



International Association of Flight Paramedics

**GOVERNMENT &
LEGISLATIVE
AFFAIRS OFFICE**



*By Anthony Conrardy,
IAFP Critical Care Representative*

IAFP Attends FICEMS Meeting in Washington, DC

On June 24th, I had the opportunity to attend the FICEMS (Federal Interagency Committee on EMS) Meeting in Washington, D.C. In attendance at this meeting were representatives from various federal agencies involved in some aspect or another with EMS, including Health and Human Services (HHS), Department of Transportation (DOT) and sub-entity National Highway Traffic Safety Administration (NHTSA), Indian Health Services, Maryland Institute for Emergency Medical Systems, as well as others. This committee meets at least twice a year and was created in 2005, under the DOT Reauthorization Act “to ensure coordination among federal agencies involved with State, local, tribal, and regional emergency medical services and 9-1-1 systems.”

This committee’s actions, along with the National Emergency Medical Services Advisory Council (NEMSAC), have the potential to greatly affect the EMS community. During this meeting a great number of topics were discussed that may directly impact EMS over the coming years.

- 1) The DOT and GSA (General Services Administration), who previously were responsible for developing and maintaining KKK Specifications for Ambulance Construction, will soon relinquish those responsibilities. There will no longer be a “Federal Standard” for ambulance construction and such specifications will be left to consensus organizations such as the National Fire Protection Association (NFPA). NHTSA and DOT both have representatives that sit on the NFPA 1917 Committee that has just developed a draft document that will be released at the August 2010 meeting. This standard will be released for comment, revised and then voted upon within the next year. It may benefit us to have our personnel review this document. Strangely enough, Edward Whitacre, CEO of GM, had representatives at this meeting. I suspect he is trying to get an advantage on potential ambulance chassis construction.
- 2) The CDC is currently trying to develop an IRB Template Model and rules are being developed to allow for a waiver process for the informed consent requirement for research in EMS. This process would make things substantially easier for EMS systems to become involved in research that are capable of developing best practices.
- 3) FICEMS had staff research the Healthcare Reform Act to find areas that EMS could become directly involved in process development. This may mean an added bonus to those that are prepared to be proactive:
 - A. Section 3021-CMS Innovation Center to address new payment structures for patient care. Since CMS has no intention of altering the interpretation of the Social Services Law that allows for payment of EMS for transport only, this may be our only option to garner support and funds for Treat and Release and Treat and Refer Programs, as well as alternative transport destinations.
 - B. Section 3504-Development of Regionalized Systems for Emergency Care.
 - C. Section 5101-Workforce Issues. FICEMS and NEMSAC will be releasing an EMS Workforce Agenda for the Future document later this year.
 - D. Section 3013 and 3014-Development of quality measures for Emergency Care. Our input as an EMS agency could directly develop quality measures and best practices.

If we do not lead in this area, someone else will end up telling us what to do and our reimbursement rates will be dependent upon that.

