

GOVERNORS'S EMS AND TRAUMA ADVISORY COUNCIL

Public Hearings

EMS Regulation and Trauma\Emergency Health Care Systems in 2010

PUBLIC COMMENTS: SUMMARIES*

Purpose: “Where We Are Now, Where We Want To Be In 2010, And How Do We Get There”

Participants: Anyone interested in providing input to the Governor’s EMS and Trauma Advisory Council (GETAC) about the future of EMS Regulation and Trauma\Emergency Health Care Systems

Outcome: A Strategic Plan for Texas EMS Regulation and Trauma\Emergency Healthcare Systems

Combined Public Hearings: Group Priorities\Approximate Number of Comments

	Amarillo	Corpus Christi	El Paso	Harlingen	Nacogdoches	San Angelo	TOTALS
Funding	10	10	10	15	9	45	99
Education \ Training	7	3	14	2	1	18	45
Diversion \ ED Overcrowding	3	2	0	2	10	3	20
Recruitment & Retention	2	1	1	3	2	10	19
EMS Personnel Shortage	2	0	0	0	2	7	11
Tort Reform	1	1	0	5	1	0	8
Community Ed. \ Public Awareness	0	2	1	1	3	0	7
Communications	1	0	1	1	1	1	5
FRO \ Volunteer Shortage	3	0	0	1	1	0	5
RAC Support \ Structure	3	0	0	0	1	0	4

(* 4-2-02: This document represents a collation of notes taken by GETAC and TDH staff in attendance at the Public Hearings. It was prepared by BEM for GETAC members in advance of the GETAC Strategic Planning Retreat on April 19-21, 2002. Copies of unabridged notes are available upon request by contacting the TDH Bureau of Emergency Management at 512-834-6700 or e-mailing Steve Janda at steve.janda@tdh.state.tx.us)

(Cont.)	Amarillo	Corpus Christi	El Paso	Harlingen	Nacogdoches	San Angelo	TOTALS
EMS: An Essential Service	0	0	3	0	1	0	4
Nursing Shortage	1	0	0	0	2	0	3
Paramedics: Expanded Role	3	0	0	0	0	0	3
EMS Rules Clarification	0	1	0	0	1	1	3
Increase BEM Support	1	0	0	0	1	0	2
EMTALA Reform	1	1	0	0	0	0	2
Unfunded & Underfunded Pts.	0	1	0	1	0	0	2
EMS Pay	0	0	0	1	0	1	2
EMS Liability (Personal)	0	0	0	1	0	0	1
Insurance Premiums	0	0	0	1	0	0	1
BEM\PHR Reorganization	0	0	0	0	1	0	1
TDH Hospital Licensing	0	0	0	0	1	0	1
Inter-hospital Transfers	0	0	0	0	1	0	1
Physician Support	0	0	0	0	0	1	1
Pt. Destination Protocols	0	0	0	0	0	1	1

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AMARILLO: THURSDAY, MARCH 21, 2002, 1:00 P.M.– 4:00 P.M.

Northwest Texas Healthcare System, Pavilion Auditorium, 7201 Evans
GETAC Members: Gary Cheek, Pattilou Dawkins, Fred Hagedorn MD
TDH Staff: Terry Bavousett; Ron Hilliard ; Denver Martin; Sharon Tillman
Constituents: 77 sign-ins

GROUP PRIORITIES \APPROXIMATE NUMBER OF COMMENTS:

Education/Training	7
Funding	10
Communications	1
Recruitment & Retention	2
Diversion\ED Overcrowding	3
BEM Support	1
Tort Reform	1
EMTALA Reform	1
RAC Support	3
Nursing Shortage	1
EMS Personnel Shortage	2
EMS Volunteer Shortage	3
Expanded Role of Paramedics	3

SUMMARY COMMENTS

The panel heard comments from about 20 of the attendees that included paid and volunteer EMS personnel, Hospital Administrators, a Hospital Pharmacist, and Physicians.

