

EMS Must Take the Lead on Reimbursement Reform, Leaders Say

EMS must take the lead on reimbursement reform or risk having change imposed by government regulators, EMS leaders say.

To lay the groundwork for reform, NAEMT collaborated with several of the nation's largest EMS agencies and national EMS organizations to develop a proposed framework for changing the way in which EMS is reimbursed. The framework calls for EMS agencies to begin moving away from fee-for-service reimbursement toward rewarding high-quality, cost-effective care, also known as value-based purchasing or pay for performance.

Specifically, EMS agencies that bill Medicare and Medicaid would agree to report cost, performance and outcomes measures to increase the accountability of EMS, and to better enable Congress to monitor how Medicare and Medicaid money is being spent. In exchange for the greater transparency, Congress would make the Medicare ambulance reimbursement "add-on" payments permanent, which is critical to the financial health of many EMS agencies.

"We need to lead the change, or change will come to us through regulation," says Asbel Montes, vice president of government relations and reimbursements at Acadian Ambulance Service in Lafayette, La. "We need to come together as an EMS industry and get ahead of this."

Acadian was one of three ambulance companies, including American Medical Response (AMR) and Superior Ambulance, that participated in developing the reimbursement reform framework in collaboration with NAEMT, the National Association of EMS Physicians (NAEMSP) and the National Association of State EMS Officials (NASEMSO).

Based on that framework, NAEMT's Advocacy Committee developed a position statement that was adopted by the NAEMT Board of Directors, urging the EMS industry to work with Congress on legislation that would bring the reimbursement reform framework into law.

"EMS reimbursement has not kept pace with changes in EMS. EMS is an essential, patient-centered public service," says NAEMT President Conrad "Chuck" Kearns. "It has proven to save lives in all types of emergency medical crises, such as trauma, cardiac arrest and stroke. It provides emergency care at all times, to every community in our nation. Moreover, it has increased efficiency and in many cases reduced in-hospital patient care costs. Reform should reflect advances in EMS."

EMS's History as a Transportation Provider

When modern EMS took shape in the 1960s, EMS was developed as an emergency *transportation* service that delivered the sick and injured to hospitals.

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EMS On The Hill Day
April 28-29 • Washington DC

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Your EMS On The Hill Day Participation is Valued



Conrad T. (Chuck) Kearns
MBA, Paramedic, EMD

This year's EMS On The Hill Day will be held on Wednesday, April 29, in Washington, D.C. The pre-Hill visit participant briefing will be held Tuesday evening, April 28. We are very hopeful that the number of participants will far exceed last year's attendance of 200 because **EMS On The Hill Day is the most important national advocacy event for our profession.** Here's why:

1. It is the only event that is **open to all EMS professionals** – practitioners, physicians, educators, managers and other professionals involved in field EMS – representing all EMS delivery models.
2. Advocacy is not an event, it is an ongoing endeavor. But, EMS On The Hill Day creates a **day of focused attention** on Capitol Hill for our profession. This gives us a platform to educate our members of Congress and (just as important) their staff, on the integral role of EMS in our nation's healthcare system and specifically what Congress can do to help us provide quality care to our patients.
3. Although EMS On The Hill Day is hosted and financially supported by NAEMT, it is an event **for all of EMS.** Since its inception in 2010, EMS On The Hill Day has been held as an advocacy event for our profession, rather than an NAEMT membership event. NAEMT's leadership recognized then, as we do now, that the strength of EMS depends on professionals from all delivery models throughout the country – representing their local agencies, and state and national EMS organizations – coming together to advance our profession and the care of our patients with a unified message to our federal elected representatives.
4. We are at the crossroads of transforming EMS from a transport based delivery system to patient-centered, values and outcomes based system. **Congressional leaders must understand how important EMS is to achieving our nation's healthcare goals of improving patient outcomes while also reducing overall healthcare costs.**

Please share with your agency's leaders and your co-workers why we must educate our federal leaders about EMS.

By the time you receive this issue of *NAEMT News*, registration for this year's Hill Day may have ended, or

you might have a few more days to register. You can check registration in the Advocacy section of naemt.org.

If you are unable to travel to D.C. for EMS On The Hill Day, we can help bring the event to you. **On April 28, at 5:30 pm Eastern Time, NAEMT will live stream the Hill Day briefing program so that all EMS professionals across the country can get prepared to hold conversations with congressional leaders and staff on EMS.** Virtual participation in the briefing program will prepare you to visit the home district offices of your U.S. Senators and House Representatives. All of the EMS On The Hill Day "requests to Congress" materials will be posted on the NAEMT website for downloading. And, your NAEMT State Advocacy Coordinator can help you make your local appointments with your congressional leaders. You can find your state's advocacy coordinator on the NAEMT web site on the "State Advocacy Coordinator" page in the Advocacy section.

As members of the EMS profession, we are best able to deliver our message to Congress. And, if we do not send our message, no one is going to do it for us. We have a right and a responsibility to educate our elected federal leaders on what we need to advance our profession on behalf of the patients we serve. Please join us in this effort.



Reaching Out to Home Health Before You Develop an MIH-CP Program

EMS partnerships with other healthcare providers are key to Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) programs. Home health agencies should be on your list of partners to reach out to, especially if your EMS agency has plans to provide chronic disease management services in the home, such as post-hospital discharge follow up visits, notes Matt Zavadsky, public affairs director for MedStar Mobile Health in Ft. Worth, Texas.

But don't be surprised if the reception is chilly. To home health agencies, EMS-based MIH-CP is often seen as an interloper on their territory.

To assist EMS in having those discussions with home health, Zavadsky used his experience in forging partnerships with home health to lead NAEMT's MIH-CP committee in creating a two-page resource document, "EMS and Home Health: Partners in Improving Patient Outcomes and Lowering Costs." You can find the document at naemt.org/MIH-CP, then click the "Knowledge Center" link.

Q You've spoken about MIH-CP at several home health agency events, including the National Association of State Home Care Associations' annual meeting and Home Care 100, an annual conference for the CEOs and upper management of the nation's largest homecare and hospice firms. What was the vibe from the crowd?

Cautious. The home health industry is trying to figure out what this new MIH delivery model is, and what is EMS's role in it. Attendance for the MIH sessions at these meetings has been very high. At Home Care 100, I was fortunate to be joined by Dan Bruce, administrator for Klarus Home Care and Mark Prather, CEO of True North Health Navigation. We partner with both of those agencies as part of our MIH program.

Q What are some of home health's concerns?

A big one is that we will impact their business by enrolling patients into MIH who would be eligible for home health.

The second is that we will be providing home health services, yet we are not regulated as heavily as they are in delivering services in the home. The home health industry is very highly regulated.

Third is understanding what services we can actually provide in the home. In some cases and in some programs,

mobile healthcare practitioners are providing services that home health providers are not able to provide. Those services include in home diuresis and IV therapy. Home health may be provided by RNs (registered nurses) or LPNs/LVNs (licensed practical nurses or licensed vocational nurses), who may or may not be able to do that, depending on their staffing and licensure. That can leave them wondering what type of provider we are and whether it will put them at a competitive disadvantage.



(left) J. Daniel Bruce, administrator of Klarus Home Health Care with Mark Prather, CEO of True North Health Navigation; and (right) Matt Zavadsky, director of public affairs at MedStar Mobile Healthcare.

Q Given home health's skepticism, is it worthwhile for EMS agencies developing MIH programs to reach out to home health?

Absolutely. They need to be at the table from the very beginning. MIH programs are only successful if they fill a gap in existing services. You have to conduct a community gap assessment, and as part of that find out from home health agencies what types of patients they are not able to service.

There are many patients who do not qualify for home health. Some patients don't have insurance that pays for home health services. Even if they have a payer source like Medicare, Medicaid or private insurance, oftentimes the eligibility requirement is that you are homebound, meaning that you cannot easily go to the doctor's office or to rehabilitation. If the patient is able to drive or go to work, the payer won't pay for home health services.

Another issue is that benefits may have run out. It's difficult to stay in home health for a long time, and many plans have a defined benefit period.

