



Maryland Emergency Medical System Operations Fund Hearing

**House Public Safety & Administration Subcommittee
February 28, 2018**

**Senate Budget & Taxation Committee
March 1, 2018**

Patricia Gainer, JD, MPA

Maryland Institute for Emergency Medical Services Systems (MIEMSS)

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry J Hogan, Jr.
Governor*

*Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board*

410-706-5074
FAX 410-706-4768

Good afternoon. I am Patricia Gainer, Acting Co-Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS). I want to thank Ms. Wagner for her very thorough analysis.

MIEMSS coordinates all components of the statewide EMS system in accordance with policies set by the State EMS Board and Maryland statute and regulation. MIEMSS' areas of responsibility include providing medical oversight, coordinating and supporting EMS educational programs, operating and maintaining a statewide communications system, designating trauma and specialty centers, licensing and certifying EMS providers, licensing and regulating commercial ambulance services, and participating in EMS-related public education and prevention programs.

The MEMSOF provides support for MIEMSS and for initiatives that benefit our entire statewide EMS system. We are grateful for the efforts of the Maryland General Assembly to ensure the ongoing viability of the Fund. I would like to provide a few brief comments on MIEMSS' work over the past year that has been possible through the support provided by MEMSOF.

MIEMSS Communication Project - One of MIEMSS' most critical functions is the operation of our Statewide EMS Communications System. MIEMSS' emergency medical communications system is a complex network that provides communications among ambulances, medevac helicopters, dispatch centers, hospital emergency departments, specialty referral centers and trauma centers. Because much of the equipment of our system is outdated, we began a multi-year project in 2013 to upgrade the statewide system. As we continue work on the upgrade project, the current EMS Communications System remains fully operational. Initial work on the project involved the upgrade and renovation of the EMRC/SYSCOM Communications system went well and was completed in 2015. Part of that effort included installation of Maryland FiRST console equipment, eliminating the risk associated with the outdated Motorola Centracom Console risk and enabling MIEMSS communications on the Maryland FiRST System. There were no communications interruptions during the upgrade and renovation.

Until the remaining components of the project are completed, MIEMSS continues to support the legacy equipment making repairs as necessary. The move to IP based communication operations and the elimination of the remaining identified vulnerabilities will be completed under the System Integrator (SI) RFP portion of the project. MIEMSS initially released the SI RFP on August 29, 2016; after several extensions requested by potential offerors, the final proposal due date was January 24, 2017. After receipt of proposals, and upon advice from

DoIT and counsel at the Board of Public Works, MIEMSS cancelled the RFP on February 6, 2017 in the best interests of the State. MIEMSS re-released the Communications System Upgrade RFP on February 27, 2017 with an RFP closing date of June 1, 2017. Upon determination that the proposals that were received met response requirements, MIEMSS completed technical evaluations of the proposals and financial evaluations for those offerors whose proposals were deemed reasonably susceptible for award. The technical evaluation included a thorough review of offeror submission documents, product demonstrations and oral presentations.

Upon completion of the evaluations, MIEMSS entered into contract negotiations to obtain a best and final offer (BAFO). MIEMSS is currently in the process of preparing the final contract for BPW action and anticipates a contract award in March 2018. MIEMSS anticipates work to begin immediately after BPW approval and is currently putting in place the framework for the work to commence quickly. We believe the majority of the work to complete the Communications System Upgrade Project will be accomplished before the end of FY 2021.

Emergency Department Overcrowding: The 2017 Joint Chairmen's Report directed MIEMSS to work with the Health Services Cost Review Commission (HSCRC) to evaluate the impact of hospital overcrowding on EMS response times and Maryland's patient population and to develop a plan to address the overcrowding issue. Below is a summary of the report. The report in its entirety can be found at: http://www.miemss.org/home/Portals/0/Docs/LegislativeReports/MIEMSS-HospitalED-Overcrowding-Report_12-2017-FINA.pdf?ver=2018-01-11-145527-537

