Portage County EMS Technical Team

Strategic Plan
2012

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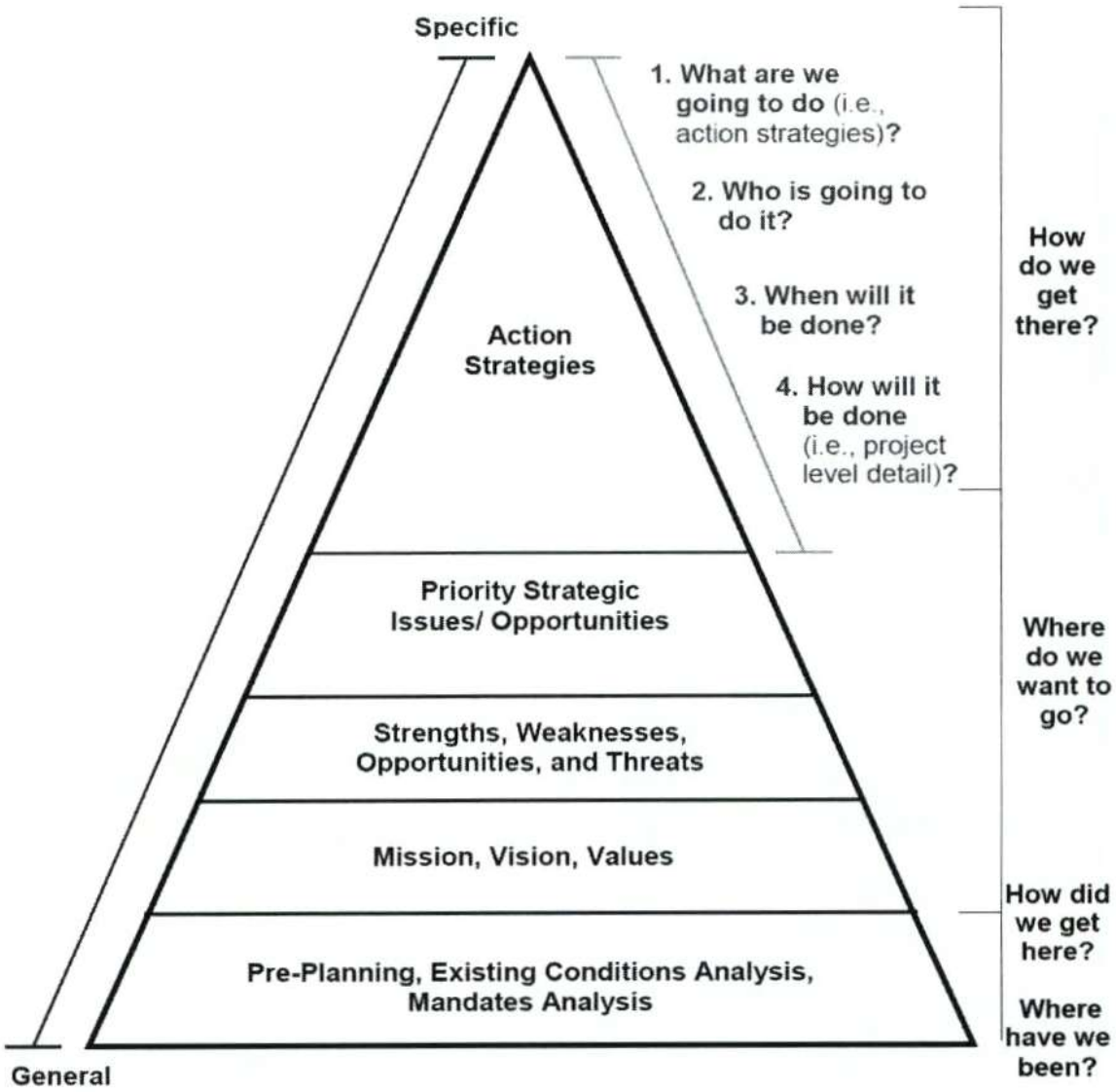
Overview of Strategic Planning Process

The Portage County EMS Technical Team (hereafter referred to as the "EMS strategic planning committee" or the "committee") engaged in a series of 10 meetings from January through June 2012 in order to update their 1999-2000 strategic plan and determine a strategic direction for EMS from 2012-2017. The process was based on the below strategic planning framework, which was developed by UW-Extension Community Development Educator Michael Koles as an adaption of the "Bryson" model for strategic planning.[1] The strategic plan includes pre-planning through the formation of action strategies. (Steps 1-4 on the right of the diagram refer to the operational plan by which EMS will incorporate the strategic plan into its daily operations.)



[1] Source: Bryson, John M. and Alston, Farnum K. Strategic Planning for Public and Nonprofit Organizations. Jossey-Bass Publishers, San Francisco, 1995.

SECTION I: FOUNDATION

The foundation for the strategic plan includes the following components: pre-planning, an existing conditions analysis, and a mandates analysis.

