

Virginia Office of EMS
Regional Council Study Project

November 7, 2007

Project Team

- ASMI
- EMS System Professionals
 - Local
 - Regional
 - Statewide



Association & Society Management International, Inc

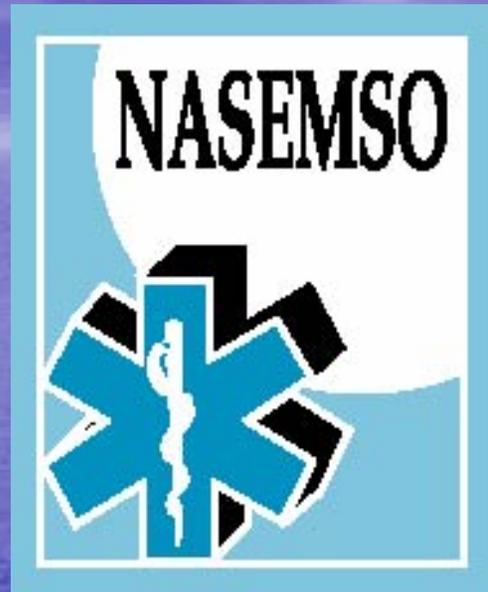


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ASMI EMS Related Clients



- National Councils of State EMS:
 - Medical Directors
 - Training Coordinators
 - Trauma Coordinators
 - Data Managers

Joint National EMS Leadership Conference

NASEMSO
NAEMSP
NAEMT
NAEMSE



Project Staff

- Kevin McGinnis, MPS, EMT-P
- Leslee Stein-Spencer, RN, MS
- Richard Narad, DPA, MPA
- ASMI Support Staff

Why We Are Where We Are

- EMSS Act of 1973
 - Regional Concept
- OBRA 1982
 - PHHS Block Grants Through States
 - State Funds
 - Regions as Political Entities
- State/Regional EMS Relations Cycle
- State Survey on Regional Offices

Why We Are Where We Are

- 1996 EMS Agenda for the Future
- 2004 Rural/Frontier EMS Agenda
 - New Regional Roles/Definitions
- 2006 IOM Report
 - Regional Accountable Systems of Care

Virginia EMS

- Regional Development on Par With Nation
 - Later Regional Development
 - Funding
- Recent Years
 - Regions Want Flexibility and Local Program Control
 - State Wants More Standardization and Accountability
- Contracts/Contracting More Complex
- Tension Growth/Cycle (Studies)

Project Scope

- Assess Functions Currently/Potentially Done On Regional Basis
- Identify Advantages/Disadvantages in Carrying Out Regional Functions by:
 - **Current Regional Council Structure**
 - Independent
 - Locally Governed
 - Leverage State \$\$ With Local \$\$
 - **State OEMS Regional Structure**
 - Uniformity of System Services and Oversight
 - Economy of Scale
 - Accountability/Control of Expenditures

Project Scope

- Consider:
 - Performance History of Current System
 - Cost
 - Services Contracted/Delivered
 - Survey:
 - System/Client Satisfaction
 - System/Client Perspective on Service Delivery
 - History of Previous Discussions/Evaluations:
 - JLARC
 - EMSSTAR
 - State/Regional Forums

Project Scope

- Consider:
 - EMS Organizational Literature
 - IOM EMS Report
 - ASTM F30 Standard on Structure/Function Of EMS
 - Rural/Frontier EMS Agenda for the Future
 - Other Statewide Models
 - Other Bases for Configuring Regions

Project Approach

- Document Review
 - Past Reports of System Evaluations
 - Contracts/Deliverables Reports
 - Other Regional Reports/Council Minutes
 - State/Regional Financial Reports
- Survey
 - 7,065 Invitations
 - 789 Mailed/On-line Responses (11%)
 - Delays
- Interviews
 - 232 Individuals/244 Interviews
 - “Talking Points” Documents

