Commissioner's EMS Consultation Group Minutes
March 21, 2011

Attendance:

Dr. Harry Chen, Commissioner
Pete Cobb, EMT Volunteer
Mark Considine, EMS District Rep
Bill Hathaway, VSFA
Doug Brent on behalf of VT Career Fire Chiefs' Assoc
Dr. Steve Leffler, EMS District Med Advisor
Bessie Weiss, VDH
Tracy Dolan, VDH
Dan Manz, VDH
Donna Jacob, VDH
Mike Paradis, Newport Ambulance
Mike O'Keefe, VDH
Pat Malone, IREMS
Jill Olsen, VAHHS
Mike Skaza VSFA
John Vose, VAA
Dixie Henry, VDH
Jim Finger, VAA/Regional Ambulance
Dr. Barry Heath, FAHC
Ray Walker, VDH
Matt Vinci, VT Professional Firefighters
Maria Royal, Legislative Council

Absent:
Dixie Henry noted that Chris Winters, Office of Prof. Regulation, could not be present.

Minutes of December 3, 2010:
The minutes had been previously distributed. There were no comments at the meeting.

Agenda:

Commissioner Chen introduction- Dr. Harry Chen introduced himself to the group and gave a brief personal background that includes:

- Emergency Physician with VT experience at Rutland Regional Medical Center
- Past medical director during the development of the George Washington University EMS degree program
- Past EMS District #10 medical advisor
- Prior service in the VT legislature

- Update on EMS Rules
- Training requirements and capabilities of Vermont EMS

Update on Vermont EMS Rules:
Dan reported that the final draft of the EMS Rules had made it through the LCAR process with no comment and had been filed with the Secretary of State. They became effective on March 1, which was the deadline set by the legislature, and met all of the Act 142 requirements. Dan read most of the update on implementation, noting it had been previously emailed to the group and was posted to the Vermont EMS website. http://healthvermont.gov/hc/ems/act142_consult_group.aspx

Training and Capabilities of EMS System:

Dan reviewed a Powerpoint presentation on the training and capabilities of the Vermont EMS system. This presentation is also available at the above web link.

Dr. Chen read the legislation pertaining to the charge to the group regarding training requirements and capabilities. He posed several open-ended questions to the group:

Are the courses adequate?
Are courses geographically distributed?
Are there enough EMS instructors?
Are the levels of training adequate?
Is the cost of courses affordable?
Is the role of the EMS District Board in course delivery appropriate?
Is the role of the Vermont EMS Office in courses of certification?

Dr. Chen then moderated a discussion about the above and other related topics:

Matt Vinci asked about creating a centralized system for training like that of the fire and police academies. He said there appeared to be a lot of duplication of administration and that the Vermont system was different than the way other states deliver EMS education. Dr. Chen asked if he was recommending modeling it after the Vermont Fire Service Training program.

Pete Cobb said he was concerned with volunteers. The Intermediate course is long, and would require much travel if it was held in just one spot in the state. Matt said he was not recommending just one central location, but maybe combining training administration would be useful

Bill Hathaway asked what was broken about the current system. He noted that the National Registry exam is being used at most levels, people are learning what they need to and courses are taught locally. Fire courses are still pushed out to local areas but only fire approved personnel can teach them.

Jim Finger said that the way courses are done now may seem duplicative, but it gives the district boards and local agencies control over when, where and at what levels courses are taught. It also provides an opportunity for district medical advisor involvement in the education of candidates that will be functioning locally.

How different are the existing certification courses offered today around the State?

Dr. Chen asked if courses held in Bennington and Brattleboro look the same. Dan said they are very similar. Today courses are taught using the National Standard Curriculum. In the future, they will be taught to the Education Standards, which will leave more latitude for instructors to cover the required depth and breadth of material in flexible ways.

Matt Vinci asked how Vermont differs from other NE states as far as course delivery. Dan said he was not certain about delivery models all states use such as academies or community colleges. All states have provisions for the local delivery of courses. Perhaps distance learning technology could add some standardization and efficiency.

Jim Finger said that it was important to look at the cost of the course as well as where it is delivered, when comparing Vermont to other states.

