



**EMERGENCY MEDICAL SERVICES
IN
RURAL ILLINOIS**

Report of 10 Community Forums

Kewanee, Havana, Morrison, Effingham, Carterville,
Champaign-Urbana, DeKalb, Freeport,
Carlinville, and Mt. Vernon.

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EMERGENCY MEDICAL SERVICES IN RURAL ILLINOIS

Background

There is a crisis in rural Illinois, a crisis that grows with each day, with each call for emergency assistance, with each bout of illness or accident faced by rural residents. Concern about that crisis prompted the Illinois Rural Health Association (IRHA) to focus on rural emergency medical services (EMS) in Illinois, to both define the issues as well as identify potential solutions. To gather local input, 10 community forums on EMS issues in rural Illinois were held between January and September 2004. The forums began in Kewanee, followed by Havana, Morrison, Effingham, Carterville, Champaign-Urbana, DeKalb, Freeport, Carlinville and Mt. Vernon.

The goals of these community forums were not only to begin to document the local concerns about the issues that impact the delivery of EMS in rural areas throughout the state but also to gain an understanding of what the solutions might be to these challenging issues. Approximately 350 participants from 48 counties attended the 10 community forums, which were co-sponsored by area legislators. Participants represented EMS providers, emergency medical technicians of all levels, local hospitals, EMS resource hospitals, public health departments, Illinois Department of Public Health, legislators, concerned citizens, physicians and nurses, all with the common goal of talking about the importance of EMS in rural Illinois and the serious survival issues facing those who provide such services.

It has been said that if you want to understand where you are going, look at where you have been. A review of the history of emergency medical services in rural settings identifies the dramatic changes that have occurred over the past 40 years. In earlier times, local funeral homes provided all the services and the goal was to collect the victim, drive as rapidly as possible to the hospital, and hope for the best. Today, the victim is evaluated at the scene, treatment initiated and transport completed either by land or by air to the nearest acute care, EMS resource hospital or trauma center.

This change in service has not been without its challenges. How can service providers continue to meet the increasing demand for service availability, adapt to the ever-expanding array of technology, and maintain an ability to meet the expenses associated with those services? The EMS providers throughout rural areas of the state are extremely dependent on volunteers for staffing and fundraising to support the growing need for service providers, as well as equipment and supplies. At the same time, many rural communities are faced with an aging population, fewer businesses that offer local employment opportunities, and greater competition for a limited pool of community volunteers. There is increasing public expectation of what services should be available. The cost of providing services continues to increase and third-party reimbursement has not kept pace with expenses.

There was a striking consistency among the issues raised at each of the 10 EMS forums, regardless of geographic location. As we visited with members of the forums' host communities, it was apparent that resources were limited and the demand for services was high, but the commitment to provide those services was unquestioned. Five dominant themes surfaced at all community forums:

- Recruitment and retention of EMS providers;
- Financial support of the EMS providers;
- Public perception of service needs and provider capabilities;
- Regulatory burdens facing EMS providers; and
- Insufficient collaboration among EMS, public safety and health care providers.

The balance of this report summarizes recorded forum comments into listings of “contributing factors” and “potential solutions” offered by forum participants. Using the solutions offered in the public testimony, the Illinois Rural Health Association developed a series of recommendations for each of the five key issues.

Recruitment and Retention of EMS Providers

Recruitment and retention of qualified volunteers was cited as an issue at all forums. Volunteers constitute a substantial portion of rural EMS providers.

Contributing Factors

- Costs associated with an emergency medical technician's initial training, certification and continuing education most often must be met by the individual. These expenses can include training program fees and travel expenses for mileage, lodging and food. The volunteers also may need to take time away from their jobs. The number of education hours required for the basic level emergency medical technician certification is 120 hours. Advanced level certifications require substantially more educational effort.
- Each year, the emergency medical technician must complete at least 40 hours of continuing education, requiring additional personal financial investment and, potentially, time away from one's job.
- The volunteer pool in many rural communities suffers because rural residents often must travel to larger rural or more urban communities for employment, depleting the number of locally available, day-time volunteers.
- Older volunteers, who may be retired, thus available for day-time emergency calls, frequently retire from the EMS system due to the physical demands of EMS.
- Businesses face ever-increasing competition and feel they cannot afford to subsidize an EMS system by allowing employees to be absent for varying periods of time and may dock the employees' pay when they are absent for EMS calls.

Potential Solutions

- Provide training to enhance management of a volunteer work force.

Several EMS providers reported they were highly successful at recruiting and retaining volunteers. This success was based on a shared sense of comradeship and a positive sense of purpose. Using these EMS providers as models to emulate, volunteer management training programs should be developed and offered to EMS providers throughout the state.

- Special state income tax incentives should be considered as a benefit for EMS volunteers.
- Develop a state-funded scholarship program to increase the number of individuals who may be able to pursue emergency medical technician training.
- Increase the amount of Internet-based training available and approved to meet certification and continuing education requirements.
- Develop public relations training that would enable EMS providers to improve community awareness of the value of locally available services and to strengthen public support for the EMS providers. This could be incorporated as a training module in the previously recommended volunteer management training.