Recommendations

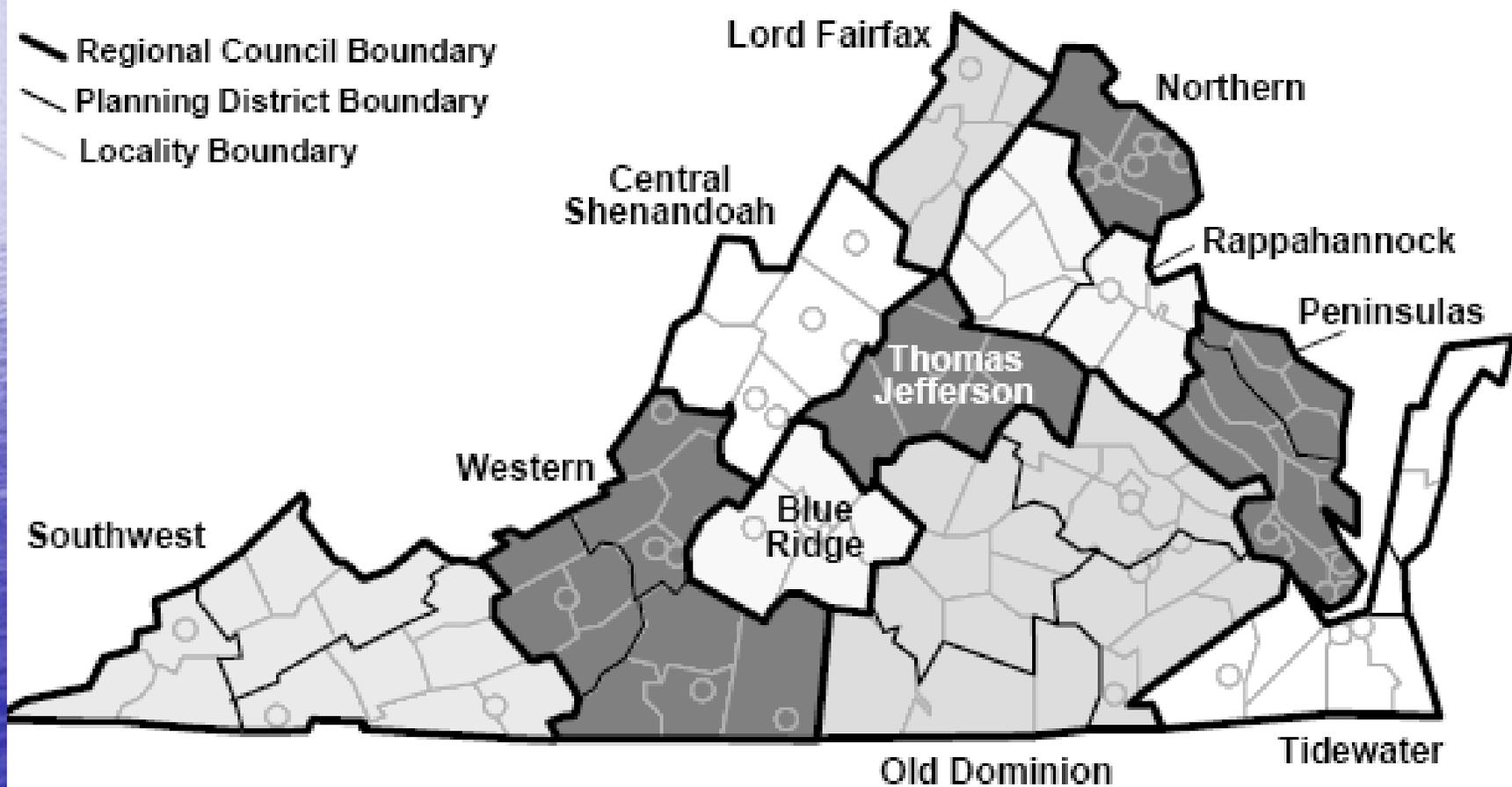
- 8 General Areas
- 29 Specific Recommendations
- Major Questions:
 - Number & Boundaries of Regions
 - Suggested Models
 - New Definitions of “Regionalization” (“Agendas”/IOM)
 - Satisfaction/Awareness: Current Operations
 - Independent vs. State OEMS Operation
 - Best Use of Funds/Leveraging
 - Satisfaction With Independent vs. Potential State Overseers
 - Role of Regional Medical Direction
 - Dissatisfaction With Current Fragmentation of Protocols

