

Rural EMS in North Dakota

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Challenges and Successes



A little history...



- Cincinnati and New York City after the Civil War
- First Volunteer Service in Roanoke Virginia in 1920

Local Funeral Home provided transportation through the 40s, 50s and 60s...



1966

“Accidental Death and Disability:
The Neglected Disease of Modern Society” - NHTSA

- *No treatment protocols*
- *Few trained medical personnel*
- *Inefficient transportation*
- *Lack of modern communication and equipment*
- *Abdication of responsibility by political authorities*
- *Lack of research evaluating prehospital care*

- EMS development was placed under the US DOT
 - * ambulance vehicle specifications
 - * equipment standards
 - * communication
 - * education
 - * staffing



January 1971

CLICKAMERICANA.COM



23-12-08. Emergency medical service authorized. **Any county or municipality of the state of North Dakota, by itself, or in combination with any other county or municipality of the state of North Dakota, may, acting through its governing body, establish, maintain, contract for, or otherwise provide emergency medical service for such county or municipality;** and for this purpose, out of any funds of such county or municipality not otherwise committed, may buy, rent, lease, or otherwise contract for all such vehicles, equipment, or other facilities or services which may be necessary to effectuate such purpose.

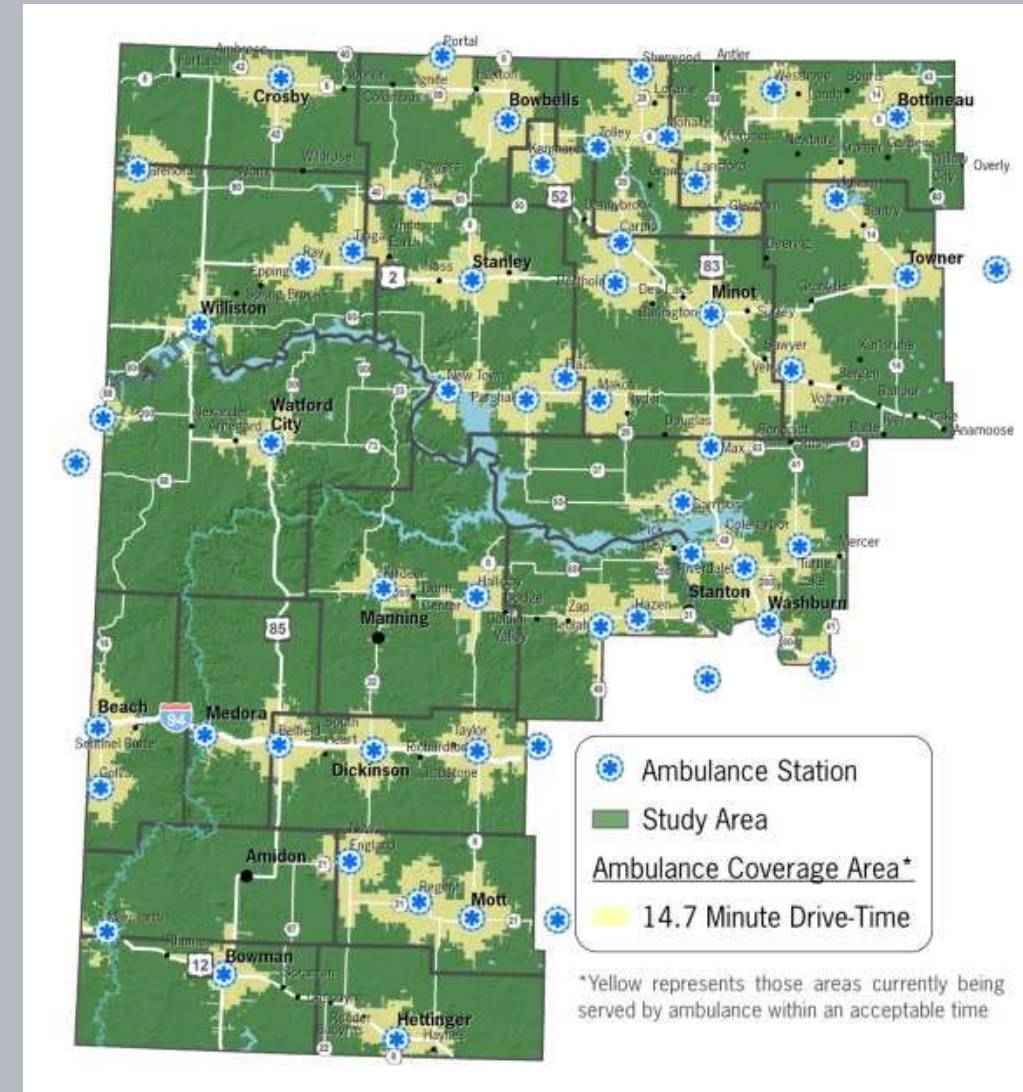
North Dakota 2017

2016

- 122 Ambulance Services in North Dakota answered 82,337 calls
