

Governance of EMS Agencies in Idaho

Follow-up Report
June 2013

Office of Performance Evaluations
Idaho Legislature



Report 13-08F

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Governance of EMS Agencies in Idaho

Follow-up Report

Executive Summary

Since the release of our initial report in 2010 about the governance of emergency medical services (EMS) agencies, many organizations have collaborated to develop local countywide systems. Typically using a joint powers agreement, these organizations have formed local countywide EMS systems that operate as a single-licensed agency. For example, EMS organizations in Canyon County have come together to provide services as the Treasure Valley Emergency Medical Services System. A joint powers board representing each individual organization oversees the system. EMS organizations in Shoshone County are also operating the Shoshone County Emergency Medical Services System as a single-licensed agency. A nonprofit corporation, specifically created for this purpose, represents and manages the system. Although not yet in operation, EMS organizations in Ada County are developing a countywide EMS system.

Six of our seven recommendations in the 2010 report required legislative action. Since the release of the initial report, no bills have been presented before the Legislature addressing the report recommendations. Although legislation has not been enacted to establish a statewide governance structure for EMS, many stakeholders believe recent collaborative efforts are a step in the right direction. Additionally, during the 2013 legislative session, the Legislature tasked the Department of Health and Welfare with researching the feasibility of developing a time-sensitive care system in Idaho, which may lead to further discussion of a statewide EMS governance structure among stakeholders.

Acknowledgments

We appreciate the assistance of the Idaho Department of Health and Welfare's Bureau of Emergency Medical Services and Preparedness, the Association of Idaho Cities, the Idaho Association of Counties, and the many city and county EMS and fire officials who provided valuable feedback. Hannah Crumrine of the Office of Performance Evaluations conducted this follow-up study, Maureen Brewer performed the quality control review, and Margaret Campbell copy edited and desktop published the report.

Overview of the Initial Report

Spending nearly four years drafting and producing more than 60 different drafts of legislation, a task force representing a wide range of relevant stakeholders sought to establish a single authority to govern local emergency medical services (EMS) systems. Its legislation, sponsored by the Idaho Association of Counties, was introduced during the 2010 legislative session but died in committee.

The chair of the Senate Health and Welfare Committee and other lawmakers then took the issue to the Joint Legislative Oversight Committee, and the Oversight Committee directed our office to study the governance of Idaho's EMS agencies. Legislators expressed interest in learning more about the overall status of emergency medical services in Idaho, the characteristics of successful EMS systems in other states, and what next steps the state could take to decide who should be in charge of emergency medical services and at what level of government.

Although stakeholder opinions varied widely over whether a crisis existed, for the most part, stakeholders agreed that statutory changes were necessary. Idaho's statutory framework had not kept pace with the evolution of emergency medical services, and statute has limited the state's ability to improve the delivery of services, leaving Idaho vulnerable to potentially negative impacts.

In our 2010 report we identified seven design attributes of a well-functioning EMS system and assessed Idaho's EMS structure to determine whether and to what extent those attributes were present in the current structure.

1. **Comprehensive enabling legislation.** States need comprehensive legislation that statutorily authorizes a lead agency to oversee emergency medical services with the legal power to coordinate and fund the services.
2. **Uniform medical oversight.** Physician oversight of EMS agencies and personnel is necessary to provide consistency in all aspects of patient care, which can reduce the likelihood of error for nonphysicians who provide medical services.
3. **Regionalized systems.** States should have regionalized systems to organize the care and resources of all EMS agencies operating within a geographic area of the state. Regionalized systems can most effectively meet the specific needs of patients by reducing errors and creating consistent, seamless care across the jurisdictional boundaries of governmental subdivisions.
4. **Accountable system.** A lead agency should establish and enforce performance standards as part of the competition for rights to a geographic response area and hold agencies accountable for achieving

performance requirements that focus on outcomes rather than level of effort.

5. **Data-driven system.** A lead agency should have the authority to establish goals that are measurable and based on outcomes, and should require EMS agencies to regularly submit data in a standardized format.
6. **Funding based on the cost of readiness.** Adequate funding will help improve outcomes and cost-effectiveness and should be based on the cost of readiness, which is the cost associated with maintaining the resources needed to meet clinically meaningful response times in a prehospital setting.
7. **Appropriate delivery of care.** The agency response and level of care should be appropriate for the situation and should be driven by the needs of the patient and evidence-based medical practices.

Of the seven attributes, we found that Idaho's structure was partially driven by data (attribute 5). The remaining six attributes were not present.

