrastate (border) credentialing between states for EMS.
- Develop evidence based models and standards for EMS agency requirements and state licensure methods.
- Develop consensus concerning which level of governmental entity within a state is responsible for making sure EMS service access exists.
- Development of model state legislation; provide technical assistance on a regional (grouping of states) basis with regional offices; development of strategic plan models; develop evidenced based approaches to reduce errors in emergency care and trauma care for all patients within the emergency healthcare system not just children; develop an EMS program targeted to the elderly similar to EMSC.
- Publish documents reflecting the status of the emergency healthcare systems in this country.
- Take the lead in establishing national guidelines for ambulance licensure for standardization.
- For Trauma Systems - please include all levels of centers in system evaluations and public information. Include level 3 and 4 centers not just 1 & 2.

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- For Medical Systems - develop an EVB process to determine which types and what levels of specialized / regional centers are needed across the country: Stroke? Cardiac? Perinatal? including how to support interstate recognition for locations where resources are not available.
- Clarify Air Ambulance Licensing jurisdiction and responsibility.
- Develop a public relation program to teach people the true value of EMS. The work of EMS providers needs to be better recognized in government, the public and media. The message must be made that EMS providers are medical professionals not firefighters. The message needs to be made that there are others providing pre-hospital care not just fire departments.
- Monitor and support (with financial and technical assistance resources) state systems of emergency medical, emergency pediatric and trauma care.
- National recognition program for states and individuals from each state
- Serve as an advocate for state-initiated EMS activities.
- Promote EMS to all constituents as a vital link of the public safety and and healthcare system.

### MISCELLANEOUS

- Alert states when there is a pending legislation that has impact on EMS.
- I think that any of the responsibilities that fall within this office needs to be done on a global front. Too often federal agencies tend to see the various needs based upon what they view in their surrounding east coast belt way environment.
- Perhaps EMS should hold high position on a committee or oversight already in existence. Too much government can be just that.
- Review and update the National Scope of Practice Model.

### **5. Other comments or suggestions? (Similar responses have been consolidated to facilitate review)**

- The medical and public health role of EMS should drive federal policy. The public safety role, while important, is secondary to the health and medical needs of our communities. This focus will remain critical to successful integration of regionalization of care and full integration of EMS into the Nation's healthcare system.
- Coordinating care would greatly improve emergency care in our country. A systems approach is essential to solving the many problems faced by front line care providers in prehospital settings and hospital emergency departments every day!
- More direct linkages between the Federal government and state EMS agencies will ensure and improve the delivery of quality patient care in the field related to daily operations while enhancing national preparedness.
- A comprehensive health care system that includes EMS as a critical function must maintain the autonomy and authority of state government.
- Include prevention priorities within the work of EMS agencies at local, state and federal levels.
- Focus on the care of elderly patients is paramount. In one state, 75% of the EMS transports are patients age 65 and older. Less than 1% are patients under the age of 12.
- National guidelines are very helpful in allowing non-federal jurisdictions to develop their own enforceable requirements.
- Develop standards for EMS safety; promote/fund testing of EMS equipment (example: child immobilization/transport devices), ambulance crashworthiness, etc.

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- A cautious but supportive role in standards, data management, and financial support (reimbursements, grants, etc.) would be beneficial, but a more tightly legislatively empowered department could have a very negative impact.
- Several additional priorities were identified: EMS data collection (NEMSIS and the national data bank), ambulance transport safety, and EMS education standards.
- Several commenters expressed great appreciation and acknowledgement for the activities of NHTSA's Office of EMS in moving the EMS system forward over the past few decades.
- Several commenters expressed support for a bureau within DHHS to coordinate EMS integration into the broader medical and public health system.
- "If we can get half of these roles addressed at the national level, it will be a move in the right direction for EMS and it will make our regulatory functions easier."
- "Must be nimble, responsive, and play well with the states."

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