Report to The Vermont Legislature

Emergency Medical Services Advisory Committee

(EMSAC)

In accordance with Act 155 (2012), Section 39, An Act Relating to Miscellaneous Changes to Municipal Government Law, to Internal Financial Controls, to the Management of Search and Rescue Operations, and to Emergency Medical Services.

Submitted to: House Committee on Government Operations
House Committee on Commerce and Economic Development
House Committee on Human Services
Senate Committee on Government Operations
Senate Committee on Economic Development, Housing, and General Affairs
Senate Committee on Health and Welfare

Submitted by: The Vermont EMS Advisory Committee

Prepared by: Drew Hazelton

Report Date: December 30, 2019

Report for January 2020

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Vermont EMS Advisory Committee
emsadvisory@gmail.com

Executive Summary

As the third branch of the state's emergency response system and a critical part of our health care system, Emergency Medical Services (EMS) responders from 82 ambulance services and 92 first response services answered in excess of **102,675 calls** for service in 2019. This represents a **5.8%** increase in call volume over the previous year. As part of the health care system, EMS professionals provide critical access to health care services, lifesaving procedures and medical transportation to a growing number of Vermonters. The Emergency Medical Service System in Vermont is in critical condition. In order to reverse this condition, changes in regulations, funding and education are required.

Specific issues include:

- **Workforce Development**
  - 80% of services are currently reporting difficulty with recruitment and retention based on our 2018 survey.
  - Access to educational programs and EMS testing sites is considered a contributing factor to poor workforce development. The cost of education and training is a contributing factor to poor recruitment. (based on previous survey data)
  - The total number of Vermont EMS providers remains unchanged after increased recruiting efforts.
- **System Utilization**
  - Call volume has increased 5.8% in the last year.
  - Increasing call volume and chronic workforce issues have resulted in additional service closures this year.
  - Increased dependence on mutual aid puts additional strain on already fragile systems.
- **Education Funding**
  - State funding dedicated to EMS education and training is significantly less compared to other state funded public safety branches.
  - Removing the education cost burden improves volunteer enrollment.
  - The Paramedic program at Vermont Technical College is difficult to sustain financially in its current model. VTC is looking into changing it to a certificate program.
- **Mental Health and Substance Abuse**
  - EMS providers are on the front lines of this epidemic every day and it continues to take a toll on services and providers.
  - The mental health issues and suicide rates of EMS workers continue to increase at an alarming rate.
  - Support services for EMS providers suffering from work related mental health disorders is insufficient, access to clinicians is difficult for many providers and funding for these services is inconsistent.
- **Funding**
  - Reimbursement rates do not cover the service delivery costs resulting in cost shifting to other areas such as municipal budgets.
  - Fee for service reimbursement does not support innovation in EMS

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- **Credentialing**
  - Half of services report additional operational burden including cost and volunteer hours due to new statewide credentialing requirement, with 30% of services reporting loss of responders as a direct result of this 2017 rule change.
- **EMS Office staffing**
  - Personnel issues at the Office of EMS continue to be a serious concern. The most significant of these issues is the inability to recruit and hire a Training Coordinator. The position has not been filled for over a year and at the time of this writing it remains unfilled.

Introduction

The EMS Advisory Committee (EMSAC) was formed under authority of Act 155 of 2012 and revised by Act 202 of 2018. The committee makeup was changed in 2018 and additional work force information was requested. New EMSAC members met throughout the year, revisiting many of the questions and incomplete tasks from our last report. Information on the health of our EMS system was gathered through a survey, direct conversation with stakeholder groups and response data. Committee members representing all sizes and types of services brought concerns and suggestions to the committee. The Health Department's Office of EMS participated in all the meetings providing statistical and historical information as requested. EMSAC recognizes the limitations of the available data and has worked to provide the most complete report possible.