Pete Cobb said that he believed NH to be predominantly fire-based, while Vermont is not. He observed that fire-based states may have structures that support delivery of education mostly for the fire community.

What can VDH do in terms of improving training course delivery?

Jim Finger said that under the system today, it was important share information among all stakeholders. In the future, perhaps finding funding for training would help.

Are the district boards redundant in their involvement with training?

Pat Malone said that currently the district boards make sure their district is served with the number and levels of courses they require. It is important to recruit sufficient courses and personnel, and the present system is not a bad one.

Pete Cobb expanded on Pat's point by saying that District 11's Board knows there is a need for an EMT-I course to be held whereas a centralized State model wouldn't necessarily be aware of that need.

Dan added that the EMS district boards are made up of representatives from EMS provider agencies and hospitals. They are in a position to identify education needs, find a qualified instructor, and make arrangements to deliver courses locally.

Pat Malone noted that Firefighter I courses have a substantial budget but there is no cost to students or their fire departments. There is a cost to deliver good programs, and the State should support course delivery and instructor development. Not just the instructor/coordinators but the actual instructors.

Matt Vinci noted that the fire service has been successful in obtaining funding for fire training. No one from Vermont EMS has lobbied the legislature for training funds. Every county in Vermont gets one Firefighter I course annually.

Dr. Chen observed that funding options could be a recommendation of the group.

Dr. Leffler asked how difficult it was to line up a site and an instructor to run a course.

Pete Cobb noted that there are not enough instructor/coordinators in District 11. Generally an I/C is also active in other aspects of the EMS district and they tend to burn out. Extra funding would be helpful.

Pat Malone said he believed the state was short on both instructors and instructor/coordinators. The ideal situation is to have an instructor/coordinator with a team of instructors working together to deliver education. The level of the *instructor* does not currently exist in rule, but there is a need to define that level of training. Another difference around VT is instructor/coordinator compensation. IREMS pays instructors but still sees a shortage.

Doug Brent asked if there were instructor/coordinators who do not charge for their services. EMS staff identified at least 3 districts that have instructors who are uncompensated. Dan noted even in the areas that do pay for instructor/coordinators, it is often more in the category of honorarium. They receive pay, but if the pay were truly adequate or commensurate of their true time, this would increase education delivery costs.

Are the current levels of certification meeting the needs of EMS in Vermont? Are there enough people, are they of good quality and are they geographically distributed?

Dr. Heath asked if the state had goals for the type and level of service delivery. Dan noted that presently the goal is to have every Vermonter covered by at least a currently certified EMT-Basic. Choices of higher levels of service, faster delivery of care or other enhancements are left to local determination, sometimes based on what communities are willing to pay. Dr. Heath asked if that was reasonable. Dan said that was a good question.

Dr. Heath asked if the size of today's EMS workforce was adequate. Dan remarked that the number of personnel in the VT EMS system today appears sufficient but suffers in some areas from distribution problems. One agency may have a comfortable personnel base while another is short and struggling. This status changes frequently. It is not a challenge that is unique to volunteer agencies.

Matt Vinci asked if the Department and communities make decisions about the adequacy of other public health issues on a community by community basis. Dr. Chen noted that in some cases, community-identified priorities do play a role in determining the kinds of public health investments VDH makes in a community. Dr. Chen also said it may be that Vermont needs to reassess minimum standards, coverage and response times, noting however that this probably would differ between rural and urban.

Dr. Leffler noted that there are differences in the type and level of service available among VT's hospitals, and that this is part of the nature of living in a rural area.

John Vose noted that the community always decides about the level of service provided. In the current economy, many communities are facing budgetary challenges that limit what they can afford to pay for EMS. Dr. Chen observed that there will always be minimum standards, whether within hospitals, EMS, education or otherwise. John observed that while selectboards are obligated to provide EMS, he wondered if it was acceptable for the response time to be 45 minutes.

Doug Brent noted that the fire service statutes regulate fire departments and response times, but it was noted that they also have the authority to tax for the services.