A. Pre-Planning

The EMS strategic planning committee worked with the UW-Extension facilitators to develop a strategic planning process that best fit their needs. The committee wanted to update the 1999-2000 strategic plan, with an emphasis on emerging issues. The plan will be targeted at the next 3-5 years and be able to provide information for consideration during negotiations of the EMS contract.

B. Existing Conditions Analysis

The committee set up a series of presenters to educate members about emerging issues that may affect the strategic plan. These presenters included the following individuals and topics:

A. Dr. Rick Barney, former EMS Medical Director for the State of Wisconsin and the current EMS Medical Director for Rock County (pay for performance, accreditation and regionalization)
B. Dr. Mark Fenlon, regional Vice President for Ministry Medical Group (the future of healthcare financing)
C. Jim Austed, Battalion Chief of EMS for Oshkosh Fire Department (EMS training centers)
D. Dana Sechler, EMS Director at Baraboo District Ambulance Service and former paramedic program coordinator for the State of Wisconsin (EMS training centers, community paramedic programs, and critical care paramedic programs)

A summary of each presentation is available in the Appendix A, B and C of this report.

C. Mandates Analysis

Mandates are requirements from external authorities and audiences (e.g. laws, regulations, ordinances, or norms) that affect what an organization can and cannot do. They can be both formal and informal. Mandates influence the size of and tool within an organization's solution space.

Following individual analysis and completion of a mandates worksheet, Dr. Curtis compiled a summary of Portage County EMS's organizational mandates. This was reviewed and approved by the committee. See Table 1 below.

Table 1: Mandates Analysis			
Mandate Name	**Type**	**Source**	**Requirements**
License, Plan, Protocols, Community Endorsement	Formal	State Laws / Regulations	Laws authorizing ambulance services and permission to use medications
Medical Oversight / Quality Management	Formal	State Laws / Regulations	License physician; quality management (QM) subject to state review; peer review protocols; ongoing training
EMS Contracts	Formal	County	Customer satisfactions, clinical excellence, culture of cooperation, operational safety, response time reliability
State Funding Source	Informal	Local expectation in County	We have to fund the system through revenues and taxes. Entire burden should not fall on taxpayers.
Internal Employee Expectations	Informal	EMS Providers	The EMS providers each have their own expectations for employees that may be above and beyond other requirements.
Union Contracts	Formal	Unions/County	Union contracts contain provisions that the County must follow regarding union employees.
EMS/Fire Service Cooperation	Informal	County	Portage County's EMS system is based on a fire service delivery model, and it's expected that EMS and fire service will cooperate.

SECTION II: MISSION AND VISION

Organizations create a mission and vision in order to define who they are and where they want to go in the future. The mission is a statement that defines the organization's purpose and how it will get from where it is today to where it wants to be in the future. The vision vividly describes the organization's desired future.

A. Mission

The EMS strategic planning committee reviewed the mission statement created during the 1999/2000 strategic planning process:

Portage County Emergency Medical Services is a unified system
dedicated to continuously improving our efforts
to serve people who are sick or injured
with compassionate, quality care,
delivered in a timely and economical manner.

After discussion, they made the following updates to the mission:

Portage County Emergency Medical Services is a unified system
dedicated to continuously improving our efforts
to deliver health care services to our community
with compassionate, quality care
in a timely and fiscally responsible manner.

B. Vision

Committee members then discussed their visions for the future and created the following vision statement for Portage County EMS:

The Portage County EMS will be a unified, regional, performance based, value driven system that provides a financially sustainable, high quality, customer driven service fueled by state of the art equipment and a highly skilled workforce characterized by innovation, prevention, education, collaboration, and leadership.

The committee recommends that the Portage County EMS Oversight Board approve the updated mission and vision.

SECTION III: SWOT ANALYSIS

The EMS strategic planning committee completed an internal assessment of strengths and weaknesses and an external assessment of opportunities and threats that affect the work of EMS. This included a review of strengths, weaknesses, opportunities, and threats (SWOT) as identified by the educational presenters (Appendix D). The SWOT analysis enabled the committee to increase their understanding of the factors that positively and negatively impact the ability of EMS to implement its mission and accomplish its vision.

A. Internal Assessment

A portion of the SWOT analysis is an internal assessment of the strengths and weaknesses within Portage County EMS. These are factors that are present realities and over which EMS has a large amount of control or influence.

The committee brainstormed different strengths (listed in italic below) and combined those that were similar into like categories. The committee members then individually voted for the top five strengths. The number of votes is indicated in parentheses next to the strengths.