Committee Membership

Agency/District	Representative	Agency/District	Representative
EMS District 1	Leonard Stell	Vermont Ambulance Association	Drew Hazelton
EMS District 2	Adam Heuslein	Initiative for Rural EMS at UVM	Patrick Malone
EMS District 3	Leslie Lindquist	Professional Firefighters of VT	David Danforth
EMS District 4	Scott Brinkman	VT Career Fire Chiefs Association	Robert Plante
EMS District 5	Brad Reed	VT State Firefighters' Association	Brad Carriere
EMS District 6	Mark Podgwaite	VT Association of Hospitals	Michael Del Trecco
EMS District 7	Charlene Phelps	The Commissioner (or designee)	Dan Batsie
EMS District 8	Eric Hannet	VT League of Cities and Towns	Gwynn Zakov
EMS District 9	Allen Beebe		
EMS District 10	Jim Finger		
EMS District 11	Aaron Sylvester		
EMS District 12	Bobby Maynard		
EMS District 13	Mark Considine		

Detailed Analysis

Question 1: Whether every Vermont municipality should be required to have in effect an emergency medical services plan providing for timely and competent emergency response.

The Committee had a lengthy conversation over several meetings on this question. We believe that EMS is a critical safety net service for the citizens of and visitors to the state. The committee feels that requiring each municipality to have an EMS plan at this time is not appropriate due to the varied delivery models and complexity of EMS delivery. We have been working with the state EMS office to develop an EMS stakeholders guide that will help municipal leaders understand the differences in EMS delivery models and associated costs.

Question 2: Whether the state should establish directives addressing when an agency can respond to a nonemergency request for transportation of a patient, if doing so will leave the service area unattended or unable to respond to an emergency call in a timely fashion.

The Committee could not complete research on this question. This type of discussion would typically happen at the local level. Data specific to the number of unanswered calls, mutual aid requests or "if service areas are unattended" is currently unavailable. We recommend additional data be gathered on how often primary EMS coverage is unable to meet the demand for service.

Question 3: How the EMS system is functioning statewide and the current state of recruitment and workforce development.

This question was discussed at length. We have some new survey information and provider recruitment data. As the information is finalized we will supplement this report.

Currently 2800 EMS providers in Vermont

Year	New Licenses	Expired Licenses	Net
2015	341	340	(+) 1
2016	336	463	(-) 127
2017	396	334	(+) 62
2018	383	456	(-) 73
Total	**1456**	**1593**	(-) 137

Question 4: Each EMS district's response times to 911 emergencies in the previous year, based on information collected from the Vermont Department of Health's Division of Emergency Medical Services.

Ambulance Agency Averages in Minutes by District for FY2019

	Unit Notified by Dispatch to Unit Arrived on Scene in Minutes
District 01	10.95
District 02	13.94
District 03	8.97
District 04	17.58
District 05	12.09
District 06	11.65
District 07	17.70
District 08	19.52
District 09	12.07
District 10	12.11
District 11	13.58
District 12	12.04
District 13	9.86

EMSAC reviewed the data for the previous two years. The average response time increased in most districts. The committee also wanted to highlight that the times contained in the data set do not include 911 processing time. The 911 call taking time has been studied by other committees; we would like to highlight that this processing adds several minutes to an average response. It is further noted that response time is not a good indicator of system reliability or effectiveness. The committee will continue to evaluate the dataset.

Question 5: Funding mechanisms and funding gaps for EMS personnel and providers across the State, including the funding for infrastructure, equipment, and operations and costs associated with initial and continuing training, licensure and credentialing of personnel.

While EMSAC did not review all aspects of this question, funding was identified as a common difficulty. Medicaid reimbursements for ambulance transports do not get annual increases to keep up with increasing costs. Changes were made last year to the Medicaid rate schedule that increased reimbursement to 80% of the Medicare rate schedule. Federal legislation requires Vermont services to provide cost data reports starting in January 2020. The costs associated with initial and continuing training, licensure and credentialing continue to be a burden on our system. In one grant-funded pilot program this year EMS education was provided at no cost. This resulted in five times the number of students entering initial EMS training, many stating that they intend to be volunteers in their

communities. State support for EMS responder education falls short of the need. Financial issues and funding are a significant component of each of the issues addressed in this report.