Pete Cobb said he believed a patient from one region deserved the same quality of care as a patient from another region but resources for delivery may differ significantly. He agreed that there is a difference between hospital capabilities, noting that his squad flies STEMI patients to Dartmouth-Hitchcock instead of transporting to a community hospital by ground. The average response time for Londonderry is 18-20 minutes in a 255-square mile service area. Membership is spread out so that first responders are usually there within minutes, and IVs can be started prior to the arrival of the ambulance. The service has adapted to the needs of its consumers, and he again noted that he believes patients receive equal treatment from EMS.

Dan noted that Pete was describing the variability of EMS delivery models all over Vermont. Response time could be either a first responder's arrival or the arrival of the transporting ambulance. We need to be clear in these discussions about what we mean when we discuss response times, quality, hospital capability, etc.

Dr. Chen said he believed there should be standards. Jim Finger said he believed that there are. One EMT is required on each ambulance as an example of the current standard. There is a need for adequate funding from Medicare. The state is not paying its share of transportation costs. The first response system works, but Vermont needs to help provider agencies achieve better care.
Matt Vinci said that creating a mandate helps justify funding mechanisms. Peter Cobb said he feels one patient in one area deserves the same standard as in another. Dr. Chen said there could be certain standards that must be met even with variability.

Pete Cobb said that his service implemented paramedic intercept 20 years ago. He wondered if a centralized paramedic intercept system might help increase the quality of care, noting that not all squads can realistically sustain paramedic level service on their own.

Matt Vinci asked about paramedic training in Vermont. Dan said that there had been satellite courses taught in various parts of the state but that the courses had been delivered by out-of-state agencies. There is currently a paramedic training program running at UVM, funded by a grant. Matt observed that the approximate 222 paramedics functioning in Vermont had received their training outside Vermont. Dan noted that there used to be a paramedic training program in Brattleboro, but it closed in the mid 80s when they observed that the program was serving as an export of paramedics to other states other than Vermont.

Is the quality of EMS care delivered today by the system good?

Dr. Leffler expressed concern about recertification testing having been eliminated. Going forward, there will be no easy mechanism to verify skills. Dr. Chen noted that it will be on the shoulders of the individual agencies to determine competency. Dan explained the concept of agency credentialing. Dr. Heath asked how competency could really be ensured in the agency credentialing model described. Is 3 practice intubations enough or three successful patient intubations? Perhaps providers will not be adequately screened.

Dan said that it is anticipated that there will be several ways in which to achieve credentialing…actual runs, ER observations, classes, etc. A draft matrix has been distributed to the EMS leadership group and was well received. When asked, Dan said that credentialing is mandatory, the manner in which it is achieved is not. Dr. Chen noted that the more the system could be made turnkey and logical, the better the results. It is always local option to modify it. Dan noted that the participation of the district medical advisor in the credentialing process is essential. They must approve it. Jim Finger said that the district and agency leaders, I/Cs and training officers should and will all work together to perfect the model of credentialing.

Jim Finger asked whether it was possible to introduce legislation allowing recertification testing. Dr. Leffler agreed, saying that would make more people comfortable. Dr. Chen summarized the idea as

presented, which would be either credentialing or testing, depending on the agency's or district's preference. Pete Cobb noted he too is concerned about credentialing. Not all individuals are created equally. His service creates teams made up of individuals with good skills and others who may have weaker skills so each person can contribute their strengths. However, credentialing will be tough on small volunteer squads because some people will almost be credentialing themselves.

In answer to a question from Matt Vinci, Dan stated that renewing a National Registry certification requires a signoff from the training officer and the district medical advisor attesting to competency. What each training officer and medical advisor require prior to signing the application varies within VT and all other states. Matt Vinci asked how other states verify competence and Dr. Chen said the Department could research the practices of other states.

Pete Cobb suggested that credentialing be tiered. Not all DMAs know the folks on the first responder services because they are rarely at the hospital. Jim Finger noted that medical advisors also need to be trained on their duties and working together with both their district and agency officials and other DMAs. There is no continuity at times between DMAs when one leaves and another assumes the role.

Are there gaps between rural and urban services and do we have too many agencies in some areas?