- 15 Ambulance Services in 4 Urban* Counties (city with population at least 50,000)
- 36 Ambulance Services in 10 Semi-Rural Counties (city with population 2,500)
- 72 Ambulance Services in 35 Frontier or Super Rural Counties (population less than 7 / square mile)
 - One County with less than 10,000 population has 8 ambulance services.

Oil Producing Counties 22,556 responses (27%)

- No Urban Counties
- 15 Services in 4 Semi-Rural Counties (15,749)
 - 70% of the responses
 - 7 services with < 100 responses
- 35 Services in 15 Frontier Counties (6807)
 - 18 services with <100 responses
 - 12 services with < 1 response / week
 - 30% responses by 2 services



Challenges



- Recruitment / Retention
- Reimbursement
- Rural

EMS has historically been plagued with underfunding from the government and over expectations of the public. This has created a lowly compensated work force in a demanding environment with a greater provider churn rate than the other Allied Health Services.

- Chris Reeves, Daily KOS 3/12/17

Recruitment / Retention



TOP 10 REASONS TO VOLUNTEER

#10: WE NEED YOU!

RURAL AMERICA RELIES ALMOST TOTALLY ON A VOLUNTEER EMS SYSTEM, AND NEARLY 70% OF RURAL EMS ORGANIZATIONS HAVE REPORTED PROBLEMS RECRUITING OR RETAINING VOLUNTEERS.

#Top10Tues

(source: Rural Health Research & Policy Centers report
"Rural Volunteer EMS: Reports from the Field," August 2010)



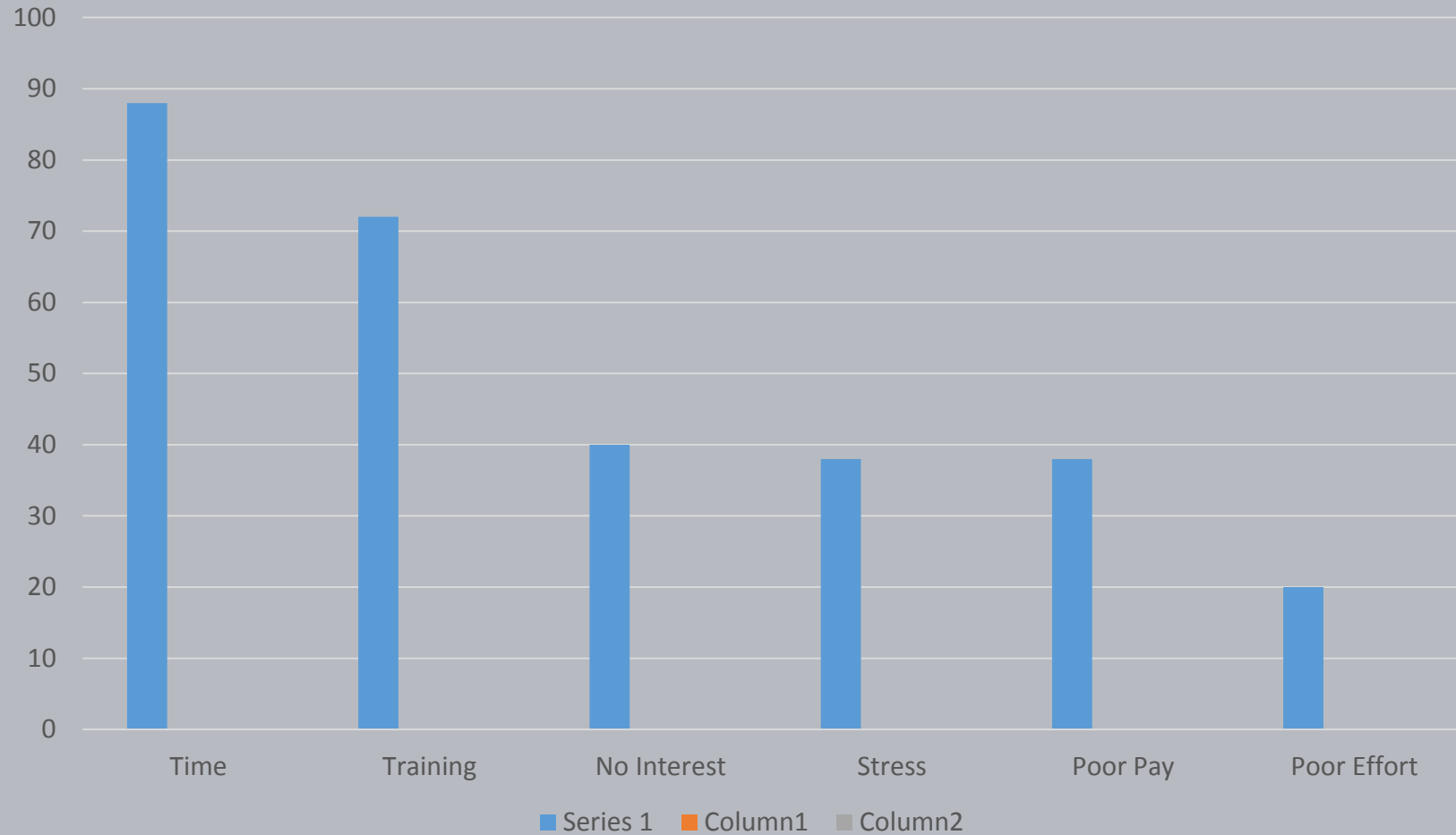
Vol nteer-
Lakota
Needs
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Volunteer Staffing Model