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Bring Consistency to EMS Licensure: NAEMT Position Statement

All U.S. states and territories should adopt a consistent set of EMS practitioner licensure and re-licensure requirements, according to a new NAEMT position statement.



Those requirements should include National Registry of Emergency Medical Technicians (NREMT) certification to ensure that patients are treated by EMS practitioners who have achieved a nationally-accepted standard of knowledge, skills and ability. Consistent licensing requirements would also benefit the EMS workforce, enabling practitioners to more easily move between states when changing jobs.

“Consistent state licensure requirements will strengthen the EMS profession and support our essential role in our nation’s healthcare system,” said NAEMT President Conrad “Chuck” Kearns. “Our country needs an EMS licensure framework that enables EMS to fully respond to patient needs, regardless of location and disaster situation.”

Variations from State to State Raise Concern

States license EMS practitioners to ensure the health and safety of the public, according to the National Association of State EMS Officials (NASEMSO). But licensure requirements vary significantly. According to a NASEMSO survey released in 2013:

- Only 35 percent of states require EMTs to have a high school diploma while 48 percent require paramedics to have one.

- 90 percent of states require EMTs to have some sort of a background check and 89 percent require that of paramedics, yet those background checks can range from requiring would-be practitioners to admit to any convictions on their licensure application (72 percent for EMT, 65 percent for paramedics). Far fewer do searches of local law enforcement databases (8 percent for EMTs, 6 percent for paramedics), state databases (32 percent IEMT, 41 percent paramedic), or an FBI check based on fingerprints (28 percent for EMTs and paramedics). Only 12 percent check the Sex Offender Registry.

- Only 2 percent do drug screening.

To be sure, even in states with less rigorous licensing requirements, many employers might have their own standards, such as driving record checks, background checks, or requiring NREMT certification.

For example, “the state of New Jersey does not do drug screening, background checks or fingerprinting, but MONOC requires all those things,” said NAEMT Treasurer Scott Matin, MONOC vice president. “But there’s no guarantee that every company does.”

Challenges in Implementation

To protect the public and support the delivery of quality patient care, NAEMT’s position statement on minimum EMS licensure requirements calls for EMTs and paramedics to:

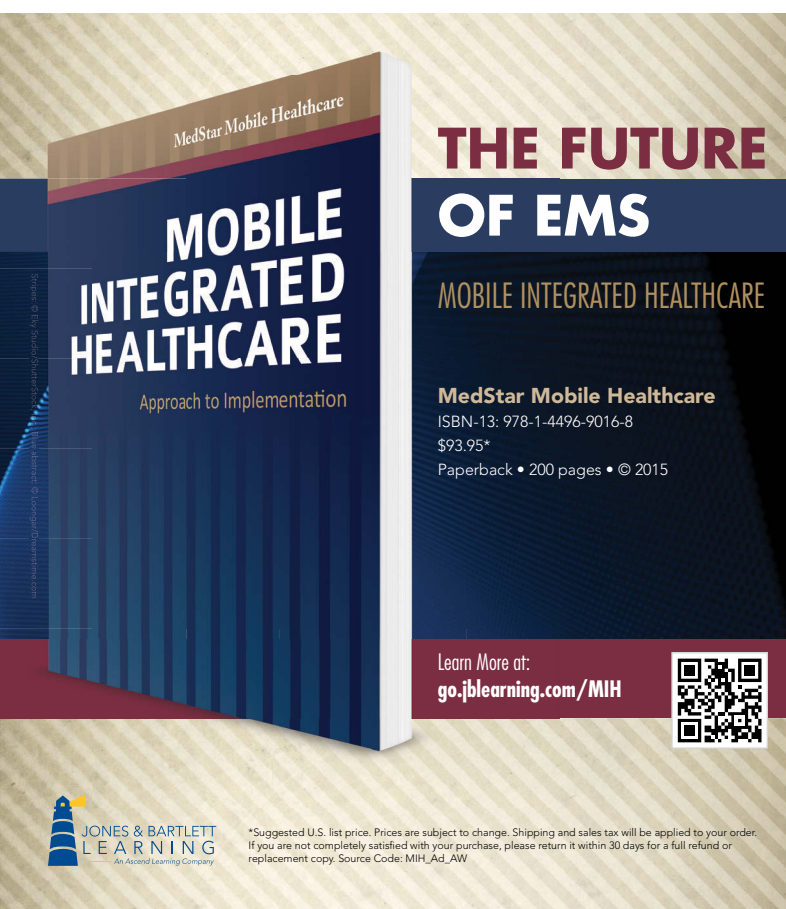
- Be at least 18 years of age.
- Maintain a valid driver’s license.
- Possess a high school diploma or equivalent.
- Pass a local and national criminal background check.
- Pass a drug screening test.
- Possess a National Registry certification.
- Be fingerprinted.

Yet even if all states were to accept such a policy, there will be challenges in implementation, noted Kathy Robinson, program manager for NASEMSO’s Education and Professional Standards Council. “Changing the state licensure requirements in some states would require intervention by the state legislature, not just a policy change by the state EMS office,” she said.

Yet the NAEMT Advocacy Committee, which drafted the position statement, believed it was important for NAEMT to call attention to the need for greater consistency in licensure requirements. This issue was cited by members in a 2011 NAEMT survey as one of the key challenges facing the EMS profession.

“This is a step in the right direction,” said Matin, a member of the Advocacy Committee. “Some states are very stringent. Others are not. This statement is looking to ensure there are minimum licensure requirements so everybody is playing on an even field.”

View the position statement in the Advocacy section of naemt.org.



*Suggested U.S. list price. Prices are subject to change. Shipping and sales tax will be applied to your order. If you are not completely satisfied with your purchase, please return it within 30 days for a full refund or replacement copy. Source Code: MIH_Ad_AW

Licensure vs. Certification: Know the Difference?

The terms “licensure” and “certification” are often used interchangeably, but there are key differences.

Licensure - States grant licenses to EMS practitioners. A license gives permission for EMTs and paramedics to practice in that state.

Certification - Certification is proof of entry level, clinical competency. The National Registry of Emergency Medical Technicians (NREMT) exam is widely accepted as the nation’s primary EMS certification. The Board of Critical Care Transport Paramedic Certification (BCCTPC) offers advanced certifications for flight, critical care and tactical paramedics.

Why is it important to know the difference?

States license EMS practitioners, but licensing requirements vary widely, with some states having much tougher requirements than others.

Many states require NREMT certification as a condition of receiving a license, but not all do. States also vary in their other requirements, such as whether EMTs and paramedics must have a high school diploma, or undergo drug screening, driving record checks and background checks. Even within those requirements, there are variations. Some state licensing requirements include searches of various law enforcement databases, while in others, applicants need only attest to whether they have a criminal record or not.

And if that’s not confusing enough, some states continue to refer to their licenses as “certification,” although that is gradually changing, according to the National Association of State EMS Officials (NASEMSO).

Why does this matter?

The lack of consistency poses difficulties for the EMS workforce in moving across state borders when seeking jobs or when assisting during major events and natural disasters. It is also a concern for the public and for patients.

NAEMT’s position is that consistent minimum state licensure requirements are in the best interests of the public and patients, and further the professionalism of the EMS workforce.

NAEMT Provides Comments on Health IT Strategy



As its first order of business, NAEMT's new EMS Data Committee prepared a comment on the draft Federal Health Information Technology (Health IT) Strategic Plan 2015-2020. The comment was approved by the NAEMT Board of Directors and submitted to the Office of the National Coordinator for Health Information Technology (ONC) on Feb 6. Provided at the request of the ONC, the comment responded to the draft plan designed to transform the Electronic Health Records (EHR) program – and its participating hospitals and healthcare providers – into an IT system that disseminates knowledge quickly, securely and efficiently.

