STATE EMS ADVISORY BOARD
Retreat
Marriott Richmond West, Glen Allen, Virginia
January 5, 2007
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Randy P. Abernathy	J. David Barrick (Excused)	Gary R. Brown	**Lisa Kaplowitz, M.D., MPH**
Reverend Coan Agee	Robert V. Crowder, III (Excused)	Scott Winston	**Robin V. Kurz**
Sherrin C. Alsop	Theresa E. Guins, M.D. (Excused)	Frank Cheatham	**Joanne Lapetina, M.D.**
Byron F. Andrews, III	Rao R. Ivatury, M.D. (Excused)	Karen Owens	**Randall Geldrich**
Edward B. Bish, Jr.	Dr. Lori Moore (Excused)	Paul Sharpe	**Harinder Dhindsa**
Jennie L. Collins	Linda Sayles (Excused)	Jodi Kuhn	**Allen Yee, M.D.**
Gary P. Critzer	Douglas R. Young (Excused)	Wayne Berry	**Elizabeth Enos**
Gary A. Dalton		Beth Singer	**Joseph Robertson**
Kevin L. Dillard		Michael D. Berg	**Kimberly A. Pumphrey**
James R. Dudley, M.D.		James Burch	**Thomas D. Jarman**
Bruce Edwards		Chad Blosser	**Mary B. Michos**
May H. Fox		Winnie Pennington	**Ed Rhodes**
L.V. Pokey Harris		Jim Nogle	**Art Lipscomb**
Linda G. Johnson		Rohn Brown	**Jim Chandler**
Kimberly J. Mitchell, M.D.		Tim Perkins	**Rob Logan**
Morris Reece		Dennis Molnar	**Don Wilson**
Karen D. Wagner		Terry Coy	**Jon Donnelly**
Carl F. Wentzel, III, M.D.		Greg Neiman	**Jeff Crawford**
Anthony Wilson		Amanda Davis	**Charles Devine, M.D.**
		Henry Bosman	**Troy Allen**
			J.E. Snyder
			Dana F.I. Love
			Bobby Lukhard
			Tina Skinner
			Dave Cullen
			Kent Weber
			Melinda Duncan

Karen Wagner, EMS Advisory Board Chair called the meeting to order at 10:30 AM

The only agenda item for this retreat is discussion on the appropriate location of the Office of EMS within the state government structure.

Ms. Wagner asked for introductions of the Board members and audience members.

Ms. Wagner talked about prior discussions and actions that led to the decision to hold this Retreat. The goal for this retreat is to allow stakeholders to have an arena to openly discuss and evaluate how the location of the Office of EMS in state government affects the provision of EMS service and the overall mission of the EMS system.

A "warm-up session" was held at the beginning of the Retreat. In this session, board and audience members were divided into three groups. Each group was asked to list the benefits, drawbacks and implications of an assigned topic.

Group 1 Topic – "EMS belongs under the Virginia Department of Health (VDH)."
Group 2 Topic – "EMS belongs under the Secretary of Public Safety."
Group 3 Topic – "EMS becomes it own autonomous department.

Following the "warm-up session" the meeting reconvened and each group reviewed their topic and conclusions.

Craig DeAtley facilitated this portion of the Retreat. Mr. DeAtley began the session by giving the audience an overview of his background in EMS and explaining his role as facilitator.

Group 1 – "EMS Belongs Under VDH" - Gary Dalton
Benefits:

1. IOM Report – federal money
2. Emergency Preparedness is an integral part of VDH
3. Health Focus – allows EMS to remain a health focus
4. Bureaucrat protection, especially funding
    a. OEMS Director position currently not appointed – allows for consistency.
5. Medical Direction – patient care - entrenched in VDH
6. Also – EMS is normally housed within the Department of Health across the nation.

Drawbacks:

1. Access – physical location of OEMS
2. Representation at Response Level - Lack of representation
3. Money pot access – grants, etc. - EMS funding stream could be interrupted
4. Not a full partner – lack of recognition. Doing the work but not included in the decision process. Police and Fire always have representation, but not EMS.
5. Overstretched in workload
6. Loss of advocacy for Emergency Response
7. Local Health Departments – do not have an EMS presence - citizens do not go to local Health Departments for access to EMS
8. Legislative Priorities – being in VDH, the Office of EMS does not have legislative priorities – EMS legislative efforts are usually initiated by our ancillary agencies.
9. Cost Effectiveness

Implications:

1. Code Change – open season on everything in the Code that affects EMS.
2. Common terminology – identity of EMS would be affected.
3. Money – funding stream may be threatened.
4. Full Partnership – Police, Fire and EMS
5. Operational Medical Director – culture / community – cultural difference of doctors associated with Fire Chiefs, Police Chiefs and EMS versus doctors associated with public health and VDH.

