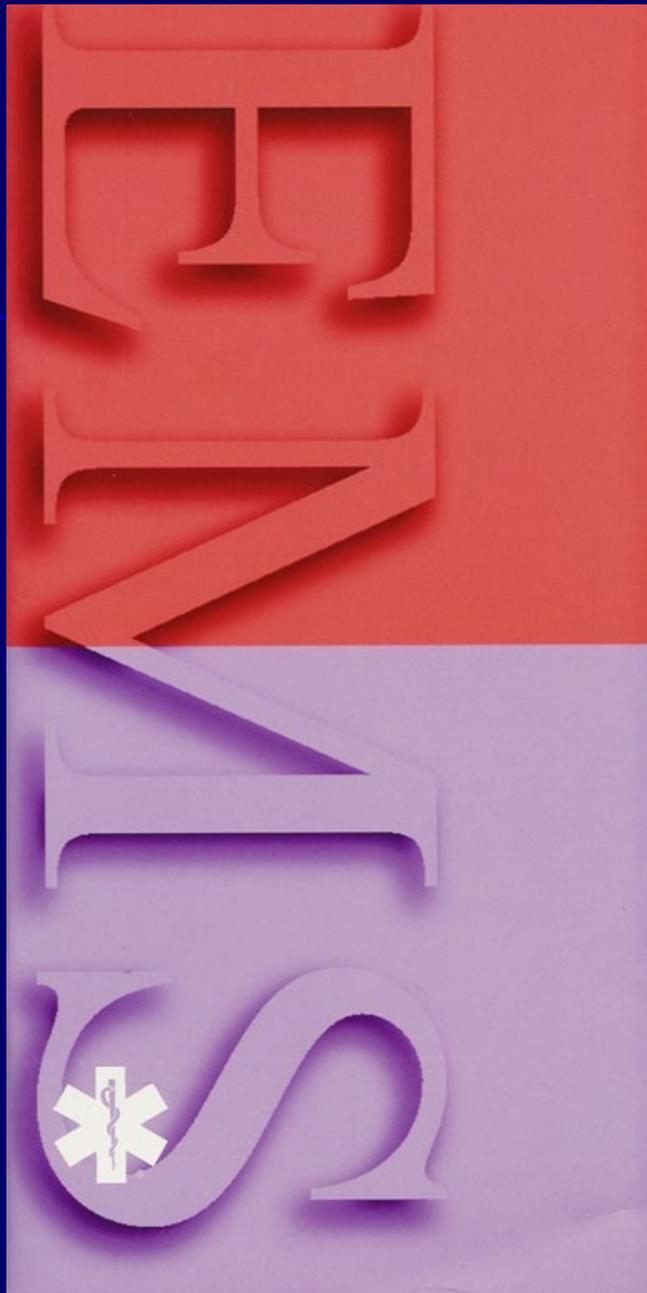


Rural/Frontier EMS Tactical Plan 2019 – 2022 and Beyond





EMERGENCY

MEDICAL

SERVICES

AGENDA

FOR

THE

FUTURE

Rural/Frontier EMS Agenda

- Origin
 - National Rural Health Association
 - National Organization of State Offices of Rural Health
 - National Association of State EMS Officials
 - Office of Rural Health Policy (USDHHS)



Rural/Frontier EMS Agenda for the Future:



2004

National Rural Health Association

Consensus Process

- Iterative writing process
- EMS/rural health organizations and communities alerted/liaisons named
- August, 2003 – October, 2004
- Drafts to editorial board, steering committee, public
- Four public drafts circulated/posted
- National review meeting held
- Fifteen drafts total

Volunteers and EMS Community Consensus

- Nine person editorial board
- 25 volunteer writers, editors, meeting facilitators
- 65 from EMS/rural health communities participated in consensus conference
- Additional 150 submitted over 2,000 comments



October, 2004



Rural and Frontier
Emergency Medical Services

Agenda for the Future

By Kevin K. McGinnis, MPS, WEMT-P



And JCREC!

