

**EMS Consultation Group Minutes
October 31, 2011 – 1 p.m.**

Attendees:

Dr. Harry Chen – Commissioner
Chris Bell, VDH
Pete Cobb, EMT Volunteer
Pat Malone, IREMS
Jim Finger, VAA/Regional Ambulance
Donna Jacob, VDH
Bill Hathaway, VSFA
Will Moran, Prof. Firefighters Assoc.
Ray Walker, VDH

Tracy Dolan, VDH
Seth Lasker, VT Career Fire Chiefs Assoc.
Dixie Henry, VDH
Jill Olsen, VAHHS, Representative of
Office of Professional Regulation
John Vose, VAA/Upper Valley Ambulance
Mike Paradis, Newport Ambulance Service
Matt Vinci, VT Professional Firefighters

Absent:

Mike Skaza, VSFA
Maria Royal, Legislative Council

Dr Barry Heath, FAHC
Chris Winters

Introductions

Commissioner Chen opened the meeting with a welcome and introductions around the table and on the phone.

Minutes of June 20, 2011

Pete Cobb moved to accept the minutes of 6/20/11. Minutes were approved unanimously with one amendment: add Chris Winters to the absent list.

Draft Report Review

Chris Bell prepared a summary draft report based on notes from the last meeting and minutes from previous meetings. The major topic areas were:

- Licensure vs. Certification
- Individuals practicing above the agency licensure level
- Credentialing
- Advisory Board
- EMS education/funding for Vermont EMS
- The need for minimum standards for agency or provider levels or other items

Licensure vs. Certification

There was near unanimous consensus in support of changing terminology from Certification to Licensure. This change does not imply independence from established medical direction. The Office of Professional Regulation will be contacted, but the Department has made this sort of change without OPR involvement in the past.

Practicing above an agency license level

Act 142 allows individuals to make agreements with their District Medical Advisor and agency to function above their agency's license level. To date, no agency has made such an arrangement. Prior to Act 142, providers with affiliations with agencies licensed at

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different levels were (and still are) authorized to function at a higher level when responding with a lower level agency if their higher level agency will also be involved in the call.

Credentialing

There was no clear consensus on this issue, but plenty of discussion. Some options without firm recommendations:

- Option for recertification testing at the squad or district level, but not at the state level
- Different standards for high volume vs. low volume agencies
- Credentialing program templates provided by VT EMS

The consensus of the group was that there should be a minimum standard (or competency) such as, “EMS providers must know how to manage an airway”, but to leave it up to agencies and district medical directors to base an evaluation method on the specific needs and limitations of the agencies.

The group also discussed whether the National Registry of EMTs recertification process might be an adequate model or substitute for credentialing since providers are already required to meet NREMT standards with medical director and training officer sign-off.

There was discussion seeking to distinguish credentialing from recertification

- Credentialing is a method for agencies to verify competency which would be reviewed by the Department as part of the annual agency relicensing process. The Department may conduct periodic inspections of an agency’s records. An agency may not credential an individual without a current certification.
- Recertification is a method to ascertain that an individual continues to have a licensed agency affiliation, has not been convicted of a crime, is in compliance with tax and child support laws and has received the requisite continuing education.

So far, about 500 eligible candidates have taken advantage of the Mark King Initiative which allows them to reinstate their expired NREMT certification without taking an exam. Ascertaining the exact number of eligible candidates is difficult because of limitations of database sharing between VTEMS and NREMT, so all current EMTs are encouraged to apply. This will help to ensure no one is missed.

EMS Advisory Board

There is broad consensus to form some sort of Advisory Board to provide guidance to VT EMS, but there is less consensus on the board’s scope, authority and composition. The NH EMS model is worth looking at. Having a broad-based advisory board to consider things like protocols revisions could go a long way toward quelling dissent.

The thrust of this discussion revolved around the VT EMS community’s desire for ongoing input into what happens at VT EMS.

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Commissioner Chen will provide the Legislature with some options for the composition and scope of the board. He will also suggest that the board start out as advisory only with the option of revisiting the notion in 3 years.

EMS Education / Funding for VT EMS

After looking at various options for the delivery of initial and refresher courses, the group did not come to consensus on the structure of EMS education system. There was broad agreement that VT EMS education is expensive; there is a need for additional funding for instructors, equipment, and books. More accessible (affordable) education will boost recruitment and retention.

The fire service provides a model EMS should consider. Requests are made at the local level, but are funded and coordinated by a central state office. The group expressed support for a centralized education model, but only if it will work right away and enhance the current system. The option of moving EMS training into the fire service was mentioned.

The fire service offers 1 free Firefighter 1 courses in every county every year. Some in the group suggested that EMS instructors would prefer to have more flexibility than the canned FF1 courses allow. The new EMS education standards are designed for flexibility, so it is unlikely that canned courses would be imposed. What the fire service model offers is a method for centralized administration.

EMS education could be seen as an unfunded mandate if communities are required to provide EMS. The Legislature could be asked to consider funding based on this principle.

Districts would like flexibility to determine the need for EMS courses at the local level, but paying instructors could enhance the quality of the courses.

IREMS wrote a white paper on recruitment and retention a few years ago. In contrast to expectations, the study determined that providers felt there was not enough training available and improved access to training would enhance recruitment and retention.

There is a perceived need for more instructor/coordinator certification courses with greater geographic distribution. Chris Bell stated that VT EMS is looking at more options than the established I/C course (existing programs in other emergency services, etc.)

Before making decisions, the group needs to gather more data: education costs, the number of volunteer vs. career EMS providers, how many instructors currently are paid for their services, etc. The Legislature will be looking for facts. VT EMS will be doing more surveying to gather this information and acknowledges that information-gathering needs to be ongoing.

Need for minimum standards for agency or provider levels

Some examples of possible standards the group discussed:

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- Establish a minimum certification level for all responses (Intermediate or Paramedic)
- Have a Paramedic intercept available at all times
- Establish a minimum response time

There was no consensus about how (or if) to set minimum standards for the delivery of EMS in Vermont. This is a rural state with varying topographical conditions and call volumes. Towns may balk at being forced to pay for higher level service and may opt to forego EMS coverage completely. EMS Districts are required by statute to provide and support delivery of EMS, but there is no known statute or regulation requiring towns to provide EMS. Perhaps this is something that needs to be addressed.

Every ambulance service in VT is licensed at or above the Intermediate (Advanced) level, but response times vary.

There is a public health role in looking at minimum standards and to champion the EMS cause. By mid-2013, SIREN will be able to provide a great deal of data about EMS responses. This and other data will need to be collected, and the question of minimum standards can be addressed by the Advisory Board.

Next steps

VDH will finalize the report and come up with legislative proposals for the group to consider at another meeting. The draft legislation is due to the Legislature by January 2012.