STRENGTHS

Countywide system (7)

Multipurpose community resource
Countywide system / county support
System starting point
System approach
Well organized (2)

Operational leadership (6)

Progressive leadership throughout system
Excellent leadership
Leadership appears to get it
Leadership with good ideas and willing to listen to others

Physician leadership (5)

Dedicated physician leadership
Incredible medical direction
Active medical direction
Support of hospital doctors
Leadership appears to get it
Leadership with good ideas and willing to listen to others

Good quality line-level staff (4)

Staff is well-trained
Highly skilled workforce
Staff
Skilled staff with / due to good medical direction
Knowledge
Staff paramedic, first responders, dispatch

Stevens Point Fire Department

Local government / political support (4)

Support from local government (county, city, local villages/towns)

Mission driven (3)

Desire
Flexible
A culture of cooperation
Common goal
Cooperative culture
Commitment

Political leadership (technical team and oversight board) (2)

Networked with state leadership
Very valuable EMS coordinator
Technical team
EMS Oversight board
Leadership appears to get it
Leadership with good ideas and willing to listen to others

Community support (1)

Community support
Community support
Support

System cohesiveness (1)

Functional working framework
Teamwork
Cohesive group
Unified system with SPFD and AFD working together

Good quality management program (1)

Infrastructure (1)

Layout of county – Stevens Point center of County
Equipment – location of
Good equipment
Excellent equipment

Fiscal resources (1)

Reasonable staffing
Well-funded
Fiscal resources of county
Excellent equipment funded by Portage County

Forward thinking (1)

Then the committee brainstormed different weaknesses within Portage County EMS and individually voted for the top five weaknesses. The number of votes is indicated in parentheses next to the weaknesses.

WEAKNESSES

Economy/budget constraints (6)
Dispatch – lack of integration and two separate centers (6)
Lack of adequate personnel (paramedics) (5)
Education of decision makers (4)
Reliance on volunteers – not enough volunteers (3)
Limited staffing – conflicting duties between EMS and SPFD (3)
Long response times (3)
Working with law enforcement and dispatch (2)
Some infrastructure is outdated (2)
Tradition (fear of change) (1)
Lack of training officer at SPFD (2)
Information Technology (IT) – different systems within county/municipalities (1)
Reporting to city and to county (two bosses) (1)
Town of Grant does not participate (0)
Inconsistency of law enforcement as a partner (0)

B. External Assessment

The second half of the SWOT analysis is an external assessment of opportunities and challenges/threats that are largely outside of Portage County EMS's control/influence but which affect the work of Portage County EMS.

The committee brainstormed different opportunities that could affect Portage County EMS. They then combined similar items and voted individually for the top five opportunities. The total number of votes is indicated in parentheses next to the opportunities in the below list.

OPPORTUNITIES

Community paramedic / new roles in EMS / tactical EMS (7)
Developing our own education training center / education for paramedics (7)
Educating political leaders / political support / changes in political structure (5)
Regionalization (4)
Partnerships w/ area healthcare organizations / medical home model (3)
Potential dispatch reorganization/consolidation (3)
Entering into a new EMS contract for 2013 (3)
Cardiac arrest survival project (2)
Accreditation (2)
Technology / integrated IT system (2)
Aging population – opportunity to expand what we do (1)
Opportunity to change how EMS is looked at, structure, and governed (1)
Pay for performance (0)

Next the committee brainstormed different threats or challenges that could affect Portage County EMS (e.g., political, economic, social, technological, environmental, or legal factors). They then combined similar items and voted individually for the top five threats. The total number of votes is indicated below next to the challenges in the below list.

CHALLENGES (THREATS)

Changing funding mechanisms; price - tax subsidy tradeoff will be changing; pay for performance (8)

Increased demand for service / Public and political rising expectations / Location, number of ambulances (deployment strategies) (7)

EMS as an outsider in health care (6)

Unfunded mandates (e.g., accreditation, expanding EMS roles) (5)

Qualified staff/candidates / Staff buy-in for changes / Work ethic changes (4)

Municipal budgets (3)

Decline in volunteerism (2)

Aging infrastructure with limited resources for replacement (2)

Dispatch (two separate systems) (1)

Technology (1)

Perception that we need to keep up with the times (1)

Reimbursement of 3rd party payers (0)

Private competitors (0)

Drug and/or equipment shortages (0)

Mission creep due to changes in stakeholders (0)

SECTION IV: STRATEGIC ISSUE IDENTIFICATION

The EMS strategic planning committee next identified and discussed strategic issues facing Portage County EMS. Strategic issues typically encompass a variety of strengths, weaknesses, opportunities, and threats. The committee identified strategic issues by packaging the priority SWOT, mandates, and existing conditions analysis, considering the impact of these on vision and mission. For each strategic issue, they noted the repercussions of doing nothing, indicated in italics below.

