NAEMT news
Serving our nation's EMS practitioners

A quarterly publication of the National Association of Emergency Medical Technicians

Fall 2014

Ambulance Safety Efforts Gaining Ground

By Jenifer Goodwin, NAEMT Program Manager

In February, an ambulance responding to an emergency call lost control on an icy road outside San Angelo, Texas. The ambulance rolled over and caught fire, killing a paramedic, the patient and another passenger.

Each year, ambulances are involved in about 4,500 crashes, of which one-third result in injuries, according to statistics compiled by the National Highway Traffic Safety Administration (NHTSA). About 1 percent of crashes are fatal, killing an average of 29 people annually.

Those kinds of tragedies have propelled national EMS and fire organizations, ambulance manufacturers, safety engineers, physicians, state officials and federal agencies to come together to develop new standards for ambulance design intended to make ambulances safer for EMS practitioners and their patients.

Earlier this year, the Commission on Accreditation of Ambulance Services (CAAS), a nonprofit organization that accredits ambulance services, established a Vehicle Standards Committee, made up of a multi-disciplinary group of experts and stakeholders to create new ground ambulance standards. A draft for public comment was expected to be released in mid-September.

At the same time, the National Fire Protection Association (NFPA), which has developed some 300 codes related to fire and fire apparatus safety, has also brought together a broad array of experts and stakeholders to revise *its* ground ambulance standard, NFPA 1917.

When the first edition of NFPA 1917 was released in 2012, several EMS organizations voiced concerns that the standard didn't adequately address the needs of all types of EMS agencies, said Kenneth Willette, division manager of the NFPA's public fire protection division. In response to that feedback, NFPA 1917 was quickly placed into a process of revision. A draft is expected to be released for public comment in the next few months; the final version should be ready in the latter half of 2015.

New Data Fueling Better Design

Despite the parallel efforts, EMS leaders who are participating in the discussions believe the time is coming that EMS will see a new generation of far safer vehicles. A key reason is that both the CAAS and NFPA committees can now refer to a wealth of new data about how to engineer a crashworthy ambulance.

The data includes research conducted by the National Institute of Standards and Technology on the design and layout of safer patient compartment; and research and crash testing by engineers at the National Institute for Occupational Safety and Health (NIOSH) on restraint systems, cot mounts, equipment mounts, seating and other

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INSIDE

Learn, Engage, Enjoy… the NAEMT Annual Meeting is almost here!

SEE BACK

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It's an Exciting Time To Be in EMS

Don Lundy
BS, NREMT-P
NAEMT President

As my term as NAEMT's President comes to a close, I am both humbled and excited. I am humbled that you would elect me to this wonderful organization and let me help move it forward. I am excited for Chuck Kearns to begin his term as NAEMT President on January 1, 2015 because I know the forward momentum will continue.

Two years ago, when I took office, I had the honor of listening to you, reading your emails and taking phone calls from as many members as time would allow – all with great ideas, great projects and most of all, fantastic passion for the mission.

I realized that the mantra I often tell people, *"It's an exciting time to be in EMS,"* is more true today than ever before. With mobile integrated healthcare and community paramedicine being developed and leading the charge for better patient care, combined with improved safety standards for ambulance construction and, of course, federal legislation which will help all EMS practitioners, regardless of delivery model – *how can it NOT be exciting?!*

Much has been accomplished in the past two years:

- We've added new member benefits, including discounts on Hertz Rental Car and free Hertz #1 Club Gold membership, discounts on *Journal of Special Operations Medicine* and *Fit Responder* publications, free subscription to *Integrated Health Delivery* publications (print and electronic), and a discount on grant writing services from EMSGrantsHelp. New Agency member benefits include discounts on Keurig Machine and K-Cup packages from Better World Brands, significant members-only discounts on Mac's Lift Gate and discount off retail prices on EMS uniforms from Red the Uniform Tailor.
- NAEMT conducted a member survey, the results of which helped us understand what you want from your national organization.
- The 8th Edition of Prehospital Trauma Life Support (PHTLS) has been completed and will be released this November.
- Two new courses were developed to help non-EMS first responders and bystanders assist victims of active shooter/IED/mass casualty events until EMS can enter the scene: Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC) launched in 2013, and Bleeding Control for the Injured launched last month. Both of these courses were developed in response to calls by the Departments of Homeland Security and Health and Human Services for EMS to work with law enforcement and other first responders to strengthen community-level response to these tragic incidents.
- The 3rd Edition of our Emergency Pediatric Care program has been written, and will be beta tested at this year's EMS World Expo. "EPC 3.0" will use the PEPP textbook – this new addition to our course materials is a result of a milestone agreement between NAEMT and the American Academy of Pediatrics.

Achievements accomplished within a culture of teamwork.

- The first EMS course that addresses professional ethics in EMS – Principles of Ethics and Personal Leadership (PEPL) – was launched at several locations throughout the country.
- We took stands on many important issues – protecting EMS patient safety and quality information; EMS as an essential public function; and the need for programs that help military medics transition to civilian EMT and Paramedic jobs.
- Through letters and comments to congressional leaders and federal regulators, oftentimes as part of a coalition of organizations, we advocated for the transformation of our nation's ambulance reimbursement model from a transport-centered model to one that is patient-centered; for the full implementation of the FAA rule regulating helicopter air ambulance operations; and for the Bureau of Labor Statistics to modify the way in which EMS occupations are classified and counted to address the underreporting of volunteer and fire-based EMS practitioners, and to classify and count EMTs separately from Paramedics.
- Recognizing the need for our members to understand the transformation of EMS into an important component of an integrated continuum of patient-centered care, we established our Mobile Integrated Healthcare and Community Paramedicine (MIH-CP) Committee. This committee led the effort to create an industry-endorsed vision statement on this issue, publish the first national survey on MIH-CP, produce a video for our profession that explains MIH-CP and the wider healthcare community, and work on developing new resources.

- EMS On The Hill Day continues to be the most supported and successful EMS legislative event that I can remember. Starting with just 140 people, meeting one spring day in 2010, we have grown to more than 200 participants who have put EMS on the map for their congressional leaders. Members of Congress know who we are now; they call us to ask a question; and they *listen* when we talk.

Please note that all of these achievements were accomplished within a culture of teamwork. Teamwork is a concept I learned early in my career and it continues to be an important part of my leadership style, *even today*. I believe our association has demonstrated the value of teamwork through the projects we have undertaken, our committee work, and the ongoing implementation of our programs.

