

# ***Rural EMS: The safety net of the safety net***

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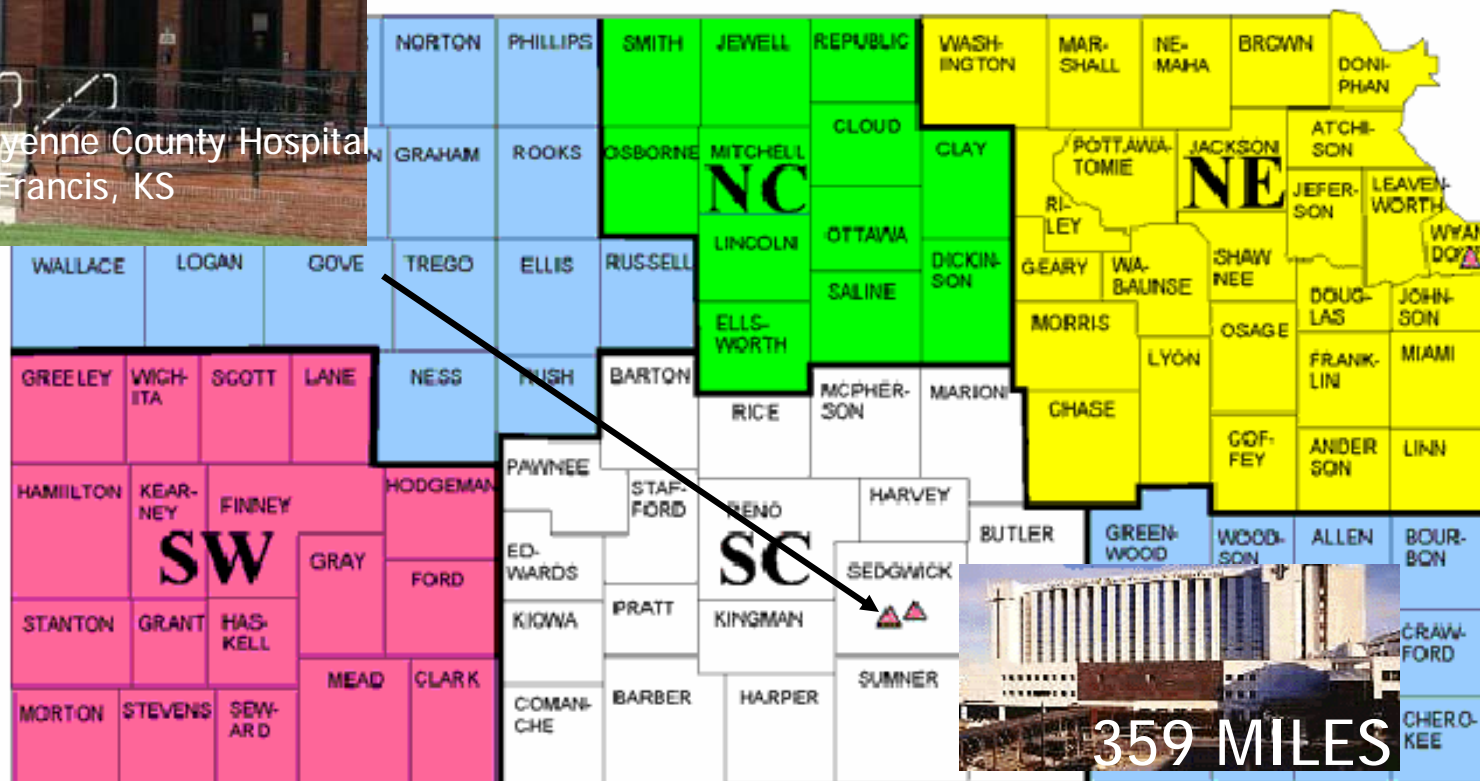
***The Future of Emergency Care  
Regional Dissemination Workshop  
Salt Lake City, Utah  
September 7, 2006***