a.) What can Portage County EMS do to develop a stable funding source?
Repercussions of doing nothing:
- *Failing business model*
- *Decreased service / level of service*
- *Higher tax levy*
- *No new innovations*
- *Undependable service*
- *Poor employee / customer satisfaction*
- *Lower quality of care*

b.) What can we do to support the physician / organizational leadership of the organization?
Repercussions of doing nothing:
- *Loss of vision*
- *Reduction in quality of care*
- *Deficiency in training education*
- *Poor system function*

c.) What steps can we take to ensure highly trained and motivated staff?
Repercussions of doing nothing:
- *Poor staff performance*
- *Reimbursements will decrease*
- *More demands on management*
- *Quality of care drops*
- *Turnover increases*
- *Morale decreases*
- *We limit ourselves to the type of care we provide*
- *We potentially shut the door on strategies like critical care paramedic, tactical EMS, community paramedic, technical rescue, etc.*

d.) How can we prepare for implementation of programs that are mandated or we suspect will be needed in the future?
Repercussions of doing nothing:
- *Failure to gain revenue*

- *Inability to relicense*
- *Decrease in revenue*

e.) What can Portage County do to make the most effective and efficient use of its EMS resources?
Repercussions of doing nothing:
- *Excessive cost*
- *Waste*
- *Reduced municipal support*
- *Poor reimbursement*
- *Failure to meet public's expectations*
- *Fractured system*

f.) What steps can we take in this next contract year to set the stage for a community paramedic program?
Repercussions of doing nothing:
- *If we don't, someone else might*
- *Poorer patient outcomes*
- *Potential loss of cost savings*
- *Increased demand on EMS system*
- *Downstream costs on rest of health care system*

g.) What steps can we take to educate political leaders, general public, and other decision makers?
Repercussions of doing nothing:
- *Loss of support and funding*
- *Loss of vision to the future*
- *Everything falls apart*
- *Inappropriate 911 calls coming in from the public*
- *Cost*
- *Doomed to repeat mistakes of the past*

h.) What steps can we take to keep ahead on technology?
Repercussions of doing nothing:
- *Inefficiency*
- *Poor quality of care*
- *Antiquated equipment*
- *Information; quality assurance (QA) process decreases*
- *Add people, which is a cost*

i.) What can we do to integrate EMS into the mainstream of healthcare?
Repercussions of doing nothing:
- *EMS remains an outsider*
- *Go backwards*
- *Not growing, then dying*

- *Funding challenges increase*

j.) What do we do to address the decrease in volunteerism?
Repercussions of doing nothing:
- *Decrease in service to rural area*
- *System costs*
- *Do we know why volunteerism is decreasing?*

k.) How do we manage rising expectations with limited resources?
Repercussions of doing nothing:
- *Political effectiveness challenges*
- *Customer effectiveness challenges*
- *EMS directed by politicians that lack frame of reference*
- *Drives up cost*
- *Unrealistic expectations / mandates*
- *Squeaky wheel gets the grease…or it gets replaced*
- *Fragments global vision*

SECTION V: STRATEGY FORMULATION

A. Prioritization of Strategic Issues

While all of the strategic issues identified are important to Portage County EMS, the EMS strategic planning committee recognized that they cannot simultaneously tackle every strategic issue. Thus they chose to focus on priority strategic issues that were "high leverage" points. Strategic issues were prioritized through a combination of two methods. First, the issues were scored based on four criteria: 1) responsiveness to mission/vision; 2) responsiveness to SWOT/Mandates; 3) consequences of not addressing, and; 4) ability to do something. Then, committee members ranked the issues individually from 1-11. After a review of the results and further discussion, the committee determined the top five strategic issues facing Portage County EMS. See Table 2 below.

Table 2: Priority Strategic Issues
a.) What can Portage County EMS do to develop a stable funding source?
b.) What can we do to support the physician / organizational leadership of the organization?
c.) What steps can we take to ensure highly trained and motivated staff?
d.) How can we prepare for implementation of programs that are mandated or we suspect will be needed in the future?
e.) What steps can we take to educate political leaders, general public, and other decision makers?

Furthermore, the committee concluded that many of the other six strategic issues would in part be addressed via implementation of action steps focus on the top five priority strategic issues.

B. Action Steps

The committee developed action steps for each of the top five strategic issues. The action steps are broad strategies defined by committee members to address each strategic issue.

Strategic Issue: What can Portage County EMS do to develop a stable funding source?
Action Steps: a. Maintain appropriate rate structure for services. b. Maintain a contemporary knowledge of billable and nonbillable services through a third party. c. Educate political leaders about funding needs and changing funding

climate / sources (e.g. national health care trends and medical home model).

d. Actively search for new revenue streams through programs such as community paramedic, critical care paramedic, tactical EMS, nonemergent transfers, etc.
e. Integrate EMS into the mainstream of healthcare.

Strategic Issue: What steps can we take to ensure highly trained and motivated staff?

Action Steps:

a. Support medical director and leadership to ensure that staff stay highly motivated and highly trained.
b. Create an organizational culture of learning.
c. Increase leadership development within the organization.
d. Create opportunities for personal and professional growth.
e. Create an EMS Training Center.
f. Develop a mentoring program.

Strategic Issue: How can we prepare for implementation of programs that are mandated or we suspect will be needed in the future?