Participating as part of a team effort with so many of our members – on committees and work groups, with my fellow Board members, at the Annual Meeting, and in other venues – has been exhilarating. I found your engagement exciting and your ideas tremendous!

Many of these efforts have also involved other EMS and healthcare organizations. The healthcare community is starting to recognize the important role of EMS in patient outcomes. Partnerships between different types of healthcare providers are becoming the norm for organizations that want to survive and flourish. Even the federal government is acknowledging that EMS is a vital service that can be used to improve patient care, while lowering the cost of that care.

Along with the evidence of progress are challenges that remain. One is the idea that EMS is *too fragmented to make a difference*. However, I see progress even on this challenge. I see partnerships springing up every day between organizations that, several years ago, would have never thought of teaming up for a project. Many in our business whom I have talked with wish that NAEMT would continue to push to be *THE voice for EMS* nationwide, since we are the only national organization that represents EMS practitioners from all types of delivery models. To be really effective, however, NAEMT must continue to partner with other organizations that share our goal of improving patient care and strengthening the EMS profession.

This leads me to the "big deal" – the Field EMS Bill.

In a world where volunteers have weekly barbeque dinners to raise funds to put fuel in their ambulances, it is unfathomable to me that everyone in our profession has not embraced the most comprehensive piece of federal legislation in support of EMS in the history of our profession; that the offer of grant funding to ALL EMS organizations, regardless of delivery model, could be disavowed by organizations that say they want to improve the lives of their members. Collaboration is the key to ensuring that our patients receive the best of care from all of us, regardless of what hat we wear.

There has never been a more collaborative piece of federal legislation since the EMS block grants of the 1960s than the Field EMS Bill – one that can dramatically improve care for the thousands of patients we touch every day, as well as improve the education of our members. At the same time, I have been floored by the "dig-in-our-heels"

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EDUCATION NEWS

Here are the latest updates on NAEMT's education programs.

An Invitation for All NAEMT Instructors!

We hope you join us for an invigorating afternoon that celebrates the quality and expansion of our education programs, and to discuss the new developments on the horizon. You've played an important part in these programs, so please join us… we'd like to thank you personally!

Annual NAEMT Faculty Meeting | Tuesday, November 11, from 2:00 p.m. to 4:30 p.m. in Nashville, Tennessee
All NAEMT Faculty - instructors, course coordinators, course medical directors, affiliate faculty, state coordinators, regional coordinators, national coordinators and education program committee members are welcome and encouraged to attend. The meeting will provide an update on current education programs, new programs that will be launched in the next few months, and new courses in development or being considered. Refreshments will be served.

AMLS – Welcome our new AMLS State Coordinators: Larry Causby, Georgia; Scott Hartley, Nebraska; Drummond Figg, North Carolina; Daniel Ellenberger, Ohio; and David Dobbs, Tennessee.

The AMLS committee members continue their work on the 2nd Edition course materials, and thank all members of the AMLS faculty for their feedback and suggestions on the 2nd Edition content. The new edition will be launched in conjunction with next year's EMS World Expo, September 16-18, 2015 in Las Vegas, Nevada.

On the international front, the committee is working with a new education partner to launch the AMLS program in Panama.

EPC – The EPC program has adopted the American Academy of Pediatrics' (AAP) *Pediatric Education for Prehospital Professionals (PEPP), Third Edition* textbook as the required text for our course, beginning with the release of the 3rd Edition. The committee determined that the PEPP textbook provides the best science available on pediatric care and should serve as the medical foundation for our program. The committee has been preparing for the 3rd Edition ("EPC 3.0"), which will incorporate the teaching philosophy and methodologies that distinguish our course, the medical principles found in PEPP, and recent peer-reviewed literature.

Congratulations to Life Support France for a successful EPC program launch on June 6 in Wittenheim, France. Five instructors trained the 20 EMS providers in attendance.

EMS Safety – The EMS Safety Committee continues its work on the 2nd Edition course materials, which will be available following the launch in early 2015. Progress updates will be communicated to faculty as they become available.

If you are interested in hosting an EMS Safety course, contact NAEMT headquarters at education@naemt.org.

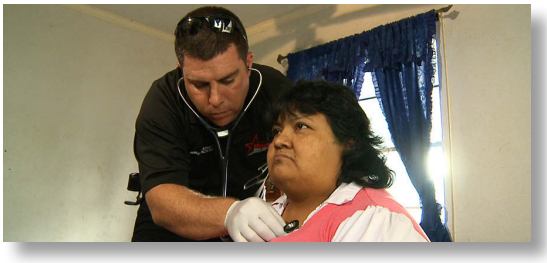
The committee is also working with our publisher, Jones & Bartlett Learning, on an Emergency Vehicle Operators Course (EVOC), which is expected to launch in the summer of 2015. Responses from NAEMT faculty to a survey conducted in 2013 regarding the need for better EVOC training led to the decision to develop this new course.

Mike Szczygiel, NAEMT EMS Safety Committee Chair noted, *"The results of a recent survey indicate that there is a perception of the need for new alternatives to the currently available emergency vehicle driving curricula. Driver training must consist of both didactic and behind the wheel components to be effective. However, courses that are labor and resource intensive create an all-or-none environment that limits their practicality and availability. Although crashes that occur while "running hot" are the most severe, the frequency of minor collisions is predictive of severity. New curricula should address the entire spectrum of driving behaviors in a cost and time-effective manner."*

PEPL – Launched in November 2013, the Principles of Ethics and Personal Leadership (PEPL) course had a first-year mission of building a pool of qualified instructors, so the course could be offered at NAEMT course sites throughout the country. To that end, our goal for 2014 is to have at least 100 PEPL instructors available to teach the course.

John Loney, a recent PEPL student, offered this assessment on the course: *"What a wonderful opportunity I had to take the PEPL course in Louisiana! I went into the course not knowing really what to expect. What I found was most surprising and pleasant indeed! Ethics and leadership are addressed from the viewpoint of that man on the street: the EMT or Paramedic!*

We often forget the principles upon which our profession was founded in our hurry to do more, quicker, faster and more efficiently. I feel like our patients get left out of that equation. Not anymore! The PEPL class reminds us that it is our patient that is our reason for being there, and that they are so much more than just their condition! This class should be required for EVERY new Paramedic and EMT that hits the streets! It brings us back to our roots in patient-centered care!