Following Mr. Dalton's presentation for Group 1, Dr. Kaplowitz followed to explain that in terms of the federal implications, she pointed out that at a federal level the IOM has recommended the coordination of EMS should take place in the Department of Health and Human Services.

Mr. DeAtley opened the floor to the Board members for further comments.

Mr. Abernathy stated that in his readings regarding where EMS is being placed within the infrastructure of other state governments it appears that no one is moving people from agencies that are not aligned with the Health Department into Health Department structures. Mr. Abernathy said that he interpreted his readings to mean that some states are actually moving EMS out of the Health Departments. Mr. Abernathy also pointed out that on the national level an Advisory EMS Council is being formed; and that it will be housed in the Department of Transportation.

Chief Marybeth Michos was a member of the sub-committee that developed and wrote the IOM Report: "Emergency Medical Services – At the Crossroads." Chief Michos explained that the consensus of that group was that states should individually look at the issue of EMS agency placement. She indicated that the recommendation in the IOM Report was the "least harmful" recommendation due to the issues occurring within

other Federal agencies when this report was developed. She emphasized that this recommendation was for the federal structure and not state structures – allowing the states to make their own determination.

Group 2 – "Does EMS Belong under the Secretary of Public Safety" – Byron Andrews

Benefits:

1. Alignment with like agencies – other Public Safety agencies that EMS work with routinely, including Fire Programs and law enforcement agencies. This would facilitate better communication with like agencies.
2. Interoperability issues – communications – command and control interoperability – disaster management.
3. Equal standing within other public safety entities – i.e. law enforcement and fire service.
4. Easier to get money under Public Safety – the group felt that funding requests from Public Safety are easier to attain than funding requests from the Department of Health.
5. Planning – scale of economy in training – could possibly combining or facilitating training opportunities between the entities.
6. Similar in many scopes to what many local governments are performing today, where EMS is within the Fire Department or some form of Public Safety within local county and city governments. EMS is not part of the local health department in any jurisdiction in Virginia.
7. More accessibility to buildings – access to the Office of EMS – perhaps under Public Safety – they would allow for a more accessible location for the Office of EMS
8. Public Safety more engaged – Public Safety Secretary would probably be more engaged with EMS than the Secretary of Health & Human Services.
9. Better resource allocation – reduction of redundancy that may exist – presently we have redundancy between Public Safety agencies and the Department of Health
10. Similar goals – for trying to meet and address needs

Drawbacks:

1. May have to fight for funding – being absorbed into another agency, there may be everyone fighting for the same funding sources.
2. EMS uses public safety models of transportation for provision of health care; and as such is a health care function. The group thought that the drawback would be that going to a public safety model, while we still have a tie, that it goes between the health community and the EMS system.
3. If moved, will EMS benefit under another agency – it is not certain how Code changes will affect EMS
4. Oversight – what will happen to the existing structure of the Board and committees
5. Medical input – Public Safety medical input with fire oversight; versus Department of Health - medical direction with fire input.
6. Mission – Public Safety mission is to protect life and property; Department of Health mission is healthcare for sick and injured.

Implications:

1. Code changes would have to occur.
2. The existing structure of EMS today would change – group was concerned what would happen to Office of EMS, Regional Councils, etc.
3. EMS needs more attention that it is getting today.

Following Group 2 presentation, Mr. DeAtley opened the floor for comments from the Board and audience.

There was a great deal of discussion from the floor regarding the pros and cons of the Office of EMS moving under the Secretary of Public Safety's umbrella. Most of the comments were positive and pointed out how Fire shared similar goals to EMS in regards to its mission, which is life, safety and health. It was also pointed out that today most fire departments are hiring Firefighters/Medics because of the dual role they perform.

Dr. Kaplowitz commented on the major cultural change that the Health Department is currently undergoing; and that soon every person in the Madison Building will have an emergency role. The Health Department is requiring everyone to get NIMS training and they are moving towards ICS training for anyone who will have a role within the Health Department.

There were concerns voiced from the audience that in addition to assuring that the Health Department's employees were prepared to take a role in any future mass casualty/disaster events; it is also important that the Health Department addresses the needs of EMS responders. It was pointed out that EMS responders were customers of the Health Department, as well; and their concerns need to be addressed.

In order for EMS to perform at its maximum, the statement was made that it is important that they work with Fire, Public Safety, the Health Department, Transportation, and any other entities that have common goals in an effort to have a shared vision; streamline functions; and adaptable to change.

The point was also made that the Secretary of Public Safety is usually always present at major stakeholders meetings and events; and this is important because it shows commitment to the mission. In contrast, it was pointed out that when the Office of EMS held the 2006 Symposium in November, attended by over 2000 EMS providers, and there were no representatives in attendance from state government leadership.

