


Implementing IOM EMS Recommendations

Kurt Krumperman MS, NREMT-P
Senior VP of Federal Affairs and Strategic Initiatives




Rural/Metro



- 
- -
 -
 -
- n Improve EMS Financing
 - n Reduce the Impact of ED Overcrowding
 - n Enhance Disaster Preparedness and Response




Improve EMS Financing

- 
- n Address Uncompensated Care
 - n Rationalize Medicaid and Medicare
 - n Recognize the Cost of Readiness
 - n Separately Fund First Response and Ambulance Services
 - n Fund EMS Infrastructure Development



Uncompensated Care

- 
- n Uncompensated care results from the 46.6 million uninsured and below-cost Medicaid
 - n Private pay (uninsured) represents 26% of ambulance transports; 18% collection rate
 - n IOM recommends increased disproportionate share (DSH) funding for ED's
 - n Congress needs to create DSH funding for ambulance




Medicaid and Medicare

-
-
-
-
- n Medicare reimburses below average cost
- n Medicaid reimburses generally 50% of Medicare
- n Below Cost Medicare/Medicaid + Uncompensated Care = Cost Shift to Commercial Payer
 - n Commercial Payer: 18% transports; 32% revenue
- n Congress/states must increase Medicare/Medicaid rates to cover cost




Cost of Readiness

- 
- n Ambulance service must provide clinically meaningful response times
 - n Response time requirements are powerful cost drivers
 - n Rural coverage requirements are also powerful cost drivers
 - n **Reimbursement by all payers needs to account for cost of readiness**




Funding First Response

- 
- n First response infrastructure largely funded by community tax support
 - n Ambulance transport fees designed to fund ambulance service infrastructure
 - n Trend to extract dollars from ambulance transport fees to fund first response supported by OIG rulings
 - n **OIG rulings should be reversed; first response needs separate funding stream**



EMS Infrastructure

- 
- n Currently no EMS infrastructure grant program
 - n Fire Act has significantly improved the infrastructure of the U.S. Fire Service
 - n DHS and FICEMS directed by Congress to complete EMS needs assessments
 - n Congress should fund EMS infrastructure grant program (“EMS Act”)

Reduce Impact of ED Overcrowding

- n Outcome

 - n No delays in patient care

- n Potential EMS Solutions

- n Hospital Performance Standards





Outcomes

-
-
-
-
- n No delays in patient care
 - n Assure timely intervention in-hospital
 - n Prevent delays in EMS response
- n Diversion may be short-term solution
 - n Local factors impact potential solutions
 - n Not just an in-hospital issue
- n Establish solutions that end ambulance parking



Potential EMS Solutions

-
-
-
-
- n Fund pilot projects
 - n Alternative Destinations
 - n Treat and Refer
- n Research patient safety and system impact
- n Include lessons from current programs such as Idaho and Orange County NC



Hospital Performance Standards

- n Why not—EMS has response time standards
- n What's measured improves
 - n Nevada Law—30 minute off-load requirement
 - n JCAHCO standards
 - n CMS could include in hospital pay-for-performance
- n Unintended consequences?
- n **Establish and enforce 30-minute patient off-load requirement**


Disaster Preparedness and Response

- n Improve EMAC effectiveness
- n Establish EMS Set Aside in Homeland Security Grants
- n Build national ambulance surge capacity





EMAC Improvements

- 
- n Improve activation and deployment process
 - n Resolve interstate payment issues
 - n Only 16 states utilize nongovernmental ambulance resources
 - n DHS needs to commit to EMAC or not
 - n **Research and remove state barriers to non-governmental EMS involvement**




EMS Set Aside

- n Congress acknowledges shortfall and requires another DHS report 1-23-07
 - n While EMS is 1/3 first responder workforce, EMS receives only 4% homeland security funding
- n EMS Caucus to be formed in 2007
- n EMS must master the planning game at the state and local level; Congress should establish EMS set aside



Build National Ambulance Surge Capacity

- 
- n 2005—Successful EMS response to Katrina and Rita
 - n 2006—FEMA/HHS/GSA Federal Ambulance Support RFP not integrated with NIMS or EMAC
 - n Serious policy issues remain to maximize EMS surge capacity
 - n DHHS and DHS should host stakeholder summit to address federal response policy issues