INSTRUCTOR TIP: To help your students understand how their profession is changing and the new opportunities in patient care, please share our new, 8-minute video - Transforming EMS: Mobile Integrated Healthcare and Community Paramedicine - available on the NAEMT website.

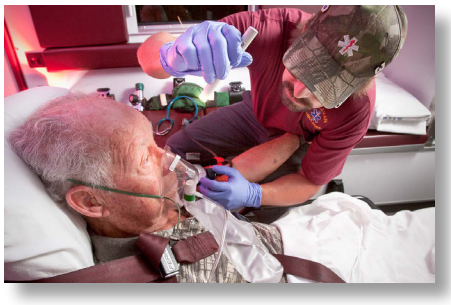
PHTLS – In addition to the extensive work of the PHTLS committee on the new 8th Edition of PHTLS, the members have also been hard at work expanding our suite of courses focused on the care of tactical, casualty patients. Bleeding Control for the Injured (B-Con) was recently published and is available free of charge to all NAEMT Instructors wanting to teach it in local communities. NAEMT Instructors are encouraged to offer B-Con to anyone in their communities who may need to respond to an active shooter or mass casualty event, such as police officers, fire fighters, teachers, security personnel, or any occupation that provides service to the public.

The PHTLS Committee is also developing a new Tactical Emergency Casualty Care (TECC) course for EMS practitioners interested in learning how to respond to patients in a tactical situation. With its anticipated release in early 2015, the TECC course will meet the guidelines set forth by the Committee on Tactical Emergency Casualty Care.

On the international front, agreements have been signed to launch the PHTLS course in South Korea, Thailand and Ukraine.

GEMS – The GEMS committee is diligently working on the 2nd Edition of the instructor materials, based on the 2nd Edition textbook developed by the American Geriatric Society. The 2nd Edition of the course will be offered in a more flexible format to meet the needs of all EMS practitioners at all levels, and will include two 8-hour courses:

- An 8-hour combined "core" classroom program that will include direction to instructors for running this core course for an all BLS or ALS student audience. Students who complete the class successfully will receive a GEMS card.
- An 8-hour "extended content" combined course to be offered in a classroom or online format. The classroom course will include direction to instructors for running this course for an all BLS or ALS student audience. Students who complete the course successfully will receive an advanced GEMS card.



Advanced Medical Life Support (AMLS)

Emergency Pediatric Care (EPC)

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)

MEMBERSHIP UPDATE

Remember to Cast Your Vote for Board Elections and Proposed Bylaws

NAEMT Board of Director Elections Will Be Open October 15-28!

Cast your vote for the leadership of *your* association in the coming year. Active NAEMT members will vote on the following open positions: President-elect; Secretary; Treasurer; one Director each in Regions I, II, III and IV; and one At-Large Director position. *Be sure to vote!* Candidate statements are posted on the NAEMT website and will remain until the close of the elections on October 28. Visit our website ("About Us>Elections") to view candidate information, responses to questions posed to the candidates, and member endorsements.

Cast Your Vote on Proposed Changes to NAEMT's Bylaws, October 15-28.

All active members received notice in September explaining the proposed changes to the NAEMT Bylaws. Votes for the proposed changes will be recorded on the same ballot as the Board member elections. You also may view the proposed bylaws changes on the elections page of the NAEMT website.

Please ensure that we have your current email address on file by logging in to your member profile on the NAEMT website. You will receive an e-mail announcing the opening of the voting period, ballot instructions, and login information for casting your vote online. Election results will be announced by e-mail in November, and posted on the NAEMT website.

Building EMS Professionalism

Excerpted from an interview conducted by EMS World Magazine with Robert Ditch, EdD, CEM, NREMT-P.

Part of every EMS practitioner's job is interacting with patients, other healthcare professionals, and the public. How those interactions are conducted impacts our patients' experiences as well as perceptions about our profession.

NAEMT has designed a new course aimed at providing practitioners at all levels with the skills they need to effectively interact with patients and their families, medical personnel, co-workers, supervisors and the community. Principles of Ethics and Personal Leadership (PEPL) is a 16-hour course covering a variety of topics, including personal and professional core values, ethics, decision-making, duty to serve and conflict resolution.

Bob Ditch, EdD, CEM, NREMT-P, an academic advisor/instructor for the Arizona Academy of Emergency Services in Mesa, Ariz. and EMS management assistant adjunct professor at George Washington University School of Medicine, Washington, D.C., says he's planning to start using the PEPL course this fall in Paramedic and EMT classes. "We really expect it to enhance both our advanced life support and basic life support curriculums, increasing behavior and leadership dimensions of our students/graduates," he explains.

Ditch firmly believes the PEPL course will benefit all EMS agencies, "because it is essential that we institute a universal ethics and leadership dimension throughout EMS nationwide."

Through facilitated course presentation, including dialogue and learning activities, and written and video case studies, PEPL students explore the importance of ethics and personal leadership, identify their leadership roles in civic life as individuals, family members, professionals and members of the community, and practice the skills important to the exercise of personal, ethical leadership. This course is CECBEMS accredited and recognized by NREMT.

The PEPL course is being offered as an EMS World Expo preconference workshop on November 9-10 in Nashville, Tenn. Visit NAEMT's website for more information.

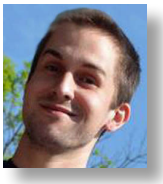
Congratulations to Our Scholarship Recipients

We are pleased to announce the recipients of the EMS and The College Network Scholarships:

First Responder to EMT-B ($500):

Ben Hoffman, Watertown, Mass. – With a passion for service and experience as a wilderness first responder, Hoffman plans to gain EMT certification and dedicate himself to serving those who rely so heavily on EMS.

EMT-Basic to Paramedic ($5,000):



James Nardini, Lexington, Ky. – Motivated by a desire to offer his community the highest level of prehospital care, Nardini plans to become a Paramedic as the next step in his dedication to serving the patients and mentoring the youth that surround him.

Chelan Phillips, Cabool, Mo. – While serving her country during a deployment to Iraq, the loss of a friend to an I.E.D. explosion was the catalyst for her desire to pursue a career in EMS. Phillips returned to the United States and joined her local fire department, rising through the ranks to become an EMT. Along her path to become a Paramedic, she enjoys educating her community on public safety and EMS.

Paramedic to Advanced EMS ($2,000):

Leslie Javine, Atascadero, Calif. – Focused on gaining experience as a provider, affiliate faculty and leader, Javine hopes to become a clinical instructor or EMS coordinator for an Advanced Life Support (ALS) agency. She is an instructor of NAEMT's Prehospital Trauma Life Support (PHTLS) and Tactical Combat Casualty Care (TCCC) programs.

