Bureau of Emergency Medical Services and Trauma Systems

TO: Mr. Chairman and the Systems Committee
FROM: BEMSATS Operations Section
DATE: Jan 9, 2018
SUBJECT: Operations Report

Last year the Department announced that the Secure File Transfer (SFT) System on the DOH Health Commerce System (HCS) was upgraded to Version 2.0. Regions are reminded that the Department will not conduct F&C reviews for applications it has not received, or any application submitted to a REMSCO & that has not been deemed “Complete”. Please do not forward CON applications via email direct to the Department. Note that Fitness & Competency information and forms should under no circumstances be exchanged outside the HCS unless via USPS or courier delivery direct to BEMSATS. F&C information should also not be included in any online application postings even if only for council members.

Note that a majority of the format for the Bureau’s report has been changed to only give the quantitative totals of changes within the statewide system. Regional Councils and Program Agencies may contact the bureau directly if further statistical information is needed.

- **A30 PHL Appeals received from Bureau of Adjudication for SEMSCO action**
  - None (Total for 2017 = 2)

- **Appeals to Article 30 actions currently at ALJ for Adjudication**
  - At DOH Bureau of Adjudication = 1

- **Certified Ambulance or ALSFR Services Ceasing to Operate**
  - Ambulance = 2 (Total for 2017 = 10)
  - ALSFR = 1 (Total for 2017 = 3)

- **Certified Ambulance or ALSFR Services Transferred to New Owners**
  - Ambulance = 2 (Total for 2017 = 15)
  - ALSFR = 1 (Total for 2017 = 1)

- **Municipal CON Declarations under A30 PHL 3008(7)(a)**
  - Ambulance = 1 (Total for 2017 = 2)
  - ALSFR = 1 (Total for 2017 = 3)

- **Municipal conversions to permanent status (rollovers)**
  - Ambulance = 2 (Total for 2017 = 2)
  - ALSFR = 1 (Total for 2017 = 1)

- **New Services Approved – Federal or Air Services**
  - Ambulance = 0 (Total for 2017 = 1)
  - ALSFR = 1 (Total for 2017 = 1)

- **New Ambulance & ALSFR Services Authorized under A30 PHL (Non-Muni Declared)**
  - Ambulance = 0 (Total for 2017 = 0)
  - ALSFR = 0 (Total for 2017 = 0)

- **Stock Transfers Under A30 PHL 3010(2)(c)**
  - Ambulance = 2 (Total for 2017 = 3)

- **Expansions of Operating Territory under A30 PHL 3008**
  - Ambulance = 0 (Total for 2017 = 1)
  - ALSFR = 0 (Total for 2017 = 0)

- **Clarifications of Operating Territory per DOH #11-06**
  - Ambulance = 1 (Total for 2017 = 1)

- **Emergency Expansion of Operating Territory under A30 PHL 3010(1)(c)**
  - None (Total for 2017 = 1)

- **BLSFR EMS Agency ID#’s Issued (or reinstated) by DOH:**
  - New # issued = 1 (Total for 2017 = 12)

- **BLSFR EMS Agency ID#’s Deactivated/Archived (have ceased responding)**
  - Deactivated = 1 (Total for 2017 = 12)
General items of importance to take notice of:

Inquiries have been made regarding when a “Notice of Intent” filing should be submitted to the Department. Such notices should be submitted when there is a change of Service Medical Director (SMD) or Emergency Health Care Provider (EHCP). This only applies to Public Access Defibrillation (PAD), because effective March 2017 it is no longer required for Epinephrine Auto Injectors.

Now that PAD has been brought to mind, the Department would like to remind PAD entities that 3rd party AED vendors may not provide generic contracts with their own signatures on the NOI’s. Signatures on PAD filings must be that of a responsible party of the PAD entity. Additionally, SMD’s may only be physicians that are currently New York State licensed.

Regarding Service Medical Directors, REMACs are reminded to refer to the DOH web site for the most recent versions of forms when considering agency physician oversight, levels of care and adjunct protocol authorizations. The DOH Medical Director Verification form’s last update was 12/2016, however REMSCO’s and REMAC’s should routinely verify that current DOH forms are used for all approval processes.

REMSCOs are also requested to send the Department copies of policies and procedures (including but not limited to applicant fees if any) related to:

- CON Actions of any kind
- REMAC approvals
- Credentialing of provider personnel and Service Medical Directors
- Other REMSCO approvals not specifically detailed in a DOH Policy Statement for process

New eMOLST system changes have been approved and are now in use! More to come on the new and exciting features that greatly improve accessibility and implementation of MOLST. Details of the changes may be found at:

http://www.compassionandsupport.org/

The Department anticipates working with Dr. Patricia Bomba and her team of professionals this coming year to help ‘roll-out’ the eMOLST system to EMS providers in New York!
Bureau of
Emergency Medical Services
& Trauma Systems

New York State Supplement
to the
National EMS Information System (NEMSIS)
Version 3.4.0 Data Dictionary

www.NEMSIS.org

Supplement Current as of: November 21, 2017
What is the SHIN-NY?

Here's how it works:

A doctor treating an unconscious emergency room patient in Syracuse can instantly receive the patient’s available medical history, including clinical information such as past procedures, test results, medications, and relevant allergies from her primary care physician in Staten Island.

When the patient returns to her primary care physician in Staten Island for follow-up care, the doctor will not need to make any phone calls to request a copy of any procedures, diagnoses, or lab results from the treating physicians in Syracuse if he or she is connected to the SHIN-NY.

