



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

# 2019 Rural Emergency Care Integration Summit

## Flex Program Support for Rural Emergency Care

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April 2019

# The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



# Technical Assistance and Services Center (TASC)

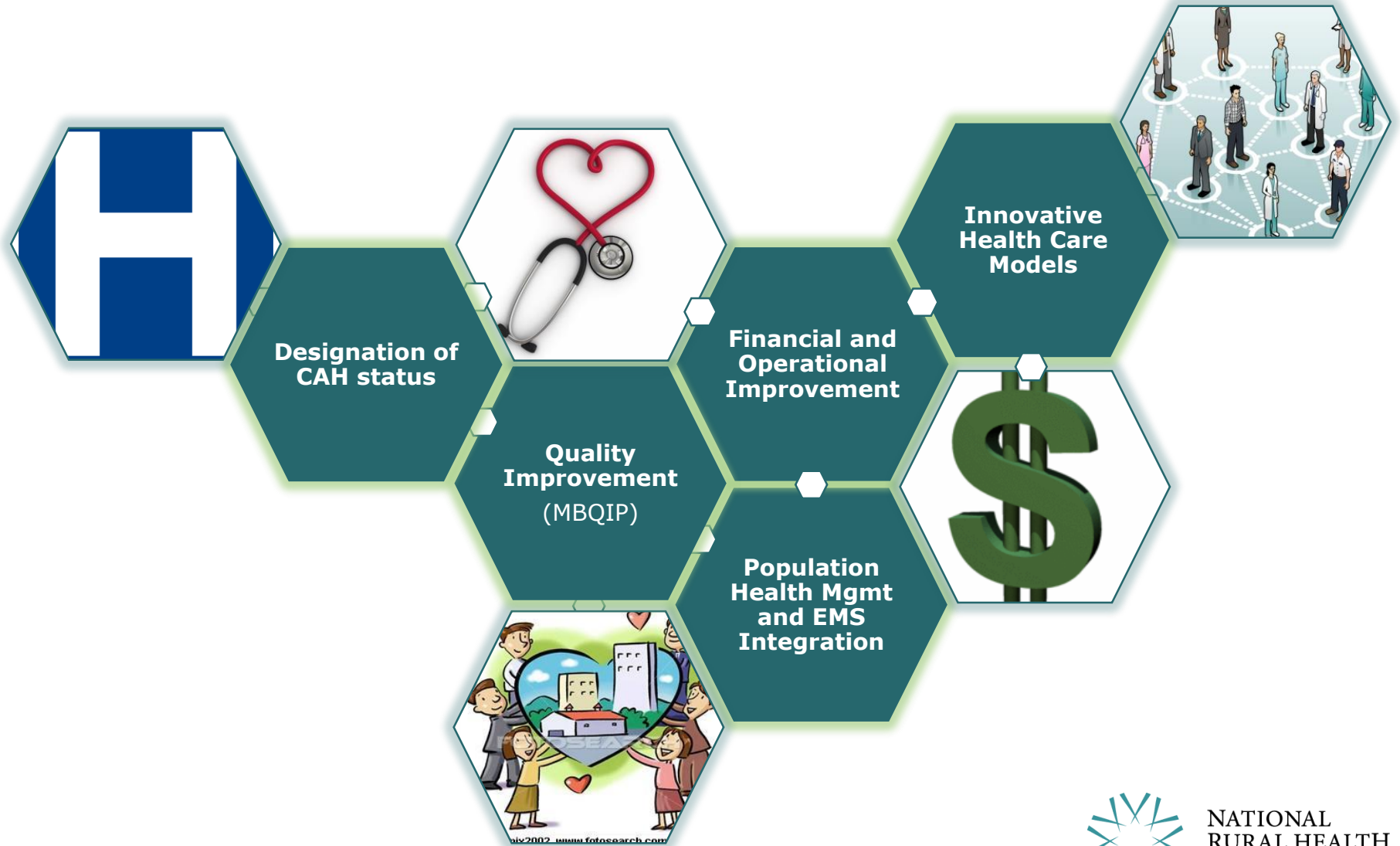
- A program of the National Rural Health Resource Center (The Center)
- Federally designated resource center created in 1999
- Funded by the Federal Office of Rural Health Policy (FOHRP), Health Resources and Services Administration (HRSA)

# Purpose of TASC

- Provides technical assistance (TA) and resources to the 45 state Flex Programs
- Offers a resource network for Flex Program information
- Assists state Flex grantees in building capacity and supporting critical access hospitals (CAHs), rural health clinics (RHCs), and emergency medical services (EMS)



