



EMS IN CRISIS

CCAP EMS STUDY PROJECT

MCM CONSULTING GROUP, INC. JUNE 5, 2023

EMS IN CRISIS

- EMS services are closing.
- It's taking longer for ambulances to respond.
- Calls are going to 4th due, 5th due and sometimes even as high as 8th due.
- There are counties that have a 51% scratch (fail) rate for 1st due agencies.

EMS STUDY PROJECT

- CCAP partnered with the PA DCED and contracted with MCM Consulting Group, Inc. (MCM), of State College, Pennsylvania to study the current issues facing EMS agencies.
- The study is looked at five counties in two regions of the commonwealth:
- Butler and Mercer County in the western part of the state
- Lycoming, Sullivan and Tioga Counties in the north-central part of the state.

EMS STUDY PROJECT

The steering committee for the project included county commissioners and representatives from CCAP and DCED:

- Commissioner Kevin Boozel, Butler County
- Commissioner Mark Hamilton, Tioga County
- Commissioner Wayne Nothstein, Carbon County
- Commissioner Brian Hoffman, Sullivan County
- Melissa Gates, CCAP Government Relations Manager
- Tom Stark, Executive Director, Pennsylvania Association of County Human Services Administrators
- Yvonne Lemelle, DCED

PROJECT GOALS

The goals of this multi-phase project were:

- Phase I - Identify the issues that EMS is facing in Pennsylvania
- Phase II - Develop “Toolkits” of strategies and practices that would be available to help counties assist EMS agencies in confronting and surmounting the current issues they are facing.

PROJECT PHASE I

- The first phase of the project was to develop a survey to inquire about EMS agencies in the five study counties and the challenges that they are facing.
- The online survey was sent out to contacts at each licensed EMS agency in the five counties.

SECTIONS OF THE SURVEY

- Survey Section 1: Agency and Contact Information
- Survey Section 2: Staffing
- Survey Section 3: Unit Placement and “Move-Ups”
- Survey Section 4: Primary Coverage Area
- Survey Section 5: Public Education
- Survey Section 6: Busy Times, Length of Calls and Dispatch
- Survey Section 7: Issues facing EMS in Pennsylvania
- Survey Section 8: QRS Agencies

PROJECT PHASE I

- As the responses to the survey came in, several issues stood out as common, recurring concerns:
 - Financial Stability
 - Staffing Levels/Recruitment and Retention
 - Training and Certification

FINANCIAL STABILITY

- Medicare, Medicaid, and insurance reimbursement rates are not sufficient to cover the costs associated with the EMS response to calls.
- Medicare, Medicaid, and most insurance companies will only provide reimbursement if a patient is transported by an EMS unit. If a unit responds to a call for service, and a patient is not transported, payment is not made, even though the EMS agency incurred costs.
- Many municipalities do not support EMS agencies within their jurisdiction financially as they do for fire departments.
- Without outside (county or municipal support), EMS agencies are limited to Medicare/Medicaid/insurance reimbursement rates which are fixed and have not been updated to keep pace with inflation and the rising costs that EMS agencies face.

STAFFING / RECRUITMENT & RETENTION

- EMS agencies are having trouble finding and keeping qualified personnel.
- Agencies are finding that once a qualified candidate is hired and trained, they are leaving for better-paying positions with other agencies.
- Over seventy-seven percent of the survey respondents indicated that recruitment and retention is an issue for their agency. However, over seventy-one percent of the respondents indicated that their agency did not have a recruitment program in place, and over fifty-seven percent of respondents indicated that they do not have some type of retention program in place.

TRAINING AND CERTIFICATION

- Potential trainees are having difficulty finding training classes that were either conveniently located or offered at times when they are available.
- There is currently a shortage of EMS instructors, compounding the problem of course availability.
- Some EMS classes that are being offered are not being filled and in some instances are being cancelled due to lack of participation.
- Some study respondents felt that the requirement of National Registry training and certification testing was making it difficult for students achieve certification.