- Emergency Department (ED) overcrowding results in excessive ED patient waiting times and diversion of EMS ambulances from one hospital to another. ED overcrowding has been a long-standing challenge for Maryland hospitals and the Maryland health care system.
- ED overcrowding is a multifaceted problem that has been exacerbated by the following factors:
 - An increase in behavioral health patients treated at EDs, including overdose patients
 - Continuing staff shortages affecting hospital EDs
 - Increased patient care requirements in emergency departments
 - Increasing numbers of EMS transports in some EMS jurisdictions coupled with limited options for EMS to provide alternative modes of treatment
 - A misalignment of hospital reimbursement and EMS reimbursement policies
- Efforts undertaken to date, including utilization of Ambulance Yellow Alerts, have not resolved the problem and do not address underlying factors.
- The HSCRC has implemented two strategies to incentivize hospitals to continue to improve ED efficiency and patient throughput: 1) adding an ED performance measure in the Quality-based Reimbursement program; and 2) requesting hospital efficiency improvement action plans from hospitals that have poor ED performance measures coupled with reduced patient days.
- MIEMSS and EMS jurisdictions will continue to develop new models of EMS care delivery and assess their utility in reducing ambulance transport of low acuity patients to hospital EDs.
- MIEMSS will work with the HSCRC to incorporate/engage EMS for participation in new care delivery programs under the State's Enhanced Total Cost of Care All-Payer Model, including the possibility of shared savings. MIEMSS will work with the Maryland Department of Health to

identify potential opportunities for changes in the Medicaid program to reimburse EMS for new models of service delivery.

- MIEMSS will assess and determine whether the use of Yellow Alerts should be discontinued.
- MIEMSS will work with EMS jurisdictions to identify a reasonable standard time for ambulance off-load (the time between the arrival of an ambulance-transported patient and the time that the patient is moved off the EMS stretcher).

Mobile Integrated Health – The 2017 Joint Chairmen’s Report directed MIEMSS to evaluate the impact of existing Mobile Integrated Health (MIH) Programs, including exploration of the potential for further expansion, and potential solutions to the lack of secured funding for EMS participation. Below is a summary of the report. The report in its entirety can be found at:

<http://www.miemss.org/home/Portals/0/Docs/LegislativeReports/MIH-Study-MIEMSS-Final-Oct-2017.pdf?ver=2018-01-11-145527-320>

- Maryland MIH programs take different forms, but all are targeted to reducing the number of EMS transports of high utilizers of 9-1-1 services who have chronic or low acuity conditions. In MIH programs, EMS partners with other health care providers to conduct home visits to assess, treat and refer patients to needed services outside the emergency environment. A variant of MIH, an Alternative Destination Program, involves transport of patients with low acuity conditions to an urgent care environment, instead of transporting low-acuity patients to a hospital emergency department.
- Six (6) MIH Programs are currently operating in: 1) Queen Anne’s County; 2) Prince George’s County; 3) Charles County; 4) Montgomery County; 5) Salisbury – Wicomico County; and 6) Frederick County. In 2018, Baltimore City and Montgomery County plan to implement Alternate Destination Programs which will give patients who call 9-1-1 but who have non-emergency, low acuity conditions the option of transport to and treatment at an urgent care center, instead of a hospital emergency department.
- Measures of effectiveness for the Maryland MIH programs show impressive results: patients participating in the MIH programs have decreased use of 9-1-1, decreased hospital emergency department visits and increased use of other non-emergency sources of needed healthcare and services within the community.
- Current EMS reimbursement policies do not provide reimbursement for services provided by EMS when the patient is not transported to a hospital ED, so current reimbursement does not support MIH or Alternative Destination programs. Maryland MIH programs are currently funded through a combination of grants, in-kind service donations, and jurisdictional (e.g., county) budgets (usually supported by jurisdictional tax dollars). The Alternative Destination Program is funded through the jurisdiction and in-kind service donations.
- Current EMS reimbursement policies need to be modified account for alternative models of EMS care delivery. MIEMSS is working with Legislators, MIH and Alternative Destination programs, EMS jurisdictions, and the Maryland Department of Health to address this issue during the current Legislative Session by supporting revisions to state law to permit EMS to be reimbursed by Medicaid and private insurers for MIH services and Alternative Destination transports.

These are but a few of the initiatives that MIEMSS has been engaged in over the past year that have been supported by the MEMOSF. We thank you for your support and look forward to continuing to work with you. Thank you.