

Public Health Committee, public hearing, March 15, 2013
Raised Bill No. 6518, An Act Concerning Emergency Medical Services

Testimony from

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Madame Chair Johnson, Madame Chair Gerratana, and members of the Committee,

My name is Carin Van Gelder.

I am board certified in Emergency Medicine and one of a handful of physicians in Connecticut who has completed fellowship training in EMS (out-of-hospital medicine, or emergency medical services).

I am providing testimony **OPPOSING** bill #6518, An Act Concerning Emergency Medical Services, on behalf of the Connecticut chapter of the American College of Emergency Physicians (CCEP) and the Connecticut EMS Medical Advisory Committee.

Provision of EMS care is complex, and requires multiple stakeholders to have presence, experience, and involvement. EMS is a medical specialty which necessarily finds its structure within legislation. This bill dramatically erases our ability to continue making progress; we have improved over the years and, in the last 6 -12 months, this improvement has been close to logarithmic.

Connecticut has slowly but surely moved towards national standards regarding education and training of field EMS providers; this includes Emergency Medical Dispatch (EMD) personnel. Regulations have been reviewed (and reviewed, and reviewed); membership to state and regional boards and committees regarding EMS has been scrutinized and, when necessary, updated. I have personally participated in all of these processes.

It is important to recognize other states' progress in structure, when evaluating our own. Connecticut is lucky to have had two NHTSA Technical Assistance Team Assessments; the last was in 2000. Recommendations made are attached as additional testimony. Clearly, there is a need for more, not less, structure with quality standards and national models in place. Regardless, a mechanism already exists for municipalities to petition for removal of a PSAR. As far as I know this option has not been exercised.

My experience includes

- involvement as committee chair at National Association of EMS Physicians,

- working group participation establishing EMS as a board-eligible medical subspecialty per ABMS (American Board of Medical Specialties), and
- publishing multiple research articles, cases and chapters on issues that pertain directly to medical direction of EMS, including the only article on Connecticut EMS within the medical literature.
- *There are many others in the state, who are qualified to speak and act towards the high standard of care that our patients and providers deserve. Please consider other options to address concerns constituents and legislators may have. Oppose bill #6518. Our organizations will gladly work towards further improvements and communications.*

Thank you for listening to testimony on this important topic.

Carin M. Van Gelder, MD

NHTSA 2000 Document
State of Connecticut: Reassessment of Emergency Medical Services
Recommendations

(cut and pasted – please refer to entire document for Standards, Progress, and Status in addition to these final Recommendations.)

This 2000 document used the “1997 Reassessment Standards” as a basis for Recommendations.

**A. Regulation and Policy
Recommendations**

The DPH should:

- ◆ **Assure stable, ongoing funding for OEMS to carry out its mission and implement its programs;**
- ◆ **Complete the implementation of the regulatory work currently in progress;**
- ◆ **Review, revise and implement the State EMS Plan;**
- ◆ **Ensure that the OEMS Director reports directly to the Office of the Commissioner;**
- ◆ **Eliminate the rate setting and CON requirements for EMS in law and regulation;**
- ◆ **Ensure that appropriate standards of quality are in place prior to issuing organization licenses or PSAs.**

**B. Resource Management
Recommendations**

The DPH should:

- ◆ **Review, revise and implement the statewide EMS plan in light of recent legislative changes and a new Office of EMS structure within the Department of Public Health;**
- ◆ **Continue integration of EMS within the public health system. Assure preservation of the traditional role of EMS for emergency response, and acknowledge its evolving role in community health improvement;**
- ◆ **Complete planned initiatives to develop a comprehensive statewide EMS data system capable of supporting planning, management and evaluation;**
- ◆ **Eliminate the Certificate of Need and rate setting processes for EMS. As**

part of this change, develop quality standards for the licensing of services;

- ◆ **Promote regionalization at all levels of the EMS system to reduce duplication and increase operating efficiencies;**
- ◆ **Partner at the Department level with the Governor's Highway Safety Office, the CT Hospital Association and other agencies to facilitate progress in areas of mutual interest or concern.**

C. Human Resources and Training

Recommendations

The DPH should:

- ◆ **Standardize training for all levels of providers based on National Standard Curricula;**
- ◆ **Implement educational program accreditation to improve the quality of course offerings;**
- ◆ **Implement national level testing for all levels of certification and licensure;**
- ◆ **Identify actual personnel and training needs. Establish plans to ensure an adequate EMS workforce;**
- ◆ **Ensure physician medical direction at all levels of education and training;**
- ◆ **Strengthen the methods of verifying and monitoring the quality of instruction;**
- ◆ **Implement the Emergency Medical Dispatch program initiative statewide.**