The College Network ($2,500):

Jason Gilliam, Montgomery, Texas – Gilliam has spent the last 17 years serving his community as an EMT and for the past decade, a Paramedic. He spent more than a year in Iraq and continues to provide 911 ambulatory healthcare in Harris County.

The next College Network Scholarship application deadline is December 15, 2014.

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COME SEE US!

Massachusetts EMS Conference
October 17-18
Springfield, Mass.

EMS World Expo
November 11-13
Nashville, Tenn.

Texas EMS Conference
November 23-26
Fort Worth, Texas

SOMA Scientific Assembly
December 8-11
Tampa, Fla.

New Benefits for Individual Members!

We're pleased to announce the following new benefits for Individual Members:

FREE subscription to Integrated Healthcare Delivery Magazine **(IHD)** – both digital and print editions. Produced by EMS World, IHD is a new quarterly publication that will review the role of health technology, home healthcare, community paramedics, healthcare policy, and data and health information exchange, as well as other topics.

A discount of at least 15 percent on an annual subscription to the *Fit Responder website*. This subscription includes access to a mobile application and a special offer of the *Fit Responder* e-book.

EMSGrantsHelp will provide an exclusive 25 percent discount on grant-writing services, and assist in the development of grants-related resources.

These benefits are great additions to the tremendous array of other benefits available in the Become a Member section of www.naemt.org.

Welcome Our Newest Agency Members!

We extend a warm welcome to Plymouth Community Ambulance Association from Plymouth Meeting, Penn. and North Shore-LIJ Emergency Medical Institute of Lake Success, N.Y. As Agency Members, they will receive full individual memberships, which provide an affordable addition to their employee benefits package.

JUST ADDED!
New Agency Member Benefit:

Red, the Uniform Tailor (RTUT) is offering at least 33 percent off retail prices on EMS uniforms, as well as a complete, online uniform management system. View all of the benefits of NAEMT Agency Membership in the Become a Member section of www.naemt.org.

RED THE UNIFORM TAILOR

Data Demands, EMS Integration: Impetus for New Data Committee

Demands for EMS data are stretching farther and wider than ever before. This is largely due to the spread of electronic patient care reports and electronic health records, as well as the increasing integration of EMS with hospitals and the overall health system. Until recently, if EMS agencies collected performance data, it typically related to resource deployment and response times. Response times are still an important performance measure, but many EMS agencies are beginning to think more broadly about data collection, particularly as it relates to patient care.

Using Electronic Patient Care Reporting (ePCR) software developed to improve patient care and operational performance, EMS agencies can collect and analyze data to answer important questions about the value of the patient care they provide. Data is the only way for hospitals, physicians or EMS to show that they're delivering value-based care, and that the interventions and treatments provided make a difference for patients.

Today, EMS is reimbursed on a fee-for-service model, based on transports to the hospital. But many EMS leaders believe that's destined to change soon. Widespread changes in reimbursement policy are already underway as a result of changes in healthcare laws, and it's only a matter of time before EMS is also expected to have the data to prove its value to the healthcare system.

To help prepare our profession for a data-driven future, NAEMT has established a new EMS Data Committee. This committee will:

1. Provide advice and guidance to the Board on current and emerging healthcare data and information issues that impact EMS and MIH, including:
   - Performance measures – clinical, operational, financial, and patient outcomes
   - NEMSIS data standards – version 3, critical care, air transport, and MIH-CP modules
   - Healthcare IT integration with EMS – meaningful use, HL7, and HITECH requirements/updates;
2. Ensure that the perspective of EMS practitioners is included in the development of policies governing the collection and analysis of information and data; and
3. Identify and/or develop informational and educational resources to help EMS practitioners and agencies understand how data collection and analysis drive decision making at all levels of EMS.

Value-Based Purchasing: Linking Reimbursement to Quality

By Jenifer Goodwin, NAEMT Program Manager

Throughout the healthcare system, a shift in how healthcare is paid for is well underway. Fee-for-service, which rewards providers for the volume of tests and procedures done, is being replaced by payments linked to quality – that is, do the treatments make a difference for the patient, and is the cost justified?

Linking reimbursement to quality of care is called *value-based purchasing*. The goal is to reward effective care, discourage ineffective care, and ultimately bring down costs while improving patient health. Many EMS experts believe it's only a matter of time before the movement toward value-based purchasing impacts EMS. Here's a quick guide to understanding value-based purchasing and what it may mean for EMS.

What is *value-based purchasing*?

According to the Agency for Healthcare Research and Quality (AHRQ), value-based purchasing, sometimes referred to as "pay for performance," is rooted in the idea that anyone who pays for healthcare should "hold the providers of healthcare accountable for both cost and quality of care*" Healthcare payers can include patients, employers, insurers or the government.

** www.ahrq.gov/professionals, "Evaluating the Impact of Value-Based Purchasing: A Guide for Purchaser."*

How is the value of healthcare determined?

In a single word? *Data.* Hospitals, physicians, insurers, the Centers for Medicare and Medicaid Services (CMS) and others are collecting all sorts of information on the patient experience, patient outcomes and the costs associated with medical care.

Put simply, **Value=Quality/Cost**

In the real world, determining what to measure can be complicated. Decisions have to be made on whether to reward process (such as stroke patients receiving clot-busting drugs within a certain time period) or outcomes (how well patients actually fare). Despite the complexity, research has proven that for some costly, serious conditions such as heart attack, heart failure, pneumonia and stroke, patients are more likely to fare better when hospitals take certain steps to manage the condition. Quality measures are based on what the data has shown actually works.

How is value-based purchasing used in healthcare today?

CMS, which administers Medicare and Medicaid, is a big driver of this trend. Hospitals that bill Medicare or Medicaid are required to report a long list of clinical process of care, patient experience of care and patient outcome benchmarks. Those that meet expectations can receive bonuses; those that fail face reimbursement penalties.

Examples of performance benchmarks include how quickly heart attack patients receive percutaneous coronary intervention (PCI), and whether all patients with heart failure receive discharge instructions so they can manage the condition at home. One of the most notable outcome measurements is the 30-day readmission rate. Hospitals with excessive readmissions are penalized.