# Flex Program Areas



# TASC Team



**Sally Buck**  
CEO



**Terry Hill**  
Senior Advisor for Rural  
Health Leadership and  
Policy



**Tracy Morton**  
Director of Population  
Health



**Caleb Siem**  
Program Specialist



**Nicole Clement**  
Program Specialist



**Andrew Naslund**  
Program Coordinator



# TASC Funding Supplement

- Emergency Medical Services (EMS)
  - Online readiness assessment for the transition to value (in progress)
  - Guides: EMS integration (in progress) plus two with topics pending
  - Spotlight videos (in progress)
  - Support to the Rural EMS & Care conference
  - 2019 Rural Emergency Care Integration Summit

# Health Care Payments are Moving to Value

- Rural health care providers are developing population health strategies that involve building partnerships and systems to meet the goals of the Centers for Medicare and Medicaid Services (CMS) quality strategy
- Health care transformation provides opportunities for rural EMS to be more fully integrated into the health care system and participate in potential new payment and collaborative care models



# CMS Quality Strategy



*Better Care, Healthier People, Smarter Spending*



# 2019 Rural Emergency Care Integration Summit

- Convened a group of expert stakeholders in rural EMS and hospitals to develop key strategies to support the transition of rural EMS services to value models
- Summit objectives:
  - Identify opportunities, strategies, and resources (existing and needed) to encourage collaborative engagement of rural EMS and hospitals, including how Flex Programs can support related activities
  - Identify the issues and challenges related to engagement between rural EMS providers and hospitals



# Summit Participants



# Summit Participants

- Christy Edwards, Federal Office of Rural Health Policy (FORHP)
- John Eich, Wisconsin Office of Rural Health
- John Gale, University of Southern Maine, Flex Monitoring Team
- Heidi Hedberg, Alaska Office of Rural Health
- Tim Held, Minnesota Office of Rural Health
- Joyce Hospodar, Arizona Office of Rural Health
- Steve McCoy, Florida Office of EMS
- Kevin McGinnis, National Association of EMS Officials (NASEMSO)
- Clint McKinney, RUPRI Center for Rural Health Analysis
- Donna Newchurch, Louisiana Ambulance Alliance
- Tim Putman, Margaret Mary Health
- Lynn Weber, Clinton Area Ambulance Service Authority
- Tim Wilson, Nebraska Office of EMS
- Gary Wingrove, Mayo Clinic Transport
- Matt Zavadsky, Med-Star Mobile Healthcare



# OPPORTUNITIES

*Identify opportunities for rural EMS and hospitals to collaboratively engage with each other in the changing health care environment*



# Opportunities

**Need:** To address need for change in both culture and structure

• **Opportunity:** Hospital functioning as the hub of integrated care

◦ **Benefit:**

- Hospitals could assist EMS with staffing, policies and compliance, medical direction
- Improved financial sustainability in both hospitals and EMS
- Improved quality for the emergency response system

# Opportunities

- Engaged and educated providers
  - Educate EMS on evolving health care models and the transition to value
  - EMS stakeholder leadership
  - Emergency preparedness
- Take advantage of financial incentives, work together and break down siloes
- Consider scope of professional licensure and how to break down barriers between disciplines
- Improved health care planning at the local, state and federal levels

# Opportunities

- Engage communities to take ownership of emergency response
- Include alternative payment models as part of cost modeling
- Regional coalitions of EMS to maximize resources while spreading out cost
- Culture change for both EMS and hospitals
- Technology advancement
  - Continuity of health information for coordinated care – electronic health records with pre-hospital data and health information exchange



# CHALLENGES

*Identify issues and challenges for rural EMS and hospitals to collaboratively engage with each other in the opportunities identified related to the changing health care environment.*



# Challenges

**Many are external and due to fragmented systems that have created barriers to care, legal and regulatory issues**

- CMS stance that EMS supplies transportation, not health care
- Poor financial incentives
- Lack of public understanding of the investment needed for emergency response
- Culture change is hard and organizations may not be ready and/or willing



# Challenges

- EMS and hospitals don't always speak the same language
- Leadership turnover, both EMS and hospitals
- Day-to-day operational struggles make it hard to focus on innovative initiatives such as Emergency Triage, Treat and Transport (ET3), coming soon from the CMS Innovation Center
- Lack of understanding of value models



# Challenges

- Funding and incentives
  - Widely fixed costs
  - EMS reimbursement for transport only
  - One foot in value-based payments, one foot in volume payments for hospitals

## Technology

- Lack of broadband, telehealth reimbursement, data reporting



# STRATEGIES

*Identify strategies for rural EMS and hospitals to collaboratively engage with each other in the opportunities identified related to the changing health care environment.*



# Strategies

*Identify existing models that are working*

## **Align finances between EMS and hospitals**

- “Finances will drive collaboration”
- ACOs are paying attention to the cost of EMS
- **Culture**
- Build trust between hospitals and EMS
- Educate providers about the value of EMS

# Strategies

## Finance

- Improve financial literacy and business skills
- Looking at models for billing patients
- Models to benefit both hospital and EMS
- Look at what a community really needs
- Articulate the value of EMS
- Make a business case for what we are doing
- Partner with accountable care organizations (ACOs)

