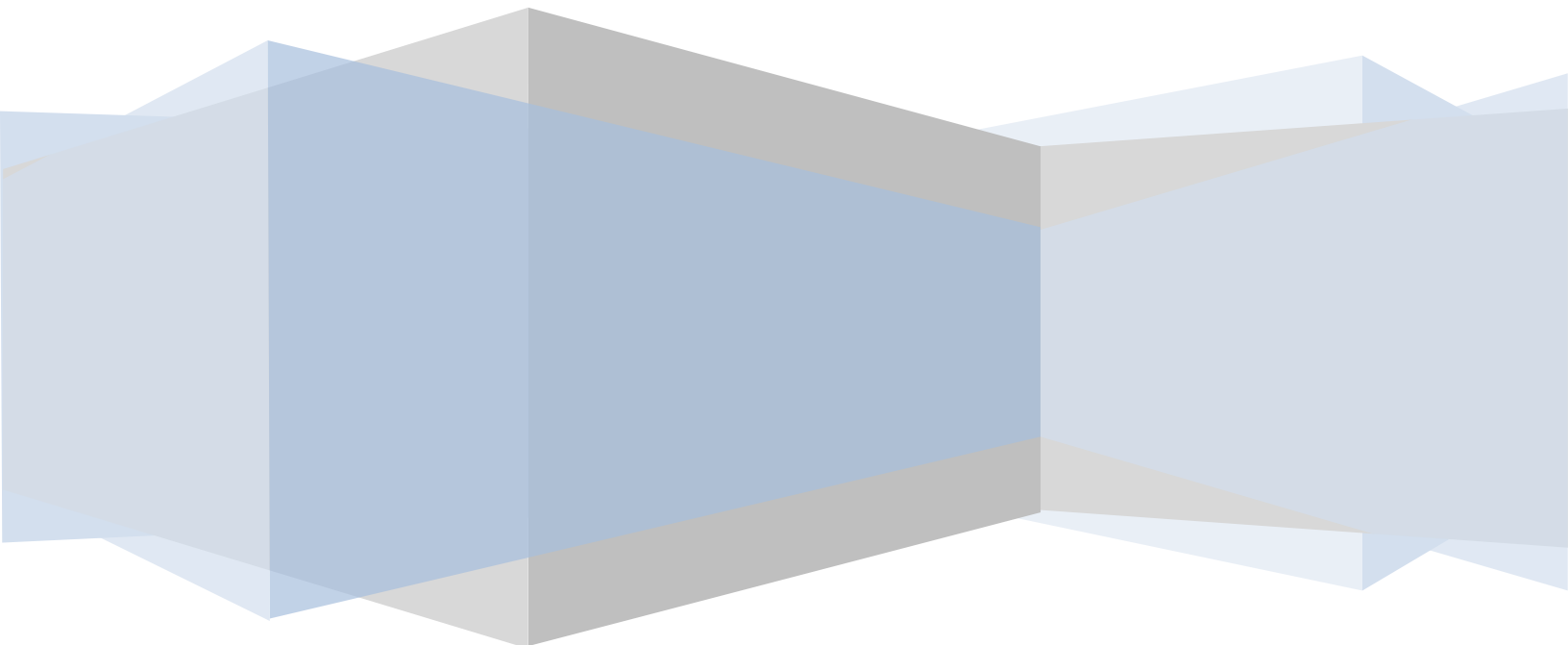


Rural EMS Committee

NASEMSO / NOSORH Joint Committee on Rural Emergency Care

2012 Workplan



Rural EMS / JCREC 2012 Workplan

NASEMSO / NOSORH Joint Committee on Rural Emergency Care

A coalition of NASEMSO and NOSORH EMS committees - formed to engage each association on topics relevant to rural and frontier emergency care

2012 Workplan

The JCREC's 2012 workplan will undertake strategies focused on the following issues:

- Strategic plan – The JCREC continues to implement measures in the strategic plan adopted in 2010.
- Develop and Promote Rural Emergency Care Policy Agendas - The JCREC strategic plan anticipates development of several position papers or 'call to action' papers which will advocate specifically for key rural issues.
- NOSORH/NASEMSO Learning Session – Implementation of a face-to-face session between committee members and other to facilitate networking and coordination of key projects and issues.
- State-Level Expertise in EMS leadership development – The future and viability of rural EMS services is directly dependent upon strong service manager and medical director leadership. The JCREC will finish implementation and analysis of a 2010 leadership survey and reporting on what leadership programs states are conducting.
- Community Paramedicine – Communities around the world and U.S. are developing and implementing community paramedicine programs as an approach to help ensure provision of emergency and primary healthcare in areas where health services are limited and challenging. The JCREC will continue to participation in numerous activities related to the development and implementation of these programs in the U.S.

