



EMS Leadership Conference 2020



Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director

Objectives



- Welcome and introductions
- Overview of conference
- IDHS Overview
- Current state of our EMS System in Indiana
- CCC – Current COVID Conditions
- Overview of projects and goals for 2020
- Question and Answer



INDIANA DEPARTMENT OF HOMELAND SECURITY



- IDHS Executive Director

- Statutory position appointed by the Governor.
- Director Stephen Cox was appointed as IDHS Executive Director in January 2020. He previously served as the Indiana State Fire Marshal in 2019, and prior to that, he was with the South Bend Fire Department, serving as a paramedic, firefighter, EMS instructor and EMS chief of the fire department, before being promoted to fire chief in 2012.



- Indiana State Fire Marshal

- Statutory position appointed by the Governor. Oversees the IDHS Division of Fire and Building Safety.
- Marshal Joel Thacker was appointed as the Indiana State Fire Marshal on March 4, 2020. Thacker began his career as a first responder in 1992 and has served as an EMT, firefighter and executive leader in several central Indiana departments. He was sworn in as Plainfield fire chief in 2017.



Emergency Medical Services – EMS Section



- State EMS Director



- This is the person designated by IDHS to supervise the IDHS EMS Section and handle all operational aspects of EMS for the State of Indiana as well as being the State representative for national EMS organizations.
- Kraig Kinney serves as the State EMS Director. Director Kinney is a paramedic, primary instructor, and an attorney.



- State EMS Medical Director
 - Statutory position appointed by the IDHS Executive Director and serves to provide systems of quality patient care, model guidelines, statewide quality assurance, and statewide EMS advocacy.
 - Dr. Michael Kaufmann serves as the State EMS Medical Director. Dr. Kaufmann is an emergency physician that began his career as an EMT and is the medical director for several EMS organizations in Indiana.

Emergency Medical Services – EMS Section



EMS Field Operations

- EMS district managers are assigned to IDHS districts and are resources and liaisons for EMS information for individuals and organizations. They address questions about EMS operations and rules, the ImageTrend data system and complaints and investigations. District managers handle provider organization certifications and serve as points of contact on questions for individual certifications.
- Robin Stump is the current supervisor of EMS field staff.

EMS Certifications and Compliance

- Individual certifications, both initial and renewals, are processed by this subsection. This includes audit review and criminal reviews.
- Candice Pope is the current supervisor of Certifications and Compliance.

EMS Training

- The EMS training subsection provides guidance on EMS education, approves courses, and processes post-course records. The subsection also conducts training institution audits and EMS class visits.
- Tony Pagano is the current coordinator of EMS training.

Emergency Medical Services – EMS Section



EMS Director
Craig Kinney
ckinney@dhs.in.gov
317.232.3983



Districts 1, 2, 4
Mikel Fort
mfort@dhs.in.gov
317.431.8906



Districts 3, 6
Don Watson
donwatson@dhs.in.gov
317.670.3180



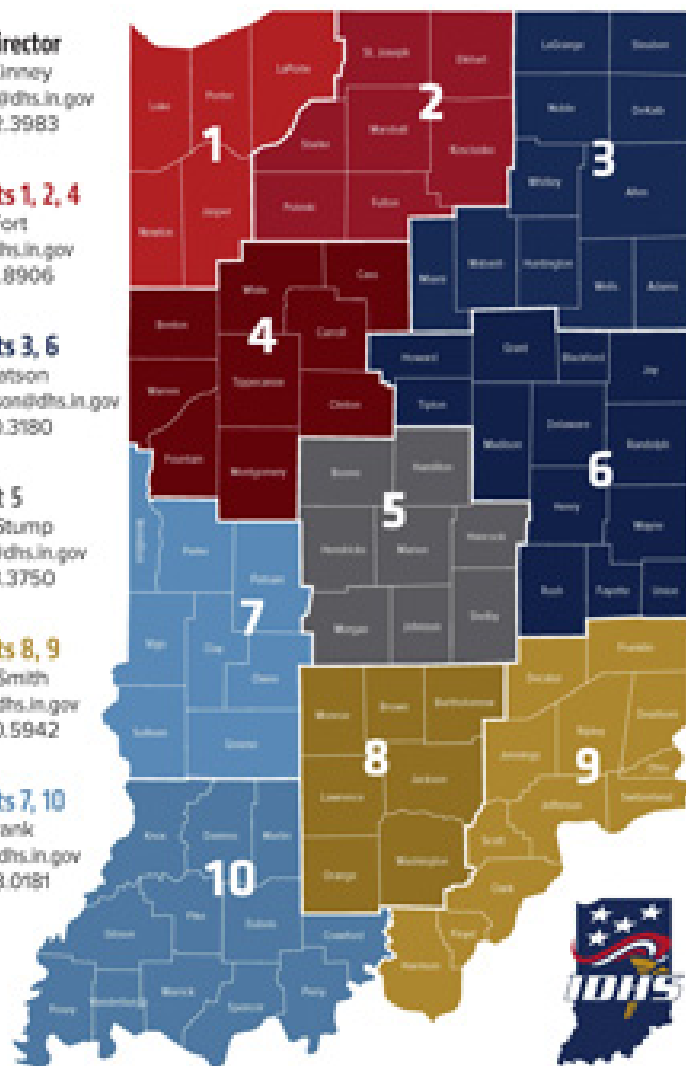
District 5
Robin Stump
rstump@dhs.in.gov
317.753.3750