- Average age of the workforce increasing
- Expensive Education / Training
- Lack of a Career Ladder
- Other Careers Too Demanding for Volunteers
- Movement out of Rural Communities

Barriers To Volunteer Recruitment



Rural EMS Initiative UND School of Medicine and Health Sciences (March 2000)

Volunteer Staffing Model EMS Dinosaurs



It's worked this way
for thirty years, why
change it now?

We don't want /
need to be a
professional
ambulance service!

We didn't mean for her (new volunteer) to quit, it was just "constructive criticism".

We can't work with that town, they got the high school!

Volunteer Staffing Model



Public Perceptions

I don't think they
want to get paid,
they just really like
doing it.

Isn't the ambulance
the same as the
volunteer fire
department?

Public Perception

Reimbursement: Unrealistic Payment Structure

Service Date Start-End	Units	Procedure Code	Mod(s)	Billed Amount	Allowed Amount	Deduction Amount	Paid Amount	Coinsurance	Deductible	Copay	Group	Reason	Adjustment Amount
06-25-2015	1	A0428	NH	\$ 250.00	\$ 227.01	\$ 0.00	\$ 177.98	\$ 45.40	\$ 0.00	\$ 0.00	CO	45	\$ 22.99
			BLS pickup										
06-25-2015	8	A0425	NH	\$ 60.15	\$ 58.16	\$ 0.00	\$ 45.60	\$ 11.63	\$ 0.00	\$ 0.00	CO	45	\$ 1.99
			BLS mileage										
06-25-2015		A0422	NH	\$ 105.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	CO	97	\$ 105.00
			Oxygen										
Remark Codes: N390													
Totals:				\$ 415.15	\$ 285.17	\$ 0.00	\$ 223.58	\$ 57.03	\$ 0.00	\$ 0.00			

Total allowed amount
(type into calculator)

Total amount received
(type into "Payment or reversal")

CO-253 amounts
(type into calculator)

CAR code



No Federal or State Mandate for EMS



Public Perception



Public Perception

I pay my property taxes so I shouldn't have to pay for an ambulance ride.

Somebody else called 911 so I shouldn't have to pay for it.