D. Transportation

Recommendations

The DPH should:

- ◆ Proceed with implementation of the statewide EMD program;
- ◆ **Encourage all ambulance services to bill for services;**
- ◆ Promote regionalization of transport services to reduce duplication and increase operating efficiency;
- ◆ **Develop and implement Critical Care Transport Standards;**
- ◆ **Investigate alternatives to the requirement to transport all patients to a hospital.**

E. Facilities

Recommendations

The DPH should:

- ◆ **Clearly define capabilities and commitment of all acute care facilities, including satellites, for all types of patients initially presenting to prehospital providers so that appropriate destination points can be determined;**
- ◆ Clearly define the capabilities and commitment of all facilities offering rehab services so that optimal post-acute care can be ensured;
- ◆ **Develop triage and destination policies for all types of patients (both from the scene and interhospital) particularly those with critical care needs and/or needing other special resources. These policies should be implemented in a timely fashion along with a system for monitoring and improving performance and outcome;**
- ◆ Implement a statewide EDAP recognition process;
- ◆ **Establish consistent statewide hospital diversion policies;**

F. Communications

Recommendations

The DPH should:

- ◆ **Develop a state communications plan including the identification of funding resources to update or replace the existing UHF radio system;**
- ◆ **Promote the consolidation of PSAPs as part of a broad effort to decrease costs while improving the efficiency and quality of services through regionalization;**
- ◆ **Promote and facilitate the implementation of EMD with medical direction as required in legislation.**

G. Public Information, Education, and Prevention

Recommendations

The DPH should:

- ◆ **Strengthen the partnerships that promote PI & E activities through formal coalition building with other agencies with mutual interests in injury prevention and wellness;**
- ◆ **Develop a PI & E plan to include activities, responsible parties, budget lines and funding sources with an evaluation of outcomes;**
- ◆ **Develop local EMS System capacity for PI & E activities through the continued use of the NHTSA PIER training program;**
- ◆ **Support "Safe Communities" programs in conjunction with the Division of Highway Safety and other key stakeholders;**
- ◆ **As EMS Data becomes available, use it to establish injury prevention, wellness and PI & E intervention program initiatives.**

H. Medical Direction

Recommendations

The DPH should:

- ◆ **Require that medical direction be provided for all levels of prehospital personnel and agencies regardless of whether they are providing basic or advanced level care. This applies to both educational and clinical care activities;**
- ◆ **Establish a legislated mechanism for limited liability protection for those individuals providing medical direction consistent with the limited liability protection available for EMS personnel;**
- ◆ **Enhance the regulations regarding the roles, responsibilities and authority for the medical director, including activities such as credentialing, quality improvement, withholding medical oversight, and due process;**
- ◆ **Develop a consistent, formalized training process for physicians and non-physicians involved in medical oversight. This training may include training programs and reference handbooks;**
- ◆ **Establish statewide protocols for all levels of prehospital providers;**
- ◆ **Consistent with position statements of the American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP), as new state, regional and local EMS medical directors are identified, it is desirable that they board certified emergency physicians with special interest in EMS.**

I. Trauma Systems

Recommendations

The DPH should:

- ◆ **Expediently resolve trauma registry issues related to:**
 - ownership,
 - content (elements/software),
 - dedicated funding,
 - maintenance,
 - users,
 - local/regional flexibility for collection and analysis,
 - integration with other data systems,
 - QI of the registry (completeness/accuracy),
 - training of trauma registrars,
 - dissemination of information;
- ◆ Define the role of satellite facilities and institutions offering rehab services;
- ◆ **Assure legislative protection for the confidentiality and non-discoverability of all data and the QI process;**
- ◆ **Identify and secure dedicated funding to support trauma systems improvement;**
- ◆ Support replication of the preventable death study after further implementation of the trauma system;
- ◆ **Request an ACS Trauma System Evaluation after implementation of the recommendations.**

J. Evaluation

Recommendations

The DPH should:

- ◆ **Define the desired outcome and output of the evaluation process;**
- ◆ **Phase in implementation of an EMS system evaluation plan based on identified priorities;**
- ◆ **Establish the time line and identified budget for implementation of all of the components of the evaluation plan in more detail;**
- ◆ **Within the Office of EMS, identify an EMS information specialist (e.g., data czar) with responsibility for overall coordination of the evaluation program;**
- ◆ **Provide protection from discoverability for peer review EMS quality improvement information.**