

EMS IN CRISIS:

AN OVERVIEW OF THE CURRENT STATE OF EMERGENCY MEDICAL SERVICES IN NEW YORK (AND THE REST OF THE COUNTRY)



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IS THERE A CRISIS?

“EMS leaders warn industry on **verge of collapse**” (Ohio)

“EMS agencies **struggle to fill** EMS, paramedic positions” (Michigan)

“...[EMS] Director voices concerns over EMS **staff shortages**” (California)

“a local County is “**increasing wages** for some EMS workers **amid shortages**” (Florida)

“...report about a man who suffered a **stroke and had to wait more than 90 minutes** for an ambulance” (Georgia)

“To address a continuing shortage of emergency medical technicians, cut reliance on mutual aid and keep local life-saving response fast and effective, [XXX] is **hiring eight EMTs** at an initial cost of \$687,000... **amid long-term losses** in ambulance crews throughout the state and nation” (CT)



IS THERE A CRISIS?

CONTINUED...



In past 10 years, 237 EMS services have closed, merged, or have been taken over.
In past 5 years, 44% decrease in the number of certified EMTs and Paramedics (NY)

“Lawmakers, EMS officials announce bill to establish rural ambulance task force as agencies risk closing its doors because of lack of staffing” (NY)

“No EMT arrives to help [municipality] resident after 911 emergency call” (Westchester, NY)

“EMS crisis in the Westchester County mutual aid system” (Westchester County, NY)

“EMS services warn of 'crippling labor shortage' undermining 911 system. “We’re not bleeding any longer — we’re hemorrhaging,” ... decade long worker shortage exacerbated by the pandemic... In 2020, nearly a third of the workforce left... after less than a year ...[sent a letter to Congress that] warned that “our nation’s EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade. It threatens to undermine our emergency 9-1-1 infrastructure and deserves urgent attention by the Congress... “I’ve not seen it this bad in 41 years... adding that the increasing demands of the job have caused him great anxiety” (NBC News)

VIDEO: “*Honorable But Broken: EMS in Crisis*”

4 minutes

<https://vimeo.com/716475197>

VIDEO: “*News10NBC Investigates: EMS system in crisis*”

4 minutes

<https://www.whec.com/top-news/news10nbc-investigates-ems-system-in-crisis/>

HISTORY OF EMS PROVIDES CONTEXT

1865-68: Birth of EMS; NYC's 1st civilian ambulance service.

1930's-1940's: Hodgepodge of private EMS service.

Medics from WW2 (1939-1945); Korea (1950-1953)

1950's: Beginnings of "Modern EMS". Funeral homes almost ½ of ambulances.

1966-73: Start of movement from transportation to health care.

1973: Major shifts for EMS. EMS Systems Act: 300 EMS Systems established in U.S.

Moved from US Dept of Transportation to Dept. of Health, Education & Welfare.

i.e. "Emergency!" TV show ... From "Diagnose then Treat" to "Medical Care then Diagnosis".

1980's-1990's: EMS expansion; economy down/federal funds dried up. Lead fed agency abolished. State & locals took over EMS. Standardization suffered. Emergency Medical Director position created for local medical oversight.

1999: EMS Educational Agenda for the Future. Added certification of EMS Professionals.

2005: Enhanced 911 Act.

2007: National EMS Advisory Council created.

Present: More focus on EMS pre-hospital emergency interventions: acute respiratory distress, cardiac arrest, chest pain, etc. EMS is an integral part of the health care system.



COMMON EMS TERMS

- Ambulance (bus, rig, truck)
- Fly Car/Quick Response Vehicle
- Certified First Responder
- Emergency Medical Technician
- Advanced EMT
- Paramedic
- Basic Life Support
- Advanced Life Support
- Operating Certificate (aka CON)
- Operating Territory
- Mutual Aid
- Emergency Medical Dispatch

INSIDE AN AMBULANCE

- Stretcher/ Gurney
- Cardiac Monitor
- Oxygen System
- Medical Bags
- Medications
- Not just about transportation – the first 20 minutes of ED care
- It's part of the system

TYPES OF EMS COVERAGE

Most Types

Volunteers	Municipal (local gov't or county)
Not-For-Profit (NFP)	Special District
Private Company	Within Fire Department

Which Type Is Best?

Whichever Type The Local Municipal Leaders Decide!

