The Importance and Challenge of Rural EMS

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Presented by Brad Gibbens, MPA, Deputy Director and Assistant Professor

Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND

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What Shapes Rural Health, Rural Communities, and Rural Providers?

- Population and Economics
- Geography
- Health Status Trends
- Health Workforce
- Health Facility Viability
- Organizational Integration and Cohesion
- Health Reform
36 of 53 North Dakota Counties designated as Frontier
* (less than 6 persons per square mile) Blased on 2016 Population Estimates

Note: Rural Health Clinics are offset to the northwest to reduce overlap distortion.

Sources: HRSA Data Warehouse, November, 2016
Center for Rural Health, 2016


Critical Access Hospital

Rural Health Clinic

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners (NPs) and physician assistants (PAs) in rural areas.
What are Some Rural EMS Issues?

- **Workforce** – volunteer system vs. paid professional (combination), compensation, small community base.
  - Burn out and rust out (skill decay).
  - Impacts response time.
  - Expanding service areas beyond point to respond effectively.
  - Overlap of service areas
  - Training/education.
  - Integration of paramedics or community paramedics into systems.

- **Culture of EMS** – identity, health providers or not, independence, community, ability/willingness to change.
What are the Issues?

EMS financing and reimbursement
  - 120 ground ambulances with 20 doing about 90% of calls and 100 doing 10%.
  - Yet there is a geography problem.
  - Medicare supplier vs. Medicare provider
ND Rural EMS – Issues to Think About

• **Volume and geography are linked** – low population is low volume but we pay based on volume or runs.

• **Systems approach has merit** (rural hospitals have systems).
  o “Reasonable EMS” - role for ALS, BLS, and QRU. Hub and spoke system.
  o Quality is a factor for all health providers.

• **REMEMBER COMMUNITY - rural health value.**
  o People in a rural community may not “own” the ambulance, but they own the ambulance – belongs to us.
  o Community identity, community pride, helps to define who we are as a community, tangible representation of the community.
  o Need for community input – inclusive of community members – role for facilitated discussion, education (facts), understanding can lead to accepting a need for change- but community generated – trust.
  o People need to feel the change is self-generated.

ND Rural EMS – Issues to Think About

• **EMS is a critically important service, but organized and funded differently than other health or essential community service**
  o Police and fire are mandated, EMS is not. Police and fire have dedicated public dollars.
  o Hospitals (allowable cost fee for service moving to value over volume) and others like police reimbursed for readiness – EMS based on volume – how to maintain quality and financially support access for low, very low volume rural EMS units?
  o Does that mean EMS is less valued if people do not financially support it locally?
  o Local financial support – mandate local taxes at a set mill level? Require some level of local dollars that can be public funds combined with donations and grants?
Community
ND Rural EMS – Issues to Think About

- Workforce in ND is heavily dependent upon volunteers
  - More than 90% of EMS personnel are volunteers
  - Community Paramedics and growing numbers of Paramedics (rural)
  - About 15% of EMS personnel are paramedics
  - 16 of the 22 ALS are rural.
  - Also EMT-I/85, EMT-I/99, and AEMT
  - How do we increase the number of professional and paid personnel, and how do we strategically determine where they reside? Is it the role of policy makers to determine this? Is it the role of policy to support assessment and planning to help with this determination? How do we “mix” a rural volunteer system with a paid model?
  - Over time, do we see opportunities in a “value over volume” health delivery and payment system to incorporate a paramedic/community paramedic model?
Customized Assistance

Tailored Searches of Funding Sources for Your Project

Foundation Directory Search

info@ruralhealthinfo.org
1-800-270-1898

FREE Service!
EMS Funding Sources

Federal
• USDA Community Facilities Direct Loan and Grant Program – funds health and public safety facilities and equipment
  https://www.rd.usda.gov/programs-services/community-facilities-direct-loan-grant-program
• USDA Economic Impact Initiative grants – health and public safety projects, and the purchase of vehicles.

Foundations
• Otto Bremer Trust – not specific to EMS but they do fund healthcare needs and services in ND. http://ottobremer.org/social-return/
• Helmsley Charitable Trust – In ND and SD emphasis is health technology
  http://helmsleytrust.org/programs/health-rural-healthcare

Planning and Technical Assistance (community engagement): State and Foundation Partnership
• Otto Bremer
• Dakota Medical Foundation
• Bush Foundation
• W.K. Kellogg
Contact us for more information

Brad Gibbens, MPA, Deputy Director
Center for Rural Health
UND School of Medicine and Health Sciences
1301 N. Columbia Road, STOP 9037
Grand Forks, ND 58202-9037

701-777-2569 (Desk)
701-777-3848 (Main Line)
brad.gibbens@med.und.edu

Ruralhealth.und.edu