Recommendations

The Illinois Rural Health Association considered all comments provided at the forums and offers the following recommendations.

- The Illinois Department of Public Health should develop guidelines for an EMS management training program that would include, at a minimum, modules on fundraising strategies, enhancing community relations and managing a volunteer workforce. Training content should be developed and presented by agencies or organizations such as a community college, University of Illinois Extension Service or the Illinois Rural Health Association. Training programs should be offered in evening and weekend sessions to enable greatest participation by volunteer EMS providers.
- All education and training providers should increase the amount of programming offered through the Internet. This would enhance opportunities for training participation by reducing or eliminating travel time and expense.
- Further effort should be given to identify potential funding sources for scholarships to increase the number of individuals pursuing training as emergency medical technicians. Legislative action may be needed to establish a program.
- State income tax relief should be established as an incentive for EMS volunteers. Legislative action would be required.

- A statewide public awareness campaign that highlights the role of EMS in community health and safety should be developed and implemented by the Illinois Department of Public Health's Center for Rural Health.

Revenue and Expenses

Concerns related to revenue and expenses were expressed as major issues at every EMS community forum.

Contributing Factors

- Access to capital to purchase necessary and required equipment is a challenge for volunteer-based organizations.
- Unfunded regulatory mandates imposed at both the state and federal levels cause economic distress for the EMS providers.
- Maintaining a patchwork of funding sources such as local fundraisers, grants and loans is time consuming and allows minimal budget planning.
- Operating expenses have dramatically increased in recent years due to increasing costs of gasoline and diesel fuels, insurance and supplies, further exacerbating fundraising difficulties.
- Low volume providers, encompassing most rural EMS providers, have the same basic readiness cost of high volume providers but fewer users over which to spread those costs. Low volume providers usually have a very large geographic area to serve, further increasing service costs.
- Medicare reimbursement continues to be inadequate for rural providers and does not address low volumes and greater distances traveled by the EMS providers.
- Medicaid reimbursement continues to be inadequate and the timeliness of payments causes financial hardships for the EMS providers.

Potential Solutions

- Access to long-term, low or no-interest loans for capital purchases is needed to enable EMS providers to provide current technology and vehicles for service area residents.
- EMS providers should be eligible applicants for FEMA and bioterrorism grants, which provide funding for vehicles, equipment and training.
- EMS providers need specialized grant writing workshops to improve the ability of a volunteer-based organization to identify potential grants and develop applications.

- EMS providers must be identified as legally-authorized entities, not subsets of fire protection entities, to improve access to state and federal dollars.
- Third-party payers should allow special assessment fees for EMS providers that serve geographically large rural areas.
- EMS providers should consider providing services through a subscription mechanism.
- A statewide analysis of EMS providers' service areas should be conducted to identify overlaps and unserved areas. The results then could be used to develop a program similar to the highly successful rural hospital program, the critical access hospital program. One of the hallmarks of that program is reimbursement based on actual cost of services provided. This would be of significant benefit to rural EMS providers.

Recommendations

- Develop a low or no-interest loan fund for capital equipment purchases and training similar to that available for fire services. Ensure EMS providers are aware of all funding programs.
- Identify and fund a resource provider that would identify potential funding sources and offer assistance to EMS providers in application preparation for such funds.
- Promote the recognition of EMS providers as separate and equal public safety entities and enable their participation in homeland security, FEMA and bioterrorism grants.
- Promote the use of subscription programs as a means of supporting local EMS providers. Advocate for a change in the Medicare program that would allow subscription programs for its beneficiaries in rural areas served by such a reimbursement alternative.
- Require Medicaid to reimburse EMS providers at an appropriate level and in a timely manner for services provided.

Community Awareness/Public Information

Contributing Factors

- The public's expectations of both the timeliness and the level of services available in emergency situations are not aligned with the realities of volunteer-based EMS providers that have limited and sporadically available funding.
- Elected officials and policy makers of all levels exhibit limited understanding of the contribution of EMS to the economic well being of a community and the quality of life experienced by its residents. Reliance on volunteers contributes to the difficulty of supporting regular advocacy efforts with these elected officials and policy makers.
- Rural EMS providers expressed a sense of disenfranchisement in public policy debates concerning EMS, particularly at the state level. As a result, providers felt that policy

decisions were based on an urban EMS delivery model and do not adequately reflect the multiple models found throughout rural Illinois.

Potential Solutions

- Develop a statewide EMS advocacy organization.
- Develop a uniform message that educates the public about the value of EMS, the capabilities, associated costs and community responsibilities.
- Increase the public's understanding of the appropriate use of EMS and the costs associated with unnecessary or non-reimbursable services.
- Develop an assessment model that can help determine service needs within communities and service areas.
- Develop uniform standards for rural addresses and possible signage for 9-1-1 systems.
- Develop a web site that would provide immediate access to current information on policies, regulations, testing requirements, dates and locations, chat room and list serves for EMS providers, and other related information useful to EMS providers.