NAEMT commended the ONC for taking on the immense responsibility that widespread adoption of Health IT entails, but went on to raise more than a dozen concerns with several sections of the draft. Highlighting the list of concerns was the omission of the National Highway Safety Traffic Administration (NHTSA) Office of EMS from the list of 35+ federal partners collaborating on the draft. As a result, the draft did not identify EMS as an integrated partner in the wider Health IT plan or recognize the strides made in standardized EMS healthcare data because of the long-term cooperation of NHTSA and EMS. The plan fell short in recognizing EMS as a patient care “safety net,” always available and ready to respond and care for patients without regard for their ability to pay, social status, or disability.

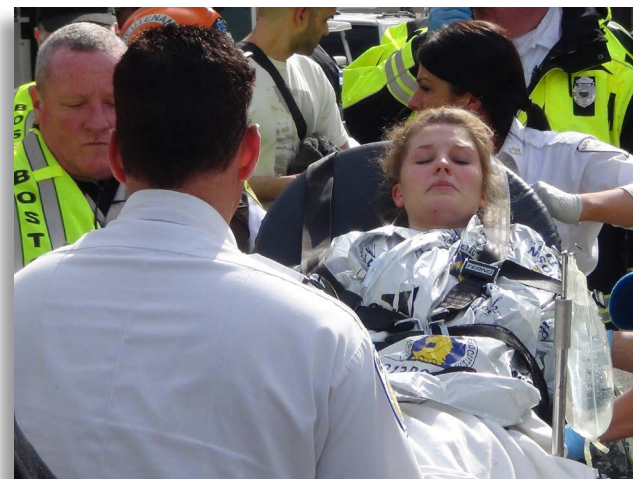
NAEMT will continue to monitor and respond to developments on the Health IT strategy and will keep members informed of any updates. Our newly formed EMS Data Committee is vital to our ability to present factual and data-driven support in all national discussions that are important to EMS and the future of our profession. We appreciate the efforts of the committee and the thorough content of the final comment. You can learn more about this committee in the About Us section of naemt.org.

View the full public comments provided by NAEMT to the ONC in the Advocacy section of naemt.org, under the Letters and Comments link.

Welcome Our New NAEMT Advocacy Coordinators!

Jeremiah Moore – Minnesota
James J. Sargent, NRP, CCP – Iowa
John Simons – Kentucky
Kevin Todd – Arizona
Norman Weitzel – California

Thanks to all of our dedicated advocacy coordinators (*see complete list at www.naemt.org/advocacy*). NAEMT Advocacy Coordinators help build and support national advocacy efforts within their respective states. If you are interested in becoming more involved in EMS advocacy efforts in your state, contact your advocacy coordinator or advocacy@naemt.org.



New NAEMT Course Teaches Active Shooter, Mass Casualty Response Medical Skills

Late last year, the FBI released a study confirming what many suspected – the number of active shooter incidents in the United States has risen.

The report found that in the 14-year period between 2000 and 2013, active shooters left 557 wounded and 486 dead. Yet the incidents were not evenly distributed over time. In the first seven years studied, there were an average of 6.4 active shooter incidences annually. Between 2007 and 2013, the annual average more than doubled to 16.4 annually.

The alarming rise in active shooters, combined with incidents such as the Boston Marathon bombing, led to the NAEMT PHTLS (Prehospital Trauma Life Support) Committee's decision to do more to help EMS practitioners ensure they have the medical skills to respond.

After more than a year in development, during which committee members studied what occurred during active shooter and other mass casualty events and what medical treatment had the potential to improve survivability, NAEMT will launch a new course this summer, Tactical Emergency Casualty Care (TECC). TECC is aimed at any paramedic or EMT who may be called on to respond to a mass casualty or active shooter event in their community.

"TECC is not necessarily for tactical medics," says Greg Chapman, vice chair of the PHTLS committee and director of the Center for Prehospital Medicine at Carolinas Medical Center in Charlotte, N.C. "In Boston, the people who treated those injuries were not tactical medics. In active shooter situations, such as at Sandy Hook Elementary, had their been survivors, the medics treating patients weren't going to be tactical medics. They would be medics who were working in that community."

Lessons Learned From the Military

NAEMT has long been the nation's recognized leader in trauma care education for EMS and other responders.

In 2010, NAEMT began offering Tactical Combat Casualty Care (TCCC), the 16-hour course developed by the military to prepare military medics for treating battlefield injuries. NAEMT's TCCC course, also popular among civilian tactical medics, utilizes the military version of the PHTLS textbook, written in collaboration with the NAEMT TCCC Committee.



Yet, as the number of active shooter incidents grew, there was a growing awareness that it wasn't just tactical medics who might be called on to respond to active shooters.

Often, tactical medics are embedded with SWAT teams, whose missions are often planned events, such as serving a high-risk warrant and taking someone into custody, Chapman notes. "If you know you are going to be serving a warrant, you will have had a chance to sit down, have all teams

together, and plan," he says.

Active shooters are unanticipated events. With active shooters, first responding patrol officers are being taught to not wait for SWAT, but instead to quickly enter the building and do whatever it takes to subdue the shooter to prevent more deaths. In doing so, they may encounter shooting victims who could be saved if the bleeding could be stopped soon enough, explained Dr. Peter Pons, an emergency physician in Denver and associate PHTLS committee medical director.

In 2010, Dr. Pons led the development of an eight-hour course, Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC). The course trains police and other first responders on hemorrhage control, basic airway management and the use of combat gauze to stanch bleeding.

Because all police departments weren't willing to put their personnel through the eight-hour LEFR-TCC course,

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EDUCATION NEWS

More than 70,000 students from over 50 countries attended 6,000+ NAEMT continuing education courses in 2014.

These numbers speak to the quality, relevance and timeliness of the course content, and the dedication of the instructors who make the courses so widely available. To learn more about NAEMT education programs, visit the Education section of naemt.org. There you can: view course descriptions; locate a course; purchase student and instructor materials; and read about each of our education program committee members.

We are excited to introduce Tracy Foss from Syracuse, N.Y., as NAEMT's Education Development Manager. Read more about Tracy on the Our Staff page in the About Us section of the NAEMT website.

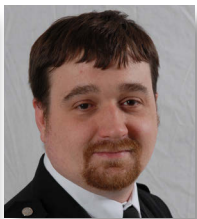


Advanced Medical Life Support (AMLS) – We are pleased to welcome two new countries to our AMLS family - Panama and Greece, expanding the program into 25 countries worldwide.

We are also pleased to welcome new AMLS State Coordinators Barbara Brennan of Hawaii and Matt Ashmore of Minnesota.



Peter Dworsky



Jason Scheiderer

EMS Safety – The EMS Safety Committee welcomes new members, Peter Dworsky of MONOC Mobile Health Services in New Jersey, and Jason Scheiderer, education lieutenant with Indianapolis Emergency Medical Services and NAEMT Board Member.

EMS Safety Instructors should mark their calendars for Sept. 15 in Las Vegas for the 2nd edition EMS Safety Course Instructor Update.

Emergency Pediatric Care (EPC) – The 3rd edition of the Emergency Pediatric Care course materials utilizing the latest edition of the *Pediatric Education for Prehospital Providers* textbook is now in production. The new course materials are expected to be available this April.

All EPC instructors will need to take the EPC 3rd Edition Instructor Update which will be offered via webinar at no cost. The webinar schedule will be available in the EPC section of the NAEMT website when available.



Keith Widmeier

Geriatric Education for Emergency Medical Services (GEMS) –

The GEMS Committee welcomes its newest member, Keith Widmeier of Wayne County EMS in Monticello, Ky. Widmeier joins the team of six other committee members.

Beta testing of the 2nd edition GEMS course will be conducted in March and final course materials are expected to be available in late April.

GEMS 2nd edition Instructor Update is now available for current GEMS instructors and can be accessed on the GEMS page in the Education section of the NAEMT website. Current GEMS instructors must take the Instructor Update in order to teach the 2nd edition GEMS course.