Action Steps:

a. Develop a reserve account for future needs
b. Stay up to date of industry changes
c. Educate decision makers and politicians about changes
d. Keep goal-oriented people in key staff positions
e. Stay involved at state level
f. Learn how to write grants for new programs

Strategic Issue: What can Portage County due to make the most effective and efficient use of its EMS resources?

Action Steps:

a. Increase value-driven, appropriate referrals.
b. Create alternative transportation method for nonemergency transports.
c. Maintain appropriate data to demonstrate/evaluate efficiency and effectiveness.
d. Maintain countywide system and oversight with performance benchmarks based on best practices and industry standards.
e. Fully utilize priority medical dispatch.

Strategic Issue: What steps can we take to educate political leaders, general public, and other decision makers?
Action Steps: a. Develop an in-depth orientation of EMS for political leaders and community leaders b. Develop job descriptions for representations on EMS oversight board and include community outreach c. Share important EMS data and success stories d. Continue public education campaign e. Make oversight board reports more educational and engaging f. Build relationships (trust) g. Report quality management (QM) data in a synthesized way to create a reasonable measure of transparency h. Increase participation in annual meeting (include in contract) Organize reports around established performance based standards

SECTION VI: REVIEW, APPROVAL AND IMPLEMETATION

The committee presented the strategic plan to the EMS Oversight Committee, which approved the strategic plan on _____.

The EMS Technical Team will then work to incorporate these strategies into EMS's operational plan over the next five years.

APPENDICES

A. Summary of Presentation by Dr. Rick Barney

Dr. Rick Barney presented to the EMS strategic planning committee on February 28, 2012. Dr. Barney is the former EMS Director for the State of Wisconsin and the current EMS Medical Director for Rock County. Dr. Barney discussed upcoming issues affecting EMS, including pay for performance and a move toward accreditation and regionalization. An overview of that discussion follows.

Educational institutions are currently completing accreditation for EMS. In the future, EMS departments will need to go through the accreditation process. This will likely cause problems in rural Wisconsin where many of the EMS departments are volunteer run and may not be able to complete the accreditation process. In addition, volunteerism is on the decline. As a result, urban areas and/or counties may be increasingly asked to serve rural areas.

Portage County is set up perfectly to address this change because it already has a county-wide EMS system (most are municipality based). That is a benefit. It's not common, and Dr. Barney believes that Portage County is way ahead of other counties in that regard. Portage County is set up to succeed and has to be willing to share its experience. In addition, the County may need to learn to share resources (e.g., training, medical oversight, equipment, etc.) outside of the county with other counties and/or municipalities.

Dr. Barney is part of an effort in Southern Wisconsin in which medical directors from five counties are meeting to determine how they can collaborate. Portage County needs to start collaborating in this region. Medical directors in the region could meet every other month, for example, to share expertise and build relationships. Be forward thinking. Use Polycom video conferencing and online training for cost reduction. Share equipment and/or building power. Share expertise within region. Portage County has an experienced and long-term medical director and is a leader. It's Portage County's duty to share this experience with the region.

Dr. Barney discussed how his overview of upcoming changes to EMS might affect Portage County's next EMS contract. Dr. Barney suggested shortening the contract and/or waiting until after the November election to determine changes to healthcare that might affect the contract. Dr. Curtis noted his worry about committing to a new EMS contract but not getting the federal funds to honor that contract, and Dr. Barney noted there are many unknowns under the new health care law.

Dr. Barney said Portage County EMS should position itself to be ready to expand if needed and to decide the economy of scale for the region to provide quality service in the most cost effective way.

B. Summary of Presentation by Dr. Mark Fenlon

Dr. Mark Fenlon, the regional Vice President for Ministry Medical Group, presented to the committee on March 7, 2012. Dr. Fenlon discussed the future of healthcare financing: Moving from Volume to Value.

The United States is the only developed country that does not guarantee health coverage to its citizens. Plans compete on their ability to segment risk and avoid expensive patients and treatments. The result is unaffordable coverage and ineffective pooling of risk. Many remain un- or underinsured. The cost of providing healthcare to these individuals is borne by those with insurance: providers charge higher prices to patients with private coverage to make up for uncompensated care and low public program reimbursement.

The Patient Protection and Affordable Care Act (PPACA) of 2010 has three primary goals: universal coverage through shared responsibility; improve quality and overall public health; and lower costs. Under the new law citizens are required to purchase health insurance, and insurers cannot deny coverage based on pre-existing conditions or caps on lifetime benefits. The law contains many new regulations, and it is unknown at this time how the health insurance exchanges will work or whether employers will continue to provide coverage or just pay the penalty for not providing healthcare.

Under the new law, the government is lowering the amount of payment reimbursed to providers for coverage, assuming that the providers will see fewer uninsured patients and that the increased volume of patients will allow providers to lower costs (economy of scale). That may work in Texas, which has a large uninsured population; however, 94 percent of Wisconsin residents are already covered by health insurance or a government provider so we won't see a big change.