Recommendations

In the absence of a statewide EMS advocacy organization or an adequately funded state program, it is impossible to assign responsibility for the implementation of the solutions listed above. Continuing discussion among all interested individuals and organizations must focus on a plausible solution to the need for public education.

Regulatory Requirements of EMS Providers

Public acts and administrative regulations govern the provision of EMS in Illinois, affecting EMS funding, systems design, research, EMS personnel licensing and scope of practice. The Emergency Medical Services Act [210 ILCS 50/1] provides the Illinois Department of Public Health with authority for the coordination and integration of all activities within the state concerning pre-hospital and inter-hospital emergency medical services, as well as the overall planning, evaluation and regulation of EMS systems.

Contributing Factors

- The federal focus concerning EMS presently is shared among several agencies. The lack of a lead agency at the federal level and the lack of attention to EMS system development in domestic bioterrorism preparedness and funding are of concern to EMS providers.

- EMS providers expressed concern about the lack of a state level resource for assistance with delivery system and leadership development. The EMS providers reported they viewed the Illinois Department of Public Health as a regulatory agency that licenses personnel and vehicles, and approves training programs. The providers recognized that the department does not have adequate funding to offer the full menu of services needed by the rural EMS providers.
- EMS providers commented they often are not participants in the development of the state level administrative rules that govern their operations.
- There are significant variations in rules interpretations, communication protocols, training opportunities and policy development among the EMS geographic regions and the resource hospitals serving the EMS providers. These variations create serious burdens for the EMS providers whose service areas might be located within more than one EMS resource region.

Potential Solutions

- EMS providers cited a lack of consensus on the minimum expectations for EMS in rural Illinois as the impetus for a statewide planning effort to develop a minimum level of service expectations.
- EMS providers should participate in the development of standardized policies and procedures that are applied statewide. The providers also should have greater participation in the development or modification of regulations affecting licensing of vehicles and the scope of practice of the emergency medical technicians.
- Adequate funding should be provided to establish a non-regulatory state office that could provide technical assistance in the areas of EMS system development, data collection and analysis, workforce recruitment and retention, training, quality improvement and financial issues.
- Transfer the licensing of EMS professionals from the Illinois Department of Public Health to the Department of Financial and Professional Regulation and create a licensing advisory board, similar to those available to other licensed professionals, that has appropriate rural representation.

Recommendations

- Establish a state level office at IDPH that can lead EMS system planning, assist with development of and funding for community-level needs assessments and strategic planning, develop leadership training programs, serve as a clearinghouse for up-to-date, rural-focused EMS information and ensure that EMS is considered an integral component of local community health planning and program development.

- Illinois Department of Public Aid staff should review and streamline, where possible, all billing documents for EMS to improve payment processing and timeframes. Electronic submission of billings should be encouraged.
- Illinois Department of Public Health staff should standardize the interpretations of administrative rules among all EMS regions in the state.
- An advisory panel should be established that includes providers representing urban and rural areas of the state and will meet regularly with the head of the Division of Emergency Medical Services and Highway Safety and the Director of Public Health to discuss regulatory issues.

Collaboration Among Community Health and Public Safety Providers

Contributing Factors

The lack of collaboration among health and public safety providers was cited as a major concern of many participants at the EMS community forums. The effects of poor collaboration can be costly service duplication or the absence of needed services.

Potential Solutions

- A collaborative approach to providing services in rural areas likely would help improve service quality. Partnerships need to be developed among the following health and public safety providers: hospitals, physicians, police and sheriffs' departments, fire departments, EMS, long term care facilities, elected officials, school officials and business owners.
- A state level medical director might provide more comprehensive oversight of clinical services and associated protocols.
- Another result should be to develop group purchasing power for insurance, supplies, employee benefits and training, and to share equitably in revenues and expenses.

Recommendations

- The state level office recommended in an earlier section should assist local EMS providers, health and public safety providers develop and/or improve collaborative working relationships that will support improved service provision.
- The same state level office should identify possible cost sharing strategies – such as group purchasing for insurance, supplies, benefits and training resources – that might serve as incentives to promote collaborative local efforts.

Conclusion

The members and Board of Directors of the Illinois Rural Health Association would like to thank all who participated in the community forums. Community participation was critical to address access to rural EMS services from the perspectives of those who receive services as well as those who provide services. There are not many other issues that are more important to people than access to quality healthcare. Access to healthcare in many of our rural communities will be through the emergency medical services that are available.

It has become abundantly clear, as a result of these community forums that many of Illinois' EMS providers literally are hanging on by their fingernails. Without a plan, without support, without commitment to change, to improve the EMS system, it is almost certain that there will be communities where there will be a dramatic difference between expectations and available services.

The Illinois Rural Health Association's members believe the State of Illinois has an obligation to all its residents to ensure that emergency medical services are provided in a knowledgeable, appropriate and beneficial manner. It is the association's hope that through these community meetings and the important involvement of legislators throughout the state that the availability of emergency medical services will become everyone's important issue. The hard fact is that for many of our rural residents, this will be the difference between life and death.

Acknowledgements

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