Report Recommendations

After assessing whether Idaho's EMS structure incorporated the seven design attributes of a well-functioning system, we concluded that Idaho had a disjointed assortment of agencies providing services from a mix of resources. For the most part, friendly working relationships existed, but no one agency or governing body had explicit governing authority. Statute did not provide for a governing body that had the authority to limit the duplication of services, require statewide coverage, or mandate the cooperation of EMS agencies. In the absence of a well-functioning and accountable system, quality patient care may be at risk.

We directed six recommendations to the Legislature to update Idaho Code to reflect contemporary EMS practices. The recommendations were intended to enable the Department of Health and Welfare's Bureau of Emergency Medical Services and Preparedness and local stakeholders to begin incorporating the design attributes of a well-functioning system. We directed one recommendation to the Department of Health and Welfare to reassess Idaho's EMS structure following the implementation of the other recommendations. The initial report recommendations were as follows:

1. Designate local systems by county boundaries
2. Create a structure for governance at the local level
3. Increase the role of the Idaho Bureau of Emergency Medical Services and Preparedness

4. Create local medical directorates
5. Consider reviewing the funding structure for local EMS systems
6. Require local systems to address funding in their comprehensive EMS plans
7. Conduct a reassessment of Idaho's EMS system as recommended by the National Highway Traffic Safety Administration

Legislative Efforts

Six of the seven recommendations asked for statutory amendments that require legislative action. Since the release of the initial report, legislation to develop a comprehensive EMS system has not been pursued by relevant stakeholder groups, legislative committees, or individual legislators.

However, House Concurrent Resolution 10, approved during the 2013 legislative session, directs the Department of Health and Welfare to create a working group to study the feasibility of establishing a time-sensitive care system for Idaho. The working group must “define the elements of, funding mechanisms for, and an implementation plan that uses the trauma component as the initial framework in a deliberate, incremental implementation approach for a comprehensive system of care for time-sensitive emergencies in Idaho.” The resolution also requires the department to ensure the working group includes broad stakeholder involvement representing needs across the state. The working group expects to present draft legislation during the 2014 legislative session.

House Concurrent Resolution 10 specifically refers to responses of time-sensitive emergencies: blunt trauma injury, stroke, and heart attack. A time-sensitive emergency system is separate from a broader EMS system intended for the response of all emergency calls. The addition of a strategic and regionalized time-sensitive care system will enhance Idaho's ability to provide appropriate care driven by patient needs. The design attributes of a well-functioning EMS system could potentially be a useful tool for the new working group.

Local Collaborative Efforts

Since the release of our initial report, at least three counties have worked with the Bureau of Emergency Medical Services and Preparedness to develop countywide EMS systems. Additionally, more counties have contacted the bureau about the idea of creating a system and for assistance with other collaborative efforts.

Canyon County

EMS organizations in Canyon County began providing services as a single-licensed EMS agency on December 1, 2012. These organizations came together out of frustration after the failure of Senate Bill 1391 in 2010 and in hopes of creating a system specific to the uniqueness of the county. Using the seven design attributes, the organizations formed the Treasure Valley Emergency Medical Services System, with geographic response areas encompassing county boundaries.

License-member organizations participate in the system under one license and have vested voting rights within the joint powers board. The following organizations are license-members:

Caldwell Fire Department	Middleton Fire District
Canyon County Paramedics	Nampa Fire Department
Melba Fire District	Wilder Fire District
Melba Quick Response Unit	

Independent-member organizations maintain their own license and their boundaries extend beyond those of the system. These organizations are given limited voting rights. The following organizations are independent members:

Homedale Fire District	Kuna Fire District
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The City of Parma and its fire district chose not to participate.

The Treasure Valley Emergency Medical Services System has a joint powers board and a medical director. The joint powers board, representing license-member organizations and independent-member organizations, operates and governs the system; the medical director provides uniform medical oversight. Together, the joint powers board and medical director oversee system accountability. This organized coordination is expected to assure that an appropriate level of care is delivered.

According to the Nampa fire chief, developing a data-driven system has been a challenge for the joint powers board. Each participating organization was previously using an individualized data system that is not necessarily compatible with other data systems, making the data difficult to merge. A task force has been established to identify and address those issues and ensure the data system can track each patient from the first point of contact to the hospital.

Shoshone County

EMS organizations in Shoshone County partnered with the county commissioners to provide services as a single-licensed EMS agency on January 1, 2013, following closure of the county's only transport agency. In a meeting to discuss how the county could provide ambulance services, the EMS bureau chief suggested the county and fire districts approach the solution from a system perspective.