Number and Boundaries of Regions

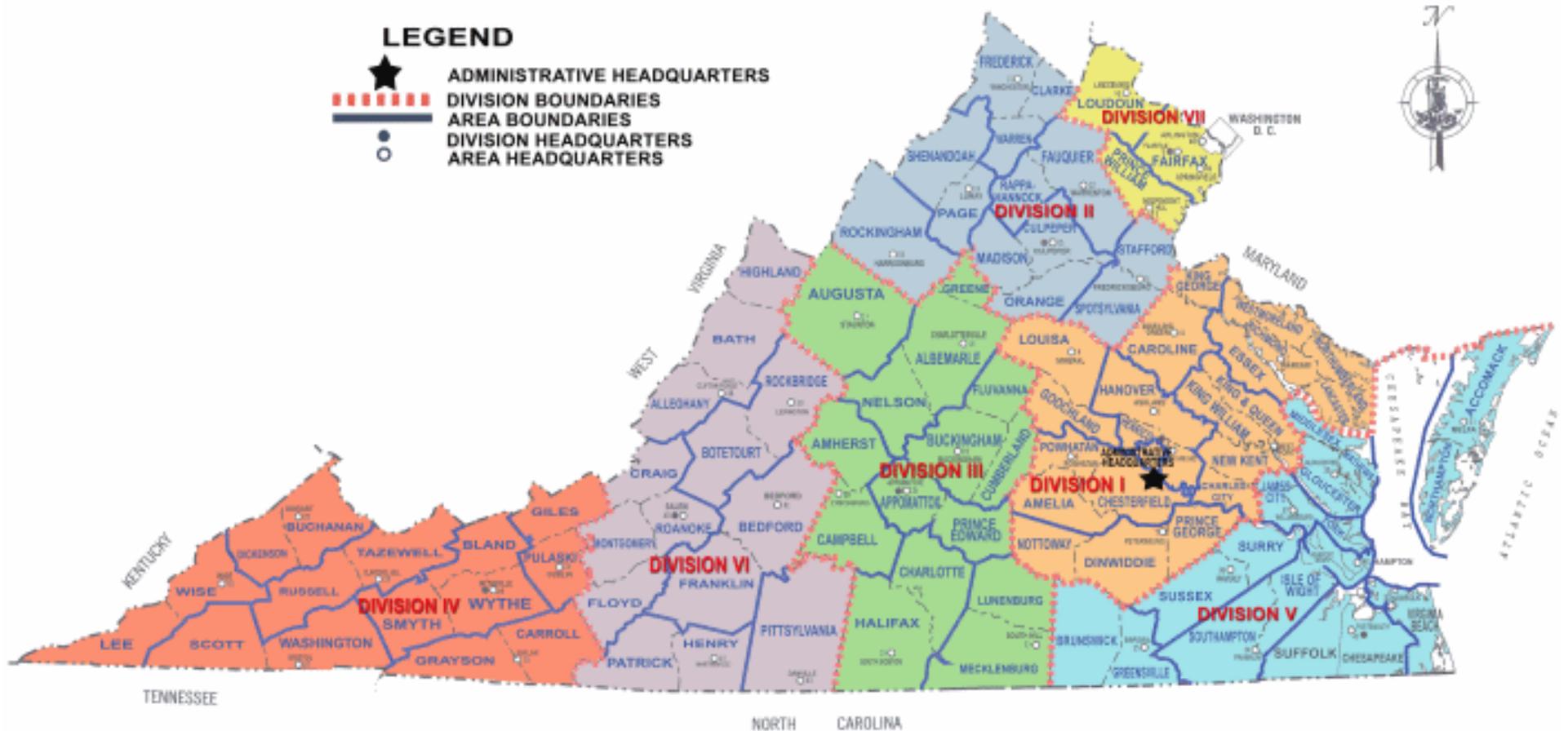
- Suggested Models
 - Public Safety
 - Patient Flow
 - Population/Land/Geography
 - # Providers/Services
 - Planning Districts
- New Definitions of Regionalization
 - “Agendas”: Rec. 1 (Needs Assessment)
 - IOM: Regional Accountable Systems (Critical Mass)
 - Flaw in Infrastructure Assumption
- Satisfaction/Awareness
 - Full Service Ability
 - Adequate Staff for Program Delivery/Relations
 - Vulnerability/Depth of Leadership Staff

