



**Maryland Institute for Emergency Medical Services Systems
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State of Maryland

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**House Health & Human Resources Subcommittee
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**Senate Public Safety, Transportation, and Environment Subcommittee
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Good afternoon. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent state agency that 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 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.

We appreciate the opportunity to present MIEMSS' FY 2020 budget request and to brief the committee on several programmatic areas of interest. MIEMSS and the Emergency Medical Services Board are very appreciative of the General Assembly's support of MIEMSS and our Statewide EMS system. The analysis by Anne Wagner is comprehensive and focuses on several important matters. We thank her for her hard work, as well as that of the Department of Budget and Management and Breanna Browne, MIEMSS' DBM budget analyst.

Before responding to the issues raised in the DLS Analysis, I am happy to share that MIEMSS is poised to welcome a new Executive Director, Ted Delbridge, MD, MPH, FACEP, FAEMS, who will join us on February 13, 2019. Dr. Delbridge is a board-certified emergency physician with a 27-year clinical background in the practice of emergency medicine. He is experienced in all aspects of EMS and led the development of the report "EMS Agenda for the Future" that set the national framework for advancement of EMS throughout the U.S.

MIEMSS Communication System Upgrade

Analyst's Comment: MIEMSS should provide an update on the project design and implementation timeline being finalized with the vendor. The agency should also discuss how it will prevent and/or handle any network outages while the new system is developed and during the transition to the new network technology.

MIEMSS Response: 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 are in the midst of a multi-year project to upgrade the system. The Board of Public Works approved the contract for the upgrade in May 2018, and we are fully immersed in the project. The contract calls for all work to be completed by June 2022. In the meantime, the current EMS Communications System remains fully operational.

Currently, MIEMSS is working with the Contract's System Integrator on completing the Detailed Design Review (DDR). The DDR is a cohesive, written, document detailing what the vendor is going to provide, including details on IP and microwave engineering, configurations, equipment/ hardware,

software and services; how the vendor is doing to accomplish the work (Implementation Plan and Transition Plan); a clear, realistic, timeline to accomplish the task; and coordination and acceptance test plans. The goal of the DDR is to ensure all aspects of the project are addressed and agreed upon. A successful DDR will mitigate/minimize the risk of change orders. We anticipate being through the DDR by March 1, 2019.

The specific implementation timeline will be identified through the DDR. The Communications Upgrade Contract is for four years – June 5, 2018 until June 4, 2022.

MIEMSS uses real-time network monitoring to maintain high awareness of system performance and device availability. Network issues are triaged and addressed as the situation warrants with significant system outages/disruptions being a high priority. As new replacement parts are difficult to obtain for many components of the existing system, MIEMSS manages this risk by maintaining a limited supply of spare parts it has acquired over the years, searching online for used components when necessary, and attempting to repair failed components. Since parts are often difficult to obtain and not all parts may be repairable, we have contingencies in the event of an outage. Should an outage/disruption occur, and while MIEMSS Communications Engineering personnel work to resolve the issue, we will advise jurisdictions of the issue, and depending on the extent of the outage/disruption, provide EMS communications guidance for jurisdictions and providers. Guidance includes having providers use the local jurisdiction's radio system direct to hospital capability, relaying through the local jurisdiction's communications center to the hospital, or using cellphone/landline phone to communicate directly with the hospital. There is also a risk of issues arising during installation. This will be mitigated by thoroughly understanding all facets of the upgrade and required network changes and implementing changes cautiously.

MIEMSS will make the transition to the new system in a phased manner. While many parts of the statewide communications system are interconnected, a phased approach minimizes any disruption during the transition to the new system. Additionally, as part of the contract, MIEMSS requires that each phase's transition shall include a period of parallel operation (30 days minimum) under full operational load with no critical failure – both the existing (legacy) system and new system will be fully operational. If an outage were to occur on the new system, operations would revert to the legacy system. Real-time network monitoring will monitor system performance and device availability for the existing (legacy) system and new system. Spare parts for the new system will be on hand. The first year of warranty is included in the contract.