The patient will not need to remember to have lab results sent, nor will she need to carry her own records to other specialist doctors by hand. Her primary care physician, when securely connected to the SHIN-NY, will have complete, accurate, and private access to the information gathered by each one of the specialists the patient has visited.

By having ready access to this information, fewer mistakes will be made, fewer tests repeated, and money and time will be saved on administrative details. Most importantly, the patient and doctor will have more time together to discuss treatment options and recovery.

A "Network of Networks"

The SHIN-NY is a “network of networks” that links New York’s eight regional Qualified Entities (QEs) throughout the state. Each Qualified Entity (or RHIO) operates its own network that collects electronic health records from participating providers. With patient consent, the QE allows those records to be accessed securely by other healthcare providers in their local community.

As part of the SHIN-NY network, QEs are able to exchange records between each other. So from Buffalo to Brooklyn, providers can “talk” to each other quickly and securely, accessing up-to-date and accurate clinical information. Today, these regional networks combined already connect nearly all of the hospitals in New York State, thousands of medical providers, and represent millions of people who live in or receive care in NY.

The SHIN-NY helps doctors make informed decisions faster, avoiding unnecessary tests, and helping to reduce costs.

And the SHIN-NY is safe—it is overseen by the New York State Department of Health and governed by federal HIPAA and State privacy and security policies and standards.

Data Exchange Incentive Program (DEIP)

The NYS DOH, with support from CMS, has established the Data Exchange Incentive Program to increase the adoption of Health Information Exchange across the State by building Electronic Health Record interfaces to the SHIN-NY.
First Responder Network Goes Nationwide As All 50 States, 2 Territories and District of Columbia Join FirstNet

FOR IMMEDIATE RELEASE:
December 29, 2017

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Dec. 14—In what is believed to be the first study to measure the impact of Uber and other ride-booking services on the U.S. ambulance business, two researchers have concluded that ambulance usage is dropping across the country.

A research paper released Wednesday examined ambulance usage rates in 766 U.S. cities in 43 states as Uber entered their markets from 2013 to 2015.
Co-authors David Slusky, an assistant professor of economics at the University of Kansas, and Dr. Leon Moskatel, an internist at Scripps Mercy Hospital in San Diego, said they believe their study is the first to explain a trend that until now has only been discussed anecdotally.

Comparing ambulance volumes before and after Uber became available in each city, the two men found that the ambulance usage rate dipped significantly.

Slusky said after using different methodologies to obtain the "most conservative" decline in ambulance usage, the researchers calculated the drop to be "at least" 7 percent.

"My guess is it will go up a little bit and stabilize at 10 to 15 percent as Uber continues to expand as an alternative for people," Moskatel said.

Slusky said he and Moskatel are submitting the paper to journals for peer review.

San Francisco-based Uber quickly distanced itself from the notion that hailing an Uber driver is an acceptable substitute for calling an ambulance.

"We're grateful our service has helped people get to where they're going when they need it the most," said company spokesman Andrew Hasbun. "However, it's important to note that Uber is not a substitute for law enforcement or medical professionals. In the event of any medical emergency, we always encourage people to call 911."

Moskatel, however, said many patients "tend to be pretty good at assessing their state and how quickly they need to come in and how sick they are."

But at least one prominent Bay Area emergency room physician disagreed.

Paul Kivela, president of the 37,000 member American College of Emergency Physicians, said he believes that for those low-risk patients who can't drive themselves to the emergency room, Uber is a good service.

But many people, he said, may not be able to differentiate between a life-threatening emergency and an innocuous medical issue. So, he said, calling 911 is always the safest bet.

"A paramedic has the training and the ability to deliver life-saving care en route," Kivela said. "Where I really have a hard time is believing an Uber driver is going to attend to you."

Kivela noted that in addition to his work as an ER doctor at Queen of the Valley Medical Center in Napa, he is also the medical director of an ambulance company in Solano County.

The researchers, however, insisted that ride-booking services such as Uber and San Francisco-based Lyft can sometimes be the best way to get to the hospital in a hurry.

Previous research, Moskatel said, "suggests that a fair number of people are using ambulances to get to the hospital because they simply don't have another way to get there"—particularly those who live in areas with limited taxi service.
And, Slusky added, with health care taking a big chunk out of most people's budgets, many consumers these days have to weigh a few factors before calling an ambulance.

"They have to think about their health—and what it's going to cost me," he said. "And for many of us with high-deductible plans an ambulance ride would cost thousands of dollars."

Slusky added: "If we want to reduce (health care) spending, we have to find ways to do things cheaper—and that's in all kinds of situations where you don't need the most expensive resource. We don't all need to fly first-class all the time."

Moksatel and Slusky said they focused only on Uber because they needed a broad set of data and the company had been operating for a longer period of time than competing services, allowing the researchers to assess a greater number of places.

Because Uber was not involved in the study, Moskatel had to painstakingly map all the dates the company entered a certain market, based only on the company's public announcements.

Ambulance rates were obtained from the National Emergency Medical Services Information System, or NEMSIS, a national repository for emergency medical services data.

Slusky said Salt Lake City-based NEMSIS agreed to run the numbers for each city, but an agreement between NEMSIS and its members prevents any release of information that could be used to identify rates for specific regions at the state, city or ZIP Code level.

In Santa Clara County, Emergency Medical Services director Jackie Lowther said there had been "no significant decrease in volumes in Santa Clara County, other than the usual seasonal variation for this time of year."

Travis Kusman, Lowther's counterpart in Alameda County, did not respond to a request for comment. Nor did officials from Lyft.

Source

McClatchy

Mercury News