Districts 8, 9
Jason Smith
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Districts 7, 10
Stan Frank
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The IDHS EMS District Managers are great local resources of information and guidance on EMS issues. The District Managers participate in many local events, including meetings and training, in their assigned districts.

OSFM-EMS SECTION



Kraig Kinney
State EMS Director
kkinney@dhs.in.gov – (317) 232-3983

Michael Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
mkaufmann@dhs.in.gov - (317) 514-6985

EMS Operations and District Managers

Robin Stump, EMS Section Chief
rstamp@dhs.in.gov – 317-753-3750

EMS Training and Education

Tony Pagano, EMS Training Coordinator
tpagano@dhs.in.gov – (317) 232-3985

Mikel Fort, District Manager	1, 2 & 4
Don Watson, District Manager	3 & 6
Robin Stump, District Manager	5
Jason Smith, District Manager	8 & 9
Stan Frank, District Manager	7 & 10

Tim Layton, Mobile Simulation Lab Manager;
WMD/EMS Training Manager
tilayton@dhs.in.gov – (317) 419-0577

EMS Certification and Compliance

Candice Pope, Cert/Compliance Officer
capope@dhs.in.gov – 317-234-7322
Lisabeth Handt, Certification Specialist
lhandt@dhs.in.gov – 317-234-7224

Emergency Medical Services Commission



Andrew Bowman	Emergency Nurses	Indianapolis	andrewj.bowman@gmail.com
Vacant	Indiana Department of Homeland Security	Indianapolis	Vacant
Dr. Sara Brown	Trauma Care	Fort Wayne	drsnoopy@ymail.com
Vacant	Emergency Physicians	Vacant	Vacant
Melanie "Jane" Cragin	Hospital Ambulance Service	Williamsport	mjcraigin@gmail.com
Terri Hamilton	Volunteer EMS	Knightstown	thamilton5235@gmail.com
Darin Hoggatt	Paramedics	Greenwood	hoggattd@greenwood.in.gov
Dr. Thomas Lardaro	Air Ambulance	Indianapolis	tlardaro@iu.edu
Myron Mackey	Emergency Medical Technicians	Bicknell	myron.mackey@mackeystore.com
Matthew McCullough	Volunteer Fire Department	Terre Haute	mmcullough@rileyfire.com
John Ryan	Public Representative	Indianapolis	jryan@hallrender.com
G. Lee Turpen	Private Ambulance Services	Evansville	lee.turpen@amr.net
Charles Valentine	Municipal Fire Services	Indianapolis	cvalentine@decaturfire.org
John Zartman	ALS Training InstitutionProgram	Indianapolis	john.zartman@franciscanalliance.org