# How is EMS/Trauma different in rural America?

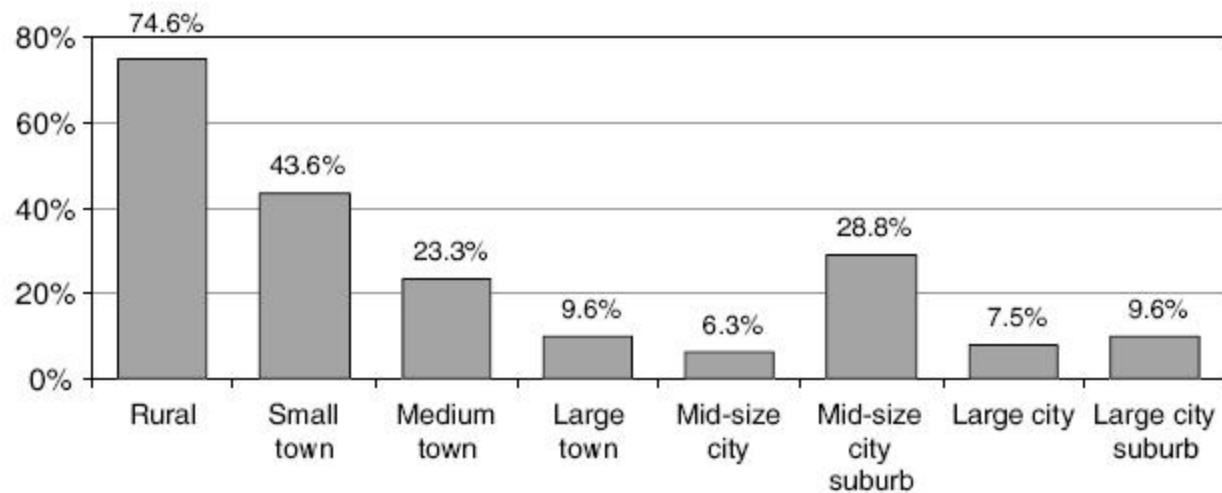
- **Distances**
- **Resources**
- **Processes**

# Distances

## Kansas Trauma Center Locations



# Resources (cont.)



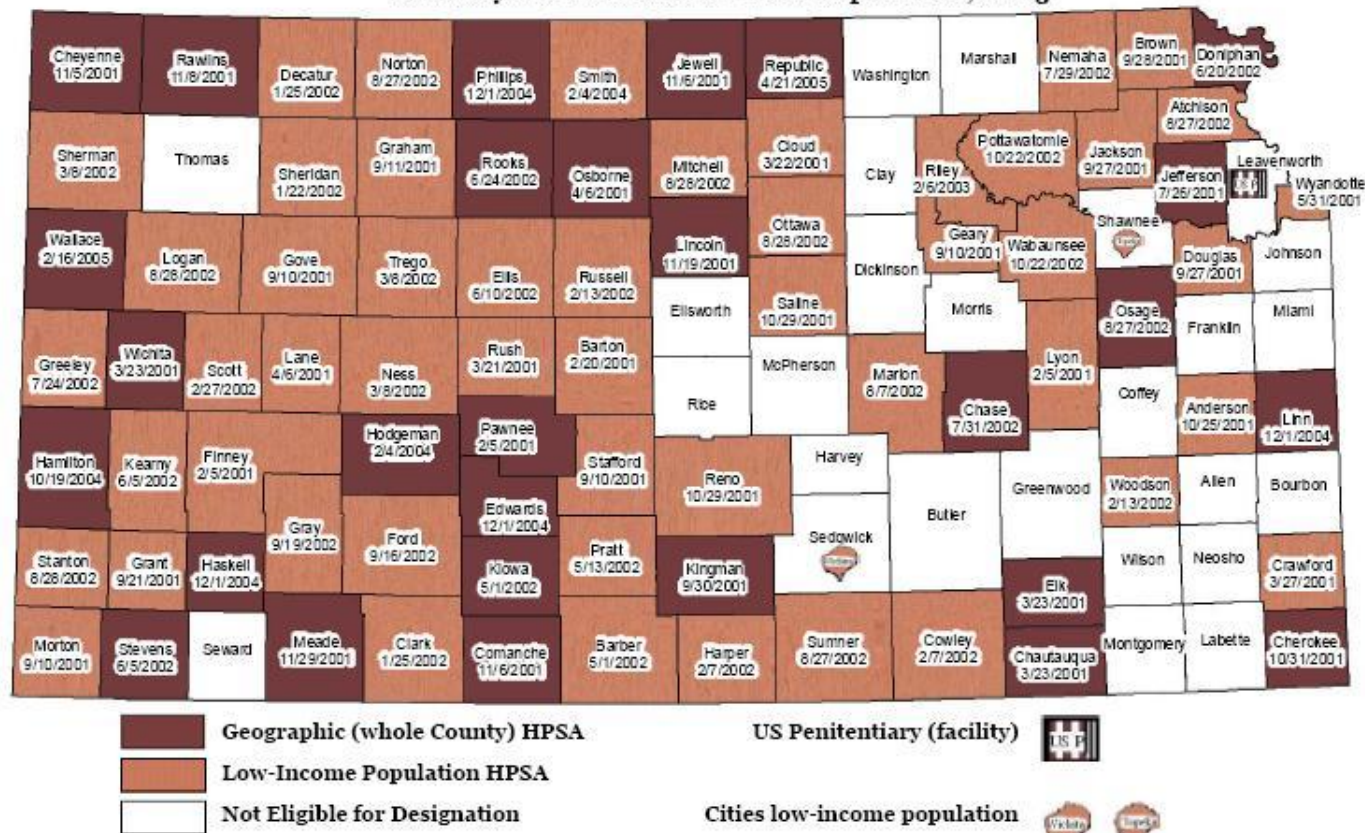
**FIGURE 4-11** Percent volunteer by urbanicity, U.S., 2003.  
SOURCE: NREMT, 2003a.