- NOSORH
- NASEMSO
- NRHA
- NRHRC/TASC
- NAEMSP (later)

Rural & Frontier EMS Agenda

Integration of Health Services	Human Resources	Prevention
EMS Research & Evaluation	Medical Oversight	Public Access/Communications
Legislation/Regulation	Education Systems	Clinical Care & Transp. Decis. & Resources
System Finance	Pub. Info. Educ. & Relations	Information Systems

- Where we are
- Where we want to be
- How we get there
- Recommendations – 120 +



Major Themes Recommendations Results



Themes

- **Integration: Community Paramedicine**
 - To assure ALS present in community when needed (Paramedic Paradox)
 - Using EMS providers to fill health care services gaps
 - Assures these providers' skills maintained



Recommendations

Integration of Health Services

- Encourage community paramedicine program development through the funding of pilots, cataloguing of existing successful practices, exploration of opportunities for expanded EMS scopes of practice, and on-going reimbursement for the provision of such services.



Subsequently

Wow!

- At least 230 CP or MIH programs in US
- 93% of states have CP provided or planned
- CMS Innovation grants
- Third party payers: Anthem BC/BS
- ACOs/health system contracts on rise
 - Minnesota: (North Memorial) Medicaid ACO
- Performance measures developed
- EMS 3.0
- CMMI: ET3

Community Paramedicine Evaluation Tool

March 2012

U.S. Department of Health and Human Services
Health Resources and Services Administration
Office of Rural Health Policy



Rural/Frontier EMS Agenda: Where to From Here?

- Tactical Plan vs Strategic Plan (EMS 2050/R-F EMS Agenda):
 - Five to ten important, relevant, feasible objectives (**not comprehensive treatment of attribute/component areas**)
 - Objectives achievable in three to five years
 - Specific, measurable action steps for each objective



Rural/Frontier EMS Agenda:

- Funded by FORHP as part of NOSORH agreement
- Includes:
 - JCREC Oversight (steering committee)
 - Review of original Agenda/new objectives considered
 - Objectives prioritized and final group selected
 - Practitioner Review at National Rural EMS Conference
 - State Official Review at NASEMSO Rural Committee
 - Public input x 2 and action-step-targeted association input
 - 2019 publication and JCREC implementation



Steering Committee - 2018

- Alia Hayes, New Hampshire State Office of Rural Health
- Andy Gienapp, Wyoming Office of EMS
- Dr. Chelsea White, University of New Mexico
- Gary Wingrove, Mayo Clinic
- Diane Calmus, National Rural Health Association
- Teryl Eisinger, National Organization of State Offices of Rural Health
- Christy Edwards, Federal Office of Rural Health Policy (FORHP, HRSA, USDHHS)
- Jim DeTienne, Montana EMS
- Joyce Hospodar, Arizona Center for Rural Health
- Jeanne-Marie Bakehouse, Colorado EMS
- Nicole Clement, National Rural Health Resource Center
- Nita Ham, Georgia State Office of Rural Health
- John Barnas, Michigan Center for Rural Health
- Kevin McGinnis, National Association of State EMS Officials

Rural And Frontier Tactical Plan

- Organization:
 - 12 Attribute/Component Areas
 - Five Immediate Priority Area Targets (**not comprehensive**) Selected
 - Where We Are
 - Where We Want to Be (Objectives)
 - How We Get There – Action Steps (Appendix A Table)
 - Seven Future Priority Area Targets (**not comprehensive**) Identified
 - Where We Are/Where We Want to Be (Appendix B)
 - How We Get There – Action Steps (Appendix C)



Rural And Frontier Tactical Plan
Priorities for Attention
2019 Through 2022



1. Integration of Health Services

Where We Want to Be

The 2018 recommendation selected for this Tactical Plan is:

“Encourage EMS-based community health service program development through the funding of pilots, cataloguing of existing successful practices, exploration of opportunities for expanded EMS scopes of practice, and on-going reimbursement for the provision of such services.”

How We Get There

Objectives

1. Provide a coordinated source for EMS 3.0 and CP-MIH information for state EMS and health agencies and for local and tribal EMS and other entities wanting to implement EMS 3.0 and component CP-MIH services.
2. Publicize the need for EMS 3.0 transformation and for CP-MIH practitioners well integrated with other health care practitioners. Showcase successful CP-MIH program adoption by rural and super rural agencies.
3. Track and publicize information on reimbursement and funding changes as they occur.