Rural EMS / JCREC 2012 Workplan

The JCREC expanded workplan and associated 2012 goals and objectives follows.

Goal: Facilitate collaboration that improves care to patients in rural areas

Objective: Conference calls / WebEx meetings

JCREC conference calls, generally monthly (first Thursday of the month), to coordinate activities and to facilitate implementation of committee projects. We plan to continue utilize these calls and WebEx sessions as necessary to continue the committee's activities.

Goal: Facilitate collaboration that improves care to patients in rural areas

Objective: Attendance of JCREC co-chairs to each other's organization annual meetings

Organization Annual Meetings - Per the MOU between both organizations, the committee co-chairs will attempt to attend each other's annual conference. The co-chair (or their designee) of each organization attended these annual conferences in 2009 and the opportunity to network at these conferences were invaluable. Per the MOU, each co-chair will be provided complimentary registration to each other's conference and a vendor table, if requested.

Goal: Facilitate collaboration that improves care to patients in rural areas

Objective: NOSORH / NASEMSO Learning Session

2012 Learning Session - A signature event of the JCREC has been an annual face-to-face meeting of members of both NASEMSO and NOSORH. First piloted in Kansas in 2007, this "EMS Learning Session" was conducted Idaho in 2008, Utah in 2009, Denver 2010 (with the International Roundtable of Paramedicine Conference), and again in Denver this year with the NOSORH Annual Conference.

The Learning Sessions have been opportunities for state representatives from state offices of EMS and Rural Health to come together and learn how to join forces on common goals and interests concerning rural emergency care. Also, while much of the JCREC business is conducted by conference phone, it is of great value for the group to have at least one opportunity each year for at least the six appointed members of each organization to meet face-to-face.

Rural EMS / JCREC 2012 Workplan

Goal: Advocate for EMS Service Manager and Medical Director leadership education.

Objective: Publish a compendium of current EMS Service Manager and EMS Medical Director education programs

Leadership Survey - In 2006 and 2007 the NOSORH EMS committee completed a survey of both State Offices of Rural Health and State Offices of EMS to determine what programs they were undertaking through the use of FLEX or SORH funds. The two responses far outpacing all others were leadership training for ambulance service managers and EMS medical directors. However, the only resource available today describing state activity on these issues is the survey results which are a simple catalogue of state activity without any descriptive detail. The JCREC conducted a more detailed study in 2009 on what activities states are conducting in these areas, but the analysis and results of this survey are still pending.

In 2012, the JCREC will: 1) follow-up information is necessary to complete the survey from all states and territories; 2) report the findings of this information in a way that helps states who are contemplating developing their own programs.

Goal: Advocate For and Promote Rural Emergency Care Policy Agendas

Objective: Facilitate use of Flex funds to support EMS

Promote use of Flex funds for prehospital/EMS specific activities. The current Flex Guidance includes EMS in all three areas (Quality Improvement, Operational & Financial Improvement, Health System Development and Integration) however the bulk of the EMS-specific activities are outlined only in the third section. Flex Coordinators and their respective states can benefit from having an inventory of EMS-specific work that can be done in the first two sections of the Flex guidance. Presentations and tools were provided in 2011 to assist SORH offices decide how their funds might be utilized in support of EMS activities.

Strategies to maintain this effort in 2012 will continue in order to educate new program directors and to refresh previous information provided to current directors.

Goal: Advocate For and Promote Rural Emergency Care Policy Agendas

Objective: Promote inclusion of EMS in the statement of work for Quality Improvement Organizations

Performance measurement is not often a high priority in rural and frontier services struggling to recruit, retain and get volunteers out the door to emergency calls. In the modern era of "high performance" EMS in urban and suburban settings with performance benchmarks frequently linked to monetary incentives, rural and frontier services are likely relatively low performers.

In 2012, the JCREC will promote inclusion of language which requires CMS to fund quality improvement organization technical assistance activities for quality improvement to EMS providers.

Rural EMS / JCREC 2012 Workplan

Goal: JCREC involvement with development of community paramedicine

Objective: Report on current development and implementation of community paramedicine programs in the US.