Current Regional Structure

Virginia's EMS Regions



Public Safety Regions



Specialty Center Based Regions

Estimated Trauma Center Service Areas Within One Hour Via Ground and Air Transportation

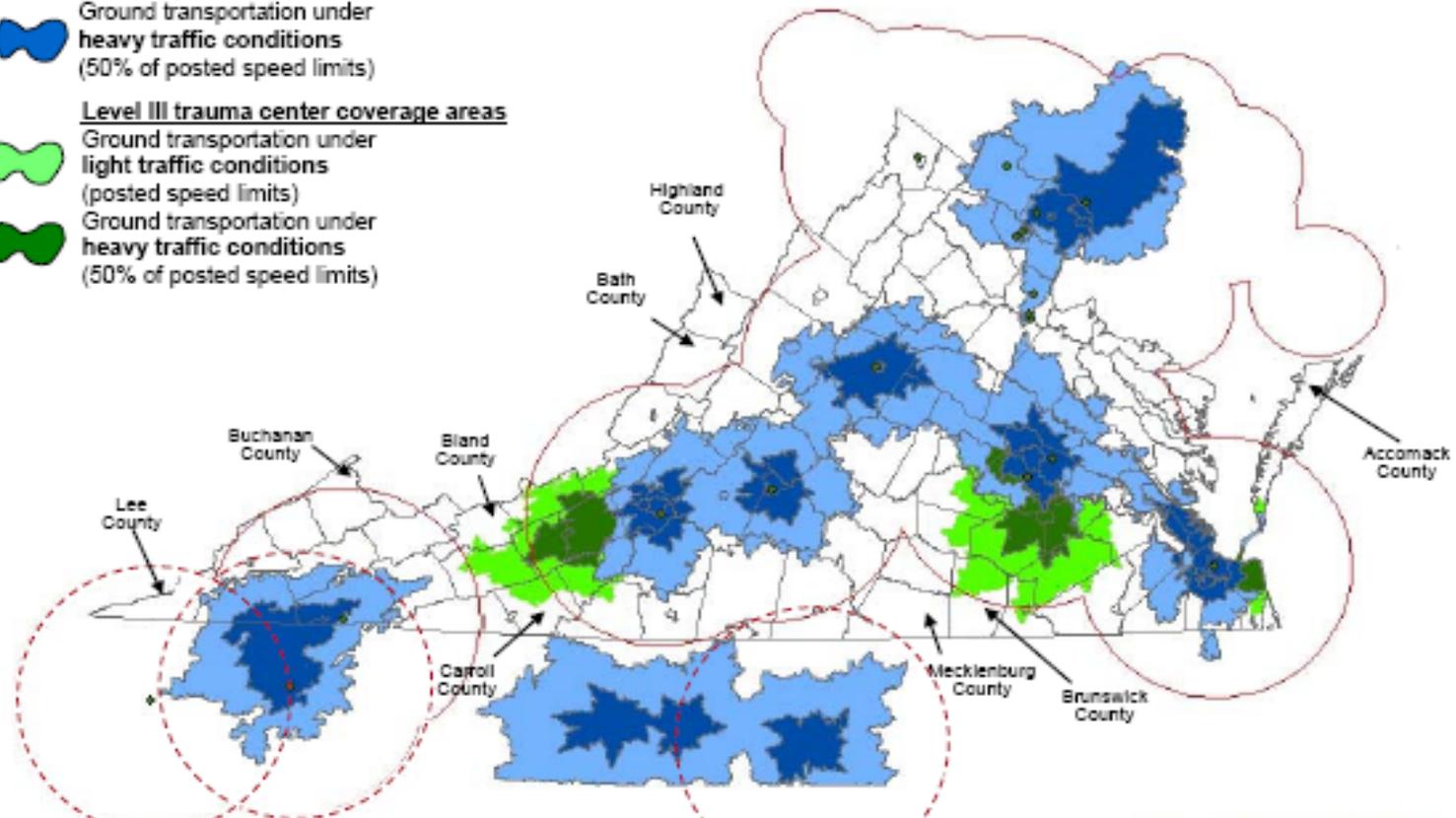
Levels I and II trauma center coverage areas