Dr. Kaplowitz acknowledged this fact; and pointed out that since the Office of EMS has been under her authority that either Kim Allen or she has attended every Advisory Board meeting.

Karen Wagner pointed out that her constituents are concerned that there does not seem to be focus on the part of the Health Department on the day-to-day operation of EMS; but rather the focus seems to be on a "major event" that may occur. In contrast, Public Safety's focus is on the day-to-day operation. EMS is a day-to-day, 24/7/365 service – as well as involved in any emergency event.

Dr. Kaplowitz explained that this is taking place now in the Department of Health. She said that when she talks about using Incident Command, she is talking about daily incidents. Dr. Kaplowitz said that the Department of Health recognizes that you do not wait for a "major event" to occur; but rather that you have to have these as part of daily activities.

Bruce Edwards asked Dr. Kaplowitz if the changes in the culture of the Health Department will be seen immediately; and if all Health Department employees will be indoctrinated to the change in culture, will it also be a smooth transition. Mr. Edwards explained to Dr. Kaplowitz that when the Office of EMS was moved to the Madison Building, making it virtually inaccessible to providers, it sent a message to the EMS community that EMS was not an important function of the Health Department. Mr. Edwards asked if Dr. Kaplowitz would be willing to help move the Office of EMS back to an accessible location.

Dr. Kaplowitz stated that based on conversations with Dr. Stroube, the Office of EMS will probably not be moving out of the Madison Building. However, Dr. Kaplowitz stated that the changes within the Department of Health will be taking place expediently.

Group 3 – EMS as Its Own Department - Randy Abernathy

Benefits:

1. Autonomy – there could be pros and cons to having autonomy
2. Less Bureaucracy – it would eliminate some of the bureaucracy
3. Funding – EMS coming into its own recognition at the national level, would probably create some direct funding opportunities
4. Closer to cabinet-level position
    a. Access to higher levels of government
5. Patient Care would become the number one priority
6. EMS is unique and doesn't fit well in other places
7. Better control of resources – the EMS department would have an opportunity to self prioritize itself
8. More robust interface with interested parties outside the state

Drawbacks:

1. Reappointment issues (continuity/change of direction) – Director position would probably not be reappointed
2. Competition for funding
3. Change in role and structure of the Board
4. Dealing with the legislative process
5. Loss of interface with other related bodies (Department of Health, etc.)

Implications:

1. Possible loss of regional councils representation
2. Potential for less involvement and feedback from stakeholders
3. Loss of continuity during transition period
4. Open Pandora's box
5. May change when EMS is changed on a national level
6. Create a new infrastructure

Mr. DeAtley opened the floor for comments following Group 3's presentation.

There was a lot of discussion as to whether the Office of EMS could be a self-standing department; or if it would be a department with an existing organization. Chad Blosser, from the Office of EMS, pointed out that you cannot be a department within a department. A department falls under a Secretariat.

Gary Brown from the Office of EMS was asked if OEMS could be moved by either Executive Order or legislatively. Mr. Brown said he was aware of one example of the Department of Veterans Affairs being moved by Executive order by Governor Kaine from the Secretary of Administration to the Secretary of Public Safety. However, in either case, it would require the legislative branch to make code changes. I

Mr. Brown said that it would be best to have Robin Kurz clarify the questions brought up regarding what the legal requirements would be for changing the status or location of the Office of EMS.

Mr. DeAtley summarized all three discussion topics and opened the floor for other suggestions as to where the Office of EMS might be placed within state government.

An additional suggestion was to have the Office of EMS as an independent agency.
It was also suggested that Commonwealth Preparedness would be another possibility for placement of the Office of EMS.

Karen Wagner asked the Board members to share the discussion and conclusions from today's retreat with their constituents. This topic will be placed on the agenda at the February 9 EMS Advisory Board meeting. At that meeting, Ms. Wagner will request the Financial, Legislation and Planning Committee to prepare a recommendation for a Board position on the proper placement of OEMS in the state structure.

The Financial, Legislation and Planning Committee's recommendation will be presented as an action item for consideration and discussion by the full board at the May 2007 board meeting.

Following all of the discussion, both the Board members and audience members participated in a Straw Poll. Everyone was asked to document which of the three proposals they preferred. The last two proposals brought forth from the floor were not voted on since they had not been thoroughly discussed.

Straw Poll Results:

Results of Everyone who voted:

Proposal 1 = 14
Proposal 2 = 33
Proposal 3 = 9

Results of Board member who voted:

Proposal 1 = 7
Proposal 2 = 6
Proposal 3 = 2

Results of Audience members who voted:

Proposal 1 = 7
Proposal 2 = 27
Proposal 3 = 7

Hearing no additional conversation, the meeting was adjourned.