The nation is also shifting from a volume based model (providers paid regardless of outcome) to a value based model (providers paid according to the transaction if they meet or exceed the minimal quality thresholds). For example, Medicare withholds some payment to hospitals that they have to earn back through demonstrating quality and patient satisfaction. Even if the healthcare law is repealed, Dr. Fenlon feels the nation will continue this move to a value based model because employers are demanding lower costs. With this shift comes a shift in risk from the payers, sponsors and consumers to the physicians, hospitals, and systems providing those services (see chart below).

A comparison of old and new business models

Source: Kaufman, Hall and Associates Inc

	The Old "Medicare" Business Model	The New "Post-Reform" Business Model
Value Proposition	More market share, more patients, more services, more revenue	Best possible quality at lowest possible price
Direction of Price	Upward – Saks Fifth Avenue	Downward – Wal-Mart
Cost Environment	Cost management	Cost structure
Direction of Utilization	Always up since 1966; growth industry	Flat to down Mature industry
Relationship Between Hospital & Doctors	Parallel play	Coordinated and integrated
Payment	Fee for service	Something else
System of Care	Patient services	Patient population management
Organizing for Value Creation	One patient at a time	Comprehensive healthcare for covered population
Importance of Scale	Small and medium hospitals could survive	Big, bigger and biggest

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The goal is to lower costs and increase value. It will include developing appropriate IT systems, using best practices (e.g., appropriate, rather than unnecessary, tests), and adopting new "disruptive business models" (i.e. systems that haven't been tried before). It used to be that every patient was transported to the hospital. Instead, we are now looking at models for out-of-hospital care when appropriate to lower costs. Some examples may include home visits and monitoring, retail clinics, worksite clinics, telehealth/e-health, etc.

Portage County already has metrics in place to measure outcomes that others don't, so that is an advantage as we move toward a value based model. The county will need to look at how to link someone requesting transport (who doesn't need it) to some other system of care. That may include educating patients about where to go for services.

Dr. Curtis noted that Portage County EMS is based on a fire service delivery model where staff is based at the fire department. If the county moves toward more out-of-hospital services (e.g. community paramedic), it may be a challenge to determine the appropriate location to base staff. Dr. Curtis also noted that EMS is on the periphery of the healthcare delivery system. To survive long term, EMS will need to partner with other healthcare providers. Dr. Fenlon agrees and suggests that Portage County EMS look at the issue from a systems perspective and as part of a continuum of care.

C. Summary of Presentation by Jim Austed and Dana Sechler

Jim Austed, the Fire Department / EMS Chief for Oshkosh Fire Department, and Dana Sechler, the EMS Director at Baraboo District Ambulance Service and former paramedic program coordinator for the State of Wisconsin, presented to the committee on March 28, 2012. Austed and Sechler discussed EMS training centers, community paramedic programs, and critical care paramedic programs.

EMS Training Centers
EMS training is provided through state-certified training centers, often technical colleges. However, some EMS/fire departments are now setting up their own training centers to (1) improve the quality of the training, (2) respond to waiting lists at technical colleges, and 3) save money. [A full list of state-certified training centers is provided here:
http://www.dhs.wisconsin.gov/ems/training_education/training_centers.htm.]

Austed said that the Oshkosh Fire Department (OFD) recently received permission to start a first responder and paramedic training center. They plan to provide courses for the full two year EMS training cycle. The training center is a way in which the department can provide courses independently of the technical college. In order to set up the training center, Austed said it took them about 1-1/2 to 2 years of discussion and then 6-8 months to actually set it up.

The OFD has not yet started using the center. They have a partnership with Fox Valley Technical College by which the OFD provides the instructors for the course but the technical college promotes the courses. The OFD is charged a 4 percent fee. In addition, the OFD has a partnership with the Centers for New Learning at the UW Oshkosh, through which they provide supplemental courses and entrance exams to students. OFD charges for training outside of their department to recover costs.

Originally Austed was very unhappy with the quality of the training and other aspects of the program through the technical school, but there has been a change in leadership at the technical school that has helped them. In addition, Fox Valley is going for accreditation and Austed has to decide whether or not to have the training center get accredited or if the technical school will better serve their needs.

Austed noted that Portage County should not do all the work of setting up a program if they are just going to provide the same thing that Midstate Technical College does. It only makes sense if they need a more tailored training than is currently provided.

Sechler discussed the Baraboo training center. In the case of the Baraboo program, Sechler noted that it is a completely separate program from the technical college. Technical schools are not always happy about the competition

so think about how this will affect the EMS relationship with the technical college. In their case, the technical college had/has long waiting lists and Baraboo EMS needs its own program.

For Portage County, Joe Gemza says that the SPFD will do EMT basic refresher in-house to lower the cost of using the technical college. Kujawa noted that the last contract with Midstate was to provide training online, and she was not happy with the quality. Kujawa would like all training to be classroom based (not online). Austed agreed that online training is not good. Their training is classroom based and includes lots of field work.