Rural

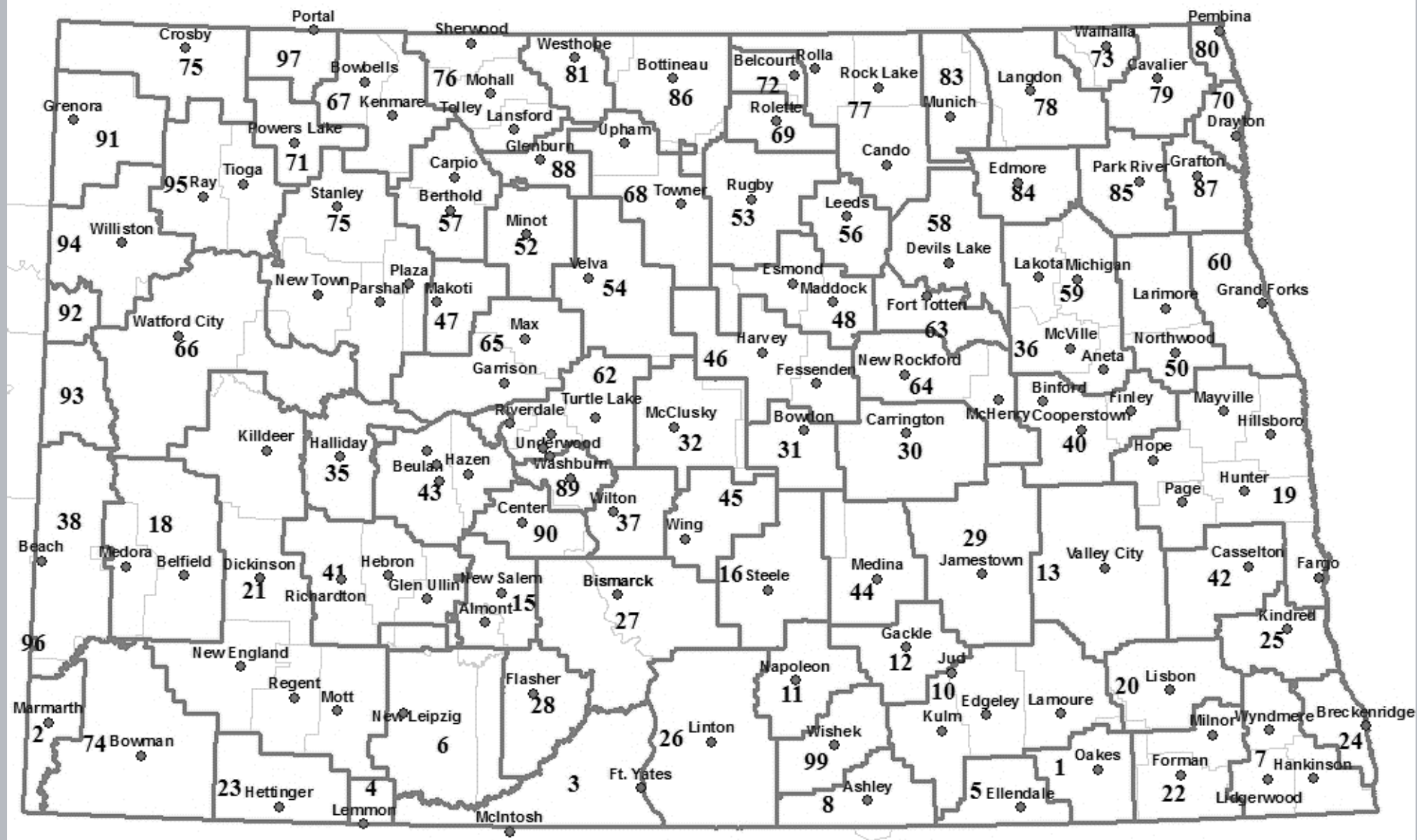
- Long Response and Transport Times
 - 50% ND Ambulance Services are > 30 minutes from “closest” hospital
 - Lack of Specialty Care Facilities
 - Poorly Defined Geographical Boundaries
 - Lack of Communication Infrastructure
 - Low Population Density and Call Volume
 - Fewer calls over which to spread costs

Successes

23-46-03. **Emergency medical services funding areas.**

The state department of health shall establish and update biennially a plan for integrated emergency medical services in this state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. The department shall designate emergency medical services funding areas based on criteria adopted by the health council and published in the North Dakota Administrative Code.