Under CMS's Value-Based Purchasing Program, for example, hospitals pool a portion of their Medicare payments. Hospitals that perform higher than average on clinical performance measures and patient satisfaction measures, such as how well doctors and nurses communicate, pain management and overall impressions of the hospital, receive a bonus paid out of the pool. Under-performing hospitals see their reimbursement lowered. CMS is continuing to refine the performance measures, and in 2015 will add an efficiency measure. In 2015, many physicians will also have cost and quality data linked to their reimbursement.

Has value-based purchasing come to EMS?

Not yet. So far, EMS reimbursement from CMS isn't dependent on meeting performance benchmarks; nor has EMS had to show data to healthcare payers proving

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Value-Based Purchasing > > continued from page 11

that EMS response improves patients' health. But many in EMS are certain EMS will eventually have to answer hard questions about the value of all of those ambulance transports to hospital emergency departments.

Currently, response times are the primary *performance* metric EMS tracks. An example of an *outcome-based* performance metric that some EMS agencies track is sudden cardiac arrest survival. Participating agencies in 40 communities in 25 states report the data to CARES (Cardiac Arrest Registry to Enhance Survival).

As electronic patient care reporting becomes widespread and patient data now routinely collected and shared electronically, it wouldn't be a great leap to start requiring EMS to meet and report on performance measures for pain management, or heart attack, stroke or trauma care.

When will value-based purchasing come to EMS?

No one knows for sure. An oft-cited figure is that ambulance transports account for only about 1 percent of Medicare spending, so presumably it's not high on the cost-containment priority list, compared to say, congestive heart failure patients, who account for nearly 40 percent of Medicare spending.

But there's a growing awareness that decisions made in the field impact not just the cost of the transport, but also downstream costs in the emergency department and subsequent charges that result from the patient being taken to the hospital. This issue was highlighted in a 2013 editorial in the *Journal of the American Medical Association* (JAMA)*, one of the nation's most influential medical journals.

** www.jamanetwork.com, "Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care."*

There are some indications that CMS and the wider healthcare system are paying more attention to the costs of ambulance transports.* In September 2013, the Office of Inspector General found that from 2002 to 2011, ambulance charges rose more than expected. The number of beneficiaries transported rose by 34 percent, even though the total number of beneficiaries increased by only 7 percent.

** www.emsworld.com/article, "Get Ready for Value-Based Purchasing."*

What can EMS do to ensure it's on the right side of value-based purchasing?

In EMS, the body of literature proving effectiveness is limited. In 2009, the National EMS Advisory Council published "EMS Makes a Difference" (www.ems.gov/pdf/nemsac-dec2009.pdf) in which researchers analyzed 400 studies spanning two decades of EMS research. The report found that for specific call types including STEMI (ST-segment elevation myocardial infarction), stroke, respiratory emergencies, trauma and pediatric shock, there was some evidence that rapid EMS response can make the difference between life and death. The challenge for EMS in a value-based purchasing scenario is that those ultra-critical calls represent a small proportion of total responses.

Mobile integrated healthcare and community paramedicine

Glossary

Here are a few terms related to value-based purchasing (VBP) you'll be hearing more of.

Accountable Care Organizations - ACOs are groups of doctors, hospitals, and other health care providers who come together to provide coordinated care and chronic disease management to a defined group of patients. The goal is to get patients the right level of care while avoiding unnecessary spending. CMS is heavily involved in ACOs, but there are also private insurers that have formed ACOs.

Bundled payments - A lump sum paid to healthcare providers to provide treatment for a given condition instead of paying for individual treatments or services. Payments are made based on the *expected* cost of treating the patient for a defined episode. Since providers assume some financial risk if the costs of providing services exceeds what's expected, the idea is to discourage unnecessary healthcare spending.

Patient-centered care - A cultural approach that takes into account the needs and concerns of the patient in the provision of healthcare.

Patient-Centered Medical Home (PCMH) - When all of a patient's healthcare is coordinated by a single provider, usually a primary care physician, to ensure patients receive the appropriate level of care and to avoid duplication. The goal is to encourage a partnership between the patient and the PCMH to improve outcomes and reduce costs. Both ACOs and PCMH rely on value-based purchasing.

(MIH-CP) are exploring ways to reduce downstream costs by using nurses to triage non-urgent 911 calls instead of sending an ambulance; by taking patients with non life-threatening conditions to alternative, less expensive sources of care such as urgent or primary care clinics; and by helping patients manage conditions at home. For more on MIH-CP, see the NAEMT video at www.naemt.org.

Many EMS agencies have data showing effectiveness in reducing 911 calls and healthcare costs associated with frequent users or system abusers. A small but growing number are reporting data showing effectiveness in reducing costly hospital readmissions for patients with chronic conditions while maintaining patient safety.

For example, a one-year pilot project involving Valley Ambulance and Regional West Medical Center in Scottsbluff, Neb. focusing on recently-discharged heart failure and pneumonia patients found only 10.8 percent of patients who received home visits from paramedics were readmitted compared to 26 percent of patients who did not receive home visits, according to an article in *Nebraska Medicine*.

McKinney Fire Department in McKinney, Texas also has data showing the effectiveness of a community paramedic program launched in June 2013. As part of that program, a hospital refers patients with chronic diseases such as diabetes, renal failure and heart failure who are at risk for readmission to fire department Paramedics for home visits. Paramedics provide services such as health education and point-of-care lab tests.

Unpublished data on 28 patients found a statistically significant reduction in 911 calls (from 7.07 visits in the six months prior to enrollment to 2.14 in the six months after enrollment); emergency department visits (8.64 visits before to 1.89 after) and admissions (3.1 before to 0.75 after), according to Medical Director Dr. Elizabeth Fagan. They have since enrolled a total of 60 patients and are seeing similar results.

Though encouraging, these statistics are only the beginning, and far more research needs to be done to build a body of evidence for both EMS emergency response and alternative EMS delivery strategies such as MIH-CP.

ADVOCACY UPDATE

New Video Shows How MIH-CP is Transforming EMS

Distributed to nearly fifty thousand NAEMT members, educators, EMS organizations and federal agencies; shared by countless others across their own networks; and visible to the hundreds of thousands within broadcast news and media circles, a new video is raising awareness of programs contributing to the transformation of EMS.

Mobile integrated healthcare and community paramedicine (MIH-CP) programs are showing hospitals across the country – and the wider healthcare system – that EMS is an important partner in improving the health of patients and controlling the cost of care.

