



Medicare Rural Hospital Flexibility Program (Flex) EMS Supplement Update

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Vision: Healthy Communities, Healthy People



General FORHP Updates

- [National Advisory Committee on Rural Health and Human Services \(NACRHSS\)](#)
 - April Meeting Focused on Rural EMS
- [FY22 EMS Supplement](#) applications undergoing review
- [Rural Public Health Workforce Training Network Program](#)
 - Track #3: Community Paramedicine undergoing review
- Project working to locate [Ambulance Deserts](#)
- July 16, 2022 the [988-dialing code](#) will become operational



High Level Overview of Current EMS Supplement

- Overall Purpose:

To improve access to quality emergency medical care in rural communities. These projects are helping to develop an evidence base for Flex Program EMS activities.
- Funding Period: September 1, 2019 – August 31, 2022
- Two Focus Areas
 - Focus Area 1- Sustainable models of rural EMS care
 - Focus Area 2- EMS Data collection, reporting, and quality measures



Rural EMS Advanced Telemedicine Demonstration Initiative (AzREADI)

Arizona

Aileen Hardcastle



Arizona

Main Goal: *To demonstrate a sustainable model of rural EMS care by providing EMS medical direction (via telemedicine) at the time of patient care to assist Basic Life Support providers in the evaluation and triage of patients in rural communities to reduce unnecessary EMS transports.*

- **Key Takeaways**
 - Provider Engagement is key to success, and you must have rapport with each agency as well as a designated EMS agency champion.
 - Regular, ongoing training and engagement with providers to keep them up-to-date on any technological updates and familiar with telemedicine protocols is critical – if they aren't comfortable using the technology (or forget it's available) on scene, they won't use it.
- **Estimated Costs**
 - This is an expensive system: Using e-Bridge, AT&T's First Net, and a team of 24/7 on-call Emergency Medicine physicians will cost about \$65,000 to start up (~ \$5,000 / month). This is only manageable when operating at a multi-agency level, whereby cost could decrease utilizing a multiple economies approach.
- **Tips on Starting Something Similar**
 - Begin with multi-vendor assessment and determining the level of interest for EMS agency engagement – both for initial and long-term participation. Will their crews be ready and willing to engage with the project? Determine the needs of each specific community and focus on 1-2 key areas in which progress could be made using telemedicine. Once agency and community have been determined, choose the proper telemedicine vendor and cellular service provider for the area.



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Ohio

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Flex/SHIP Coordinator



Ohio

Main Goal: Working to Develop a statewide model of Community Paramedicine (CP)

- **Key Takeaways**

- It may take longer to set up than anticipated. There can be legal hurdles, such as obtaining IRB and ACO approvals.
- CP can take many forms. There is not just one model. They should be tailored specifically to your community and budget.

- **Estimated Costs**

- CP can be done with almost any budget. For instance, you can start a program using pre-existing equipment and personnel. However, a robust community paramedic program in a rural setting should expect to spend around \$100k per year.

- **Tips on Starting Something Similar**

- Find strategic partners and get them on board first. A successful program should have good connections with the local social services, hospital(s), EMS agencies, & providers.



Ohio Contact Information

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South Carolina

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South Carolina

Main Goal: Working to improve the ability of EMS agencies to appropriately treat patients in counties without hospitals.

Key Takeaways

- The community paramedic model works even in a pandemic. EMS directors are superhero's.
- The flexibility of the model allows it to function for nearly any agency.

Estimated Costs

- The largest cost will be the CPs salary if they will be operating outside of transports.

Tips on Starting Something Similar

- Are there regulatory factors hindering CP? Use other state models as a baseline and the regulatory factors as a parameter then base your CP model around the needs of the community. Invest in making the model viable within the EMS agency before expanding out to healthcare entities; understand the data.



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Washington

John Nokes



Washington

Main Goal: Develop a model to improve sustainability of rural EMS services

Key Takeaways

- Some services were too “vulnerable” to participate
- Leadership training is a primary key to success

Estimated Costs

- .5FTE from each EMS agency to participate
- 1 FTE at the State Department level
- \$10,000 annually per agency for IT support/supplies, instructor development, initial training and action plan implementation

Tips on Starting Something Similar

- Assess EMS service using the attributes of a successful EMS service model
- Identify target areas of improvement and resources needed
- Plan, Do, Study, Act (PDSA Cycle)



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Florida

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Florida

Main Goal: Developing rural EMS quality measures

- **Key Takeaways**

- Flexibility, being prepared to make course corrections as unforeseen circumstances arise.
- Data Quality is a significant issue, filter out suspect data and base decisions on the valid data.

- **Estimated Costs**

- The major cost was engaging a quality measures experts annual cost \$120K and the cost of an FTE \$50K to facilitate the process.

- **Tips on Starting Something Similar**

- Build a strong leadership group consisting of EMS experts in your state to provide guidance on the project
- Identify and engage a strong partner with expertise of health care measure development.
- Utilize a deliberative process to evaluate and select measures.