Ambulance Funding Areas

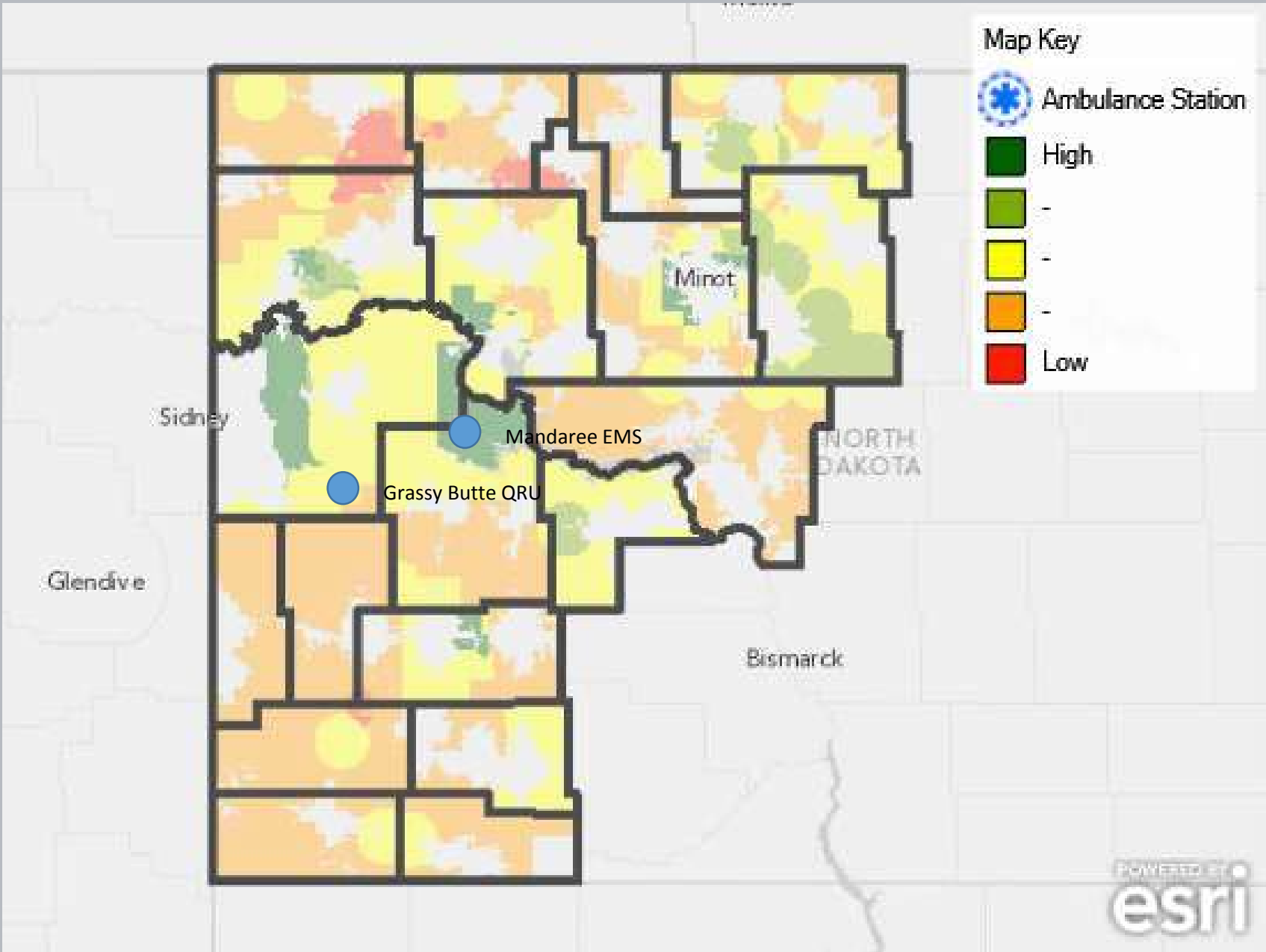




Mohall Ambulance with Lansford, Sherwood and Tolley Substations



West Trail Ambulance Mayville and Finley Stations





Mandaree EMS



Grassy Butte Quick Response Unit

What More Can We Do?