Question 6: The nature and cost of dispatch services for EMS providers throughout the State and suggestions for improvement.

Dispatching in Vermont is complicated and varies drastically from one region to another. Some EMS providers are burdened with the cost of dispatching while others are not. No consensus was made on suggested improvement.

Question 7: Legal, financial, or other limitations on the ability of EMS personnel with various levels of training and licensure to engage in lifesaving or health preserving procedures.

The Committee did not complete research and discussion of this question to provide recommendations in this report but will continue discussions in the coming year**.**

Question 8: How the current system of preparing and licensing EMS personnel could be improved, including the role of Vermont Technical College's EMS program: whether the State should create an EMS academy: and how such an EMS academy should be structured.

The scope and depth of the role of emergency medical service personnel is ever evolving. Given this, the system of educating and training these personnel, along with the instructors in the system, must also evolve. The current system of EMS education in Vermont, based on the delivery of education and training at the district level, must be supplemented and improved. The recommendation would be to establish an Emergency Medical Service Education Consortium. This "virtual EMS academy", under the purview of the Vermont Department of Health, would essentially follow the model of state support to education and training of law enforcement personnel and fire fighters. State funding of the education and training of EMS personnel would increase to the level of other emergency services. The consortium would include educational entities, such as the Vermont State College System and the University of Vermont and subject matter experts, such as EMS Medical Directors, and representatives from EMS. In addition to supporting EMS education and training at the district level, it would deliver at least ten Emergency Medical Technician courses in areas of need throughout Vermont each year. The courses will be delivered in traditional, hybrid and distributive learning formats. State funding would allow these courses to be delivered without direct charge to course participants.

Question 9: How EMS instructor training and licensing could be improved.

The delivery of quality education and training depends on the work of well qualified, well trained instructors and educators. Recommendations to improve EMS instructor training and licensing include:

- Conduct a qualitative survey to develop an understanding of the capabilities, experience and needs of the current certified Instructor/Coordinator work force.
- Continue supporting current Instructors/Coordinators by providing quality, accessible continuing education activities through traditional and distributive learning methods.
- Review the existing EMS Rules regarding the training, licensing and recertification of Instructors/Coordinators. Explore the addition of an entry level instructor and develop a method of advancement to Instructor/Coordinator.

Question 10: The impact of the State's credentialing requirements for EMS personnel on EMS providers.

Statewide credentialing continues to be problematic for many services. It has created an administrative burden for services. The committee recommends moving to a two-year cycle to match a provider's recertification schedule.