Advanced Medical Life Support (AMLS)



Emergency Pediatric Care (EPC)

Principles of Ethics and Personal Leadership (PEPL) - The PEPL Committee welcomes new member Leslie Hernandez of University of Texas Health Science Center in San Antonio, Texas. The following PEPL instructors have now been appointed as Affiliate Faculty: Greg Thompson, Ark.; Robert Ditch, Ariz.; Earl Wilson, La.; Shannon Watson, Mo.; Agnes Galiano, N.J.; Robert Bauter, N.J.; Charmaine Kaptur, Ore.; John Pierce, Pa.; Jim Swisher, Texas; and Leslie Hernandez, Texas.

PEPL will be offered at this year's ClinCon in July and at EMS World Expo in September. This course teaches EMS practitioners ethical decision-making skills that help in their interactions with patients and the wider healthcare team. It helps agencies improve patient satisfaction and is a must for anyone considering a Mobile Integrated Healthcare or Community Paramedicine (MIH-CP) program. Contact NAEMT for more information or to bring this course to your agency.

Prehospital Trauma Life Support (PHTLS) – Sincere appreciation goes out to Dr. Jeff Guy and Craig Jacobus, both of whom recently retired from the PHTLS Committee. Dr. Guy served on the committee since 2006; wrote the Burn Chapter of the PHTLS textbook; and created the PHTLS podcasts. Jacobus has served the committee since 2008; was instrumental in launching the TFR, LEFR-TCC and TCCC courses; and also served as PHTLS regional coordinator for four years. It is our pleasure to welcome new PHTLS State Coordinators: Jonathan Willoughby from Minnesota; Michael Arinder of Mississippi; and Chris Van Hooten of Rhode Island!



The 8th edition PHTLS Instructor Update is available online and can be accessed from the PHTLS page in the Education section of the NAEMT website. Current PHTLS instructors must take the Instructor Update by July 31, 2015 in order to maintain their current instructor status. PHTLS 8th edition provider courses are also now available.



Tactical Combat Casualty Care (TCCC) – We are pleased to announce that Germany is our latest country to offer NAEMT's TCCC course.

Interested in bringing TCCC to your course site? Contact education@naemt.org.

NAEMT posts the most updated TCCC instructor materials provided directly from the Committee on TCCC on the NAEMT web site. When new materials are posted, all TCCC instructors receive an email notification from NAEMT. All TCCC instructors must use the most current TCCC instructor materials when teaching NAEMT TCCC courses.

Tactical Emergency Casualty Care (TECC) – Tactical Emergency Casualty Care is NAEMT's new 16-hour civilian tactical care course that will be available this coming June. The 8th edition of the PHTLS Military textbook will serve as the required text for the course. NAEMT's TECC course is endorsed by the American College of Surgeons and meets the Committee on TECC guidelines. Students will earn 16 CECBEMS credits for successful completion. All current NAEMT TCCC instructors will be qualified to teach the new TECC course. Read more about TECC on page 10. If you are interested in offering this course, contact NAEMT at education@naemt.org

Plan to take the TECC provider course at EMS World Expo, Sept. 15-16. Contact NAEMT at education@naemt.org for more info.



EMS Safety



Geriatric EMS (GEMS)



Principles of Ethics and Personal Leadership (PEPL)



PreHospital Trauma Life Support (PHTLS)



Tactical Combat Casualty Care (TCCC) & Law Enforcement & First Response Tactical Casualty Care (LEFR-TCC)



Bleeding Control for the Injured (B-Con)



Tactical Emergency Casualty Care (TECC)

MEMBERSHIP UPDATE

Now Accepting EMS Award Nominations

We are now accepting nominations for the 2015 National EMS Awards of Excellence through June 15, 2015. The awards recognize the outstanding achievements and contributions of individuals and services within EMS. Submit your nomination – not only to recognize your nominee, but also to recognize the quality emergency patient care that is brought to your community every day.

You can recognize your nominee(s) in the following categories:

- NAEMT/Braun Industries EMT of the Year
- NAEMT/Nasco Paramedic of the Year
- NAEMT/Jones & Bartlett Learning EMS Educator of the Year
- NAEMT/ North American Rescue Military Medic of the Year
- Dick Ferneau Paid EMS Service of the Year
- Zoll Volunteer EMS Service of the Year

Award recipients receive a \$1,000 monetary gift, three core program registrations, plus \$1,200 for travel and lodging at the 2015 EMS World Expo/NAEMT Annual Meeting, September 15-19, in Las Vegas, Nevada. Recipients of these awards are also announced in EMS World Magazine and recognized at the opening ceremony of EMS World Expo. These awards will be presented at the NAEMT General Membership Meeting on September 16 and the recipients will be recognized in the NAEMT News.

For more information and to submit your nomination by June 15, visit the National Awards section of naemt.org/about_us.

PLAN TO ATTEND: NAEMT Annual Meeting at EMS World Expo

Reserve the dates of September 15-17 for the NAEMT Annual Meeting, with EMS World Expo continuing through the 19th. Our destination this year is Las Vegas, Nevada – the city that never sleeps. It's an affordable oasis filled with quality shows, endless buffets, and even a few one-armed bandits (in the casinos). Be on the lookout for more information coming soon and in the meantime, feel free to reacquaint yourself with last year's meeting by visiting naemt.org, then click the Annual Meeting quick link.

Why Attend the NAEMT Annual Meeting?

- \$125 EMS World Expo core registration discount for full NAEMT members.
- Celebrate the accomplishments of your association and your profession.
- Enjoy the NAEMT Member Reception where you can meet and greet your fellow NAEMT members from around the country.
- Access to leadership, training and industry resources, all in one place.
- Networking opportunities that provide professional and career insights.
- Get a closer look into our association, our future direction, and how you can help support our EMS profession.

New National Award Honors Military Medics

The NAEMT Board has approved a new Military Medic of the Year Award to recognize a military medic who demonstrates excellence in the performance of military emergency medicine.

Those eligible include any active or reserve U.S. Army Medic, Navy Corpsman, or Air Force Medic.

Award recipients receive a \$1,000 monetary gift, three core program registrations at EMS World Expo, plus \$1,200 for travel and lodging. (The award complies with the Department of Defense's employees gift-giving and gift-receiving rules.)

Winners will be announced in EMS World Magazine and NAEMT News, recognized at the opening ceremony of EMS World Expo and presented at the NAEMT General Membership Meeting, held in conjunction with EMS World Expo, September 15-19, 2015 in Las Vegas. To apply, visit the About Us section of naemt.org and click the National Awards link.

The Military Medic of the Year Award is part of the National EMS Awards of Excellence Program, which were established by NAEMT and EMS World and are awarded annually to recognize outstanding achievements in EMS and contributions to the profession and its patients.



NAEMT Member Scholarships Help Advance Careers Through Education

The rewards of higher education do not come easy and for many, require sacrifice, diligence and if fortunate, a scholarship to help offset the cost of obtaining an advanced degree. To help our individual, active members, NAEMT proudly offers the following scholarships, which may include multiple scholarships within each category:

- Emergency Medical Responder (To become an EMT) – up to \$500
- EMT (To become a Paramedic) – up to \$5,000
- Paramedic (To advance education in the realm of EMS) – up to \$2,000
- Degree completion program offered through The College Network – up to \$2,500

Last year, \$35,000 was awarded to 12 NAEMT members for EMS and The College Network scholarships.

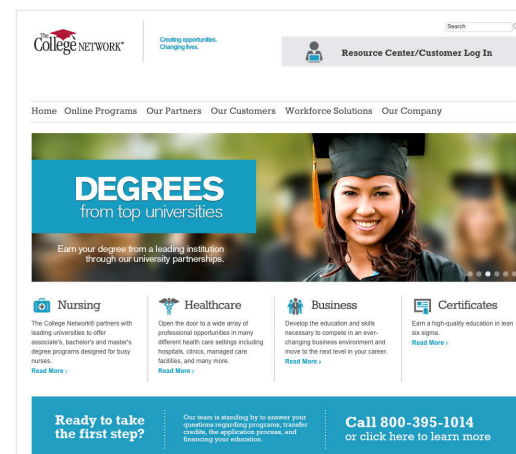
Scholarships: How Are They Awarded and How Do I Apply?