Integration of Health Services

Objectives	Action Steps	Who	Time Frame
1. Provide a coordinated source for EMS 3.0 and CP-MIH information for state EMS and health agencies and for local and tribal EMS and other entities wanting to implement EMS 3.0 and component CP-MIH services	Coordinate existing web page content	NASEMSO, NAEMT, Community Paramedic.org, and other JCREC members	2019
2. Publicize the need for EMS 3.0 transformation and for CP-MIH practitioners well integrated with other health care practitioners. Showcase successful CP-MIH program adoption by rural and super rural agencies.	Disseminate success stories of multidisciplinary partnerships Utilize National Rural Health Day to showcase CP-MIH successes	NASEMSO, NOSORH, NAEMT EMS 3.0 Initiative, other JCREC members	Ongoing

Objectives	Action Steps	Who	Time Frame
3. Track and publicize information on reimbursement and funding changes as they occur	Use websites and listservs to collect, post and disseminate this information	NASEMSO, NAEMT, communityparamedic.org, and other JCREC members	Ongoing

2. Legislation/Regulation of Clinical Care and Transportation Decisions/Resources

Where We Want to Be

The recommendations selected for this Tactical Plan are:

“Assure that state EMS lead agency advisory boards are adequately representative of rural/frontier EMS interests.”

“Assure that state EMS systems utilize statewide and regional EMS committees charged with overseeing the development and improvement of systems of care and of other EMS system components/attributes that include adequate rural representation.”

How We Get There

Objectives

1. Define “adequate representation”
2. Achieve adoption of definition.

Legislation/Regulation of Clinical Care and Transportatic Decisions/Resources

Objectives	Action Steps	Who	Time Frame
1. Define "adequate representation"	Establish draft definition	JCREC	2019
	Survey NASEMSO members on status of rural representation on state EMS boards, their committees, and system of care bodies if different	NASEMSO	2019
	Achieve NASEMSO consensus on definition	NASEMSO Rural Committee	No later than NASEMSO 2020 annual meeting

2. Achieve adoption of definition and implementation of concept	Solicit date-specified adoption of definition and implementation of concept	NASEMSO	2020-21
	Create and report status summary to JCREC	NASEMSO	2021

3. System Finance

Where We Want to Be

“Implement the following federal reimbursement reforms for emergency and interfacility EMS clinical care and operations: Employ definitions of “access” and “rural” (and its degrees) in reimbursement, such as those presented in Appendix J of the 2004 Agenda¹⁷, which will help to maintain an adequate rural/frontier EMS infrastructure. Quantify necessary reimbursement levels for rural EMS with data collection to support the need.”

Complex Issues: Supplier vs. Provider, Volume to Value (Rural Translation), EMS 3.0 for Rural Agencies

How We Get There

Objectives

1. Form a rural EMS “Sustainment” Work Group led by JCREC.
2. Define objectives for Tactical Plan update on this issue.

System Finance

Objectives	Action Steps	Who	Time Frame
1. Form a Rural EMS "Sustainment" Work Group led by JCREC	Form group through JCREC solicitation. Coordinate with NEMSAC, FICEMS and ASPR Council on Emergency Care finance support groups	NOSORH	2019
	Review recommendation and Appendix J of 2004 <i>Agenda</i> and achieve better understanding of impact of "volunteer subsidy"	Sustainment Work Group	2019
	Better define issues at play and changes in environment since 2004	Sustainment Work Group	2019
	Request American Ambulance Association (AAA) participation in Work Group or other guidance	Sustainment Work Group	2019

2. Define objectives for Tactical Plan/JCREC Workplan updates on this issue	Conclude review of issues at hand	Sustainment Work Group	Early 2020
	Draft objective(s) for JCREC consideration	Sustainment Work Group	By 2020 National Rural EMS Conference
	Update Tactical Plan and JCREC Workplan, and initiate work on objective(s)	JCREC	2020-21
	Disband Work Group	JCREC	2022

4. Human and Education Resources

Where We Want to Be

“Analyze, at the state EMS agency level, rural/frontier workforce recruitment and retention efforts, develop statewide plans for improvement, and address public policy changes necessary to support workforce needs in rural America.”