# Strategies

## **Collaboration**

- Build trust and rapport
- Pull all groups together for community consensus
- Develop regional coalitions
- Collaborate with Hospital Preparedness Programs (HPP coalitions)
- Unified front for better community care
- Create a vision for where we are going





# Strategies

## Leadership

- Be better at succession planning
- Organizational priorities

## Workforce

- Make paramedic education more readily available (online, subsidize tuition)
- Hospitals expand use of paramedics to enhance their workforce
- Better understand wants and needs of incoming generations of workforce
- Learn the needs and wants of younger generations coming into the workforce



# Strategies

## **Education**

- Develop toolkits to educate EMS about the transition to value and value-based models
- Community education about cost and value
- Apprenticeships

## **Information, Data and Technology**

- Articulate the value of EMS with data
- Data validation and use of data
- Embrace technology:
  - Advance data collection
  - Infrastructure (FirstNet, etc.)
- Data mapping and push notifications
- Regional discussions about the value of data sharing

# Strategies

## **Workforce**

- Skill retention
- Leadership training
- Partnering with colleges
- Job opportunities for different EMS career tracks
- Volunteer vs. Paid
- Addressing emotional fatigue
- ED-based EMS and joint hiring



# RESOURCES



# Resources

## Organizations

### • Federal

- National Highway Traffic Safety Administration (NHTSA)
- FORHP
- SAMHSA
- Office of the National Coordinator (ONC)
- EMS for Children (EMS-C)

### • National

- National Governors Association Center for Best Practices in Health
- National League of Cities and state Leagues of Municipalities
- National Conference of State Legislatures



# Resources

- **State**

- State Offices of EMS
- State chapters of emergency medical technicians (EMTs)
- State hospital and ambulance associations
- FirstNet
- Time Critical Diagnosis systems
- Traffic records coordinator committees



# Resources

- **Trade**

- American Ambulance Association
- National Association of EMS Educators (NAEMSE)
- National Association of EMTs (NAEMT)
- NASEMSO

- **Resource Centers**

- ASPR-TRACIE
- Telehealth Resource Centers and Centers of Excellence
- TASC upcoming resources
- Rural Health Information Hub (RHIhub): Funding opportunities list, topic guides



# Resources

## **Funding**

- USDA state capital and local funding
- USDA economic development funding
- HITECH funding

## **Education**

- Community Paramedic Insights Forum
- Community colleges to help provide education

## **Data**

- NEMESIS
- COMPASS





# Resources

## Research

- Rural Health Research Gateway
- Flex Monitoring Team
- Rural Health Value



# Resources

## Tools

- HRSA Budget Model
- Attributes of a Successful Rural Ambulance Service survey instrument and Workbook
- Bio-spatial business intelligence tools (low cost to use)
- State and community level EMS assessments
- Joint Committee on Rural Emergency Care (JCREC)
- NOSORH EMS grant writing workshop
- Flex Program funded activities as examples, past and current



# **FLEX PROGRAM SUPPORT**



# Flex Program Support

## Examples of current Flex Program initiatives

- Building systems to support state mandated data reporting to cardiac and stroke registries (UT)
- Identifying rural relevant EMS measures and implement reporting, first validating data and correcting data quality issues (FL)
- Piloting financial measures to build sustainability (Joint project KS and OH)



# Flex Program Support

## Examples of current Flex Program initiatives

- Telestroke implementation (AK)
- Community Paramedicine (CO, FL, KS, MA, ME, MT, NC, PA, SC, VT, VA, WY)
- Education, toolkits, guides (CO, WI, WV)
- EMS provider mental health (LA)
- Mental Health First Aid (MT, NC)
- Opioid-related activities
  - Overdose recognition and treatment (AL)
  - Project ECHO (UT)
  - Opioid Workgroup (WA)



# Flex Program Support

## **Examples of current Flex Program initiatives**

- Prehospital Traumatic Life Support (AZ)
- Pediatric emergency care (MS, OK)
- Stop the Bleed (AK, WV)
- Simulation training for CAHs and EMS agencies (ID, OR)
- Stroke readiness, STEMI response times (IL, NE, UT)



# Flex Program Support

## Examples of current Flex Program initiatives

- Trauma
  - Designation
  - Planning and technical assistance (ME)
  - Performance improvement (AZ, PA)
  - Statewide trauma managers meetings (AZ)
- Rural Trauma Team Development (RTTD) courses (CA, UT)
- Trauma Nurse Core Courses (TNCC)



# Flex Program Support

## **Examples of current Flex Program initiatives**

- Medical Director education (KS, OR)
- Leadership training (NM)
- Other continuing education
- Committee of EMS agencies and hospitals developing frameworks for greater collaboration, community health promotion and mutual sustainability (KS)
- EMS feedback/communication (MN)
- Statewide and community-level EMS assessments







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