Report about U.S. CP programs – Many community paramedicine or CP-like programs are ongoing or starting in the U.S. The JCREC has supported several activities to learn about these programs. In 2012, the JCREC will begin to develop a report to characterize and describe these programs so that interested persons can evaluate how these programs can be applied in their communities.

Goal: JCREC involvement with development of community paramedicine

Objective: Develop a State guide to help states implement community paramedicine programs.

Guide to State CP Implementation– In addition to many communities becoming interested in community paramedicine, states have become more involved with develop of CP. While some issues related to CP are the same for communities and states, there are some contrasts that state of EMS are interested in. While some of the regulatory are not new, medical oversight, facilitation of state forums, roles/scopes and other thoughts are new. As such, the JCREC will begin developing a ‘State’ guide to implementation of statewide CP programs.

Goal: JCREC involvement with development of community paramedicine

Objective: Community Paramedicine Evaluation Framework project

CP Program Evaluation Framework - In 2011, the Office of Rural Health Policy funded Strategic Partnerships to develop a community paramedicine program evaluation framework tool. This tool will be available in 2012 and the JCREC will continue strategies to help ensure CP programs utilize this tool and that there grows a common evaluation of each program that can be utilized nationally.

Goal: JCREC involvement with development of community paramedicine

Objective: CP Insights Forum – development of CP in the U.S.

CP Insights Forum - In 2011, the JCREC partnered with CMEMSI, Kevin McGinnis and others to facilitate the Community Paramedicine Insights Forum (CPIF). This monthly forum serve as a regular meeting place, educational opportunity and discussion group for those folks establishing or interested in establishing community paramedicine services. In this past year, these 90-minute conference calls interview participants from numerous programs around the country. The CPIF home page for general information is <http://cpif.communityparamedic.org>. In 2012, CP Insights Forum will continue on at least a quarterly basis.

Rural EMS / JCREC 2012 Workplan

Rural EMS Committee

The purpose of the Rural EMS Committee is to:

- Engage NASEMSO on topics relevant to rural and frontier EMS
- Provide rural input and expertise to the NASEMSO board and members
- Promote interaction and collaboration with other Rural EMS partners

2012 Workplan

The Rural EMS Committee workplan will undertake strategies focused on the following issues:

- National Wildfire Coordinating Group – The Rural EMS Committee continues to work with the NWCG on issues to support the deployment of EMS and other resources to wildfires
- National Ski Patrol- Continue working with the National Ski Patrol on issues related the regulation and recognition of ski patrol programs in states.

Goal: National Wildfire Coordinating Group

Objective: EMS Guidelines for use at wildland medical units

Medical Director Council Review: NWCD would like to submit the medical unit EMS guidelines to the NASEMSO MD Council for review and comment. The guidelines are being submitted to the National Wildfire Coordination Group for nationwide adoption in February.

Goal: National Wildfire Coordinating Group

Objective: Western Region discussion of wildfire issues

Western Region Discussion: Facilitate a NASEMSO western region / NWCG discussion at one of the region calls – possibly February. Several process questions have come up regarding requests for legal recognition and NWCG feel a group discussion would be beneficial since those states are home to the majority of incidents involving interstate movement of personnel.

Goal: National Wildfire Coordinating Group

Objective: NWCG presentation at NASEMSO Mid-year meeting

Facilitate NWCG presentation: The NWCG will be changing a number of practices and requirements in advance of the next fire season (e.g., all medical unit leaders will have to be currently licensed EMTs) and they feel it's time to "refresh" NASEMSO members about their issues and progress being made.

Rural EMS / JCREC 2012 Workplan

Goal: National Wildfire Coordinating Group

Objective: BIA Proposal to adopt Wilderness EMT & National Registry as their training standard

BIA / Medical Education: Engage Bureau of Indian Affairs it appears certain they are proceeding with the belief that Wilderness EMT and National Registration is the solution for their personnel pre-deployment. Apparently a large investment in equipment has already been made.

Goal: National Wildfire Coordinating Group

Objective: NWCG participation on model interstate compact activities

NWCG / Model Interstate Compact: If NASEMSO gets the model interstate compact for EMS personnel licensure project off the ground, they want desperately to see someone from the wildland fire community on the working group as they see this as critical to solving the credentialing problem for their personnel.

Goal: National Ski Patrol

Objective: Engage National Ski Patrol on EMS regulation issues

Engage NWCG: Subsequent to a preliminary discussion with the National Ski Patrol at last year's annual meeting, form a ski patrol workgroup and engage the National Ski Patrol on issues of regulation and recognition of ski patrol education and operations.