Jim Finger said the Department should look for a way to get more volunteers, noting that Vermont is such a rural area. When asked, Jim said that with courses costing between $300-$600 for volunteers, it would be helpful to seek funding support.

Pat Malone noted that one of the issues with recruitment is that there are areas of shortage. There is no EMT-Basic training currently in Franklin County, for example, due to the death of an instructor. Also, it is important to address who is recruited. He suggested looking at minimum education levels, because the training is getting more complex. Also, it is difficult when individuals with background issues identify themselves after all training has been delivered to them.

Pat noted that IREMS assisted in the writing of a white paper for the Fire and Rescue Coalition. There appears to not be enough ongoing training as some services lack in call volume. The document was used in the legislative process to justify additional training. Individuals working in the kitchen of a nursing home need background checks; EMS should be no different. Perhaps the background checks need to take place before the training.

Ray Walker noted that in the back of each student manual is an enrollment form. Although there is better compliance than in the past, not all instructors insist on having their students complete these enrollment forms. If there was more compliance, Vermont EMS would be able to start background checks sooner, rather than waiting until after a course has ended.

Dr. Chen pointed out that while the instructors could probably figure out how to do background checks before delivering the training, it is still a free country and even individuals with crime backgrounds have a right to receive it.

It was noted that the course applications should make it clear that background checks would be done. Dr. Chen suggested outlining what exactly is required for licensure. Bessie Weiss pointed out that there is a nexus between the type of crime and the EMT, but there is no problem letting the student know up front about disclosure.

Doug Brent suggested tying background checks back to the licensing of the agency. Pat Malone pointed out that his programs take unaffiliated individuals, and that it is hard enough to get CPR cards out of some of them.

Tracy Dolan asked Pat Malone if there was really a recruitment problem if as he had stated earlier, he has more students than he has class slots. Pat said that as a system he doesn't think efforts are taken to recruit the right caliber of people and the people are not distributed geographically.

Does the group have other recommendations?

Matt Vinci asked about paramedic training and what the state foresees as demands and needs. Dr. Chen asked if every Vermonter needed paramedic coverage. Dr. Leffler suggested the intercept model, noting that there are different degrees of equal. Dr. Chen then asked how they could be trained.

Dr. Heath noted that the hospital has the option to use simulation once or twice a year to refresh skills. Perhaps this would be possible as a gratis service to EMS. Doug Brent suggested the use of modular trailers such as those used by the fire service, so that travel would be reduced.

Dr. Chen noted that the existing 13 EMS districts provide an educational delivery infrastructure.

Dan noted that the previous discussion about the former Brattleboro paramedic training program shows that there is a fine line between not enough paramedics and too many, and that numbers need to be watched carefully.

Mark Considine noted that the Registry has just released a timetable for transitioning to the new National Education Standard and Scope of Practice Model levels. Providers recertifying 3/11 will have 48 months, and he asked how transitions will be done in VT. He then asked how to prepare the Intermediate level workforce to test cognitively at the AEMT level. Dan noted that Rescue Inc. has the difficulty of having to meet requirements in two different states. Vermont's transition will not require NREMT cognitive testing but NH's will. Currently, Vermont is working with the Registry, agencies and districts to provide materials to cover gaps for each of the new levels. The good news is that the VT I-03 is very close to the AEMT. The quantity of material to meet the new standards is fairly small.

Mark said that when the state transitioned to the NSC in the 90s, the transition counted as CE. Will it be plausible to do that again? Dan said he could not commit as to whether the transition will cover all the CE requirements but transition hours will be applicable for as much of the required CE as possible.

Pete Cobb asked about addressing the part of Act 142 that speaks to an individual at a higher level functioning with a lower-level service. Dr. Chen said that would be part of the May discussion. After the April and May meetings, Dr. Chen will draft a report and circulate it to the group for review. In the

meantime, Dr. Chen recommended that everyone read the National EMS Scope of Practice Model, saying he found the document to be very helpful.

Wrap up- The group agreed to continue to hold future meetings in Burlington and to make them available by teleconference.

VDH will research:

- What models do other states use for training administration and delivery?
- What do other states do to verify ongoing competency?

Next Meetings:

April 18, 108 Cherry Street Room 3B