Community Paramedic
Sechler reminded the group that 911 is the only requirement for EMS, and the state considers everything else as secondary. However, they do feel positive about some of these new programs and also regulate them.

Sechler discussed the community paramedic (CP) program. CPs are paramedics who may serve patients in their homes or in the community. CPs can address appropriate emergency calls (e.g., patients that may not need transport to the hospital/ED). CP is provided by the most seasoned, experienced paramedics in coordination with the patient's primary physician, the ED physician, and/or the EMS medical director. The CPs will have access to medical records through EPIC.

A CP program is a way to address both the rising costs of healthcare and the fact that there aren't as many primary physicians anymore, especially in rural areas. The CP program also addresses goals for home based primary care in the new federal health care law (see Section 3024) which include reducing the cost of health care services and preventable hospitalization, hospital readmissions and ER visits; improving the efficiency of care and health outcomes for the chronically ill; and achieving beneficiary and family caregiver satisfaction.

Baraboo has set up a CP pilot program and will begin operating the program in the near future. Program planning began in January 2010. The program will last 3-5 years and is part of a collaboration among the UW School of Medicine and Public Health, Baraboo Ambulance Service, St. Clare Hospital, Sauk County Public Health Department, Wisconsin Rural Cooperative, and the Ho-Chunk Nation. CP is another way to keep costs down as we move to cost per performance. An extensive amount of data will be collected on the types of calls they receive, the cost of CP (compared to hospitalization or ER care), and patient satisfaction, which will be beneficial to others who may want to set up a CP program.

In order to pursue a CP program, you need to partner with hospitals, nurses, and others. The goal is to fill gaps, not steal patients. Hospitals have the incentive of working with CP programs because they are not reimbursed by insurers for re-

admissions. Currently CP programs aren't reimbursed by insurers but Sechler believes that will change as they demonstrate the cost savings. Private insurers generally follow the lead of Medicare/Medicaid. At this point these types of programs are usually grant funded. Baraboo applied for a HERSA grant and other innovation grants.

Portage County could do prep work of getting more educated about CP and preparing the public for this type of program so that the county is better prepared to make the transition. The expectations of the public may need to change (home service versus hospital).

Critical Care Paramedic
Critical care paramedics (CCPs) are EMS paramedics who provide an advanced level of paramedic care.

D. Summary of SWOT Identified by Presenters
(Prepared by Mike Koles and Kristy SeBlonka, UW-Extension)

Strengths	Weaknesses
a. Countywide EMS / already regionalized to an extent	a. EMS has always done a great job despite resource constraints
b. Ability to share knowledge statewide	b. Turnover is an issue that will hit soon
c. Set up to share resources with surrounding communities	c. Waste money and time when send people to the technical school
d. Set up to further regionalize	d. Portage Co. lacks a training officer
e. Experienced Medical Director	e. Violate state operations plan when take an ambulance out of service to do things like an interfacility transfer
f. Great foundation exists to position EMS as a regional leader	
g. EMS has always done a great job despite resource constraints	
h. Some metrics already in place to measure outcomes for value based model	
i. Forward-thinking	
Opportunities	**Threats**
a. Pay for performance	a. Pay for performance
b. Accreditation	b. Accreditation
c. Volunteer decline	c. Volunteer decline
d. Increased requests to serve rural areas	d. Increased requests to serve rural areas
e. Contract length	e. Contract length
f. Expansion allows for economies of scale	f. Too much expansion could lead to diseconomies of scale
g. Forward thinking/progressive	g. Lack of forward thinking/progressive
h. Increased use of mutual aid	h. EMS reimbursement is bad and will get worse; lack of funding
i. Increased use of technology for training and communication	i. Demographics of the population, especially given Medicare/Medicaid reimbursement
j. Outlying EMS has physical infrastructure	j. Outlying organizations will lack people resources
k. Value based model (higher value; lower cost)	k. Value based model (risk shift from patients and payers to providers)
l. Number of patients may increase under new healthcare law	l. Number of patients may increase under new healthcare law

Opportunities (continued)	Threats (continued)
m. EMS as partner in health care continuum of care	m. EMS on periphery of health care continuum of care
n. New models for out-of-hospital care	n. EMS reimbursement will decrease
o. Patient education about appropriate time to use EMS versus other services	o. Lack of patient education about responsibility for health related behaviors
p. Best practices	p. Variability in service across country
q. Integrated IT system (link to EMS)	q. Lack of integrated IT system (link to EMS)
r. A Portage Co. training center would allow for quality control	r. Lack of quality training and professional development systems
s. A Portage Co. training center would offer learning opportunities for existing staff (best way to learn is to teach)	s. Turnover is an issue that will hit soon
t. Training center keeps people active	t. Lack of on-the-ground training experiences (i.e. experiential learning)
u. Improved technical college training	u. A lot of training is online and this profession needs more classroom training
v. Hold a mentoring program upon hire	v. Community Paramedic Medicine
w. Community Paramedic Medicine	
x. Grant funding for CPM	

E. Overview of Portage County EMS

Portage County Emergency Medical Services in Portage County is provided by a system of emergency medical responders and ambulance services.