-  Ground transportation under light traffic conditions (posted speed limits)
-  Ground transportation under heavy traffic conditions (50% of posted speed limits)

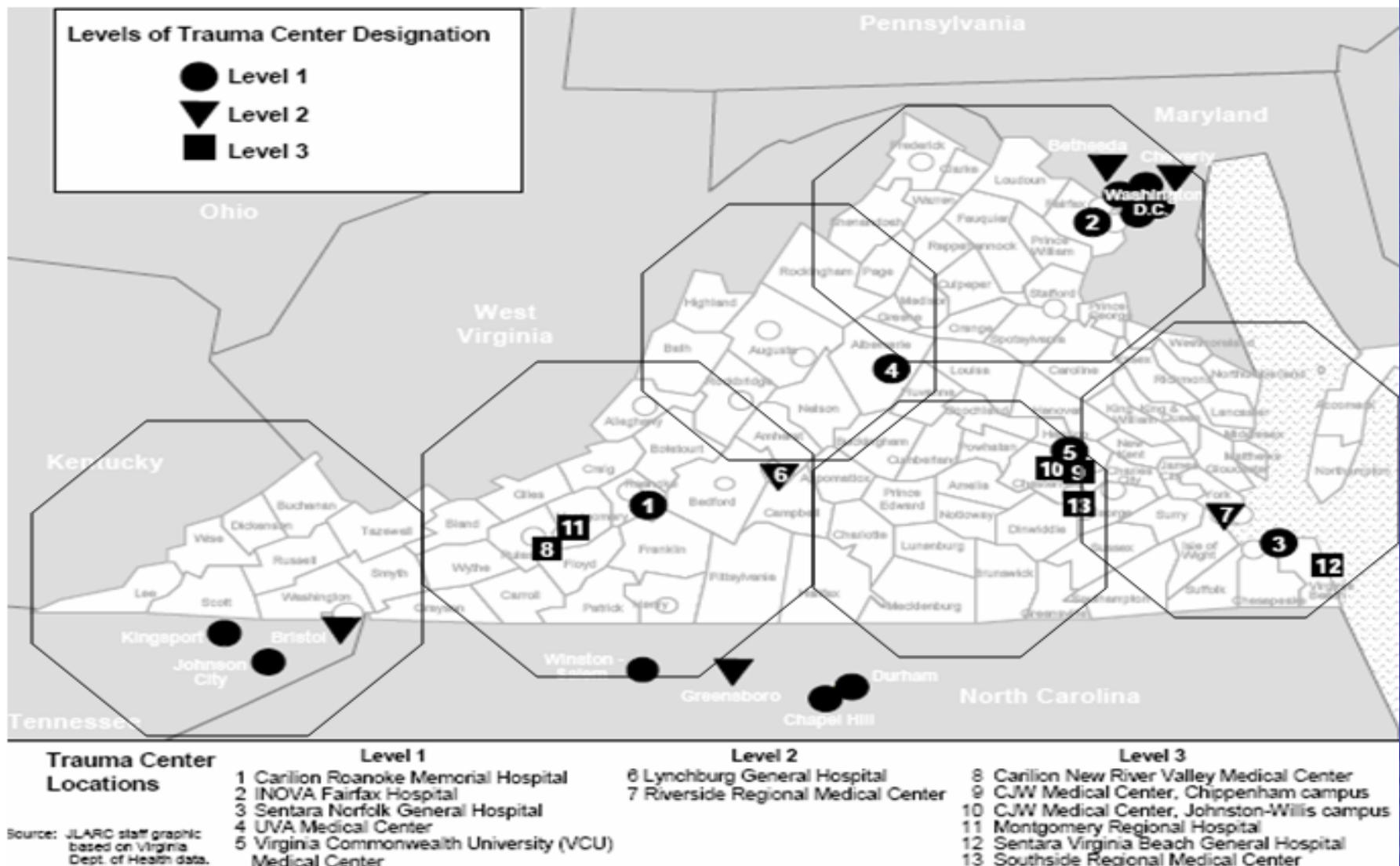
Level III trauma center coverage areas

-  Ground transportation under light traffic conditions (posted speed limits)
-  Ground transportation under heavy traffic conditions (50% of posted speed limits)