PROJECT PHASE I

- Working with the steering committee, it was agreed that these three issues, along with delivery methods, will be the four focus areas that MCM is concentrating on for the tool kits development.

PROJECT PHASE II

For each of the focus areas MCM:

- Researched the underlying issues and established methods and programs that have been developed to address them
- Worked to develop new ways to successfully deal with the issues
- Developed recommendations for legislative action
- Developed recommendations for county, municipal and EMS agency use

PROJECT PHASE II – 21 TOOLS

1. Training and Certification – Training Accessibility
2. Training and Certification – Training Availability
3. Recruitment and Retention – High School EMS Programs
4. Recruitment and Retention - Financial Incentives
5. Recruitment and Retention – Live-In Programs
6. Recruitment and Retention – Reference Articles
7. Recruitment and Retention - Retention Incentives
8. Recruitment and Retention - Recruiting on Social Media
9. Recruitment and Retention/Financial Stability – Tax Credits and Financial Incentives
10. Financial Stability - Business and Administration
11. Financial Stability – Billing

PROJECT PHASE II – 21 TOOLS

12. Financial Stability – Budget
13. Financial Stability - Business and Administration – Billing
14. Financial Stability - Business and Administration – Personnel
15. Financial Stability – Grants
16. Delivery Methods - Community Lifeline – Paramedics
17. Delivery Methods - Community Lifeline – Primary Care Providers and Services
18. Delivery Methods - Cross-Trained Responders
19. Delivery Methods - Emergency Triage, Treat, and Transport (ET3)
20. Delivery Methods - Intermediate Advanced Life Support
21. Delivery Methods –Regionalization/Authority Models

COUNTY CONSIDERATIONS & RECOMMENDATIONS

TRAINING AND CERTIFICATION – TRAINING AVAILABILITY

- Encourage the PA Department of Health to develop a diversification plan to incorporate additional paramedic program training locations throughout the Commonwealth:
- Develop partnerships with community colleges, hospitals, and health networks to increase the available locations of program offerings.
- Maintain partnerships with training facilities by incentivizing the organizations through direct and indirect funding.
- Encourage the PA Department of Health to consider the recommendations presented below.
 - Increase oversight of the training facilities course offerings, coordinating program starting dates that provide for choice in location for students.
 - Include a graphical representation of the state with links identifying paramedic program training facilities as a component of the Department of Health website.
 - Maintain the EMS Registry page with current and future program offerings.

RECRUITMENT AND RETENTION – HIGH SCHOOL EMS PROGRAMS

- Assist EMS agencies in outreach to schools if needed.
- Provide assistance on integrating EMS training into curriculums if needed.

RECRUITMENT AND RETENTION - FINANCIAL INCENTIVES

- Facilitate discussions with EMS agencies to determine if a per-call incentive program would be feasible in terms of record keeping and funding.
- Consider funding a program with county funds.
- Petition Congress to provide federal tax exemptions for any state or local benefits that volunteers receive.
- Consider paying for EMS training and certification for new hires in return for a service commitment.

RECRUITMENT AND RETENTION - RETENTION INCENTIVES

- Offer to assist EMS agencies with consultation from county human resources staff members.
- Support EMS agencies as much as possible with development of retention tools if needed.
- Provide financial support for retention programs to the extent possible.

RECRUITMENT AND RETENTION - RECRUITING ON SOCIAL MEDIA

- Support EMS agencies as appropriate in the development of recruitment media.
- Provide web-hosting services if capable.
- Allow recruitment videos or other appropriate media to be placed on county web sites.
- Encourage community television stations or other local media outlets to provide services at little or no cost to EMS agencies.

