Rural/Frontier EMS Tactical Plan
2019 – 2022 and Beyond
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

And JCREC!
- NOSORH
- NASEMSO
- NRHA
- NRHRC/TASC
- NAEMSP (later)
## Rural & Frontier EMS Agenda

### Agenda Items

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

### Integrated Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Service Area</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of Health Services</td>
<td>Human Resources</td>
<td>Prevention</td>
</tr>
<tr>
<td>EMS Research &amp; Evaluation</td>
<td>Medical Oversight</td>
<td>Public Access/Communications</td>
</tr>
<tr>
<td>Legislation/Regulation</td>
<td>Education Systems</td>
<td>Clinical Care &amp; Transp. Decis. &amp; Resources</td>
</tr>
</tbody>
</table>
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
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.
## 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 | 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

| 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 Transportation Decisions/Resources

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Action Steps</th>
<th>Who</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define “adequate representation”</td>
<td>Establish draft definition</td>
<td>JCREC</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Survey NASEMSO members on status of rural representation on state EMS boards, their committees, and system of care bodies if different</td>
<td>NASEMSO</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Achieve NASEMSO consensus on definition</td>
<td>NASEMSO Rural Committee</td>
<td>No later than NASEMSO 2020 annual meeting</td>
</tr>
</tbody>
</table>

2. Achieve adoption of definition and implementation of concept

<table>
<thead>
<tr>
<th>Who</th>
<th>Solicit date-specified adoption of definition and implementation of concept</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>NASEMSO</td>
<td></td>
<td>2020-21</td>
</tr>
<tr>
<td>Create and report status summary to JCREC</td>
<td></td>
<td>2021</td>
</tr>
</tbody>
</table>
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 Agenda\textsuperscript{17}, 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.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Action Steps</th>
<th>Who</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Form a Rural EMS “Sustainment” Work Group led by JCREC</td>
<td>Form group through JCREC solicitation. Coordinate with NEMSAC, FICEMS and ASPR Council on Emergency Care finance support groups</td>
<td>NOSORH</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Review recommendation and Appendix J of 2004 Agenda and achieve better understanding of impact of “volunteer subsidy”</td>
<td>Sustainment Work Group</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Better define issues at play and changes in environment since 2004</td>
<td>Sustainment Work Group</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Request American Ambulance Association (AAA) participation in Work Group or other guidance</td>
<td>Sustainment Work Group</td>
<td>2019</td>
</tr>
<tr>
<td>2. Define objectives for Tactical Plan/JCREC Workplan updates on this issue</td>
<td>Conclude review of issues at hand</td>
<td>Sustainment Work Group</td>
<td>Early 2020</td>
</tr>
<tr>
<td></td>
<td>Draft objective(s) for JCREC consideration</td>
<td>Sustainment Work Group</td>
<td>By 2020 National Rural EMS Conference</td>
</tr>
<tr>
<td></td>
<td>Update Tactical Plan and JCREC Workplan, and initiate work on objective(s)</td>
<td>JCREC</td>
<td>2020-21</td>
</tr>
<tr>
<td></td>
<td>Disband Work Group</td>
<td>JCREC</td>
<td>2022</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Action Steps</th>
<th>Who</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Survey NASEMSO members to analyze rural/frontier recruitment and retention efforts</td>
<td>Design survey; review at JCREC. Include CISM and other wellness and interventional support program considerations</td>
<td>NASEMSO JCREC</td>
<td>Fall 2019</td>
</tr>
<tr>
<td></td>
<td>Conduct survey</td>
<td>NASEMSO</td>
<td>2019-2020</td>
</tr>
<tr>
<td></td>
<td>Compile, analyze and report results</td>
<td>NASEMSO</td>
<td>2020</td>
</tr>
<tr>
<td></td>
<td>Review survey for successful campaigns. Compare CISM and other wellness and interventional support programs against Canadian standard and National Alliance of Mental Illness resources</td>
<td>NASEMSO</td>
<td>2020</td>
</tr>
<tr>
<td>2. Collect materials identified by states as having produced positive effects on recruitment and retention</td>
<td>Add to JCREC member websites as available resources</td>
<td>JCREC</td>
<td>2020-2021</td>
</tr>
<tr>
<td></td>
<td>Invite states reporting success to speak at National Rural EMS and Care Conference</td>
<td>JCREC</td>
<td>2021</td>
</tr>
<tr>
<td>Objectives</td>
<td>Action Steps</td>
<td>Who</td>
<td>Time Frame</td>
</tr>
<tr>
<td>3. Develop and promote national policy change recommendations</td>
<td>From survey results, identify successful initiatives that might be supported by national funding and/or policy changes</td>
<td>NOSORH</td>
<td>2020</td>
</tr>
<tr>
<td></td>
<td>Craft into possible national action steps/legislation</td>
<td>NRHA JCREC</td>
<td>Late 2020</td>
</tr>
<tr>
<td></td>
<td>Develop as policy platform item</td>
<td>NRHA</td>
<td>2020-2021</td>
</tr>
<tr>
<td>4. Solicit representation of NAEMSE on JCREC</td>
<td>Seek JCREC agreement to add NAEMSE as a member</td>
<td>JCREC leadership</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Invite NAEMSE to join JCREC</td>
<td>JCREC leadership</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Contact the NAEMSE executive director and invite NAEMSE to name a member</td>
<td>JCREC leadership</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Invite new member to review and add to JCREC workplan at least one education-related objective</td>
<td>JCREC leadership</td>
<td>2019</td>
</tr>
</tbody>
</table>
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.
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.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Action Steps</th>
<th>Who</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify an opportunity to pilot an ISD process and secure funding to do so</td>
<td>Work with FORHP to identify community EMS assessments proposed and scheduled to be conducted in 2019</td>
<td>NOSORH NASEMSO</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>Solicit one or more of those projects to utilize ISD-expert members of JCREC to participate in their pilots</td>
<td>ISD Expert Members of JCREC Paramedic Foundation</td>
<td>2019-2020</td>
</tr>
<tr>
<td></td>
<td>Develop and pilot the template in one or more systems</td>
<td>ISD Expert Members of JCREC Paramedic Foundation</td>
<td>2019-2020</td>
</tr>
<tr>
<td></td>
<td>Publish the Template</td>
<td>NOSORH NASEMSO Paramedic Foundation</td>
<td>2020-2021</td>
</tr>
<tr>
<td>2. Explore using the template to establish state EMS programs to train/maintain</td>
<td>Convene informal meeting of FORHP FLEX EMS Advisory Committee, NASEMSO, NOSORH and others to discuss this concept</td>
<td>NASEMSO/ NOSORH</td>
<td>2020-2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Action Steps</th>
<th>Who</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>cadre of ISD project managers</td>
<td>Include meeting recommendations in future Tactical Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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.
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

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