The panel heard comments concerning many issues including: the rural nature of the area (only 3 urban counties out of 26 in the region); serious diversion and ED overcrowding (sometimes have to call Dallas, Denver, Albuquerque, Oklahoma City for ICU beds); the cost of providing services, cost and availability of pharmaceuticals/medical supplies, funding, decreasing reimbursement for services, paperwork, personnel staffing problems, and trauma patient transports to non-designated trauma facilities (which included a letter delivered to the panel on behalf of a local surgeon); the Balanced Budget Act with decreased Medicaid funding; prevention; concern about viability of volunteer services due to increased cost and training requirements

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CORPUS CHRISTI: MARCH 22, 2002 9:00 A.M.—12:00 NOON

Science & History Museum, Watergarden Room, 1900 N. Chaparral
GETAC Members: Ed Racht MD, John L. Simms, Pete D. Wolf
TDH Staff: Kathy Perkins, Rothy Mosely; Lee Sweeten, Steve Janda
Constituents: 29 sign-ins

GROUP PRIORITIES \ APPROXIMATE NUMBER OF COMMENTS:

Education/Training	3
Public Awareness/Community Education	2
Diversion	2
Funding	9
EMTALA	1
Recruitment & Retention	1
Tort Reform	1
Rule Clarification	1
Uninsured / Undocumented Workers	1

SUMMARY COMMENTS

RAC Issues: Appears that a lot of work previously done by the Department is now being done by RACs; RAC funds have been useful in developing local procedures; need increased funding to increase RAC participation;

Rule Issues: Need to consider local providers when developing rules; need to let local providers set local requirements;

Funding Issues: Medicaid procedures have not kept up with the times; new Medicare fee schedule likely to hurt many providers; no one wants to accept non-funded trauma patients; increase in indigent and undocumented patients is creating large burden on system; larger hospitals getting the biggest portion of the funds; cost of long term care to indigent patients; reduce complexity of Medicare funding; Hospital Districts should be required to use funds for the purpose they were set aside for (i.e., indigent health care)

EMTALA Issues: Concern over potential EMTALA violation if hospital diverts all patients except trauma patients; requires that an ambulance be used to ship a patient out to a higher-level facility when often an ambulance is not needed;

Tort Reform: High cost of malpractice insurance is driving many physicians out of business; need to put cap on awards.

Patient transfer problems: Hard to move patients out of small facilities due to large number of unfunded patients; too hard to get all of the required paperwork and test completed in the small facilities.

Diversion Issues: Lack of adequate hospital staff creates part of the diversion problem.

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EL PASO: MARCH 21, 2002 9:00A.M—12:00 NOON

El Paso Community College, Valle Verde Campus, Cafeteria Annex

GETAC Members: Rebecca Campuzano-Salcido, Ed Racht MD, Pete D. Wolf

TDH Staff: Kathy Perkins, Tom Cantwell, Tony Viscon, Lee Sweeten, Steve Janda

Constituents: 36 sign-ins

GROUP PRIORITIES\APPROXIMATE NUMBER OF COMMENTS:

Education/Training	14
Public Awareness	1
Funding	10
Communications	1
EMS as an Essential Service	3
Recruitment & Retention	1

SUMMARY COMMENTS

Primary funding issue does not deal with education and/or equipment but with operational funding: New Medicare fee structure, low reimbursement rates and lack of local government funding are key issues. Would like to see a bigger distribution of funds going into rural and frontier counties.

Training issues: deal with distances to colleges for advanced training and length of time needed to complete new EMT-P curricula. Would like to see training offered in a more local setting and not have to complete the degree program for EMT-P.

Other comments included hospital capacity issue and shortage of nursing staff.

(While it was not brought up in the actual public hearing, three providers spoke to TDH staff regarding the lack of people in rural communities who were available to participate in the EMS systems. The essence of that conversation: small communities lack an adequate population base to adequately provide a volunteer service).

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HARLINGEN: MARCH 22, 2002 2:30 P.M.—5:30 P.M.