The Shoshone County Emergency Medical Services System is operated by a nonprofit corporation, which is governed by a board of directors. Board membership includes an industry representative and a representative from each of the following entities:

- Shoshone County Board of Commissioners
- Shoshone County Fire Protection District 1
- Shoshone County Fire Protection District 2
- Shoshone County Fire Protection District 3/Mullan Volunteer Fire

The corporation does not represent Prichard Murray Volunteer Fire Department and St. Joe Incorporated. Prichard Murray chose to remain independent; however, the corporation is working with Prichard Murray to formalize a verbal agreement where Prichard Murray provides backup ambulance services when needed. St. Joe does not provide transport and therefore cannot be licensed under the corporation, which operates with a transport license.

The corporation is responsible for system funding. According to its chairman, the corporation receives about 15 percent of its operating budget from the county EMS tax. However, the corporation expects to be self-sustaining within two years using payments collected through patient billing, which it administers. The corporation also pays for the cost of equipment and supplies, and it reimburses organizations for personnel costs.

The system operates under the coordination and supervision of one medical director. That same medical director also provides oversight to Prichard Murray and St. Joe.

Ada County

EMS organizations in Ada County have come together to form the Ada County-City Emergency Medical Services System. The system is currently being developed; the Meridian fire chief told us he anticipates a joint powers agreement will be signed in July 2013. At that point, the organizations can focus on patient care and deployment of the system, decisions that will be driven by data. The participating organizations represent the following entities:

Ada County Paramedics	Meridian Rural Fire District
Boise Fire Protection District	North Ada County Fire Rescue
Eagle Fire Protection District	Star Joint Fire Protection District
Kuna Rural Fire District	

Since the release of the initial report, the EMS organizations in Ada County experienced changes in leadership that allowed for more education about EMS systems. Additionally, the organizations agreed that the failed legislation from 2010 had good ideas that could be used to develop a countywide EMS system.

The system will operate under the direction of a joint powers board with a representative from each EMS organization. In addition to the joint powers board, the system will have a medical directorate, two medical directors, and an administrative council comprising city fire chiefs and the county paramedic director. The council will make decisions about staffing and spending, and the joint powers board will grant final approval of those decisions.

Other Local Efforts

The Bureau of Emergency Medical Services and Preparedness has met with EMS organizations in Lewis, Boise, and Kootenai counties to discuss the possibility of operating under a single license. The status of each county is as follows:

- Organizations in Lewis County have not taken action to combine licenses.
- According to the bureau chief, several EMS organizations in East Boise County have been operating under a single license for nearly eight years. EMS organizations in the western part of the county, however, do not participate in a single-licensed system.
- The bureau continues to discuss how the Kootenai County Emergency Medical Services System could operate under a single license, although no formal action has taken place at this time.¹

The Coeur d'Alene fire department chief told us that collaborative efforts such as those mentioned above have influenced positive changes within fire-based organizations. For example, some fire departments are now developing standard operating procedures, responding to emergency calls outside of district boundaries, and changing purchasing procedures. These changes reflect tactics already in use by EMS organizations and may be useful to fire-based

¹ Kootenai County was operating a countywide system under the direction of a joint powers board at the time of our initial report.

organizations. The chief also told us that Idaho Fire Chiefs Association is pleased with the progress being made and the collaborative efforts across the state.

In addition to recent efforts to develop local EMS systems of governance, the counties operating as a single-licensed agency before the release of our initial report have continued to do so. They include the following:

Bear Lake	Clark	Madison
Boundary	Clearwater	Oneida
Butte	Fremont	Power

The chief of emergency services from Madison County told us that the EMS organizations continue to work well as a system. The county relies on an operational agreement established in 1998. All staff are cross-trained to respond to fire and EMS calls.

Conclusion

Although legislation has not been enacted to establish a statewide EMS governance structure, many of the organizations providing EMS have made progress to develop local countywide systems. Some of those organizations' efforts were guided by the seven design attributes of a well-functioning EMS system that we identified and recommended in our initial report. Some organizations have established joint powers agreements or nonprofit corporations to oversee their system. Still other organizations have found ways to enhance the delivery of EMS care through other informal agreements or collaborative efforts outside of developing a single-licensed agency. We find that these efforts address the intent of our recommendations.

Some stakeholders brought up the following unresolved concerns: (1) when personalities or philosophies do not align, joint powers agreements may be dissolved, which would affect long-term system stability, and (2) rural counties will continue to struggle without legislation that prevents gaps in coverage among geographic regions. However, every stakeholder we interviewed indicated that these new partnerships and collaborative efforts benefit the delivery of emergency medical services in Idaho, and some went so far as to say that the issues from the past are gone.



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April 22, 2013

Rakesh Mohan, Director
Office of Performance Evaluations
954 W. Jefferson Street
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Dear Director Mohan:

We received your letter, dated April 3, 2013, referencing your 2010 report *Governance of EMS Agencies in Idaho*. Thank you for following up on this important issue. I would like to take the opportunity to address each of your recommendations.