NAEMT created ***Transforming EMS: Mobile Integrated Healthcare and Community Paramedicine*** to give EMS practitioners a vivid look at how MIH-CP programs work. The 8-minute video depicts: mobile healthcare practitioners on the job, providing patient care; powerful interviews with patients, who describe how mobile integrated healthcare has helped them improve their health – and their lives; and compelling interviews with hospital and home healthcare executives, who believe it's critical to collaborate with EMS to improve the health of patients.

Filmed primarily in Ft. Worth, Texas with footage from Wake County (N.C.) EMS and Allina Health EMS in Minneapolis, the video gives EMS practitioners an inside look at a key trend impacting our profession. It is also a resource to share with those outside EMS, to help them understand the innovations in EMS and our profession's commitment to meet our nation's healthcare needs.

For additional information, please visit the new MIH-CP section of the NAEMT website.

Visit naemt.org or YouTube/TheNAEMT to watch the MIH-CP video.

Comment or Share it with co-workers, your professional network, healthcare decision makers in your community, and your elected government leaders so they too can understand the transformation underway in EMS.

Do Your Members of Congress Support Emergency Medical Services?

The Congressional election season is upon us! Candidates are taking advantage of all media outlets – television, radio, newspapers and digital media – to get their message out to prospective voters. While you might hear plenty on the issues your elected officials do or do not support, will you learn what their positions are on emergency medical services?

As an EMS practitioner, you provide an essential public function. Your communities and your patients rely on you to be fully trained, equipped and available to respond to medical emergencies. Who are the congressional candidates supporting legislation that will help fund your agency's ability to serve your patients and community?

Find out if your current House Representative and Senators, and the candidates running against them support emergency medical services. Here's how:

- Visit the EMS Legislation page on ENGAGE! (cqrcengage.com/naemt) and click the "Support" link under a specific legislation item to see its list of sponsors and co-sponsors.
- Visit the website of your member of Congress and the opponent's to see the areas in which they focus their attention and support.
- Call your member of Congress at his/her D.C. or district office and the opponent's election headquarters to ask if they support emergency medical services. You can find their contact information on their respective websites. Contact information can also be found on ENGAGE! (cqrcengage.com/naemt) using the elected official search function.

Remember: Government leaders take the opinions of their constituents very seriously because these are the people who elect and will re-elect them. So, find out where your elected representatives stand on EMS issues and let them know what EMS needs!

Plan To Attend EMS On The Hill Day 2015

"…by far, one of the most rewarding experiences of my EMS career. Having an opportunity to network with colleagues from across the country, and visit my Congressional representatives' offices was both very humbling and rewarding." – Jason Scheiderer, Paramedic (Ind.); 2014 attendee.

EMS is being transformed by new innovations, the changing healthcare environment, and largely by our own perseverance and commitment to the quality care of our patients. It is an important time for EMS practitioners *from all delivery models* to support the betterment of our profession and improve our ability to respond to the needs of our patients.

EMS On The Hill Day
Be There For EMS

Plan to attend EMS On The Hill Day on April 29, 2015 in Washington, D.C., as well as the informative pre-Hill Visit briefing, held on Tuesday evening, April 28. Hosted by NAEMT, EMS On The Hill Day provides a unique opportunity for *all EMS professionals* to educate their congressional leaders – those elected to represent the needs of our profession. We must help our elected officials understand the vital role of EMS as an integral part of our country's healthcare future in improving patient outcomes and lowering overall healthcare costs. This event will be held in conjunction with the MIH Summit on Tuesday, April 28. Learn more at naemt.org/advocacy.

Second Survey on MIH-CP is Underway

As a follow up to the first national survey published last summer, NAEMT is conducting a second survey about mobile integrated healthcare-community paramedicine (MIH-CP). It will include questions that expand on previous findings, as well as new developments that have been seen in the past year. The objective is to help everyone in EMS better understand emerging trends, and develop strategies and policies to support them. Learn more at www.naemt.org in the MIH-CP section.

Advocacy Actions

Paramedic Transition Programs for Military Medics

NAEMT and the Special Operations Medicine Association (SOMA) issued a joint position statement supporting the development and funding of military medic to civilian paramedic transition programs. These transition programs allow active duty and veteran military medics to incorporate their military medical training as a significant portion of their civilian paramedic training. View the full statement in the NAEMT website Advocacy section, under the "NAEMT Positions" link.

Joint Letter Supports New Rules for Air Ambulance Operations

In July, NAEMT joined with the Emergency Nurses Association and the Association of Critical Care Transport in providing a letter to the Federal Aviation Administration (FAA) supporting the latest rules for helicopter air ambulance operations. In light of the dramatic increase in air medical transport crashes over the past decade, however, the decision to delay implementation until April 2015 was met with disappointment. Read more on the NAEMT website in the Advocacy/Letters and Comments section.

Request Sent to Bureau of Labor Statistics

NAEMT participated as part of the 16-member Joint National EMS Leadership Forum with a comment to the Bureau of Labor Statistics *Standard Occupational Classification Policy Committee* (SOCPC) requesting that consideration be given to changing the way in which EMS occupations are classified and counted to address the underreporting of volunteer and fire-based EMS practitioners and the lack of differentiation between EMTs and Paramedics in the current classification system.

Stay current with all the legislation news impacting our association and EMS profession!

NAEMT.org - homepage contains our news and the latest from Washington, D.C.

ENGAGE! (cqrcengage.com/naemt)

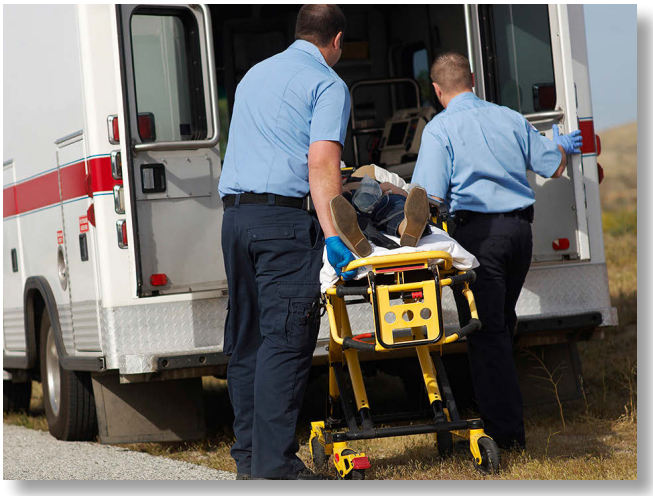
Stay connected!

