The Changing Face of Emergency Medical Services in New York State

Statewide SEMSCO Conference Call Summary

Steven Kroll
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EMS agencies of all types are struggling across New York State in the face of tremendous change. EMS leaders are facing serious challenges and the pathway to success is yet to be defined. Some are beginning to doubt the sustainability of EMS services and those fears are beginning to play out as the cracks in the system are becoming more evident in some communities. The citizens of the State of New York State are largely unaware of this struggle. New Yorkers that need emergency medical assistance have always expected, and continue to expect, that EMS will arrive when needed, 24-7-365. However, there are already circumstances under which this expectation is at risk or not being met.
Topics Discussed

• The Business Model of EMS and Financial Sustainability of EMS Agencies
• EMS Workforce Recruitment and Retention
• Integration of EMS into the Health Care System
• Rural EMS
• Patient-Centered EMS
• Delivery System Reform Incentive Program (DSRIP)
• Quality, Value, and Outcomes
• Regulatory Barriers
• EMS Leadership and Agency Consolidation
CHANGING DEMOGRAPHICS: UNDERLYING CHALLENGES FOR NYS

• Aging Population
  • Chronic Illness
  • End of Life Care
  • Alzheimer’s and Dementia in the Elderly

• Public Health Crisis
  • Obesity

• Health System Restructuring
  • Greater Travel Distance for Hospital Care in Many Communities

• Tremendous lack of public awareness of EMS
The Business Model of EMS and Financial Sustainability of EMS Agencies

- Medicaid rates do not pay the cost of providing service
  - Especially severe for agencies with high Medicaid volume
  - DOH studying the cost of Medicaid transportation
- Medicare rates are not generous, non-governmental payers scrutinizing rates
- Payer mix shifts
- Growth in high deductible insurance products; often equivalent to self-pay
- Need for increased business skills in EMS environment
- Growing insurance denials
  - Lack of denials management experience
The Business Model of EMS and Financial Sustainability of EMS Agencies

- Wage increase and expense pressure not supported by revenue increases; low wage levels impact recruitment and retention
- How will capitation and global budget models impact EMS?
- Tax cap pressuring local jurisdictions to pull tax funds out of EMS, eliminate inflation adjustments, and increase reliance on revenue recovery
- Reserve funds being depleted, capital cycle lengthening, larger capital needs being delayed or beyond reach
- Public does not understand how EMS is funded
- Municipalities shocked when EMS comes looking for new funding
The Business Model of EMS and Financial Sustainability of EMS Agencies

• EMS is not an essential service in NYS
• EMS finances driven by socio-economic forces
  ▪ Drives high Medicaid volume
• ACA has increased Medicaid volume and lowered self-pay; What happens in ACA repeal scenario? Will high-utilization patients end up with high-deductible insurance?
• Will donations dry up when agencies start billing?
• Transporting agency must bill and fire-based EMS can not bill
  ▪ Difficult to solve issue between volunteer fire-based EMS and ALSFRS
EMS Workforce Recruitment and Retention

• Aging EMS providers – both volunteer and paid – average age is over 40
  • Number of EMT students relatively stable
  • Next generation has different work ethic
  • Concept of volunteerism has changed with generation
    • NYS has a low volunteerism rate when compared to other states

• Not enough providers – both volunteer and paid
  ▪ Data collection could establish breadth of vacancy challenge
EMS Workforce Recruitment and Retention

• Pressure of competitive employers
  ▪ Similar pay can be earned in less challenging careers
    ▪ Equivalent salary for an EMT and big box store worker
• Providers working multiple jobs to earn a living
  ▪ Exhausted providers
  ▪ “loyalty” demanded by primary agency
• Lack of EMS career path in many EMS systems, with notable exceptions
• EMS becoming stepping stone to other careers
• Question: More than 80% of calls are BLS; is ALS conversion to BLS a viable strategy for some communities?
EMS Workforce Recruitment and Retention

• As the number of paid agencies expands, they are all competing for the same pool of responders, resulting in unaffordable salary inflation
• Small ambulance services hiring paid staff that revenue does not support and are running themselves into insolvency
• Communities want EMS service, don’t want to pay for it
• Bureau of EMS training and support activities severely limited by cash ceiling budget constraints
EMS Workforce Recruitment and Retention

• Ideas discussed *not necessarily endorsed*:
  ▪ Should EMS providers be licensed?
  ▪ Development of county-wide ambulance initiatives; there are several successful models
  ▪ Bunk in programs
  ▪ Decrease hours worked by EMS providers
  ▪ Can EMS providers pool together to improve benefits
Integration of EMS into the Health Care System/Patient-Centered EMS

• Integration of EMS into the health care system and patient-centered EMS is in its infancy; EMS is too isolated
• Hospitals in many areas still do not act as if what happens in the pre-hospital care encounter is an important influence on the hospital stay
• Opportunity for EMS to work with health care to develop safety net at transitions of care
• EMS not well integrated with niche providers – behavioral health, hospice, disability awareness and special-needs populations
• What can EMS bring to the table with health care?
Integration of EMS into the Health Care System/Patient-Centered EMS

• Data integration with hospital electronic medical record?
  ▪ Getting pre-hospital care data directly into the RHIO
  ▪ Allowing EMS to pull data on the patient from the RHIO
  ▪ Using integrated chart for quality and outcomes improvement

• EMS is expanding its safety-net role as home care is reduced

• Challenge: lack of behavioral health capacity throughout the emergency care system

• Challenge: There are people that should use EMS that don’t and those that shouldn’t be using EMS are filling up the capacity

• Good Examples:
  ▪ STEMI and stroke care integration
  ▪ Fall prevention programs
Integration of EMS into the Health Care System/Patient-Centered EMS

- Lack of ability to implement community paramedicine/mobile integrated health care in NY
- Potential for *EMS Compass*
- Potential for customer satisfaction surveys – several good examples in use
Quality, Value, and Outcomes

• EMS quality, value, and outcomes is in its infancy
• Development of metric measurement is also in the early generations
  ▪ Challenge of differentiating data that measures value and outcomes
  ▪ Establishing correlation between data and outcomes
  • Example: are response times and patient outcomes linked? What about provider skill level and outcomes?