Recommendation 1: Designate Local Systems by County Boundaries

Assuring statewide EMS coverage would require statutory language declaring that emergency medical services must exist and must cover every square mile of a given geographic area. The Bureau of EMS & Preparedness spent several years attempting to develop consensus on legislative language that would mandate emergency medical services systems throughout Idaho. The Bureau's efforts to develop EMS systems legislation culminated with the unfavorable consideration of Senate Bill 1391 during the 2010 Legislature. There has not been any further activity to create EMS system legislation following SB1391.

There has, however, been activity in terms of systems of care that would involve the EMS agencies that provide prehospital patient care. We have worked closely with the Health Quality Planning Committee (HQPC) over the past two years to reach consensus on the need for the development of an organized system of care for time sensitive emergencies in Idaho. This "System of Care for Time Sensitive Emergencies" will address trauma, stroke and heart attacks. (A copy of HQPC Memorandum, dated December 28, 2012 is attached). The work of the HQPC and the Department resulted in the adoption of House Concurrent Resolution 10 (copy of HCR010 is attached) by the 2013 Legislature. HCR010 directs the Department to convene a work group to define the elements of funding mechanisms and the implementation plan for the system of care. HCR010 further directs the Department to draft enabling legislation for the 2014 session.

Recommendation 2: Create a Structure for Governance at the Local Level.

Lacking any statutory authority to require a systems approach to EMS, the Bureau has done a significant amount of work over the past few years working with EMS agency officials and elected officials to encourage the development of county-wide EMS systems. The Bureau has met with success in that several counties either have already or are planning to implement a county-wide EMS system. A few of the success stories include:

- **Canyon County:** An EMS system has been implemented wherein the majority of the previously licensed EMS agencies in the county have surrendered their licenses and now operate as a single EMS agency covering the entire county.
- **Ada County:** The majority of the organizations that provide emergency medical services within the county are nearing agreement to operate as an EMS system governed by a Joint Powers Board.
- **Shoshone County:** The County Commissioners are actively exploring operating a single licensed EMS system within the county that is very similar to the system in Canyon County.

Recommendation 3: Increase the Role of the Idaho Emergency Medical Services Bureau.

Idaho Code currently requires that the Bureau grant a license to an applicant organization when the list of specific objective standards listed in I.C. §56-1016 are met without regard to how the applicant organization may interact and/or affect currently licensed EMS agencies in the requested response area.

The Bureau's regulatory work that is mandated by the current EMS statute is very important to assuring that EMS in Idaho is provided in a safe and appropriate manner. The Bureau is well positioned in our Division of Public Health to take on an additional role like that described in the OPE report. If such a mandate were created, the Bureau would require additional human and financial resources.

Recommendation 4: Create Local Medical Directorates.

As with recommendations 1 and 2, the Bureau has continued to work closely with local EMS agencies to encourage a collaborative systems approach to the provision of EMS. Consistent, system-wide medical supervision must exist if efficient, high-quality medical care is going to be provided throughout the system. Idaho Code requires that each licensed EMS agency have a medical director, but there is no requirement that medical directors within the same geographic area communicate or collaborate.

There has however been movement toward the creation of medical directorates within those counties where EMS systems are beginning to emerge. There is also hope that EMS medical directorates will be addressed in the work product of the HCR010 work group.

Director Rakesh Mohan
April 22, 2013
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Recommendation 5: Consider Reviewing the Funding Structure for Local EMS Systems.

There has been no effort that we are aware of to review the funding for local EMS systems.

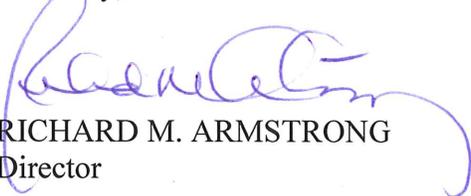
Recommendation 6: Require Local Systems to Address Funding Their Comprehensive EMS Plans.

As with several of the other recommendations, this would require a change in the EMS statute. Idaho Code §56-1016(7)(a) requires that applicants for initial EMS agency licensure declare their anticipated agency costs and revenues. The Bureau cannot however base a licensure decision on the financial declaration as Idaho Code §56-1016(8) limits the Bureau's use of financial data to informational purposes only.

Recommendation 7: Conduct a National Technical Assistance Team Reassessment.

We have not planned a NHTSA system assessment as we have been hesitant to commit resources to a formal external assessment until there is an indication of interest in moving forward with EMS system development.

Sincerely,



RICHARD M. ARMSTRONG
Director

RMA:bwf

Enclosures: (2)

cc: Division of Public Health

Office of Performance Evaluations Reports, 2011–Present

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