NAEMT and The College Network scholarships are awarded following review of scholarship applications. Selection of recipients is based on the applicant's financial need, dedication to the EMS profession and to the applicant's community, and service as a positive ambassador for NAEMT. The application process is explained in detail on our website. Visit the Members section of naemt.org and click on "Scholarships" for more information, or contact membership@naemt.org.

What Is The College Network?

The College Network program is completely online so students have flexibility with course schedule, can study at their own pace, and save up to 50 percent on the cost of

most traditional universities. After passing end-of-course college equivalency exams, the credit earned can be applied toward a degree program through one of the university partners (Indiana State, Regis, Purdue, Lake Superior State, and Tulane) or through other colleges and universities nationwide. Full NAEMT members receive a 10 percent discount on online learning modules through The College Network, and are awarded a \$150 credit upon enrollment.



What Else Should I Know?

- According to the emails we receive, our scholarship program has made a real difference in advancing the careers of our members, from taking the first step in their career goal to completing a degree, which may not have otherwise been possible.
- NAEMT's bi-annual EMS Scholarship Application Deadlines are: June 15 and September 15.
- The College Network's quarterly scholarship deadlines are: March 15, June 15, September 15, and December 15.
- Scholarship recipients are acknowledged in the monthly *NAEMT Pulse* e-news, *NAEMT Annual Report*, quarterly *NAEMT News*, and in online mentions.
- Learn more about NAEMT and The College Network scholarships in the Members section of naemt.org, or contact membership@naemt.org for more information.

Welcome New Agency Members!

We are excited to announce the addition of five new agency members: Acadian Ambulance Service of Lafayette, La.; Charlestown EMS of Catonsville, Md.; St. Charles Fire Department of St. Charles, Mo.; Rockland Paramedics Service, Inc. of Chestnut Ridge, N.Y.; and Westerly Ambulance Corps Inc. of Westerly, R.I. Their agencies will benefit by the added strength of group purchasing (compliments of NCEMSC), the cost-efficiency of an on-demand uniform ordering system, as well as a host of other value-added agency and individual member benefits. View the Become a Member section of naemt.org for the full list and consider how they can help strengthen your agency and team.

AGENCY BENEFIT SPOTLIGHT:

RTUT Wants Agencies Out of the Uniform Business

That's right! Red the Uniform Tailor (RTUT) wants to take EMS agencies out of the uniform business. *Why?* - to take the burden of a lengthy ordering process and costly inventory away, so EMS managers have more time to focus on their agency.

RTUT recognizes how important time and budget controls are to NAEMT Agency Members, which is why they offer an online management system as part of your member benefit. It is an invaluable resource that maximizes order efficiency, eliminates inventory, and controls costs. Red also provides NAEMT Agency Members with at least 33 percent discount off EMS uniform retail prices.

Benefits of the RTUT Uniform Management System

The RTUT online management system uses technology to manage time, resources and cost, enabling agency members to conduct day-to-day uniform ordering in a stress-free environment and at a fraction of the time previously spent. Specifically, the system:

- Lowers uniform costs through discounted prices.
- Saves time by guiding you quickly to the best values.
- Eliminates costly inventory through on-demand orders.
- Stores order history, payment information, and agency profile electronically, in a secure, password-protected area.
- Provides detailed reports in real time so you always know where you are in your budget.
- Addresses the needs of your agency with a custom online storefront.

EMS managers – administrators of the system – maintain all control, even though ordering can be done by anyone

(with your permission).

Managers are able to determine quantity and cost order limits by date range, job title and other criteria. Or, managers can base orders on approval

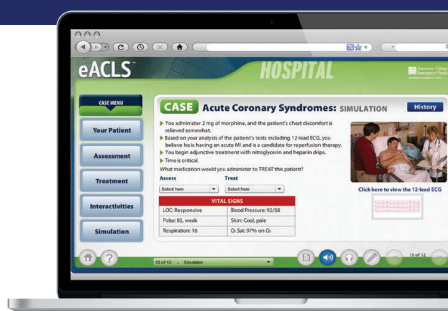
only. This flexible and innovative system even has options to incorporate any patches, nametapes, heat transfers or embroidery on specified orders, based on job title.

Learn more about RTUT's uniform order management system and the tremendous time and cost savings gained with this agency member benefits. Agency members can access this benefit through the Member section of the NAEMT website. *Not an agency member?* Visit the Become A Member section of our website for more information and a full list of benefits.



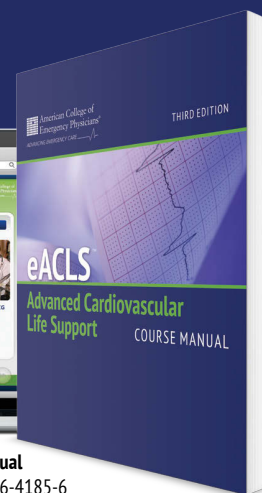
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COME SEE US!

CLINCON

July 9-11, 2015, Orlando, Fla.

NAEMT Annual Meeting

September 14-16, Las Vegas, Nev.

EMS World Expo

September 16-18, Las Vegas, Nev.

Virginia EMS Symposium

November 11-15, Norfolk, Va.



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ADVOCACY UPDATE

EMS On The Hill Day: A Guide for First-timers

Every year since 2010, EMS practitioners from around the country have gathered annually in our nation’s capitol to educate members of Congress on the issues that matter to the EMS profession and its patients. Participants represent a cross-section of agency types, hail from rural, suburban and urban departments, and include EMTs, paramedics, supervisors, educators, medical directors, chiefs and CEOs.

That diversity is part of EMS On The Hill Day’s strength. It’s a time when the many facets of EMS come together to advocate for the profession and help the nation’s top elected officials better understand the vital role of EMS in every community. By participating in EMS On The Hill Day, EMS practitioners gain:

- An insider’s view of the legislative process, congressional offices and Capitol Hill
- The experience of joining forces with EMS colleagues who care deeply about EMS and its future
- The opportunity to have your voice heard by lawmakers



Jason Stroud

“EMS On The Hill Day was by far one of the most rewarding experiences of my EMS career. Having an opportunity to network with colleagues from across the country, along with having the opportunity to visit my congressional representatives’ offices, was both very humbling and rewarding,”

says Jason Stroud, Virginia Beach Department of EMS division chief, who attended in 2014. “I couldn’t help but be struck with a sense of awe and wonder as I was roaming the historic halls at the center of American democracy.”

As cool as the experience can be, many EMS professionals are far more comfortable navigating the roads of their local communities than the hallways of Capitol Hill. To better acquaint you with what to expect during EMS On The Hill Day, we have developed a Welcome Guide for first-timers. We hope to see you there!

Q When and where is it?

A briefing for participants will be held the evening of April 28 at the Hilton Crystal City at Washington Reagan National Airport

in Arlington, Va. The visit to Capitol Hill is the next day (April 29). You’ll head to Capitol Hill either by cab or Metro with other participants from your state.

Q Will I have to find my way around on my own?

No—you’ll be paired with others from your state. If you’re a first-timer and you’re the only one from your state who goes, you’ll be paired with someone from a nearby state who has attended before.

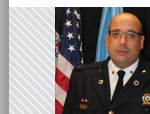
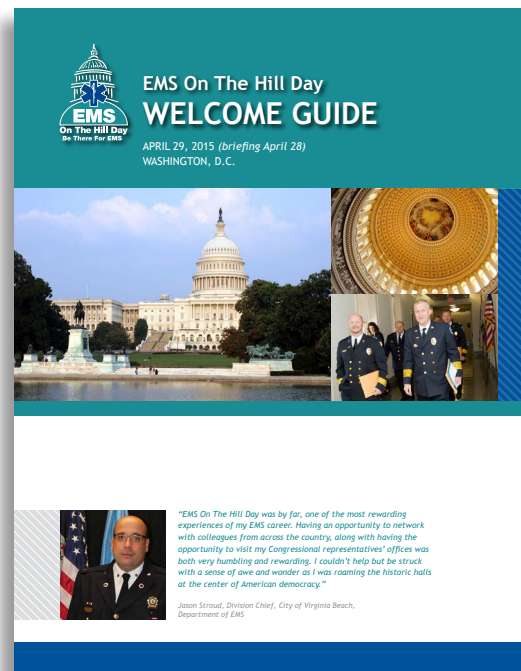
Q What happens at the briefing?