TDH Region 11 Offices, 601 West Sesame Drive

GETAC Members: Raymond P. Holloway, Ed Racht MD, Mario Segura, Pete D. Wolf

TDH Staff: Kathy Perkins, Noemi Sanchez, Carlos Tello, Lee Sweeten, Steve Janda

Constituents: 15 sign-ins

GROUP PRIORITIES\APPROXIMATE NUMBER OF COMMENTS:

Education/Training / C.E.	2
Public Awareness/Community Education	1
Diversion	2
Funding	15
EMS Liability Insurance (Individual)	1
EMS Pay	1
Recruitment & Retention - Staffing	3
Insurance Premiums	1
Tort Reform / Mal Practice	5
Communications	1
Uninsured / Undocumented Workers	1

SUMMARY COMMENTS

General Provider Issues: New systems start up and then there is not enough business so they and the local provider both go under; too easy to get a license to operate (some companies will set up a complete system for an individual including getting the TDH License; need to pass law requiring a local Certificate of Need; problems with lawsuits now naming the individual medics along with the company; problem with staffing.

Training Issues: Fewer students entering programs; lower quality of students entering into programs;

Tort Reform Mal Practice Insurance Issues: Insurance premiums skyrocketing (example from \$2,700 to \$22,000 per year); tremendous number of lawsuits; potential physician walkout; physicians moving out of area

Hospital Issues: indigent /undocumented workers; lawsuits; staffing shortage leading to diversions; tort reform; low reimbursement rates; shortage of ER beds and critical care beds

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NACOGDOCHES: THURSDAY, MARCH 14, 2002, 3:00 P.M.– 6:00 P.M.

Nacogdoches Memorial Hospital, Charles Bright Pavilion, 1204 Mound Street

GETAC Members: Lance Gutierrez

TDH staff: Paul McGaha DO, MPH, Jim Arnold, Brett Hart, Ron Hilliard

Constituents: approximately 35 attendees (exact count from sign-in sheets pending)

GROUP PRIORITIES \ APPROXIMATE NUMBER OF COMMENTS:

Education/Training	1
Funding	9
Communications	1
Recruitment & Retention	2
Diversion\ED Overcrowding	6
BEM Support	1
BEM and PHR Re-organization	1
Tort Reform	1
EMS As Essential Function	1
BEM Rules	1
RAC Structure	1
THD Hospital Licensing	1
Inter-hospital Transfers	2
Public Education	3
First Responders	1
Nursing Shortage	2
EMS Personnel Shortage	2

SUMMARY \ COMMENTS

Funding and hospital diversions were strong themes of discussion. ED overcrowding and diversion's effects on EMS providers; hospitals have difficulties transferring out post-acute phase patients to make room for acute admits; difficulties with diversion does vary some within various areas in the RAC; BEM reorganization including separating EMS regulation from Trauma Systems; standardization of licensure provider rules; EMS\hospital reimbursement issues; EMS regulations are overwhelming; expenses of CE; hospital licensing regulations are overwhelming and more QI requirements are needed in the EMS licensing rules.

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SAN ANGELO: MARCH 21, 2002 4:00 P.M.—7:00 P.M.

San Angelo Community Medical Center Conference Room, 3501 Knickerbocker Road
GETAC Members: Ed Racht MD, Pete D. Wolf
TDH Staff: Kathy Perkins, Leland Hart, Andrew Cargile, Lee Sweeten, Steve Janda
Constituents: 45 sign-ins

GROUP PRIORITIES \ APPROXIMATE NUMBER OF COMMENTS:

Education/Training	18
Physician Support	3
Funding	45
Communications	1
Rule Change	1
Man Power/Staffing	7
Recruitment & Retention	10
Pay	1
Diversion	3
Pt Destination Protocols	1

SUMMARY \ COMMENTS

Education Training Issues: length of time to get advanced training; lack of individuals coming into training programs; work schedules for volunteers create hardships with regards to college-based classes; new EMT-P curricula is good for career paid medics but not for volunteers; standards should be the same but need different route to meet requirements; individuals enrolling in programs appear to have lack of educational background and lack of incentives; made mistake by going to new EMT-P curricula and National Registry exam; develop EMT-I Curricula that would allow for an easy transition to the EMT-P Program; need to develop a train the trainer program.

Pay Issues: need to pay paramedics a decent wage; after 2 years of training many get paid minimum wage while after 2 years of RN school, nurses make \$20+ per hour.

Physician Support Issues: Need to educate Medical Directors

Diversion Issues: problems with Level IV transferring to another Level IV; transfer between facilities is often unfounded

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