CURRENT SITUATION

This is a National Problem- but focus today will be on NYS...

- EMS is not required in NYS.
- NYS does not define EMS an “Essential” service.
- Words are important... Police, Fire, and “other emergency services”.
- Major Recruitment and Retention issues (worse from COVID).
 - Too many agencies competing for a depleted pool.
 - High turnover rates.
- Lack of a “Career”- low pay, high insurance costs, no retirement.
- Most EMS work 2-3 jobs.
- Mutual aid strains. In some cases, federal EMS called in.
- Decreased revenues (Medicare/Medicaid focus on “transportation”).
- Lack of federal and state grants.
- Too many agencies in some regions not working together.
- Inconsistent training, regional priorities, standards, policies.
- Lack of new volunteers (made worse from pandemic)
- High turnover among paid staff



DECLINING EMTS ACROSS NYS

REACTIONS TO STRUGGLING EMS SERVICES

- Counties adding EMS systems to replace declining volunteers (examples: Essex, Otsego, Chautauqua,
- Many volunteer services have switched to mostly paid staff – particularly ALS
- Readiness cost
- Financial squeeze of higher costs, higher demand and minimal reimbursements

WHAT IS NEEDED TO HELP EMS?

EMS must be defined as an ESSENTIAL SERVICE in NYS

Essential part of the health care delivery system.

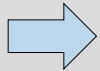
Provide early intervention health care.

Provide EQUAL access to EVERYONE.

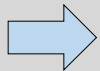
Treat employees as essential workers: Police, Fire & EMS. They are on the front line too.

EMS must be supported as a high-risk Career & Agency

As Employees

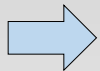


Better pay



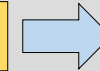
Better access
to healthcare
& retirement

Volunteers

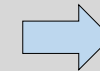


Recruitment &
State/local tax breaks

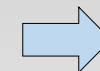
As Agency



Dedicated funding sources



Higher insurance reimbursement
for non-transport services



Regional mutual aid policies &
support for dispatching

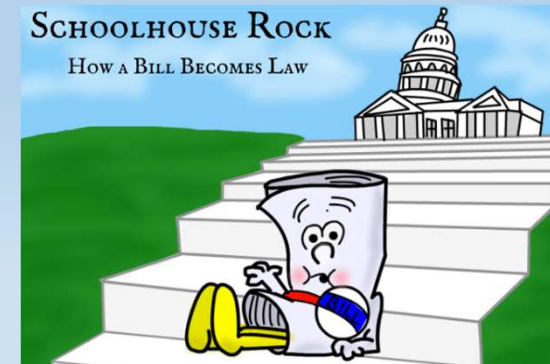
WHAT CAN I DO?

- 1) Ask questions of local EMS.
- 2) Educate the public.
- 3) Inform local, county, state & federal leaders and insist on support.

Develop a work plan:

- 1) Local: Compare expenditures for EMS vs. Police & Fire. Is it equitable/fair?
- 2) Focus on a recruitment and retention plan.
- 3) County: Mutual aid plans, training, communication.
- 4) Federal/State: Medicare/Medicaid reimbursement beyond transport; EMS- specific grant funding.
- 5) State: support nonpartisan legislation; state & regional plans; training.

Comprehensive Priority State Legislation has been proposed



QUESTIONS TO ASK LOCAL EMS

- What type of service do you provide (ALS vs. BLS)?
- What share of calls in the district do you cover? (Goal of 80% or more)
- Who does your dispatching and do they use EMD? (Central vs. Police)
- Is your mutual aid sustainable (in/out)?
- How well do you respond?
- How many ACTIVE people can you count on?
- If paid, how many full time and PT? Their schedule?
- How has that number changed in last three years?
- What are your recruitment and retention efforts? Do they work?
- How are you funded? (Taxes, Billing, Donations- what share of each?)
- Do you have a sufficient reserve?
- What are your major expenses?
- What your plans for replacing your ambulance and other capital equipment (heart monitors, stretchers, powerlift systems)?
- How can we help? (Purchasing, payroll, financial planning, HR, capital purchases, taxing for revenue)
- Hold them accountable with a written agreement

MORE QUESTIONS TO ASK LOCAL EMS

- How is there pay compared to other positions (police, fire, nursing, MEOs)?
- How is social media used to promote the EMS agency?
- What is the youth outreach strategy? (EMT in High School, Explorers, Junior Members)
- Consider formalizing mutual aid agreements