“Actively consider and promote the unique needs of rural/frontier practice and EMS-based community health services through the development of non-traditional education methods focused on vocational training, maintenance of clinical skills, and affordability as the development and implementation process for the Emergency Medical Services Education Agenda for the Future: A Systems Approach evolves.”

4. Human and Education Resources (cont'd.)

How We Get There

Objectives

1. Survey NASEMSO members to analyze rural/frontier recruitment and retention efforts.
2. Collect materials identified by states as having produced positive effects on recruitment and retention. Consider the NAEMT 2018 *Guide to Building an Effective EMS Wellness and Resilience Program* as one of these.
3. Develop and promote national policy change recommendation(s). Research scholarship or loan forgiveness program policies that may be applicable to rural EMS enablement.
4. Solicit the representation of the National Association of EMS Educators on the Joint Committee on Rural Emergency Care. Explore distance learning concepts (e.g. proven methods of education such as online programs, learning management systems, streaming media, and interactive web-based education) and leveraging current and/or creating new relationships with system health partners to increase potential educational opportunities and recruitment efforts. Survey NASEMSO members to analyze rural/frontier recruitment and retention efforts.

Human and Education Resources

Objectives	Action Steps	Who	Time Frame
1. Survey NASEMSO members to analyze rural/frontier recruitment and retention efforts	Design survey; review at JCREC. Include CISM and other wellness and interventional support program considerations	NASEMSO JCREC	Fall 2019
	Conduct survey	NASEMSO	2019-2020
	Compile, analyze and report results	NASEMSO JCREC	2020
	Review survey for successful campaigns. Compare CISM and other wellness and interventional support programs against Canadian standard and National Alliance of Mental Illness resources	NASEMSO	2020
2. Collect materials identified by states as having produced positive effects on recruitment and retention	Add to JCREC member websites as available resources	JCREC	2020-2021
	Invite states reporting success to speak at National Rural EMS and Care Conference	JCREC	2021

Objectives	Action Steps	Who	Time Frame
	From survey results, identify successful initiatives that might be supported by national funding and/or policy changes	NOSORH	2020
3. Develop and promote national policy change recommendations	Craft into possible national action steps/legislation	NRHA JCREC	Late 2020
	Develop as policy platform item	NRHA	2020-2021
4. Solicit representation of NAEMSE on JCREC	Seek JCREC agreement to add NAEMSE as a member	JCREC leadership	2019
	Invite NAEMSE to join JCREC	JCREC leadership	2019
	Contact the NAEMSE executive director and invite NAEMSE to name a member	JCREC leadership	2019
	Invite new member to review and add to JCREC workplan at least one education-related objective	JCREC leadership	2019

5. Public Information, Education and Relations

Where We Want to Be

“Develop a national template for community EMS system assessment and informed self-determination processes to help communities determine and be accountable for their own EMS type, level and investment.”

How We Get There

Objectives

1. Identify an opportunity to pilot an informed self-determination process and secure funding to do so.
2. Explore using the template to establish state EMS programs to train/maintain cadres of informed self-determination project managers.

[Rural Health](#) > [Rural Monitor](#)

APRIL 3, 2019

Making Informed Decisions about Rural EMS

by [Tami Lichtenberg](#)

On a peninsula in southern Maine lies the small fishing village of St. George. Its population doubles in the summer, as more than 50% of its residents are seasonal. The closest hospital is over 20 miles away and so, according to Tom Judge, emergency medical services (EMS) is the healthcare system in St. George. Judge is a resident and former EMS member of the St. George Volunteer Firefighters and Ambulance Association. Started in 1952 and built up by some "good anchor families," EMS in St. George has enjoyed strong volunteerism and community support.



In the fishing community of St. George, Maine, EMS is the healthcare system.

