After completing this section, the medical director will be able to:

1. Understand what an ambulance certificate of need is and how to address public relation inquiries and messaging
2. Explain role in EMS provider credentialing and educational programs
3. Understand the role of labor unions and industry regulatory and consensus standards organizations
After completing this section, the medical director will be able to:

4. Identify various funding sources for EMS agency activities

5. Understand industry regulations and standards that impact apparatus and equipment design and use
Objective 5.1
Understand what an ambulance certificate of need is and how to address public relation inquiries and messaging
• A medical director may become involved in the implementation of a new EMS agency or a planned expansion of an existing EMS agency
  – There may be applicable state and local regulations
  – In some states, a Certificate of Need for the agency may be required
• Some states have very involved EMS regulatory offices with robust authority, while others have little authority and responsibility and is quite localized

• The medical director must understand how systems operate within their state and understand the regulating authority’s role
• The medical director is viewed by both the media and the public as a trusted official
  – Must be concerned with the EMS agency’s quality of performance
• Need to be responsive to inquiries
  – Establishing positive media relations is important
• There are ethical and legal considerations to evaluate when releasing media responses
  – HIPAA related issues
  – Protecting investigative information from premature release
  – Freedom of Information Act related issues
• The medical director needs work in concert with the agency’s leadership to coordinate responses to media requests
  – Some EMS agencies may have a public relations office or officer that can assist the medical director
  – Medical directors may not have previous experience with media relations and this may be an area to request specific agency level training
• Medical directors should take an active role in promoting their EMS agency and be an advocate for the overall EMS industry
• The medical director position will interact with many external system stakeholders
  – Can be an effective liaison to these external stakeholders and leverage a great deal of credibility in communicating EMS agency accomplishments and needs
• The medical director should coordinate advocacy activities with the agency’s leadership to achieve a shared, consistent message and to increase the effectiveness of efforts
  – Activities may involve public speaking to articulate needs and service delivery issues, provide budget justifications, and describe impacts of state and local EMS rules and regulations
Objective 5.2
Explain role in EMS provider credentialing and educational programs
• Medical director oversight includes verification of your EMS providers’ credentials
  – May seek assistance with this function within the agency’s administrative staff

• Specific items related to EMS credentialing vary from region to region and state to state
  – Some states may license providers while other states certify them
• Credential information may be available at the state or regional EMS office
  – EMS personnel education and training history
  – Licensure or certification history
  – Active or non-active status
  – General contact information
• The *EMS Agenda for the Future* recommended establishment of a single national accreditation agency for all EMS certification levels
  – Currently there are no national level accreditation requirements for educational programs below the level of paramedic
• National Registry of Emergency Medical Technicians (NREMT) has new requirement for testing and credentialing eligibility

  – All paramedic applicants must have graduated from an accredited program

  – This requirement has a targeted effective date of January 1, 2013

  – Once again, the medical director needs to check with their state’s EMS oversight agency to receive guidance
• For most EMS educational programs, the medical director should commit a significant amount of time to the program

  – If an agency has or is seeking to establish an initial training program for paramedic certification, the medical director should seek educational program accreditation to ensure national educational standards are met
• Following successful completion of an approved EMS educational program, the prospective EMS provider is eligible to attempt certification and/or licensing testing
  – Battery of testing is both didactic and practical in nature
  – The medical director should become familiar with related certification practices and requirements within their state.
• Continuing education is a requirement for recertification and/or licensure renewal
  – Each provider level is required to complete a specified number of hours, depending on state and/or NREMT requirements
  – Length of time for recertification and/or licensure renewal varies among states
    • Typically ranges between two to three years
    • NREMT has a two year recertification period
Objective 5.3

Understand the role of labor unions and industry regulatory and consensus standards organizations.
Collective bargaining is a process of negotiations between employers and labor unions to achieve workplace agreements.
• Typical items discussed and collectively bargained for include:
  – Wage compensation
  – Work hours
  – Health and safety
  – Occupational environment
  – Benefits
  – Union and management rights

Procedures to resolve disputes and grievances
• The resulting agreement will be a written collective agreement, contract or memorandum of understanding (MOU) between the employee union and the employer

