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DEPARTMENT OF HEALTH

Testimony to

Veterans Affairs and Emergency Preparedness Committee

Departmental Update on HR 315 Recommendations

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Chairman Barrar, Chairman Sainato and other members of the Veterans Affairs and Emergency Preparedness Committee, I am Richard Gibbons, Director of the Bureau of Emergency Medical Services (BEMS) within the Department of Health. Thank you very much for giving us the opportunity to provide testimony today on the report resulting from House Resolution 315 of 2012.

I would like to begin today by discussing the recommendations in the report that the BEMS is working to address. Additionally, I would like to take this opportunity to clarify some information in the report and then end with some thoughts about our system in general.

The issue of inconsistencies between regional councils across the Commonwealth is identified in both reports in varying degrees. There are areas such as licensure, employee orientation and testing where we should be consistent. It should not matter whether you are in Erie, Philadelphia or anywhere in between; the process and the standards should be the same. We have taken several steps to identify and correct these issues including:

- For licensure, the BEMS selected "lead" regional councils that are reviewing current standards and processes with stakeholders and Bureau staff. The expected outcome is a manual to outline the licensure process. When these manuals are completed they will be shared with regions, their licensure coordinators and, most importantly, the regulated community.
- Recognizing that among the root causes of inconsistencies within the system is employee turnover within the regional councils and the Bureau, we plan to develop employee orientation processes to assist everyone from licensure coordinators to regional directors who are new to the state emergency management system. The proposed orientation process will include check-off lists

that will identify critical knowledge and skill areas individuals must complete in order to be successful in their new roles.

In response to a recommendation contained in the Legislative Budget and Finance Committee report, and to make doing business with the Department of Health and the Bureau as easy as possible, we are also revising our on-line processes to be more intuitive for the users and to help agencies make informed decisions. BEMS is leveraging technology to aid the agencies when completing such tasks as licensure applications, individual applications and re-registering within our system. Another proposed change will result in a reduction in the amount of information that agencies have to enter into our system.

An additional recommendation that is common among both reports is that the BEMS increase monitoring and evaluation of regional councils and their respective activities as it relates to compliance with their grants and use of Emergency Medical Services Operating Fund (EMSOF) dollars. The Department of Health is working to improve monitoring in the following ways:

- When new grant language is developed, additional reporting will be required.
- Projects being considered at the regional level include with the initial proposal such things as a project overview, goal statements that focus on expected outcomes, a line item budget for the project and quarterly reporting to BEMS. Submitted quarterly reports include a progress statement with critical benchmarks identified and the amount of funds expended to date.
- Instituting changes to the way requests for EMSOF equipment and expenditures are managed.

- Instituting a tracking system within the Bureau to monitor key deadlines and other time sensitive requirements that are placed upon the councils. This provides the ability to objectively evaluate some of the key performance areas for regional council partners.

Furthermore, the new EMS regulations, which fully take effect on April 10 of this year, will require a comprehensive annual oversight of regional councils. To cite specific examples in the Department's regulations, 28 Pa Code § 1021.62 requires regional councils to conduct an audit of the regional EMS systems per the terms of the grants that are entered into between the Department and the individual regional councils. Section 1021.103 requires that a regional council's governing body post its annual report on the regional council's website no later than 30 days after the end of the fiscal year, which is the same time frame imposed by the grant agreement for regional EMS councils to submit annual reports to the Department.

Discussion of the regional council system leads to the discussion of another recommendation that was specific to the Joint State Government Commission report: the recommendation that the number of regional councils be reduced and perhaps aligned with the six State Health Districts. As we evaluate the potential for this to occur, we believe it is imperative that we make it a data-driven process with careful thought to what the final product may look like. If we are going to consider any form of regional consolidation we must take into account such things as the number of agencies, number of certified personnel, and number of licensed vehicles, as well as square mileage of the region. All of these factors have impact on what any particular regional office can manage and should be more predictive of success than arbitrary lines on a map.

There is a recommendation that the State EMS Plan be re-worked, not only to make it clearer but also to include fiscal impact and timelines. The Bureau has conducted preliminary discussions with the advisory council about incorporating this in the required annual review of the document. We plan to more fully outline this project work with Pennsyvlania Emergency Health Service Council within the next 60 to 90 days. Our goal is to have a document that ultimately will focus on clearer strategic goals with objectives, tasks, appropriate timelines, fiscal impacts and responsibilities assigned.

The Bureau of EMS with our partners in regional councils, our advisory council and other key stakeholders such as the Ambulance Association of Pennsylvania as well as the thousands of EMS professionals and agencies work very hard every day to make this system the absolute best that it can be. We also recognize that no matter how good a system is, we can always learn, grow and develop into an even better system by careful analysis and a willingness to change. I would however be remiss if I didn't point out the fact there are some inaccuracies in the reports.

For example, there is a statement that says EMS agencies must submit their data to the regional councils for reimbursement. There is no such requirement. There is a recommendation that the data submissions be standardized to the NEMSIS data standards across the commonwealth. Those standards are set and have been for several years and all vendors must comply.

Please know my goal is not to be critical of the reports. It is simply to ask that if you have questions, feel free to reach out to the Department of Health for clarification.

Both reports identify that our system needs more funding. While it is true that the system is underfunded, there are other considerations about funding that should be addressed.

First, "what is the current intent of the EMSOF funding?" When the initial EMS Act of 1985 was passed, the intent at that time was to fund basic equipment for ambulances.

In 1985 fewer ambulance agencies billed for their services than we find today when nearly every agency bills for services. The EMS system has changed greatly. The need for basic, minimum equipment no longer exists as it did at the time. The question becomes, is the EMSOF funding better utilized for funding individual equipment needs for ambulances or is it better focused on more system development projects such as leadership development programs for our agencies and regional or state-wide patient or provider safety initiatives?

The recommendation of the Joint State Government report suggests EMSOF grants be focused on "regional initiatives and collaboration, emergency response coordination, strategic planning and recruitment and retention"[1]. Targeting available funding on more global initiatives such as making certain that 12-lead EKG capability exists to help shorten door to heart catheterization time for patients suffering critical cardiac events is a better use of the funding than buying individual backboards. Helping to support recruitment projects such as EMS scholarship programs that help lower the cost of training and testing new personnel has a more global impact than purchasing an individual suction unit.

The Bureau and DOH for many years have urged that EMSOF grants be focused on larger regional initiatives. We will continue our attempts to focus on the larger, broader projects that have potential for system improvements for patients.

We all hear from time to time that the EMSOF dollars support the regional system but not the providers. While the regional council system does rely upon the EMSOF dollars, their existence, as pointed out in the reports, is necessary in order for us to coordinate and maintain the system as economically and effectively as we do.

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[1] Page 12, item 12 of recommendations in the Joint State Government Commission report

April 10, 2014 will bring to a close approximately 14 years' worth of work on overhauling the legislation and regulations that oversee the Commonwealth's EMS system. The new Act and regulations provide the Department with flexibility to make changes to the EMS system as it evolves. The Department is confident that with the updated law and regulations, the Commonwealth's EMS system will strive to be one of the premier EMS systems in the nation.

I thank you for your time today, your continued support of our EMS system and I will be happy to answer any questions you may have.