NOTE: This map appears in color in the online version of this report, which is available at <http://jlarc.state.va.us> under "Reports/Recent."



Specialty Center Based Regions



Number and Boundaries of Regions

- Recommendations:
 - Premise:
 - Regional Accountable Systems
 - Incident to Specialty Systems of Care/Patient Flow
 - Population/Land/Geography
 - #Providers/Services
 - Planning Districts
 - Accountability: Monitoring/Reporting (Recs. 2.1 - 2.3)
 - Data System
 - Performance Measures
 - Regional System Critical Mass/Size: Drive to 6 or 7 Regions

Number and Boundaries of Regions

- Start With Reconfiguration to Eight Regions (Recs. 7.1 to 7.7.6)
 - Process Action Team Guided
 - Balance IOM Regionalization With Public Safety Regions as Needed
 - Maintain Sub-Regional Councils as Needed (Effectively Reconfigure Councils Where Combined)
 - Maintain Sub-Regional Offices as Needed
 - Specific Recommendations for Reconfiguration:
 - Increasing size to critical mass; closer to IOM regionalization size/configuration
 - Increasing staff size for depth and to reduce vulnerability
 - Producing full service capability
 - Addressing satisfaction/awareness issues

Independent vs. State OEMS Operation

– Independent

- ❖ 501(c)(3) Status: leverage state funds
- ❖ Local Status: control/priorities
- ❖ Smaller, more agile bureaucracy
- ❖ Ability to attract staff
- ❖ Clearer technical assistance role....but
- ❖ Satisfaction/awareness/political issues

– State OEMS

- ❖ More uniformity of regional office services
- ❖ Better accountability for funds used
- ❖ Economies of scale
- ❖ Bureaucracy reputation issues
- ❖ Regulatory vs. technical assistance roles

Independent vs. State OEMS Operation

- Recommendations (4.1- 4.3; 3.0)
 - Keep Regions as Independent 501(c)(3) Entities
 - ❖ Recognize Satisfaction/Awareness/Political Issues
 - OEMS Regulatory vs. Technical Assistance Definition
 - ❖ OEMS “Green” – Technical Assistance (Regions)
 - ❖ OEMS “Blue” – Regulatory
 - OEMS “Green” Rep Working With Each Council
 - ❖ End Spiraling Contract Complexity
 - ❖ Increase Uniformity in Reporting
 - ❖ Assist With Reporting
 - ❖ Promote/Head PI Accountability Program
 - ❖ Serve as Formal “Green” OEMS Rep in Region
 - ❖ Rec. 3.0 on Financial Reporting

Regional Medical Direction

- Current Concerns
 - Variation of Local Protocols
 - Movement from Area to Area to Practice
 - Different Developmental Speed of Regional Protocols/PI Processes
 - IOM Type Fragmentation
 - Authority/Liability for Protocols/PI
 - Connection of State/Regional/Local
 - Authority/Liability/Consistency/Resources
 - Need More Uniform Statewide Protocols....But
 - Not LCD
 - Allow Some Local Variation
 - Assure Local OMD/Practitioner Input in Development and Revision

Regional Medical Direction

- Recommendation 5.0
 - Uniform System of Medical Direction
 - Full-time state medical director with formal authority/relief from liability/responsibility ties to
 - Regional medical directors/local OMDs
 - Protocol/PI system development at state/regional medical director level as group, with:
 - Formal system of local OMD/provider participation
 - Ability for local variation
 - Emphasis on evidence-based practice adoption

Project Report



Questions?

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