• How do we prepare for the value-based systems evolving in the health insurance and hospital realm? When will we start to see value-based metrics in contracts?
Quality, Value, and Outcomes

- Lack of quality activity at local squads
  - Lack of direction, limited bandwidth, and limited interest
- Regional QI committee meetings suffer from lack of interest
- Providers do not yet realize that payment will start to be based on performance
- We have to start thinking like health care providers
IHI Triple Aim

• Improving the patient experience of care (including quality and satisfaction)
• Improving the health of populations, and
• Reducing the per capita cost of health care

• Numerous publications suggest that the list be expanded to a ‘Quadruple Aim’ to include: Improving the Care of and Experience of The Provider
Quality, Value, and Outcomes

• STEMI and Stroke initiatives more common opportunities for hospital collaboration
• What percentage of calls are being turned over?
  ▪ Is there an obligation to make the public aware at the local level?
  ▪ Does EMS Quality = Hospital Quality?
  ▪ Potential for EMS Compass – Improving Systems of Care through Meaningful Measures
Quality, Value, and Outcomes

• THE RIGHT METRICS
• THE RIGHT ANALYSIS
• USING THE ANALYSIS TO AFFECT CHANGE
• EMS as valuable partner to reduce avoidable admissions, reduce readmissions, reduce inappropriate ER utilization

• Most DSRIP collaboratives have yet to define the full value that EMS brings to the table; EMS has the opportunity to define their role

• EMS is at the initial patient contact for many avoidable health care encounters:
  • Chronic illness, Long-term care, elderly and special needs populations

• Examples: North County DSRIP, fall reduction programs, Northwell Health programs
Rural EMS

• Agencies shutting down at an alarming rate
• Many small agencies that cover large geographic areas are individually unsustainable
  ▪ Are mergers the answer?
• May not be enough call volume for paid EMS to be sustainable if volunteer EMS fails
• Should we have the equivalent of the “Critical Access Hospital” for EMS?
  • Reimbursement would be increased to cover costs
• Rural agencies have responsibility for facility to facility transfers; which are increasing in number and resource intensive
Rural EMS

- Many challenges are intensified in the rural environment
  - Local government budget pressure
  - Aging of volunteers and population
  - Declining young population base to recruit as volunteers
  - Economic realities of earning a living impacting volunteerism
  - Non-emergent use of EMS has more dire consequences in rural
  - “Small town pride”
  - Local governments shocked by the potential cost of needing to replace volunteers with paid and don’t have the bandwidth to develop solutions

- What about moving to county-based systems with a broader reach?
Rural EMS

• Rural solutions are years in the making, but the problems have been kept in the shadows – visibility is needed
• Should hospital system be tasked with responsibility for rural EMS?
• Controversial debate: the increasing demands of certification – disincentive for people to become EMTs or raising the acceptable standard of care?
• Telemedicine is a potential solution that is in the early stages of development
• Community paramedicine could be particularly beneficial in rural communities
• Ban on subscription fees is a barrier to rural EMS
Regulatory Barriers

• Legislative framework for EMS that sets the NYS regulatory context is in desperate need of modernization, however, achieving a comprehensive modernization is likely beyond the capacity of the collective stakeholders

• Barriers to achieving Community Paramedicine
Regulatory Barriers

• Inability of EMS to transport non-emergent 911 calls to alternate destinations
  • Potential pilot – transport to article 28 hospital affiliated urgent care
    ▪ Can be double negative – lose money and unnecessary transport
• Inability to shift low acuity patients away from EMS
  ▪ Example: cab vouchers for routine and inappropriate EMS use
• No Medicaid copay = no incentive to be prudent in calling EMS
NYS EMS Leadership Themes

• The public does not recognize what we do; they assume that we are there and always will be
• EMS community can be too resistant to change
• Mergers are not a dirty word
• How can agencies assess their strengths and weaknesses to help make decisions about sustainability and mergers; desire for an assessment tool
• There are several models of successful unifications
  • Agency to agency
  • Area-wide collaborative models
  • Examples: Jefferson County, Greene County, Wayne County, Albany County
NYS EMS Leadership Themes

• EMS needs a new generation of innovative leaders
• Founding generation aging into retirement
• Much of EMS management and leadership training is on the job
• Formal management and leadership structures relatively undeveloped; how do we train future LEADERS?
• Both volunteer and paid agencies have similar leadership demands
• Do we identify with health care, public safety, or both?
NYS EMS Leadership Themes

• The EMS Community in NYS needs to develop the motivation to engage the broader communities in understanding EMS, expressing our vulnerabilities and potential, engaging others in solutions, and making sure broader constituencies see the value in what we have to offer and the risk of not taking a piece of the responsibility for our future success