Ambulance Safety > > continued from cover

features of the patient compartment.

Six new guidelines based on the NIOSH research were recently published by SAE (the Society of Automotive Engineers) International, an organization that automotive manufacturers look to for peer-reviewed, validated testing guidelines. Another five guidelines for ambulance components are under SAE review.

"We now have tested, validated science and published guidelines," said Mark Van Arnam, co-chair of the CAAS Vehicle Standards Committee and president/CEO of American Emergency Vehicles, the nation's largest ambulance manufacturer. "That is not something EMS has had before."



NAEMT has representatives participating on both the NFPA and the CAAS committees. Given the new information that both NFPA and CAAS are working with, EMS practitioners should expect significant changes to ambulance design in the next few years, said NAEMT President Don Lundy.

"I think within 10 years you will look at the back of an ambulance and not recognize it," Lundy said. "You're going to see a stretcher-holding device that is much sturdier. You're going to see black box technology. You're going to see all the medical equipment mounted on the same side as practitioners so they can reach it without getting up. I believe even the squad bench is going to go away one day."

A Long Road to Safer Ambulances

Since 1968, car manufacturers have had to comply with Federal Motor Vehicle Safety Standards, which sets minimum requirements for crash worthiness for passenger cars. But many vehicles above 10,000 pounds, including ambulances, were exempted from those crash test requirements, said Jim Green, a NIOSH mechanical engineer who has led the ambulance research.

In the absence of an ambulance design standard, over time, state regulators who license ambulances in most states, came to rely on ambulance procurement specifications put out by the U.S. General Services Administration. Officially known as the KKK-A-1822F Ambulance Purchasing Guide, it's usually referred to as "Triple K" or simply, "K".

The problem is that the KKK standard, first published in 1974 and updated periodically since then, was never intended to be a guideline for designing safe ambulances, explained Van Arnam. It's a federal *purchasing* specification, informing manufacturers of what the federal government expects when it buys ambulances.

According to 2012 research from the National Association of State EMS Officials (NASEMSO), 42 states have rules regarding the design of ambulances, while eight don't. Of those that do, 30 states use the KKK specifications, either with modifications or in its entirety. "If you get in your Nissan or Mercedes or whatever you're driving, you have every confidence it's certified to a certain standard," Van Arnam said. "You get in an ambulance, you don't know what you're getting."

Even in states that don't require KKK, most manufacturers will still build to that specification, he said, "but that standard is lacking," Van Arnam added.

As it evolved over the years, the KKK standard did contain some performance requirements, such as requiring the patient compartment to be strong enough to withstand a load 2.5 times the weight of the vehicle when placed on the top or side of the patient compartment, said Skip Kirkwood, chief of Durham County (N.C.) EMS and NAEMT's representative to the CAAS Committee. The load test is typically done by placing a water-filled tank on the ambulance to see if any components buckle. The issue with such as test is that it's a static test, not a dynamic test that would reflect the real world forces placed on an ambulance in a collision. "No one ever puts a swimming pool on the roof of an ambulance," Kirkwood said.

Replacing "K" Takes On More Urgency

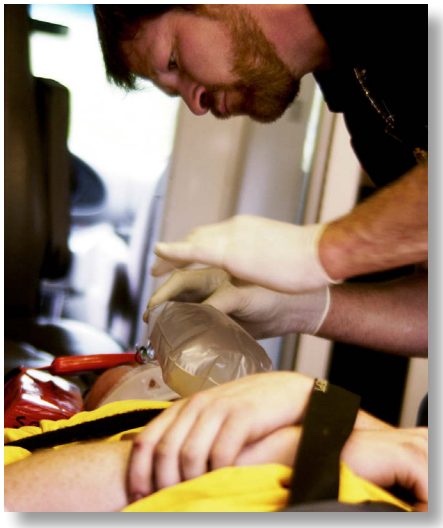
If the grim news reports weren't enough, the need to replace the KKK standard took on more urgency when the federal government, indicating other organizations should step in to develop true ambulance design standards, announced it

would no longer maintain or update the KKK Standard as of September 2015.

With the need for a better standard becoming increasingly obvious, the International Association of Fire Chiefs and NFPA's Technical Committee on Fire Department Apparatus broached the idea of the NFPA developing an ambulance standard, Willette said. "The Technical Committee on Fire Apparatus includes folks who are very experienced in managing fleets of fire and EMS vehicles. They felt the work that had been done on another NFPA standard, 1901, which is a specification and safety standard for fire apparatus, had led to safer fire vehicles," he said. "They knew there was a lack of a comparable standard for ambulances and the thought was NFPA could provide the same benefit to the responder community."

But as soon as it was released in 2012, NFPA 1917 drew criticism from NASEMSO, the American Ambulance Association, NAEMT and others for certain requirements that the organizations said would raise the cost of an ambulance significantly without necessarily enhancing safety. Since NFPA 1917's release, only the District of Columbia has adopted the standard; no states have. Heeding the feedback, NFPA went back to the drawing board.

"The number one goal is safety," Willette said. "We want to give the opportunity for everybody who wants to be heard to be heard in our process. We became aware there were folks who didn't think they were being heard; our job is to give them access to our process and allow them to participate."



But even as NFPA was working to revise its standard, CAAS, urged by NASEMSO and other EMS organizations, was getting ready to enter the fray.

"CAAS has established a reputation of having what we view as the gold standard of operating an EMS agency, and has a couple of decades experience doing that," said Mark Meijer, CEO of Life EMS Ambulance in Grand Rapids, Mich. and chair of the CAAS Board of Directors. "We had some requests from EMS organizations, and we recognized that there was an opportunity for CAAS to establish a vehicle standard that goes hand in hand with their overall EMS agency standards."

Enter The Engineers

About a decade ago, Green, the NIOSH engineer, and his colleagues got some funding to test a harness used in military helicopters that would enable EMS personnel to stand up, and move about the ambulance to reach patients, while still being restrained. Though crash tests showed the harness improved safety, EMS practitioners brought in to try it out perceived it as cumbersome, Green says, and it was never widely adopted.

But the success of those initial tests made Green want to continue investigating. In the crash tests, they noticed the crash dummies hitting their head against cabinets and wall surfaces during impact, cabinet latches swinging open, stretchers dislodging from the floor, oxygen tanks becoming projectiles and seats coming loose. "This made us aware of some additional areas for improvement," Green said.