# Resources (cont.)

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

### OFFICE OF LOCAL AND RURAL HEALTH

#### Primary Medical Care HPSAs: September, 2005



# Processes

Who's involved in rural medicine?

- Pre-hospital providers
- Stabilizing facility
- Midlevel provider
- Primary care physician
- Interfacility transport
- Tertiary facility
- Specialists

# Redesigning Rural EMS Systems

- Quality & Performance Improvement
- Integration & Regionalization
- Community Assessment and Planning

# Quality/Performance Improvement

## REPORT RECOMMENDATIONS

3.2 NHTSA...should convene a panel of individuals with multidisciplinary expertise to develop evidence-based model prehospital care protocols...

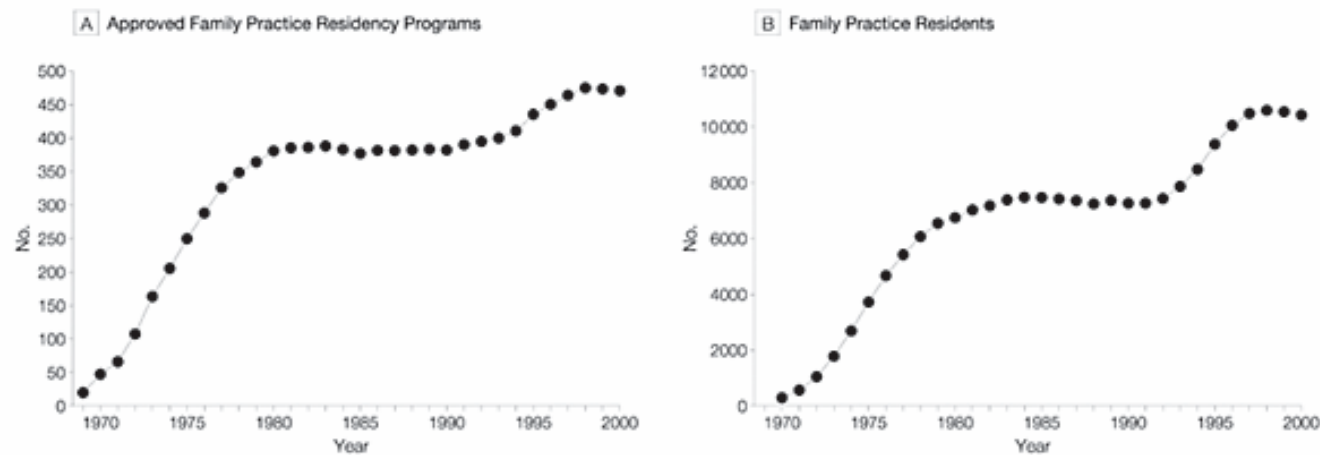
3.6 DHHS should adopt rule changes to EMTALA and HIPAA so that the original goals of the laws are preserved but integrated systems may further develop.