RECRUITMENT AND RETENTION/FINANCIAL STABILITY - TAX CREDITS AND FINANCIAL INCENTIVES

- Municipalities and counties could assist EMS agencies with grant funding research and application. See the Financial Stability - Grants toolkit more detailed information.
- Municipalities and counties may consider adopting the tax programs and credit incentives outlined above.
- Municipalities and counties could petition the General Assembly for an increase in the millage that is allowed to be allocated for EMS support under Title 8, Pa.C.S § 1302.

RECRUITMENT AND RETENTION/FINANCIAL STABILITY

- TAX CREDITS AND FINANCIAL INCENTIVES

- Municipalities and counties could provide clerical staff for the printing, mailing and processing of subscription services or fund drives.
- Municipalities and counties could assist agencies in developing and marketing a donation drive from public and private partnerships to generate donation funding or other resources for EMS agencies.

FINANCIAL STABILITY - BUSINESS AND ADMINISTRATION

- Counties could ensure that municipalities are aware of their responsibility to provide EMS services to their municipality and provide suggestions to address the funding of EMS service.
- Counties could provide guidance to municipalities on supporting EMS agency financial functions with municipal or county financial personnel.
- Counties could provide a database of funding opportunities for municipalities and EMS agencies.
- County fiscal and grant writing staff can assist agencies and municipalities with the sourcing of, securing, writing, and applying for grants.

FINANCIAL STABILITY - BUSINESS AND ADMINISTRATION

- Counties and/or municipalities can share budgeting programs with EMS agencies.
- Counties could work with EMS agencies on community outreach for recruitment of volunteers, pro-bono, or in-kind services, sharing of budgeting forms or programs.
- Counties could request and support changes in legislation to increase reimbursement rates from Medicare and Medicaid programs.
- Counties could consider tax programs that would benefit EMS agencies.
- Municipalities could support EMS agencies with municipal finance personnel or grant writers.

FINANCIAL STABILITY - BILLING

- Counties could support municipalities and/or EMS agencies by providing information on access to third party billing vendors.
- Counties could support outreach to community partners who have insurance and/or medical billing experience.
- Counties could provide billing services at reduced or no cost.

FINANCIAL STABILITY - BUDGET

- Counties could provide guidance to municipalities on supporting EMS agency financial functions with municipal or county financial personnel.
- Counties could provide a database of funding opportunities for municipalities and EMS agencies, and assistance with grant writing.
- Counties could share budgeting programs with municipalities and EMS agencies.

FINANCIAL STABILITY - BUSINESS AND ADMINISTRATION – BILLING

- Counties could petition the state legislature and federal government for increased Medicare/Medicaid reimbursement rates.
- Counties could petition the governing or regulating agencies for reasonable reimbursement for treatment without transport.
- Counties could request that insurance payments for go directly to EMS agencies as opposed to the insured.
- Counties could support the municipalities and agencies in their respective counties by assisting with coordination and negotiation of a group purchase of licensing for software, or third-party billing.

FINANCIAL STABILITY - BUSINESS AND ADMINISTRATION – BILLING

- Counties could support EMS agencies with financial personnel to provide billing services.
- Counties could provide EMS agencies with assistance with third-party billing expenses.

FINANCIAL STABILITY - BUSINESS AND ADMINISTRATION – PERSONNEL

- Support EMS agency business and financial management with county financial staff.
- Include EMS agency personnel in financial training programs offered to county staff.
- Support recruitment of business and financial management volunteers or staff using county websites, social media, or other outreach efforts.

FINANCIAL STABILITY – GRANTS

- Counties could support municipalities and/or EMS agencies by allowing assistance from county grant writers (if available) for grant applications.
- Counties could assist with grant research by municipalities and/or EMS agencies.

DELIVERY METHODS - COMMUNITY LIFELINE – PARAMEDICS

- Counties could work with municipalities to assess the need for community paramedicine locally.
- Determine the cost-benefit of decreased transports versus implementing and maintaining paramedicine programs.