First, you’ll get a chance to meet and get to know the other participants. You’ll receive a packet of information containing a map of Capitol Hill, your meeting schedule and information about legislation that is important to EMS.

You’ll listen to speakers who will familiarize you with hot topics in Congress, such as how the balance of political power and overall mood on Capitol Hill might impact your Hill Day visit. The briefing will also include the most up-to-date information about the legislative requests to Congress. In 2014, the key request to Congress was to pass the Field EMS Bill (H.R. 809/S. 2400).

Q Who will I meet with during the Hill Day visits?

NAEMT works with a congressional scheduling firm to book EMS On The Hill Day appointments with your House representatives and senators. Most likely, you’ll meet with some members of Congress and some legislative assistants who specialize in healthcare issues. Legislative assistants inform and advise members of Congress about the issues and pending legislation, so these meetings are important.



“EMS On The Hill Day was by far, one of the most rewarding experiences of my EMS career. Having an opportunity to network with colleagues from across the country, along with having the opportunity to visit my Congressional representatives’ offices was both very humbling and rewarding. I couldn’t help but be struck with a sense of awe and wonder as I was roaming the historic halls at the center of American democracy.”

Jason Stroud, Division Chief, City of Virginia Beach, Department of EMS

EMS On The Hill Day > > continued from page 15

Q What should I wear?

Your dress EMS uniform, which conveys strength, authority and your important role as a responder, is a good option. Otherwise, dress on Capitol Hill is business professional: suits and ties. Above all, wear comfortable shoes! Expect to walk a lot.



Q Will we actually be inside the building with the dome?

No. The white domed Capitol building houses the chambers where votes are held, but the Capitol Complex is actually made up of a dozen buildings that house other federal departments and Congressional offices, which is where you'll be. If you wish to tour the Capitol

building, you will need to reserve a tour at visitthecapitol.gov/plan-visit/book-tour-capitol.

Q How will I figure out where to go once I'm at Capitol Hill?

Check your map to find the building where your meeting will be held. Once inside, room numbers are well marked. But when in doubt, ask! All those young people scurrying around are not high school students there for a class trip—they're staffers and interns who will be happy to direct you.

Also, congressional offices are connected via underground tunnels, so you don't need to walk outside to get from building to building. Just head down the elevators to the bottom floor. You may even get to hitch a ride on the Capitol's private subway, which connects House and Senate buildings.

Q How do I address a senator or representative?

In conversation, it's appropriate to address members of Congress by any of the following: Senator (name), Representative (name), or Congressman/Congresswoman (name).

Q What do I talk about during my meetings?

Each year, NAEMT, in consultation with other national EMS organizations, determines which specific legislative requests to Congress will be included as part of EMS On The Hill Day briefings. One of the goals of the event is to present a consistent message to congressional leaders, so participants are asked to only discuss the bills selected for EMS On The Hill Day.

Another powerful way to connect with members of Congress is to share a personal story about your experiences on the job. A few ideas:

- A CPR save or a meaningful interaction with a patient to illustrate the critical role of EMS in the community
- A situation in which your EMS agency struggled for resources necessary for patient care
- If your organization is developing a mobile integrated healthcare or community paramedicine program, share what you're doing.

But most of all, speak from the heart. EMS On The Hill Day participants are not professional lobbyists and are not expected to be. The greatest knowledge you bring is your expertise as an EMS professional.

For more information about EMS On The Hill Day, visit naemt.org or contact advocacy@naemt.org.

Jenifer Goodwin is communications projects manager at NAEMT.



Come Early to EMS On The Hill Day to Explore Mobile Integrated Healthcare

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) are among the most talked about topics in EMS. Come early to EMS On The Hill Day to explore these new, collaborative models of out-of-hospital care that save money and improve the health of your community.



Hosted by EMS World and NAEMT, the MIH Summit is a 5-hour program to be held Tuesday, April 28 just prior to the EMS On The Hill Day briefing at the Hilton Crystal City at Washington Reagan National Airport in Arlington, Va.

During this exclusive event, you'll gain a deeper understanding of how MIH-CP continues to evolve, steps you can take to build relationships crucial to your program, tips for achieving financial sustainability, and strategies for proving the value of these programs through effective integration, collaboration and data collection.

Topics on the agenda include:

Why We Need Reimbursement Reform – Current financial reimbursement is based on the 1960s model of ambulance transportation rather than today's EMS, which delivers patient care. Transportation-based reimbursement inhibits the evolution of EMS into a mobile integrated healthcare system that supports improved patient outcomes and lower costs. Asbel Montes, vice president of governmental relations and reimbursements at Acadian Ambulance Service in Lafayette, La. and Dr. Kevin Munjal, founder of the New York Mobile Integrated Healthcare Association, will lead the discussion about the future of EMS reimbursement.

Show Me the Money!

Economic Sustainability for MIH-CP Programs – EMS

agencies operating or developing MIH-CP programs face significant hurdles in achieving financial sustainability. Matt Zavadsky, director of public affairs for MedStar Mobile Healthcare in Ft. Worth, Texas, will explore how to develop economic partnerships that work and the various ways EMS-based MIH-CP services have cleared hurdles to sustainability.

How to Develop an MIH-CP Program – In this panel discussion, you'll hear from leaders at Nature Coast Emergency Medical Services in Florida, Acadian Ambulance, Wake County EMS and Dallas Fire-Rescue Department, about what it takes to investigate, develop, implement and sustain an EMS-based MIH-CP program.

The Role of Data Metrics and Outcome Measures – MIH-CP sounds great, but what sort of data is there proving its effectiveness? A small group of MIH thought leaders will present a newly developed set of outcome measures for MIH programs that will help the profession demonstrate the value of MIH programs to the patient, payer and healthcare system stakeholders. This session will detail the reason for the measures, why they are important and how to calculate the outcomes in a uniform way.

Visit the Advocacy section of naemt.org for more information on EMS On The Hill Day and the MIH Summit. Follow #EMSontheHill, #MIHsummit, and [facebook.com/NAEMTfriends](https://www.facebook.com/NAEMTfriends) for updates.



Register for the MIH Summit, to be held April 28, at naemt.org/advocacy in the EMS On The Hill Day section. MIH Summit registration is \$75 on or before April 10/\$85 after April 10. Registration includes lunch, presentations, panel discussions and a facilitated town hall Q&A session.

NAEMT Testifies Before Congress on Behalf of Military Medics



Retired Army
Lt. Col. Ben Chlapek

Retired Army Lt. Col. Ben Chlapek, NAEMT's military relations committee chair, testified before the U.S. House Energy and Commerce Committee Health Subcommittee in support of military medic transition programs.

"Military veterans receive some of the best medical training and experience available when serving our country. Their sacrifices, commitment to duty, and ability to get the job done in austere environments make them exceptionally well-suited for working as EMTs and paramedics..." according to the Jan. 27 testimony.

Yet "experienced military medics are often required to entirely repeat their medical training at the most basic level to receive certification to be hired for a civilian EMS job."

Military medic transition programs streamline the process for veterans to find a job in the civilian workforce, by enabling them to receive credit for their military medical training and apply it to their civilian paramedic training.

Putting Military Medic Skills to Work

The difficulty many former military medics and veterans have in finding jobs in civilian EMS has caught the attention of the Department of Defense (DoD) and the White House. The issues are two-fold: colleges aren't sure how to interpret training and experience from military transcripts, so former servicemen and women find they have to repeat coursework in topics such as trauma that they may already have lots of experience in.

A second issue is licensing. State EMS offices have varying requirements that returning service members can have difficulty fulfilling. "Despite having valuable military experience, veterans frequently find it difficult to obtain formal private-sector recognition of their military training, experiences, and skill sets through civilian certification and licensure," according to "Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans, and their Spouses," a report issued by the White House in February 2014.