Change Our Thinking

Change Our Thinking

Tell The Story

Change Our Thinking

Tell The Story

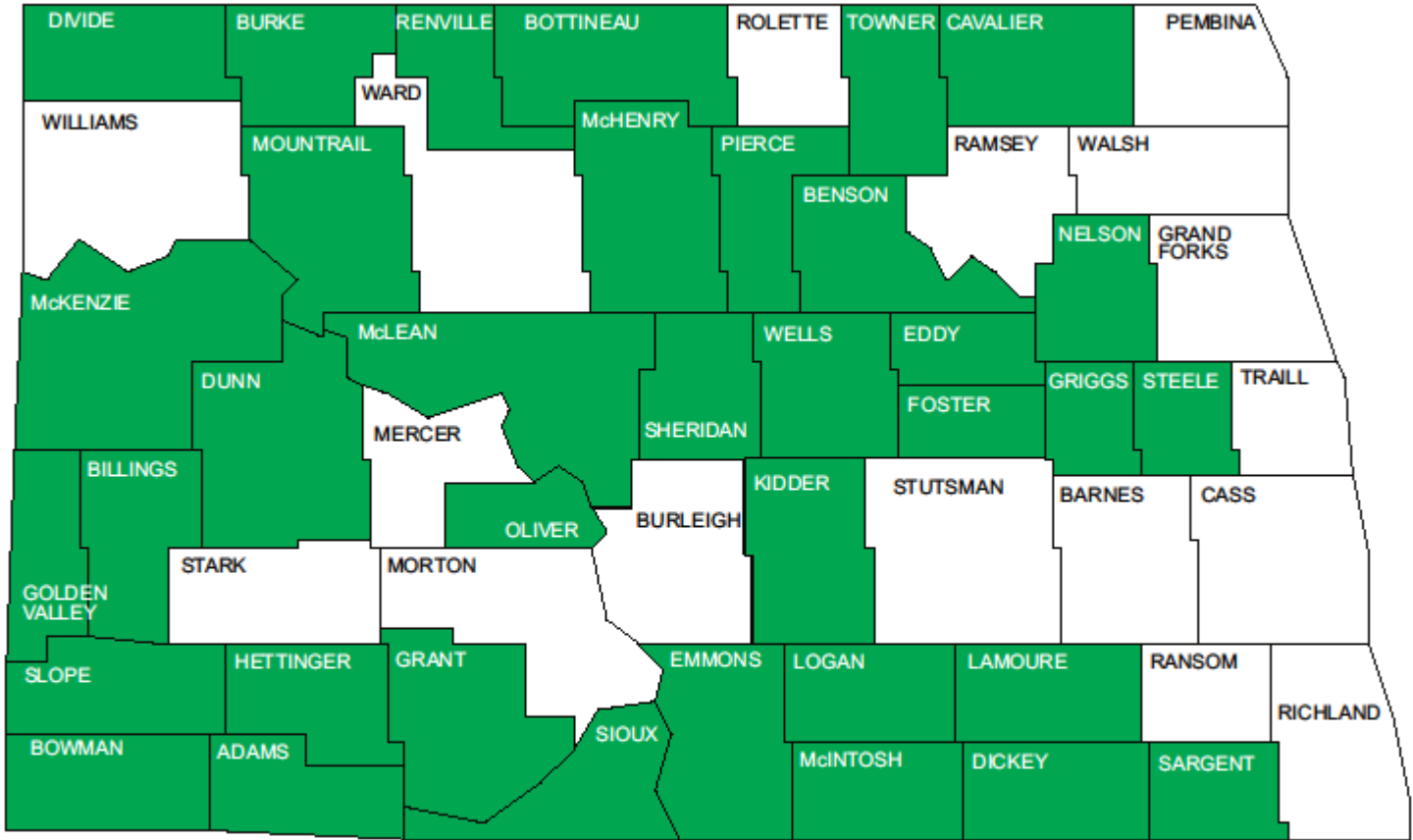
Demand Change





1	F-M Ambulance	18,912	11	New Town	1138
2	Metro	10,249	12	Barnes County	977
3	Minot	9959	13	McKenzie County	890
4	Altru	7989	14	Mercer County Hazen	727
5	Standing Rock	3614	15	Rolla	693
6	Belcourt	2431	16	Garrison-Max	584
7	Jamestown	1988	17	Golden Heart	579
8	Dickinson	1970	18	First Medic	512
9	Lake Region	1822	19	Killdeer	509
10	Spirit Lake	1207			