Rural EMS / JCREC 2012 Workplan



Parked Issues – Numerous issues and strategies are on the JCREC radar, but are currently parked due to various reasons – awaiting completion of the strategic plan and other activities; currently no champions to assign this to; limited funding, etc.

As practical, these will be moved up into the 2010+ workplan or carried into the next year.

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Develop and implement a 3-5 year strategic plan

Revisions to the Strategic Plan: In 2009, the committee initiated development of a strategic plan which is to serve as a template of the goals and strategies the committee plans to undertake over the next few years. While most elements of this plan are based upon concepts already in documents such as the Rural and Frontier Agenda for the Future, Agenda for the Future, IOM reports and other guiding documents and research, this document attempts to describe achievable goals, strategies and action steps to improve rural emergency care. This document was completed and approved in 2010 by both organizations and will serve as the basis for the JCREC's annual workplan for the next several years. A review of the plan will occur in 2013.

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Position paper describing Universal Minimum Assess-EMS, community paramedicine and regional core service models

Position paper - In 2009,

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Promote development and implementation of a model state statute for rural states

Position paper - Promote development of a model state statute which can be used by State officials to help develop universal minimum access to Universal Medical Access-EMS and other key concepts.

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Promote creation of health insurance incentives which support UMA-EMS

Position paper – Develop recommendations for insurance incentives which support the development and implementation of Universal Medical Access-EMS

Rural EMS / JCREC 2012 Workplan

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Promote prehospital employee health and safety

Position paper – Position paper outlining the minimum standards for “contemporary employee health and safety guidelines, processes, supplies, and equipment” for an agency to provide EMS”.

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Position paper on EMS regionalization related to prehospital career advancement

Position paper – Develop a position paper describing guidelines for inter-agency mechanisms in an EMS core region to coordinate career advancement opportunities including education/training ladders and bridges and career/position ladders and bridges, which connect most/all agency and institutional staff positions involved in the provision of EMS in the region.

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Advocate for elimination of 35-mile rule

Advocate for the elimination of the 35-mile isolation test for CAH-affiliated ambulance services.

Goal: Promote a Rural Emergency Care Policy Agenda

Objective: Re-establishment and funding of a Rural EMS/Trauma Technical Assistance Center

Advocate for re-establishment and funding of a Rural EMS/Trauma Technical Assistance Center.

Goal: Promote State level expertise in EMS Service Manager and Medical Director leadership development

Objective: Develop and publish a best practices report relative to implementation of leadership programs

Best Practices Report - Contingent upon the results and implementation of the leadership survey report, a follow-up activity of the committee will be to work on a compendium on best practices for providing such education which can be a resource for states to refer to in the development and conduct of their programs.

Rural EMS / JCREC 2012 Workplan

Goal: Promote strategies and activities which support the use of data communications and electronic health information for EMS

Objective: Participate generally in the development of data and electronic health information for EMS activities.

Technologies have been identified that can improve the efficiency and effectiveness of emergency care, particularly in rural areas. These technologies can reduce the time intervals from injury/illness to definitive care and they have the potential to improve medical oversight in patient care on long emergency transports and in community paramedicine. Medical video and imaging, biotelemetry, transmission of patient electronic health information to and from the scene and technologies to improve situational awareness are among the applications that could be utilized. In order to realize the potential of these, however, numerous communications bandwidth, infrastructure, and funding issues need to be addressed.

Goal: Promote strategies and activities which support the use of data communications and electronic health information for EMS

Objective: Promote EMS utilization of the Universal Service Fund

Universal Service Fund - The Rural Health Care Program of the Universal Service Fund makes discounts available to eligible rural health care providers for telecommunication services and monthly Internet service charges. The program is intended to ensure that rural health care providers pay no more for telecommunications in the provision of health care services than their urban counterparts. However, EMS is specifically excluded from eligibility for use of these funds and attempts at EMS partnering with other projects have resulted in excessive paperwork and long delays in any outcome. JCREC believes that fund guidelines need to be revised to include EMS and the process of receiving these funds needs to be streamlined.

Goal: Promote strategies and activities which support the use of data communications and electronic health information for EMS

Objective: Promote inclusion of EMS in HIT/HIE

JCREC proposes to develop and distribute information which educates association members about the subject and potential funding opportunity for health information technology. This information will include model letters which can be modified by states and sent to their Regional Extension Centers to request that EMS be included in the distribution of the funding.