DELIVERY METHODS - COMMUNITY LIFELINE – PRIMARY CARE PROVIDERS AND SERVICES

- Counties and municipalities could assist EMS agencies and local health organizations in coordination of community campaigns.

DELIVERY METHODS - CROSS-TRAINED RESPONDERS

- Counties and municipalities could consider programs that provide cross-trained responders within fire, law enforcement, and municipal/county employees.
- Counties and municipalities could research funding methods for support of cross-trained responder programs.

DELIVERY METHODS - EMERGENCY TRIAGE, TREAT, AND TRANSPORT (ET3)

- Research the ET3 model.
- Facilitate discussion with local EMS agencies, hospitals and regional medical command about the ET3 model and whether it may be an effective model for local services.

DELIVERY METHODS - INTERMEDIATE ADVANCED LIFE SUPPORT

- Step one – meetings: EMS Council, PSAP, select group of EMS providers, and the regional medical director should have meetings to discuss the process and protocols.
- Step two – create a new unit: Creation of the unit type Intermediate (IALS) needs to be used in computer aided dispatch (CAD) and on the radio. (Lancaster County made the decision to dispatch IALS as a basic life support (BLS) following the BLS protocols, as this unit type did not fit into their three-tier dispatching model.)
- Step three – final decision on protocols and new incident types: The regional medical director should work with the EMS council on the translation of changes into the protocols for dispatch to an IALS level of care. From this guideline the PSAP should create new incident types.

DELIVERY METHODS - INTERMEDIATE ADVANCED LIFE SUPPORT

- Step four – work behind the scenes: (Lancaster County PSAP had to update the response zones with the new level of response. A decision was made to keep the IALS response to their home agency calls only. For ALS calls in the county; Class 1 ALS calls go to the closest ALS unit and if a BLS unit is physically closer, they are dispatched as well to render aid until the ALS unit arrives.)
- Step five – time to test: (Lancaster County began with one agency to make sure the software was mapping to the correct incident types. The CAD recommended the correct resource based on the incident type. CAD also reacted properly if the home IALS was not available. This testing was run for up to two months before expanding to other agencies.)

DELIVERY METHODS – REGIONALIZATION/AUTHORITY MODEL

- Counties could act as a moderator to facilitate the discussions between EMS agencies and municipalities.
- A mechanism for continued discussions between municipalities and agencies could be created and fostered.
- Counties and municipalities could consider contributing funds to the start-up of regional EMS services.
- Regionalization should be inclusive of all EMS agencies, exploring and utilizing the best practices of each service to benefit patient outcome.
- Counties could support the introduction of a bill similar to Senate Bill 698 (creation of emergency services authorities) and encourage its passing.

SUMMARY

- The EMS crisis is real, and it is getting worse. Action must be taken to avoid further risk to public safety.
- It was found during the study that there appear to be several agencies/departments/associations/governmental bodies that are trying to tackle this crisis. However, the undertakings are not being coordinated, and duplication of efforts was found. It would be more effective if one agency was to take the lead in addressing the issues creating this crisis.
- Until that happens, it is important for EMS agencies to present a united front in working for change. They must be united in their goals as well as their discussions with their associated fire departments (if applicable), municipal, county, and state elected officials.

SUMMARY

- Municipalities and counties, likewise, must be cohesive in their goals discussions with state, and if necessary, federal officials.
- What can counties do? - It is recommended that counties review the information provided in this report and toolkit.
- County officials could then host meetings with their EMS agencies and municipalities to discuss the specific issues that need to be addressed within their counties. Local issues and needs should be outlined, and goals set.

SUMMARY

- If there are local township and/or borough associations within a county, county officials could impress upon the municipal officials their legislative responsibility to provide for EMS service within their municipalities and encourage them to take a leading role in addressing any local issues.
- County officials can also work through CCAP to educate state leaders on the crisis, as well as push for legislative action to address the crisis as appropriate.

QUESTIONS?

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