Emergency Department Overcrowding

Analyst's Comment: MIEMSS should provide an update on any plans to replace the measure or set a standard criteria for going on diversionary status.

MIEMSS Response: In the JCR ED Overcrowding Report¹ submitted by MIEMSS and the Health Services Cost Review Commission (HSCRC) in December 2017, MIEMSS identified four strategies that it would be undertaking to help address emergency department overcrowding, ambulance diversion and Yellow Alerts. These strategies are to:

- 1) work with EMS jurisdictions to continue to develop new models of EMS care delivery and assess their utility in reducing ambulance transport of low acuity patients to hospital EDs;
- 2) work with 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 and 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;

¹ Joint Chairmen's Report on Emergency Department Overcrowding. The Maryland Institute for Emergency Medical Services Systems and the Health Services Cost Review Commission. December 2017.

- 3) determine whether the use of Yellow Alerts should be discontinued; and
- 4) 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).

Over the past year, MIEMSS has focused significant attention on new models of EMS care and on obtaining reimbursement when EMS provides care under these models, since at the present time, EMS can only be reimbursed if a patient is transported to a hospital emergency department. Chapter 605 of 2018 (Senate Bill 682) tasked MIEMSS and the Maryland Health Care Commission with studying coverage and reimbursement for three EMS care delivery models: EMS treatment provided without transport; EMS transport to an alternative destination (other than a hospital emergency department) and Mobile Integrated Healthcare. During 2018, MIEMSS and the MHCC worked closely with other state agencies, including Medicaid and the Health Services Cost Review Commission, health insurance companies and their representatives, EMS programs, hospitals and other stakeholders. Our final report was submitted to the Senate Finance and House Health Government Operations Committee at the end of January. The report documented that each of these models has tremendous potential to reduce emergency department overcrowding, reduce the need for ambulance diversion, improve patient care, reduce system-wide costs, and improve ambulance turnaround time. Key to success of these new models, however, is securing sustained funding for their operation. Working with the HSCRC, we believe we will be able to put in place some short-term funding to support these models while MIEMSS and the MHCC, our sister-state agencies, and stakeholders continue to work to secure reimbursement for EMS for these models. Once that is achieved, EMS will be able to bill Medicaid, Medicare and insurance companies and be reimbursed for providing services to 9-1-1 patients under these models.

In the meantime, MIEMSS plans to work with stakeholders, including the Maryland Hospital Association and emergency physicians, as well as each of our Regional EMS Advisory Councils to review the utility of Yellow Alerts. There are varying views on the utility of Yellow Alerts as a mechanism for monitoring and impacting ED overcrowding. Some Maryland hospitals believe Yellow Alerts can provide temporary relief from overcrowding, while others eschew the use of Yellow Alerts altogether. Some EMS jurisdictions are unconvinced as to the utility of Yellow Alerts since the alert status is not uniformly used by all hospitals. The Regional EMS Advisory Councils have a broad membership which includes representatives from jurisdictions, commercial ambulance services, public safety answer points, local governments, hospital administrators, dispatch centers, volunteer and career EMS providers, EMS medical directors, and nurses.

MIEMSS will also work with our Jurisdictional Advisory Committee (JAC) to identify a reasonable standard for ambulance off-load time. Ambulance off-load is the time between the arrival of an ambulance-transported patient and the time that the patient is moved off the EMS stretcher with transfer of care to ED staff. The generally accepted national standard is an off-load time of 30 minutes, yet some jurisdictions in Maryland report off-load times extending to 2 and 3 hours. Delays in ambulance off-load effectively keeps the ambulance out-of-service which can delay EMS responses to other emergency calls in their jurisdictions, decrease Advanced Life Support response to critical conditions, e.g., cardiac arrest, and decrease EMS productivity as EMS crews must wait to hand over care to hospital personnel. Delays in ambulance turn-over can also raise EMTALA concerns. JAC is comprised of representatives from each of Maryland's EMS jurisdictions and is the appropriate forum for addressing this topic.

We would be happy to answer any questions.