# Quality/Performance Improvement

## REPORT RECOMMENDATIONS

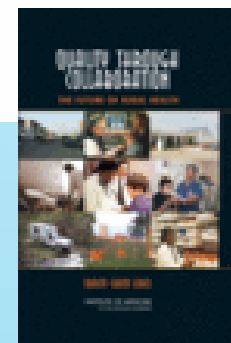
- 4.1 States should adopt a common scope of practice for EMS personnel, with state licensing reciprocity.
- 4.2 States should accept national accreditation of paramedic education programs.
- 4.3 States should accept national certification as a prerequisite for state licensure & local credentialing...

## 4.4 ABMS should create a subspecialty certification in EMS.



**Figure.** Number of Approved Family Practice Residency Programs and Family Practice Residents in Training, 1969-2000

Data from American Academy of Family Physicians, Annual Residency Census Survey, 1969-2000.



# Integration and Regionalization

## RECOMMENDATIONS

**3.7 CMS should convene an ad hoc work group...to make recommendations regarding inclusion of readiness costs and permitting payment without transport.**

**AND....development of “community paramedicine” programs with broader preventive/primary health care scope. Ensure reimbursement for services.**

# Integration and Regionalization

## INFORMATION TECHNOLOGY IS ALSO KEY...

- EMS represented in the work of the Office of the National Coordinator (ONC).
- Expand Universal Service Fund definition of “health care provider” to include ambulance services.
- Encourage and fund networking.

# Integration and Regionalization

## RURAL HOSPITAL FLEXIBILITY PROGRAM

Section 1834(l)(8) of the Social Security Act

SERVICES FURNISHED BY CRITICAL ACCESS HOSPITALS.—

Notwithstanding any other provision of this subsection, the Secretary shall pay the reasonable costs incurred in furnishing ambulance services if such services are furnished—

(A) by a critical access hospital (as defined in section [1861\(mm\)\(1\)](#)), or

(B) by an entity that is owned and operated by a critical access hospital, but only if the critical access hospital or entity is the only provider or supplier of ambulance services that is located within a 35-mile drive of such critical access hospital.

**ELIMINATE 35-MILE RULE!**

# Integration and Regionalization

## **RURAL HOSPITAL FLEXIBILITY PROGRAM**

**Program goal: Integrate rural EMS operations into Flex-related rural healthcare networks.**

**üAssure FLEX funding.**

**üStrengthen education to State Offices of Rural Health on Emergency Medical Services.**

**üFund Rural EMS & Technical Assistance Center and task REMSTTAC to work with State FLEX programs on EMS-related goals (in conjunction with Technical Assistance and Services Center)**

# Community Assessment & Planning

üEMS serves communities, of all sizes.

üCommunities must make decisions about level of service.

üCommunities need tools to make informed decisions about level of service that is appropriate and sustainable.

# Rural EMS

“...I drove the ambulance up a long back road where a woman was having a stroke. Her adult granddaughter rode with us to the hospital. Three days later, in the grocery store, I exited the fruit-juice isle and came face-to-face with the granddaughter, all made up and wearing a discreet black dress. I inquired after Grandma.

“We just came from the funeral mass,” she said.

And yet she was kind, praising my brother and me for the gentle way we had handled Grandma, for the way we had accommodated the family.”

-Michael Perry, *Population 485:  
Meeting your Neighbors one Wiren  
at a Time*

# Rural EMS

“Whoever’s out there needing help, they’re getting me, for better or for worse. Me, and a handful of my neighbors. We’ll do what we can. There was this old man, we used to get a call to his apartment almost on a weekly basis...I remember walking in his bedroom...toward the end there, and seeing this little man looking up at us with such trust, and I thought one day I will be the little old man on the bed. And I hope my neighbors come when I call.”

-Michael Perry, *Population 485*

# Rural EMS

“...I would trust the Silver Star crew with my life, but not with my sister.”

-Michael Perry, *Population 485*



# Questions and Comments

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