With additional grant funding largely from the Department of Homeland Security and the support of ambulance, seat and cot manufacturers, Green crash tested 15 ambulances, about 150 seats, 40 cots and 75 pieces of equipment at independent crash testing facilities used by the automotive and aviation industries. From that came a series of guidelines for various components of ambulance seats, cots, equipment mounts and restraints.

"Nobody had ever done much more to see what it took to make a cot or a seat in the back of an ambulance crashworthy, or what force a cot or a seat had to withstand to bring it to the same level of safety as a car," Green said.

SAE published the first guideline based on that research in 2010. Since then, SAE has published a total of six guidelines for ambulance components; five more are in the pipeline. Throughout the process, Green has worked closely with manufacturers, who have been re-designing their products in accordance with the new information, he said.

"The government paid for the cost of testing, but manufacturers have paid for the cost of the engineering to design and manufacture new parts that meet the SAE guidelines," he said. "They are partners in this. It's been one of the greatest experiences of my 30 year working career."

Continued > > 18

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Green is also working closely with both the NFPA and the CAAS committees with the goal of his work being incorporated into each set of standards.

Hurdles Remain

While there is broad agreement on the need for a safer ambulance, hurdles remain. The NIST and the NIOSH data is available, but it's ultimately up to the committees to determine how much makes it into the standards.

One factor both committees are considering is how much the safety improvements will add to the cost of manufacturing and purchasing a new ambulance. If the price of an ambulance goes up too much, too quickly, the standards could be rejected, and end up collecting dust on a shelf instead of being used to make real changes, Kirkwood said.

Another hurdle is that each state EMS office will need to choose what, if any, standard to adopt for it to go into effect in that state. If states don't take action, individual states could continue to be without a ground ambulance design standard. With two competing standards under development, manufacturers also worry the result could be a continued lack of consistency in ambulance design standards from state to state, Van Arnam says.

And not to be discounted is one other major influence on safety – human behavior.

A major ambulance safety issue that has emerged from the research and crash reports is cots coming loose from their "antler" hold in a crash. Both the CAAS and the NFPA standard will likely have requirements for stronger stretcher mounts. But for that to be successful in reducing injuries, EMS personnel also need to use the shoulder harness to secure patients to the cot. Crash investigations have shown that patients not secured by the shoulder harness have been thrown off the cot, Green said.

Other SAE guidelines recommend strengthening oxygen canister mounts and seatbelts. But those changes will only reduce injury if EMS personnel actually secure the oxygen canister instead of tossing it in the back of the ambulance, and remember to wear a seatbelt in the first place. Those safety measures require cultural change, Green said. "We're creating better components and safer ambulances for EMS personnel, but just like in your car, if you don't have your seatbelt on, you're choosing to be in a risky position," Green said.

From the President > > continued from page 5

position of some organizations that don't wish to collaborate or even discuss it.

And yet, I see some light at the end of the tunnel. Thirty-four U.S. House Representatives have co-sponsored the bill; and the bill was introduced in the Senate and is moving forward. The National Association of EMS Physicians, National EMS Management Association and 46 other EMS organizations support this important, historic legislation. The Emergency Nurses Association recently signed on, and the International Association of Fire Chiefs met with us recently to discuss areas in which they are in agreement and other areas where we can *collaborate* to improve EMS.

NAEMT has reached out to many organizations for support and will continue to do so. As a member, you should reach out to others – both at a professional and a personal level. Collaboration starts at home. We have to begin in our communities, our churches and social settings; in our work and in our business models. Teaming up with our partners will, ultimately, build a better system and our patients will benefit.

As an EMS patient this past year (a first for me), when the EMTs and Paramedics arrived, I didn't really care what type of uniform they were wearing or what organization they worked for. I was hurting and needed help. Our patients, in their deepest, darkest time, think we are already collaborating and teaming up with other organizations. We must not let them down.

It has been an honor and a privilege to lead this organization. I'd like to put a big "Thank You" out to the Board of Directors, and to you, the members, for your support and excitement, as well as the work you do every day on the streets. Your dedication to the mission is not forgotten by either us or *"the sick guy."* I look forward to the next 10 years as we invent new techniques, team up with each other, and make NAEMT better than we ever thought possible. Be safe!

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It's Not Too Late to Get In On All the November Action!

The best place to be is Nashville this November so you can take part in the most educational, most informative and hands-down the most fun-filled event of the year! Beginning with the NAEMT Annual Meeting, continuing with the World Trauma Symposium and rounding out the week with EMS World Expo is a one-stop, something-for-everyone week that simply shouldn't be missed!

NAEMT Annual Meeting - November 9-11

www.naemt.org

Learn, Engage, Enjoy! This year's NAEMT Annual Meeting packs information, education, and networking into an enjoyable opportunity for all! In fact, the only thing better is that it's FREE to all members! Meet the leadership of NAEMT, participate in meetings on key EMS issues, and explore ways to get involved in association activities.

World Trauma Symposium - November 10

www.worldtraumasymposium.org

Richard H. Carmona, MD, MPH, FACS, 17th Surgeon General of the United States, Distinguished Professor, University of Arizona, tops the lineup of global prehospital trauma experts. Other notable presenters include: David W. Tuggle, MD, FAAP, FACS, Associate Trauma Medical Director, Dell Children's Medical Center (pediatric trauma); Manish N. Shah, MD, MPH, Associate Professor, University of Rochester School of Medicine (geriatric trauma); and Alex Eastman, MD, MPH, FACS, Assistant Professor of Surgery, UT Southwestern Medical Center (IED/active shooter). Get the best from the best and put the latest research on trauma care to work for your patients!

EMS World Expo - November 11-13

www.emsworldexpo.com

Beyond the educational sessions, conference events and the largest EMS exhibit hall in North America, EMS World Expo is packed with fun! Expo attendees are invited to join the Tennessee Ambulance Service Association (TASA) and Vanderbilt Lifeflight on Wednesday evening, November 12, at the Tequila Cowboy – the largest Honky Tonk on the Broadway strip – as they host an evening of mechanical bull riding, patch swapping, karaoke, food and music by the up-and-coming band the Twang Bangers! Tickets are $10, and will be issued in the form of a challenge coin, which is yours to keep. Purchase your ticket at tennesseeambulance.com and pick up your tokens at the TASA Booth at EMS World Expo. Present your token at the door for entry. Proceeds to benefit TASA capital projects. For information on this and other events, visit emsworldexpo.com.

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November 9-10	Principles of Ethics and Personal Leadership (PEPL) Provider Course