Florida Contact Information

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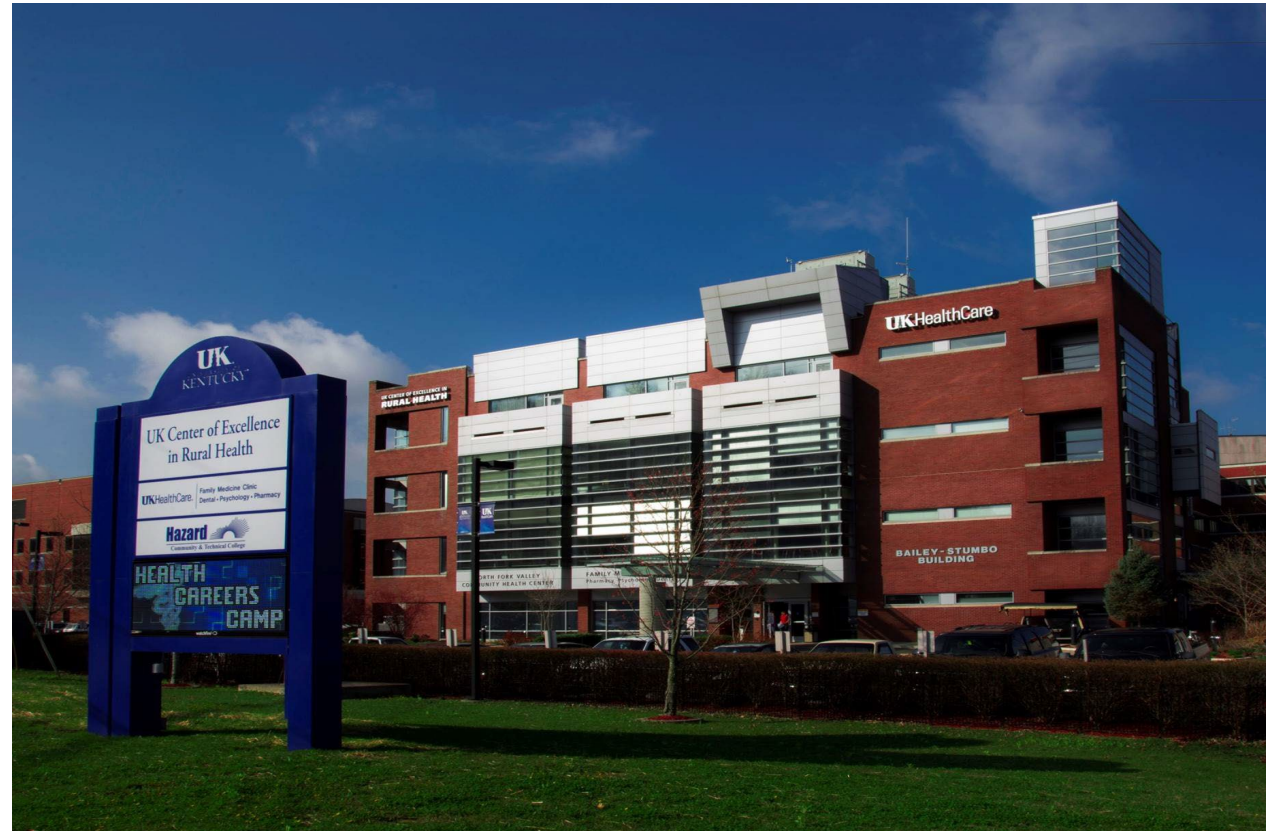
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Kentucky

Caleb Williams

Rural Project Manager



Kentucky

Main Goal: Improving out-of-hospital cardiac arrest survival rates

Key Takeaways

- Make sure you monitor and maintain your primary data sources so your project can utilize and sustain the resources being used to measure your projects successes and failures. Do not rely on a third party to heavily in your project, when faced with an early problem don't wait and see if the problem works itself out, make a decision on what to change and make that change early in the process.

Estimated Cost

- CARES Coordinator Salary & benefits approx. 90k and CARES registry 12k for an estimated total of 102k just for the main CARES portion. You will need to cover a portion of someone's salary and travel to do the AED and CPR work.

Tips on Starting Something Similar

- Start at the community level and make sure you have partners in the community who are dedicated to your project and will take part in and provide feedback on your project. If there is buy in beyond what the office is capable of providing, it will greatly effect the success or failure of your project.



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North Dakota

Lindsey B. Narloch



North Dakota

Main Goal: Developing a set of rural EMS quality measures

Key Takeaways

- Rural agencies need help with technical components to make their jobs easier. (i.e. getting monitors integrated with electronic patient care reporting or EHR, accessing reports, process of implementing health data exchange)
- Good evidence-based EMS care, looks like good evidence-based EMS care whether rural or urban with the data available in NEMSIS.
- Hospitals in North Dakota are willing to share outcome information back with EMS.
- Embracing quality measures and performance improvement in EMS is a marathon, not a sprint. Celebrate small wins.

Estimated Cost

- \$150,000-\$200,000 for start-up and annual costs

Tips to Start Something Similar

- If you want to start early, see what measures are currently available to EMS agencies within an analytics package they have access to with the data already being collected.
- Start educating early on performance improvement methods and tools for everyone involved.
- Start with an in-person meeting to encourage the Subject Matter Expert/Agency relationship.
- You can't communicate enough with agencies.
Access to the reports directly would be beneficial.



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Martina Garcia

New Mexico

Main Goal: Improving accuracy of data entry and use of data reports to improve patient care

Key Takeaways

- There are two important components for a project like this to be successful
 1. “Buy-In” from service administrators and Medical Directors to participate in the project
 2. The ability to access state data

Estimated Costs

- \$65,000 for a Program Director, \$25,000 for annual technical support and data reports. Approximately \$30,000 for should be planned for training. Additional costs would be incurred as the project progressed through the first year and would be determined by the number of stakeholder meetings and training sessions conducted.

Tips to Start Something Similar

- The starting point would be to guarantee that all participants in this project, including, EMS services, EMS Administrators, Medical Directors and the State offices, are willing to participate fully in your effort to improve data quality and patient care. The absence of any of these “key players” will result in a substandard or failed project.



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