Ambulance Services: Ambulance services are provided by the Stevens Point Fire Department, Amherst Fire District, and United Emergency Medical Response, a paramedic level ambulance service based in Wisconsin Rapids. Portage County contracts with each of these services to provide Intermediate and Paramedic level care and ambulance transport across the county.

Emergency Medical Responders (EMRs): EMRs are also known as first responders and are volunteers within their communities who are certified by the State of Wisconsin. Many of the responders are trained at the Emergency Medical Technician (EMT) level. They are dispatched when an ambulance is called and often arrive first to provide care and sometimes life-saving interventions such as rescue breathing, defibrillation or bleeding control before the ambulance arrives. EMRs and EMTs can administer some emergency medications. After the ambulance arrives, EMRs continue to assist in patient care and scene management. EMRs are based in Rudolph, Dewey, Sharon, Hull, Rosholt, Stockton, Plover, Bancroft/Pine Grove, Almond, Amherst and Wild Rose as well as at McCain Foods and Worzalla Publishing.

Rapid Response Unit: The County operated a Rapid Response Unit. The unit is used to respond with an ambulance when a supervisor may be needed to assist the ambulance crew with a difficult case. The unit is also used to provide medical coverage at special events such as fairs and races.

Medical Oversight: Medical oversight for the system is provided by the physicians at Ministry Saint Michael's Hospital Emergency Department. Dr. Michael Curtis, MD, has served as the Portage County EMS medical director since 2002. Dr. Tim Vayder, MD, will assume the role in 2012. The EMS medical director participates in the planning, development, training and quality improvement of the system. In addition, he serves as a liaison for the system to other healthcare providers in the region such as hospitals and other physicians.

Communications: Emergency calls in Portage County go to either the City of Stevens Point Police Department or the Portage County Sheriff's Department dispatch centers, and Public Safety Dispatchers dispatch emergency resources.

Quality: EMS Coordinator Michael Fraley supports the ambulance services, emergency medical responders and medical director with quality initiatives. The system currently has five categories of performance benchmarks around which its quality improvement projects are developed: response time reliability, clinical excellence, customer satisfaction, operational safety, and organizational culture of cooperation and mutual support.

F. Glossary of Terms And Acronyms

Accreditation	The process by which the State of Wisconsin reviews the operations of the entire EMS system.
AFD	Amherst Fire District
Community Paramedic (CP)	Specially trained paramedics that provide prescheduled primary care services within their legal scope of services. May practice within a community setting or patient home. (communityparamedic.org)
Critical Care Paramedic (CCP)	An emergency medical technician – paramedic who is licensed and endorsed by the department to provide an advanced level of paramedic care based on completion of an advanced level of paramedic training. (Wisc. Stat. 110.04)
Emergency Medical Service (EMS)	An arrangement of personnel, communications, equipment, and supplies for the delivery of emergency medical care. (Wisc. Stat. 110.04)
EMS Training Center	State-approved center that provide First Responder, EMT-Basic, EMT-Intermediate Technician, EMT-Intermediate, EMT-Paramedic, Critical Care Paramedic original training and refresher courses in addition to RN to EMT-Basic, RN to Paramedic and EMT-Intermediate to Paramedic bridge courses. (WI DHS)
Pay for Performance	Providers are paid according to a Value Based Model as described below.
Portage County Ambulance Contracts	Portage County contract with service providers (such as the City of Stevens Point and the Amherst Fire and Safety Commission) for the provision of emergency medical services. Portage County EMS administers the contract and ensures compliance with the contract articles through the Portage County EMS Oversight Board.
Portage County EMS Oversight Board	Established in PCO 3.1.8. The charter of the Board is the oversight of the clinical, administrative and qualitative attributes of the operation of the Portage County EMS.
Portage County EMS Technical Team	The EMS Oversight Board developed a Technical Team made up of service providers, the Medical Director, the Emergency Management Director, the EMS Coordinator and members of the Board. The Technical Team reviews technical subjects and provides the Board with expert opinions and recommendations.
Quality Management (QM)	System of assessment that uses established, research-based clinical performance metrics to improve the delivery of pre-hospital care
Regionalization	Movement toward a regionalized system for emergency care in which EMS providers, hospitals and other partners will coordinate efforts across a region, county and/or multiple municipalities to serve both urban and rural needs and create economies of scale
SPFD	Stevens Point Fire Department
SWOT Analysis	Tool used to identify an organization's internal strengths and weaknesses and external opportunities and challenges

Value Based Model	Providers are paid for their services if they meet minimum quality thresholds. They may also receive incentive payments for exceeding those thresholds. (Dr. Fenlon)
Volume Based Model	Providers are paid based on the number and type of services they provide. Not dependent on the outcome of those services. (Dr. Fenlon)