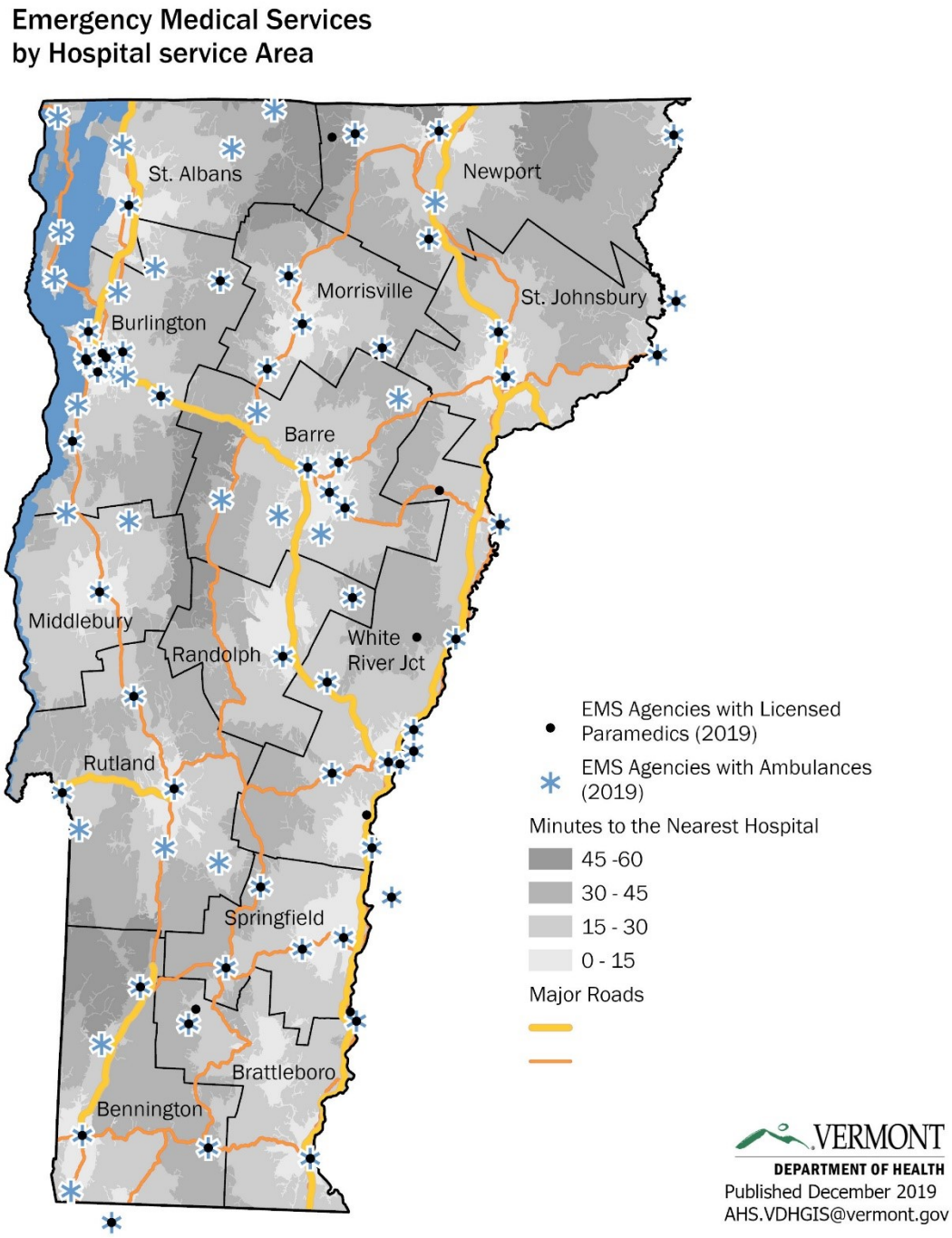
Priority list for 2020:

1. Complete an analysis of the Workforce Study conducted by the Office of EMS.
2. Continue discussion on the funding of EMS, including Medicaid and the provider tax.
3. Advance work on improving the quality, accessibility and funding of EMS education and training, including a paramedic program.
4. Continue researching barriers to the recruitment and retention of personnel and continue to develop strategies for improvement.
5. Discuss additional outreach to EMS agencies.
6. Monitor personnel issues at the Office of EMS.

EMS Response Times by District

	Dispatched to Unit En Route In Minutes		Dispatch to Unit Arrived on Scene in Minutes		
	2017	2018	2017	2018	2019
District 1	3.7	3.8	10.5	11	11
District 2	5.2	5.3	12.5	13.5	13.9
District 3	3.1	2.9	8.8	9.3	8.6
District 4	6.9	6.3	16.4	16.9	17.6
District 5	1.8	3.1	9.8	11.7	12.1
District 6	3.9	4.5	9.7	10.5	11.65
District 7	4.2	4.4	13.1	13	17.7
District 8	2.1	2.2	15.2	17.1	19.5
District 9	2.2	1.9	9.1	8.1	12.2
District 10	1.9	1.7	10.4	10.5	12
District 11	5.4	8.7	11.4	14.8	13.7
District 12	3.2	4	10	11.1	12
District 13	2.3	1.7	9.7	9.2	10.1