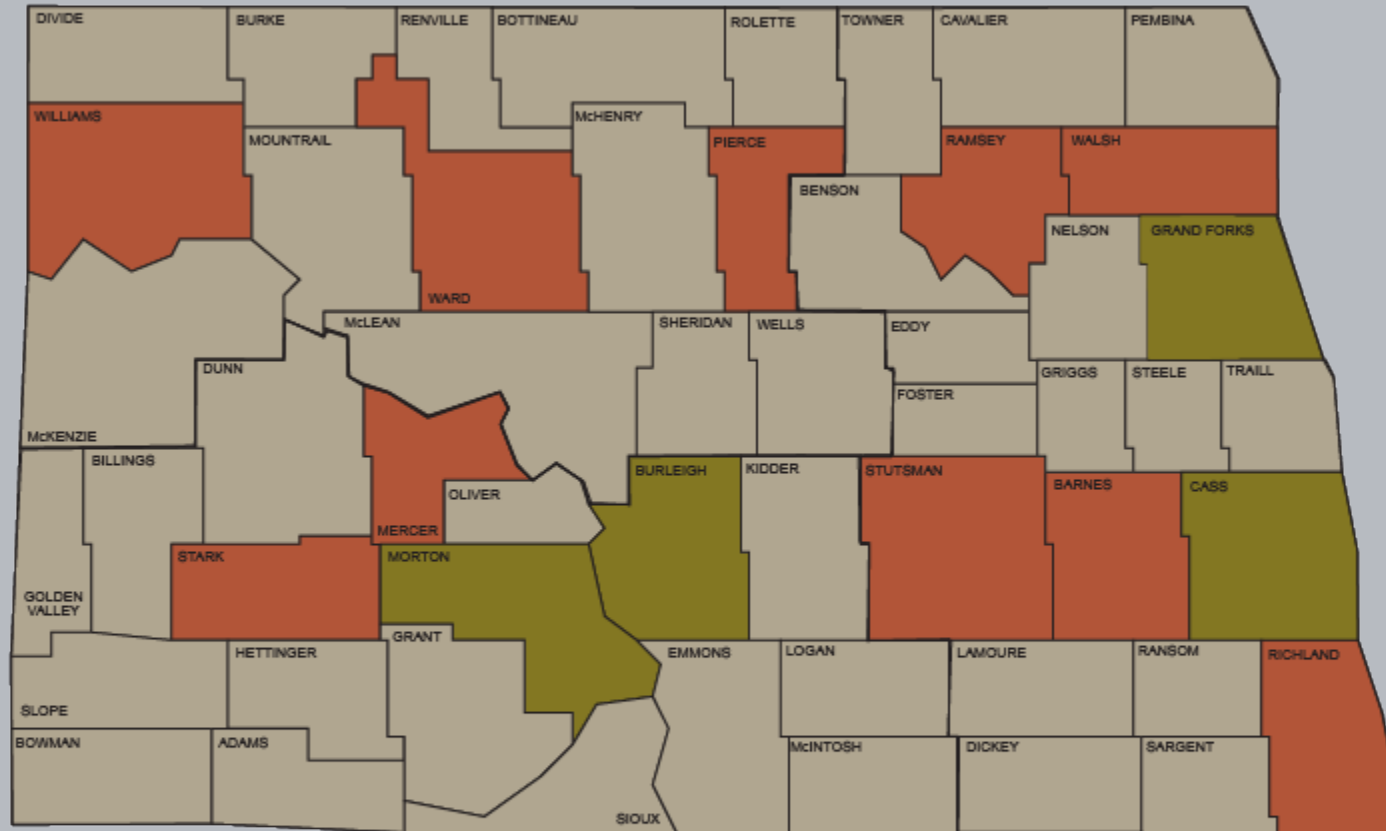
North Dakota Frontier Counties



36 of 53 North Dakota Counties designated as Frontier*
 *(less than 6 persons per square mile)
 Based on 2015 Population Estimates






North Dakota County Classification



Source: 2010 Census 03/11



Center for
Rural Health
University of North Dakota
School of Medicine & Health Sciences

-  Rural (Non-Metro, completely rural, county that does not contain a town with at least 2,500 population)
-  Semi-rural (Non-Metro county that contains a town or city with 2,500 population or more)
-  Urban (Metro - Counties in metro areas of fewer than 250,000 population)