CASE STUDY: PORT CHESTER-RYE-RYE BROOK EMS

- Not-for-profit agency with over 6,000 calls/yr.
- Tri-municipal board COVID took its toll.
- COVID: Employees left... supervisors burned out... director retired.
- Compared salaries & benes to police/fire.
- Hired Consultant (Public Consulting Group) to review overall model vs goals.
- Goals: Maintain or improve on current service level, cost efficiency, long-term competitive compensation plan. We seek to make this the best EMS job in region.
- Simultaneous: Hired management consultant to help transition EMS Director
- Outcomes: Smooth transition, municipal commitment, multi-year plan for better pay/benefits, more supervision. Considering EMS District or maintain NFP structure. Explorers program, working on social media.

RECENT NYS LEGISLATION



S8432A/A9509 (PAST 2 YEARS)

Defines EMS as Essential. Must be provided by municipalities in a reliable manner, available to ever

Provides access to NYSIP/Empire Plan for NFP & Volunteer EMS agencies.

Provides access to NYS Retirement benefits for NFP & Volunteers (as service credit- like FF).

Allows for the creation of EMS special districts as of right.

NYS EMS Council and Regional EMS Councils must develop statewide comprehensive and regional plans and standards.

Establishment of an EMS quality and sustainability assurance program and an emergency medical systems training program.

Development of a public service campaign for EMS recruitment; mental health & wellness programs to reduce burnout, suicide, depression.

Opportunity for EMS agencies to become accredited.

2022 NYS Governor's Budget (approved):

Allows for volunteer fire departments that provide EMS to receive insurance reimbursement for EMS services.

2022 State Comptroller Opinion & 2023 Governors Budget:

Access to NYSHIP/Empire Plan- 50% Revenue rule removed for paid EMS (treated like other Participating Agencies).

EMS Volunteers can have access but pay 100%.

2023: NYS Governor's Budget, Senate & House all had EMS items.

RECENT NYS LEGISLATION (CONTINUED)

2023 Governors Budget (FINAL)

- IN:
- State Emergency Medical Services Council (SEMSCO) Advisement powers
 - Regional Emergency Medical Services Council (REMSCO) Powers & Duties Strengthening System Performance Standards
 - Recruitment & Retention/Health & Wellness Investments
 - Response Unit - Task Force (larger scale emergencies)
 - DOH regulatory authority
 - NYSHIP for Paid (as Participating Employers) & Volunteers (volunteers pay premium)
- OUT:
- New EMS Definition & Essential
 - State Emergency Medical Advisory Committee (SEMAC) Membership changes
 - Regional & Statewide EMS Plans
 - Training Programs/Credentialing/Specialization
 - Civil Penalties for Purporting to be an EMT
 - NYSDOH Certificate of Need (CON) Process Changes
 - Mobile Integrated Health (aka community paramedicine)
 - Regional Districts
 - EMT administer immunizations
-

NEW: Revised Bill to only focus on EMS as an Essential Service (& define it)



2023 TRENDS IN EMS (SOURCE: ESO SOLUTIONS, INC.)

- Trend 1: Applicant pools will decrease while pandemic pressures persist.
- Trend 2: Increase in mobile health care (community paramedicine)
- Trend 3: EMS filling critical healthcare gaps through clinical innovations (whole blood vs blood components, overdoses, mental health)
- Trend 4: Technology and data will drive improved patient outcomes

OTHER TRENDS...

- EMS agencies and hospitals closing... less EMS staff... greater distances to get to patients & then hospitals.
- Longs wait at hospitals – sometimes hours – leads to coverage problems (volunteer & paid)
- Beta: Health insurance companies testing transport reimbursement to urgent care facilities & telemedicine... expanding use of community paramedicine & telehealth.
- ‘Community paramedicine’ ... community-based health care in which paramedics work outside their normal emergency response and transport roles.
- EMS Paramedics bridging the gap between patients and in-hospital care providers
- Counties picking up some EMS service or helping with mutual aid.

QUESTIONS

EMS HAS ALWAYS BEEN THERE FOR US IN TIMES OF NEED...
WILL WE BE THERE FOR THEM?



Supporting resolutions and documents
available at www.ryebrook.org/ems

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