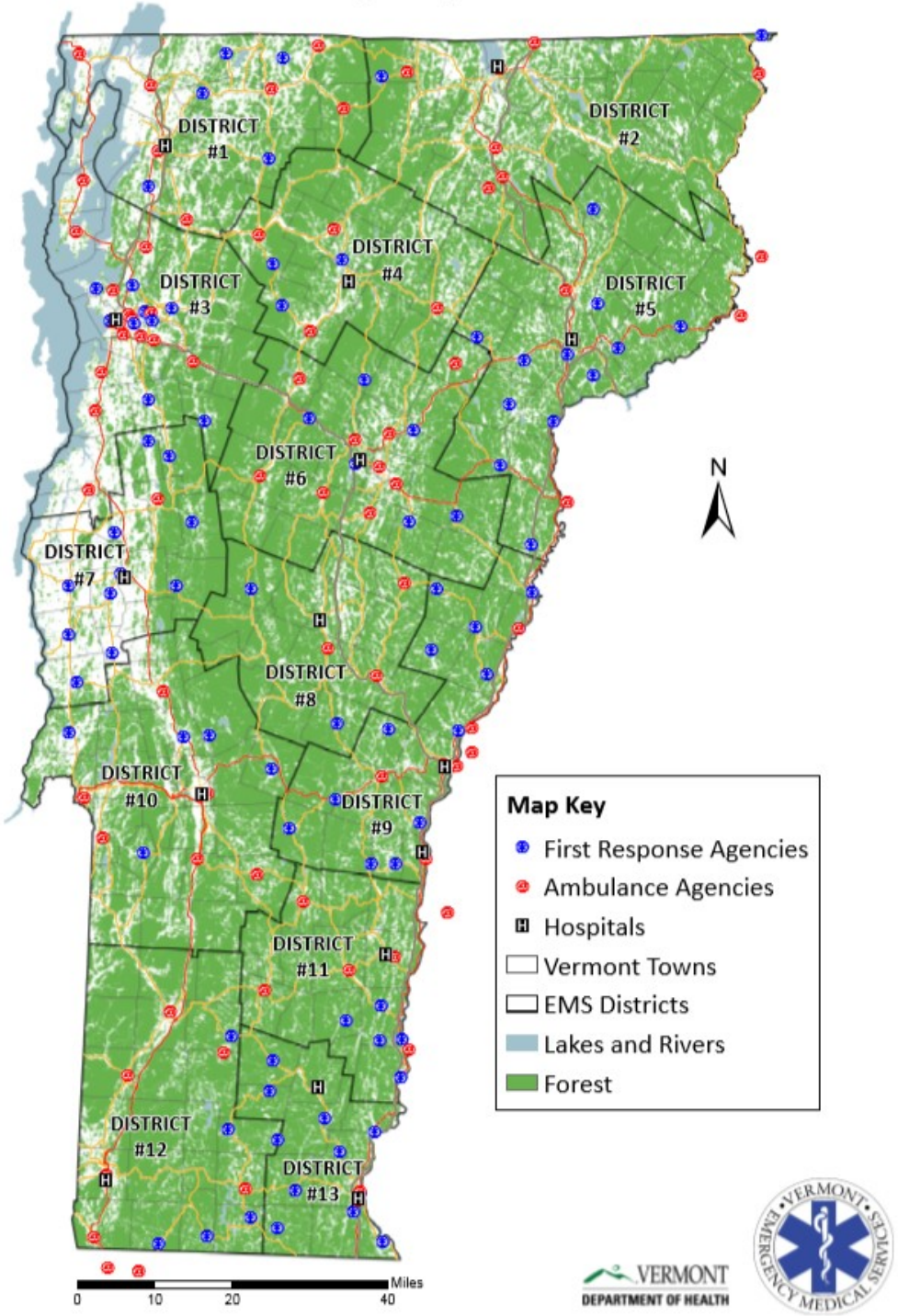
EMS District Map



Source: Vermont Department of Health; Emergency Medical Services (2019)

*Paramedics are the highest level of medical first responders

Vermont Emergency Medical Services



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