During his testimony, Chlapek, an NAEMT board member and veteran who served in Afghanistan, Kosovo and

Central America, put it simply. "We have an obstacle course when a military medic transitions from the military and tries to get a civilian EMS license," he said.

An Urgent Issue Becoming More So

Helping military medics transition to civilian EMS continues to be priority for NAEMT. In 2012, Chlapek testified about the challenges faced by separating military medics before the Energy & Commerce

Subcommittee on

Health. In 2014,

NAEMT issued a

position statement

supporting military

medic transition

programs that

"provide returning

veterans with good

paying jobs, meet the

significant demands

of both military and

civilian environments,

and result in hundreds of experienced paramedics each year

in a much shorter timeframe than traditional paramedic

education programs," according to the statement.

Already urgent, addressing the needs of separating military

medics is becoming more so. As many as one million

servicemen and women are expected to leave the military

over the next several years – many of them young people in

need of jobs.

According to a recent Bureau of Labor Statistic's

Occupational Outlook, there will be 55,000 new civilian

EMT and paramedic jobs created between 2012 and 2022.

The projected job growth rate is 23 percent, much faster than the average for all occupations.

"The military experience is too rich and too costly to throw

away and deny in our civilian communities," according

to NAEMT's Congressional testimony. "Congressional

assistance in streamlining the licensing process to get these

experienced combat medics and corpsmen into the civilian

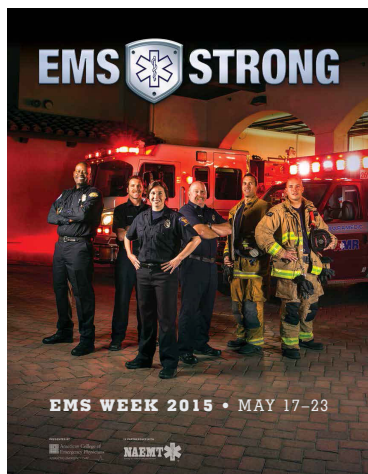
EMS community will help our communities and the level of

care provided to our citizens."

View the full NAEMT position statement on military medic transition programs in the Advocacy section of naemt.org.



NAEMT Partners With ACEP to Promote EMS Week



Whether it's the team at Grady EMS in Atlanta who had the expertise to transport the nation's first Ebola patients or the volunteer firefighters and flight medics who searched for survivors in the Everett, Wash. mudslide, EMS is there 24-7 to respond to their community's needs.

This year, NAEMT is pleased to announce a new partnership with the American College of Emergency Physicians (ACEP) on a national EMS Week promotional campaign, known as EMS Strong. The campaign is designed to unite and inspire EMS personnel, and to boost the visibility of the profession on the national level.

“For more than 40 years, ACEP has been involved in growing national EMS Week,” said ACEP President Dr. Michael Gerardi. “With this new campaign and the partnership with NAEMT, we look forward to further expanding national EMS Week and bringing more awareness to the extraordinary men and women of EMS.”

By joining forces with ACEP on EMS Strong, NAEMT will continue to work toward ensuring that the important contributions of EMS practitioners in safeguarding the

health, safety and wellbeing of their communities are fully celebrated and recognized.

“NAEMT looks forward to bringing our energy, expertise and leadership to national EMS Week and the new EMS Strong campaign,” said NAEMT President Conrad “Chuck” Kearns. “As EMS continues to evolve, it's more important now than ever before to have unity among EMS professionals, and NAEMT is proud to be a facilitator of that.”



EMS Strong will be a year-round campaign to educate the public, the healthcare community, and other stakeholders about EMS. The campaign includes social media, a website (emsstrong.org) and an EMS Week planning guide, which will be distributed to state EMS offices. The guide is also available for download at emsstrong.org.

“The envisioned result is greater influence, enhanced credibility and more opportunities to protect and pursue the interests of the profession,” said Rick Murray, ACEP director of EMS and disaster preparedness.

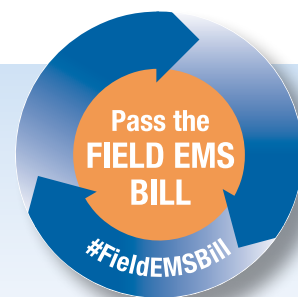
For other ideas on how to celebrate EMS Week and resources to help raise community awareness of the vital role of EMS, visit naemt.org and click the “EMS Week” quick link in the sidebar.

Field EMS Bill Update

At the time this issue was printed, NAEMT was working diligently on the reintroduction of the Field EMS Bill in the 114th Congress. We will email all members with an update as soon as this occurs.

The Field EMS Bill was originally introduced in the U.S. House of Representatives in 2011. 2014 marked the first year that a companion bill was introduced in the Senate. We look forward to continuing to make progress on the passage of this important legislation benefitting all of EMS in 2015!

Please visit NAEMT's Online Legislative Services, available in the Advocacy section of naemt.org, for information about campaigns to engage members of Congress, or to learn about legislation that impacts EMS.



EMS Must Take the Lead > > continued from cover

The EMS practitioners of today, of course, do a lot more than pick up patients and drive. EMTs and paramedics provide lifesaving medical care for trauma, STEMI and stroke patients. They assess patients to determine the best place to take them for care, and are increasingly integrated into the larger healthcare system. With the addition of Mobile Integrated Healthcare and Community Paramedicine (MIH-CP), some EMS agencies are further expanding the services provided, offering health education, nurse triage of non-urgent calls, chronic disease management in the home and transport to alternative facilities.

Yet one aspect of EMS remains mired in the past – reimbursement. EMS agencies are still paid a fee that's based on an EMS practitioner driving a patient to the hospital.

“We began as part of the National Highway Traffic Safety Administration (NHTSA) responding to the epidemic of death on the interstate highway system,” says Dr. Brent Myers, director and medical director for Wake County EMS in Raleigh, N.C., and president-elect of NAEMSP. “The job was to take the trauma patient from the interstate to the hospital. You are part of the Department of Transportation, and you are paid for that based on how far it is... Today, my healthcare colleagues are shocked when I explain to them that we are still being reimbursed in that way. When I tell them that, I receive these blank stares.”



Photo: MedStar

Healthcare Shifts to Value-based Reimbursement

Even though EMS is stuck in a 1960s-era reimbursement scheme, the way in which the rest of healthcare is reimbursed is undergoing rapid change.

Instead of fee-for-service, which rewards *volume* of care – basically, the more medical services you provide, the more money you make – reimbursement is shifting toward payments for care based on quality and patient outcomes – that is, does the care actually help the patient, and is the cost justified?

Linking reimbursement to quality of care is called value-based purchasing, or pay for performance. The goal is to reward effective care, discourage ineffective care, and ultimately bring down costs while improving patient health.

Hospitals, physicians and other medical providers are increasingly subject to value-based reimbursement, including receiving penalties for unnecessary hospital readmissions, and incentives for reporting on measures pertaining to quality of care (such as following national guidelines for heart attack treatment and hospital-acquired infection prevention), as well as patient satisfaction, also called patient “experience of care.”

EMS so far hasn't had to report on similar quality measures. But many experts believe it's only a matter of time before CMS

Continued > > 21

Getting paid: FAQs About Reimbursement and Cost Reporting

Q. Which U.S. Congressional committees consider Medicare reimbursement?

On the House side, it's the Committee on Ways and Means and the Energy and Commerce Committee. On the Senate, it's the Finance Committee.

Q. What would cost reporting entail?

Basically, cost reporting means providing information about all of an EMS agency's income and expenses, such as equipment, gas, supplies, personnel costs, taxes, and the cost of uncompensated care.

Q. Does EMS do any cost reporting currently?

Almost all EMS agencies, public and private, track costs for their own accounting purposes. Many fire departments and municipal EMS agencies report costs to their local jurisdiction, such as the city or county. Some EMS agencies also provide cost reporting to the state, which may help cover the cost of uncompensated care. But this information has never been shared with the Centers for Medicare and Medicaid (CMS) or Congress before.