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<https://www.ruralhealthinfo.org/rural-monitor/ems-self-determination/>

Public Information, Education and Relations (PIER)

Objectives	Action Steps	Who	Time Frame
1. Identify an opportunity to pilot an ISD process and secure funding to do so	Work with FORHP to identify community EMS assessments proposed and scheduled to be conducted in 2019	NOSORH NASEMSO	2019
	Solicit one or more of those projects to utilize ISD-expert members of JCREC to participate in their pilots	ISD Expert Members of JCREC Paramedic Foundation	2019-2020
	Develop and pilot the template in one or more systems	ISD Expert Members of JCREC Paramedic Foundation	2019-2020
	Publish the Template	NOSORH NASEMSO Paramedic Foundation	2020-2021
2. Explore using the template to establish state EMS programs to train/maintain	Convene informal meeting of FORHP FLEX EMS Advisory Committee, NASEMSO, NOSORH and others to discuss this concept	NASEMSO/ NOSORH	2020-2021

Objectives	Action Steps	Who	Time Frame
cadre of ISD project managers	Include meeting recommendations in future Tactical Plan		

Rural And Frontier Tactical Plan Priorities for Future Attention



Research

Where We Want to Be

“Existing federally funded rural health research centers, potential non-governmental sources of support for rural EMS research such as the Robert Wood Johnson Foundation and foundation arms of the National Association of EMS Physicians, American College of Emergency Physicians, and the Association for Air Medical Services, should be consulted in establishing a plan to assess the adequacy of rural EMS research and to stimulate local, state-level and national efforts in this area if found to be inadequate.”

Objectives (See Appendix C for Action Steps)

1. Assess the adequacy of rural EMS research, create an agenda for rural EMS research
2. Solicit research center and potential funder interest in areas of research need
3. Conduct Projects

Medical Oversight

Where We Want to Be

“Review all existing EMS medical oversight courses and establish a Rural/Frontier EMS Medical Directors Course which should be made available and distributed through multiple mechanisms to allow maximum access by EMS medical directors.”

Objectives (See Appendix C for Action Steps)

1. Research the availability of EMS medical direction courses and assess their rural content.
2. Adapt a medical direction course for rural EMS system use and publish course materials.

Prevention

Where We Want to Be

“Make prevention one of the EMS-based community health service roles of adequately staffed rural/frontier EMS provider agencies. Behavioral illness prevention and intervention should be considered a component.”

Objectives (See Appendix C for Action Steps)

1. Explore introducing an item on prevention into the Wisconsin Office of Rural Health’s *“Attributes of a Successful Rural Ambulance Service”* assessment tool. Consider behavioral health prevention/intervention as well.
2. Assure that a prevention item exists in any assessment process used for informed self-determination purposes in the Public Information, Education and Relations section. Consider behavioral health prevention/intervention as well.

Public Access

Where We Want to Be

“As home health monitoring devices and automated remote diagnostic technology develop, EMS leaders should pursue roles for EMS in their use to further EMS-based community health services.”

Objectives (See Appendix C for Action Steps)

1. Explore increasing the involvement of EMS dispatch and Emergency Communication Nurse (or community paramedic dispatch) systems in health monitoring.
2. Pursue developing the concept of EMS-based home health monitoring integrated with EMS, community paramedicine and home health dispatch.

Communications Systems

Where We Want to Be

“The Universal Service Program fund, Federal Communications Commission, frequency allocation and other national public safety communications organizations and agencies should work to assure that rural/frontier EMS communications are enhanced.”

Objectives (See Appendix C for Action Steps)

Pursue eligibility under the Rural Health Care Program for FirstNet coverage and other coverage until FirstNet is available.

Information Systems

Where We Want to Be

“Encourage multi-system data collection for specific research and performance improvement (PI) purposes.”

Objectives (See Appendix C for Action Steps)

1. Assess current status of rural EMS research and data collection capabilities for research.
2. Solicit materials from rural EMS researchers and state EMS data managers describing multi-system data collection methods used.
3. Publish toolkit for rural EMS multi-system research and performance measurement.

Evaluation

Where We Want to Be

“Fund or otherwise enable the availability of training and toolkits to encourage effective local service/system quality improvement processes.”

Objectives (See Appendix C for Action Steps)

1. Encourage awareness of the “Attributes of a Successful Rural Ambulance Service” assessment tool, and dissemination by state EMS and rural health offices, and by the Indian Health Service (IHS).
2. Evaluate penetration of evaluation tool; repeat as indicated.

Contact

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