International Association of Flight Paramedics

- 4) Review of two NTSB investigations involving EMS:
 - A. Mexican Hat, Utah Motor Coach Crash
 - a. Recommendations
 - i. Improved Regional Access to 9-1-1 services, cell and telephone 9-1-1 access extremely limited or non-existent.
 - ii. States must have plans to respond to remote, rural locations even though a major municipal center may be close by.
 - B. Helicopter EMS (HEMS)
 - a. Develop national guidelines for load carrying limits.
 - b. Develop guidelines for HEMS as part of regional EMS systems created from evidence-based practice guidelines currently under development.
 - c. Simply put, “when will it definitively prove that use of a helicopter will benefit patient outcome?”
- 5) There is currently national assessment underway to “define” EMS in this country. The problem with this project is the wide variety of systems and providers, as well as the lack of available data. The new NEMSIS Data set will be released on June 30th, which also includes data requirements that will help fill in some of the gaps that previous assessments were not able to obtain. This project is being spearheaded by the NEMSIS TAG Group, the University of North Carolina, the University of Utah, as well as others. Preliminary findings are due out the beginning of next year with a full presentation some time later. A major problem that has been identified is the lack of information on preparedness of EMS agencies throughout the country.
- 6) FICEMS National Stakeholder Meeting- I was able to participate with James Riley in this meeting in March of this year at the National Institute of Health (NIH). This meeting, involving 130 people from every walk of EMS life, was meant to identify issues important to EMS providers on a local level rather than using assumptions from “inside the Beltway”. This meeting generated over 180 pages of minutes that are still being reviewed and a formal report will be developed. I have included a copy of the Executive Summary for you to review. Some of these directly impact the Center for EMS or can be influenced by our organization.
- 7) CMS Fee schedule-As was stated previously, CMS has no intention of altering the types of payment outside of that described in the Social Services legislation. However, there is mounting political and lobbying pressure for CMS to alter their fee schedule to include a change in “cost of readiness”. There is a slight difference in the payment for services provided emergently (9-1-1 Response) versus that provided non-emergently. This difference in payment is felt by CMS to properly compensate for having ambulances “ready to respond” to emergent assignments. However, it has come from many directions that this assumption is completely flawed and not remotely close to the amount necessary to stay ready. This is extremely evident for major municipal areas where there are more patients with Medicaid and Medicare in the payor mix. There will be a push by FICEMS to have CMS consider a fee schedule adjustment to increase 9-1-1 reimbursement based upon payor mix and number of uninsured. The belief is that if CMS goes that way so will the private insurers.
- 8) The Maryland Institute for Emergency Medical Systems, in conjunction with other entities, is currently developing the first EMS Evidence-Based Practice (EBP) Guidelines. The pilot EBP Guidelines that are under development are for the following:
 - A. Pain Management
 - a. Assessment of current practices
 - b. Confirming therapeutic choices for specific conditions
 - B. Helicopter Transport of Patient with Traumatic Injuries from the Scene
 - a. Triage Implications
 - i. Under/Over Triage
 - ii. Risk Stratification
 - iii. Treatment levels

This is different from the Helicopter EMS recommendations coming out of NHTSA and DOT. This is more to confirm the actual process of developing consensus recommendation guidelines and is only for this particular use of HEMS. It is not to be applied to any other use such as Obstetrics, STEMI, Stroke, Neuro, etc. I am attempting to get a copy of what they are looking at for developing these guidelines and will provide a copy when I receive them.

International Association of Flight Paramedics

- 9) Emerging Issues in EMS - Dr. Hunt from the CDC presented on the issue of the Field Triage Guidelines. These new guidelines have shown that there can be a 25 percent decrease in morbidity and mortality with the implementation of these guidelines. Dr. Hunt can not understand the resistance in implementing these guidelines when such a profound decrease can be achieved. Only 16 states have either a full or partial implementation of the 2006 guidelines, while New York State is one of 17 states that have only a full or partial implementation of the 1999 guidelines. From training perspective, this may be something we could capitalize on to get grants for implementation in the three regions within which we operate.
- 10) Finally, the last and by no means least issue of major importance was the discussion of a “Lead Agency for EMS”. This is something that was raised at the stakeholder meeting in March. There are over 67 agencies within the United States that have involvement on the State and Federal levels; this excludes regional and local levels. A very heated debate erupted with many people suggesting that this should indeed occur to give EMS “one voice”. The faces on the people from DOT and NHTSA could be seen to change drastically as their role would be diminished since they would probably not be the agency of choice.

Commander Handrigan, MD from the Emergency Care Coordination Center (ECCC) presented and suggested that if EMS needed a lead agency that the ECCC would be a good choice since they are the lead entity within the US Government for the coordination of federal activities relating to the delivery of in-hospital emergency care. The ECCC was formed in 2009, in response to Homeland Security Presidential Directive #21. This agency falls directly under the Secretary for Health and Human Services.

Regardless of who, or if there will be a lead agency for EMS on the federal level, both of these entities will be directing emergency care for the foreseeable future and we should keep an eye on both. If anyone has any questions or need additional information, please feel free to contact me.

Thanks,

*Anthony Conrardy, MBA, CIC, CCEMT-P, FP-C
Operations Officer—Training and Clinical Operations
North Shore-LIJ Health System-Center for EMS, Syosset, NY
aconrard@nshs.edu*



International Association of Flight Paramedics

4835 Riveredge Cove ~ Snellville, GA 30039 ~ 770-979-6372 ~ 770-979-6500

~m.newman@flightparamedic.org www.flightparamedic.org