(Centers for Medicare and Medicaid) and private insurers will expect EMS to fall in line with the rest of healthcare.

A 2013 report from the Office of Inspector General is widely viewed as a harbinger of changes to come. The report found a sharp increase in Medicare claims for transports, which rose by 34 percent between 2002 and 2011, even though the number of Medicare fee-for-service beneficiaries increased just 7 percent. Much of the spike, according to the report, was explained by questionable, non-emergency, dialysis-related transports.

“We need to make it clear to Congress that we are coming together as an industry to prevent fraud,” Montes says.

Protecting the Add-ons

There’s a practical reason for EMS to offer to do cost reporting, Montes says – providing data that justifies EMS’s need for the “add-ons,” or supplemental temporary payments first authorized in 2003.

The add-ons, which have been reauthorized periodically ever since, give ambulance providers a 2 percent increase in the base rate and mileage for transports in urban areas and a 3 percent bump in the base rate and mileage for transports originating in rural areas. Super-rural providers are eligible for a 22.6 percent bump, plus the 3 percent rural add-on.

“We need to lead the change, or change will come to us through regulation.”

Asbel Montes, vice president of government relations and reimbursements, Acadian Ambulance Service in Lafayette, La.

The add-ons are set to expire March 31. The American Ambulance Association (AAA) has been lobbying for the add-ons to be made permanent, a stance that has almost universal EMS support. Doing so “would allow us to budget over the long-term for staffing, replacing equipment and ensuring we can continue to serve the communities that rely on us for medical care,” according to AAA’s website.

Yet given the current mood on Capitol Hill that may be a hard sell, Montes says.

All legislation receives a cost analysis for the Congressional Budget Office, and members of Congress have indicated that bills that will receive serious consideration are those that won’t cost the federal government additional money, he says.

“The attitude is, ‘We can’t just keep adding new programs and new expenses,’” Montes says. “If somebody proposes new legislation, they have to explain how they’re going to pay for it.”

Congress may be willing to extend the add-ons for another few months or even a year, he notes. But for add-ons to become permanent, EMS will need to show that it can pay for the add-ons. One strategy is cost-reporting that will document the need for the add-ons and help to root out fraud in non-emergency BLS (basic life support) transports.

Recognizing the Full Value of EMS

Cost and quality measures reporting would also serve another purpose – helping EMS have national data to show to CMS

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NAEMT Position Statement on EMS Reimbursement Reform

On January 23, the NAEMT Board of Directors issued a position statement urging the EMS industry to work cooperatively with congressional leaders to pass legislation that supports quality patient care, promotes the ability of pre-hospital EMS to provide that care, and ensures financial sustainability. The statement supports:

- Making the Medicare ambulance reimbursement “add-ons” permanent
- Paying for these add-ons through reductions in payments for non-emergent, repetitive BLS transports, considered vulnerable to fraud
- Cost reporting by all ambulance providers in a format that will demonstrate to congressional leaders and regulators that the industry is supportive of being held to the same measures as the rest of the healthcare system
- Incentivizing providers to begin reporting on performance and outcome measures
- Offering opportunities for providers to be reimbursed for innovations that improve patient care and reduce healthcare costs, such as mobile integrated healthcare and community paramedic programs, and referring or arranging for alternative patient care.

The full statement can be found at naemt.org/advocacy.

Reaching Out to Home Health > > continued from page 5

Even for those who do qualify for home health, it can take 24 or 48 hours to get a patient certified to receive home health services. What happens in the meantime? Filling that gap between when the patient is discharged and when they are certified for home health could be one of partnerships between home health and EMS.

Q At the end of your talks, did you see a shift in attitudes toward MIH?

Yes, but we have a lot of relationship building and education to do.

At the local level, there's a need to prove over time to home health agencies that you walk the walk – you are not competing with them, you are facilitating filling a gap in services, and in some cases, you are identifying patients who would qualify for home health and referring them into home health. When you bridge those gaps at the local level, the objections tend to melt away.

But the national home health associations are still very apprehensive about MIH, in part because some EMS agencies in a few communities have not done a good job alleviating the concerns of home health agencies in their community. Those local home health agencies have shared their concerns to their state and national organizations.

Q How can NAEMT's "EMS and Home Health" resource document be used?

It serves as an educational piece for EMS leadership to explain the differences between MIH and home health care, so that when EMS has that first meeting, EMS can articulate those differences in a way that home health agencies can understand. The document can also be used as a leave-behind for further discussions.

For more information on mobile and home health care, visit the MIH-CP section of naemt.org.

EMS Must Take the Lead > > continued from page 21

that by and large, EMS is not being overpaid for providing Medicare and Medicaid transports, but at best, is operating on razor-thin margins and at worst, is being significantly underpaid, Montes adds.

This kind of information could also help EMS going forward in advocating for reimbursement that more fully reflects the value of EMS to the community, says Dr. Craig Manifold, the American College of Physician's EMS committee chair, medical director for NAEMT's Principles of Ethics and Personal Leadership course, and EMS medical director for the San Antonio Fire Department.

"Our federal government is one of the largest payers, we need to look at a reimbursement structure that is different than a mileage-based fee," Manifold says.

Sharing information about quality and costs may pave the way for Medicare and Medicaid reimbursement for the types of services provided by MIH-CP programs, such as EMS doing post-hospital discharge follow ups, or taking patients to alternative facilities such as urgent care instead of the hospital emergency department.

"The federal government isn't just going to hand us a bunch of money to make these changes," Manifold says. "I think we have a tremendous opportunity to move this forward. But we need to demonstrate through gathering data and research that we are providing quality care, and we are doing it in a cost efficient manner in order to see this change in reimbursement process."



New NAEMT Course >> continued from page 9

Dr. Pons also led the development of a new, two-hour course on controlling bleeding, known as B-Con, short for Bleeding Control for the Injured, which can be taken by police officers or members of the public, such as teachers.



Like CPR, “hemorrhage control is quite frankly a concept that every citizen ought to know,” Dr. Pons said.

Enter TECC

Yet even with TCCC directed at military medics, LEFR-TCC for police and other first responders, and B-Con for the public, there still wasn't a course tailored for EMS practitioners not

assigned to a tactical team but who still may be called on to treat the victims of mass casualty events.

Enter TECC, which includes lessons on:

- Hemorrhage control (including external hemorrhage control, direct pressure and wound packing, early use of tourniquet for severe hemorrhage).
- Surgical airway control and needle decompression.
- Strategies for taking care of patients or treating wounded responders when under direct threat of being shot at, or indirect threat, meaning the shooter or other threat does not appear to be immediate or nearby but could reappear at any moment.
- Caring for pediatric patients.
- Techniques for dragging and carrying victims to safety.

“A lot of the medicine is the same as what's taught in military TCCC, but the wounding patterns tend to be somewhat different in the civilian world,” Chapman says. “Until the Boston bombing, we never had to deal with IEDs in this country, which is the main cause of devastating injuries on the battlefield. Here, we typically deal with gunshot wounds from medium velocity handguns, although sometimes we deal with wounds from high velocity assault rifles.”

While TECC includes information about situational awareness and operating in hostile situations, the focus is on medicine, not the tactical skills needed to be embedded with SWAT, he adds. Current NAEMT TCCC instructors will be able to teach this new course.

“I believe every EMS responder should take either TCCC, TECC or LEFR-TCC, depending on the agency's needs, and what the agency sees as the role of their EMTs, medics and firefighters,” Chapman says.

For more information on NAEMT's tactical education suite, visit the Education section of naemt.org or contact education@naemt.org.

By Jenifer Goodwin, communication projects manager, NAEMT

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Mark your calendars for NAEMT Education events in Las Vegas, September 15-17!

- SEPT 15 EMS Safety Instructor Update
- SEPT 15 2nd Edition AMLS Instructor Update
- SEPT 15-16 Tactical Emergency Casualty Care (TECC) provider course
- SEPT 15-16 Principles of Ethics and Personal Leadership (PEPL) provider course
- SEPT 16 World Trauma Symposium
- SEPT 17 NAEMT Faculty Meeting

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