• In some states, collective bargaining may involve binding arbitration
  – If negotiation efforts fail the case will be presented to a neutral arbitrator or arbitration panel for a decision
• The medical director needs to establish a productive working dialogue and relationship with all work representative groups within an agency
  – Must have a basic understanding of any collective bargaining agreements that may be in place
• The medical director needs to clearly articulate verbally and in writing any service delivery related medical practices and/or policies so they may be open for discussion prior to final implementation.
• In 22 states, there is a Right to Work law
  – Right to Work laws permits individuals to decide if they prefer to join or financially contribute to a union
  – If an individual elects to have joined a union but later decides to resign from the union, they can still be covered by the collective bargaining agreement that was in place during their membership
The medical director needs to understand the labor environment of their agency to avoid any potential conflicts and establish the appropriate professional relationships.
• As previously discussed the medical director must be aware of EMS related industry regulations, standards, and guidelines

• Two of the most commonly referenced agencies are OSHA and NFPA
  – OSHA regulations are enforceable by law
  – NFPA produces industry standards and guidelines that should be considered for adoption by the EMS agency
• These organizations and their documents can assist the medical director in fostering a healthy and safe working environment for their providers
Objective 5.4

Identify various funding sources for EMS agency activities
• Your EMS agency will have a budgetary process
  – The budget should be a driving force for what is monitored and aid decision making
• The medical director needs to work cooperatively with agency leadership by projecting program needs and costs
• Federal funding is typically distributed to states and may be passed on to localities.
• Many states allocate funding for state oversight agencies and local EMS agencies through:
  – General fund allocations
  – Grant programs
  – Incentive programs that return a portion of collected taxes or fees back to the locality.
• Local funding sources can also be derived from a variety of sources such as:
  – Taxes and Fees
  – Fines and Citations
  – Development Impact Fees
  – Revenue Recovery Including Subscription Programs
  – Benefit Assessment Charges
  – Strategic Alliances
  – Grants
  – Sales of Assets and Services
• Career and volunteer fire and EMS agencies may raise a significant amount of funds from the private sector.

• Private sector funding sources include the following:
  – Private foundations
  – Corporate donations
  – Public and private partnerships
Many EMS agencies have instituted revenue recovery programs

- Insurance companies, including Medicare and Medicaid, are billed for EMS transport services
- Costs of emergency care are already included in actuarial calculations of insurance premiums and are a viable revenue source for EMS agencies
• Medical directors should be very familiar with the agency’s billing policies and procedures including any role in any signoff or review procedures
• Funding for medical oversight activities can come from a variety of sources which may include:
  – Medicare has a billing code for on-line medical direction but funding is typically directed to the physician who provided the activity which may or may not be the agency’s medical director
  – Hospital or physician practice groups may provide financial and administrative support
  – Agency dedicated funding
Objective 5.5
Understand industry regulations and standards that impact apparatus and equipment design and use
• There are industry standards that address ambulance design and construction
  – Currently the most popular is the federal KKK-A-1822 standard and the National Truck Equipment Association Ambulance Manufacturers Division standard (2007 version)
  – Ambulance design is currently undergoing a period of increased interest and scrutiny
  – NFPA has developed a new standard which will replace existing KKK-A-1822 specifications and is expected to be published in 2013
EMS equipment is designed to be compact, portable, durable, and lightweight, and technology is ever evolving and becoming more sophisticated.

- Type and minimum amount of equipment for BLS and ALS transport vehicles is regulated by the state in which the ambulance operates.
• Technology is beginning to improve data capturing and reporting processes
  – Some EMS agencies have electronic patient care reporting systems replacing traditional paperwork
• Medical directors should be involved in selection of medical equipment
  – Stay abreast of innovations, both positive and negative
  – Expect to be approached by vendors and providers with requests to introduce the latest devices and technology into practice
  – Carefully review and evaluate recommendations as often requests are made in advance of evidence-based information or criteria
• The process EMS agencies use to receive, store and exchange medications will vary due to factors such as agency type, agency or regional pharmaceutical agreements, and related state and federal regulations.
• If an EMS agency purchases, stores and/or exchanges their own medications, the medical director may be responsible for enabling the agency to obtain equipment and medications

  – The medical director’s state license will allow the agency to obtain medications such as atropine, dextrose and epinephrine
• Medical director role in enabling the agency to obtain equipment and medications continued
  – Scheduled medications such as morphine, fentanyl, and midazolam must be purchased using a Drug Enforcement Agency (DEA) number
• Medical directors may not use their personal DEA number for the EMS agency stock of controlled substances
  – Personal provider DEA numbers may only be used when prescribing to a specific patient
• Medical directors will need a separate DEA number for their EMS agency duties to avoid conflicts with physician’s practice and comply with DEA regulations
• The medical director must understand all state and federal licensing requirements related to this activity
  – Numerous administrative and operational policies will need to be implemented to comply