EMS CERTIFICATIONS



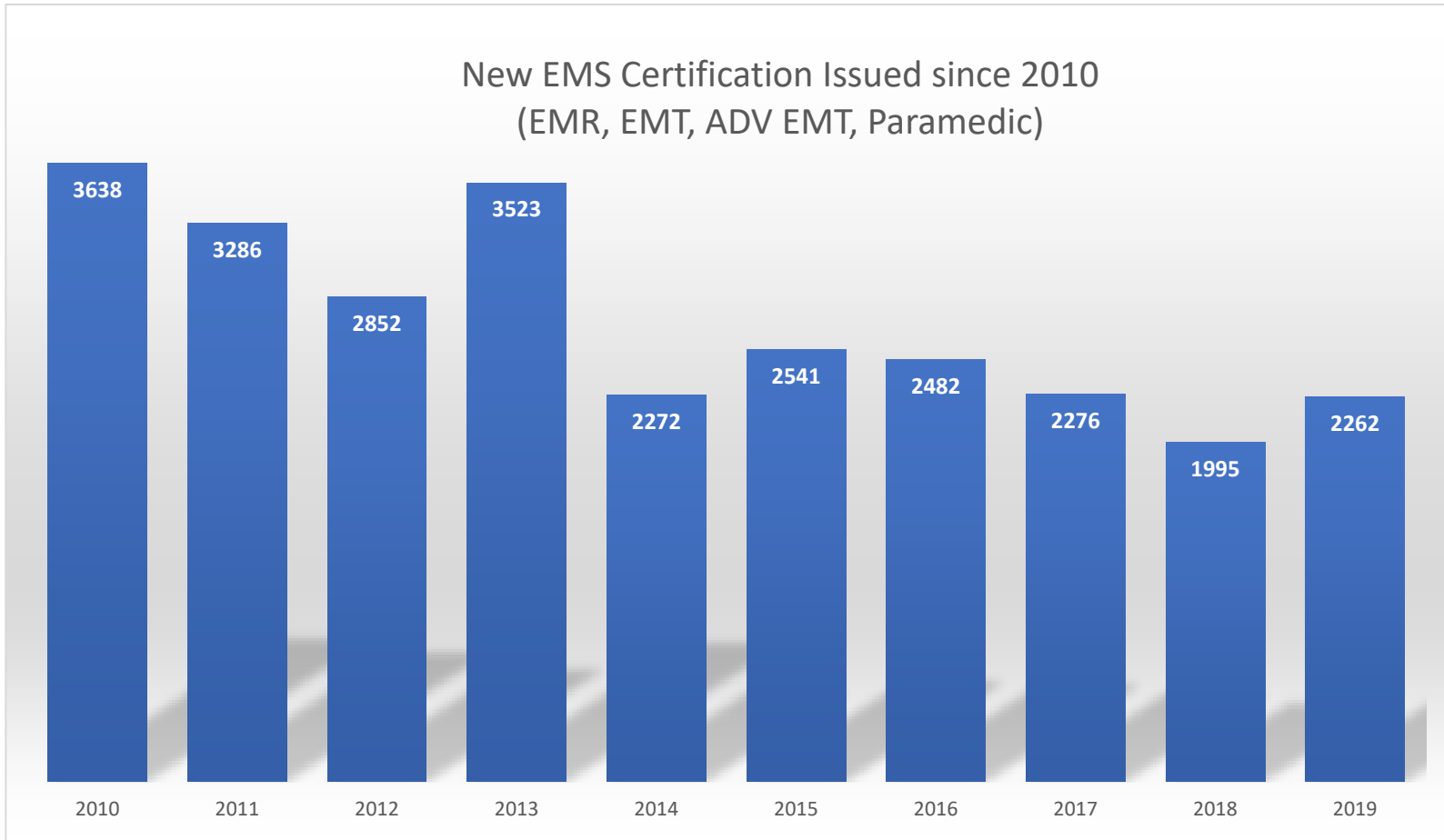
- Certificates
 - Training Institutions 109 (115)
 - Supervising Hospitals 86 (91)
 - Providers 832 (833)
 - Vehicles
 - Ambulance 2,249 (2,600)
 - ALS non-transport 476 (584)
 - Air Ambulance Rotorcraft 54 (52)
 - Personnel
 - EMR 4,870 (5,055)
 - EMT 14,006 (14,448)
 - Advanced EMT 642 (578)
 - Paramedic (license) 4,518 (4,408)
 - Primary Instructor 611 (566)



New Certifications Issued



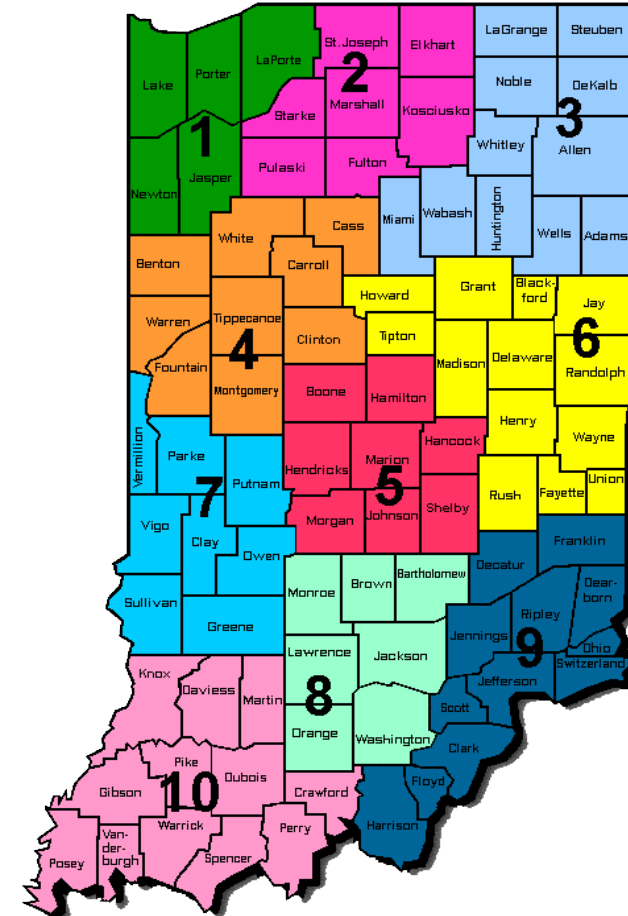
New EMS Certification Issued since 2010
(EMR, EMT, ADV EMT, Paramedic)



EMS System Metrics – as of December 2020



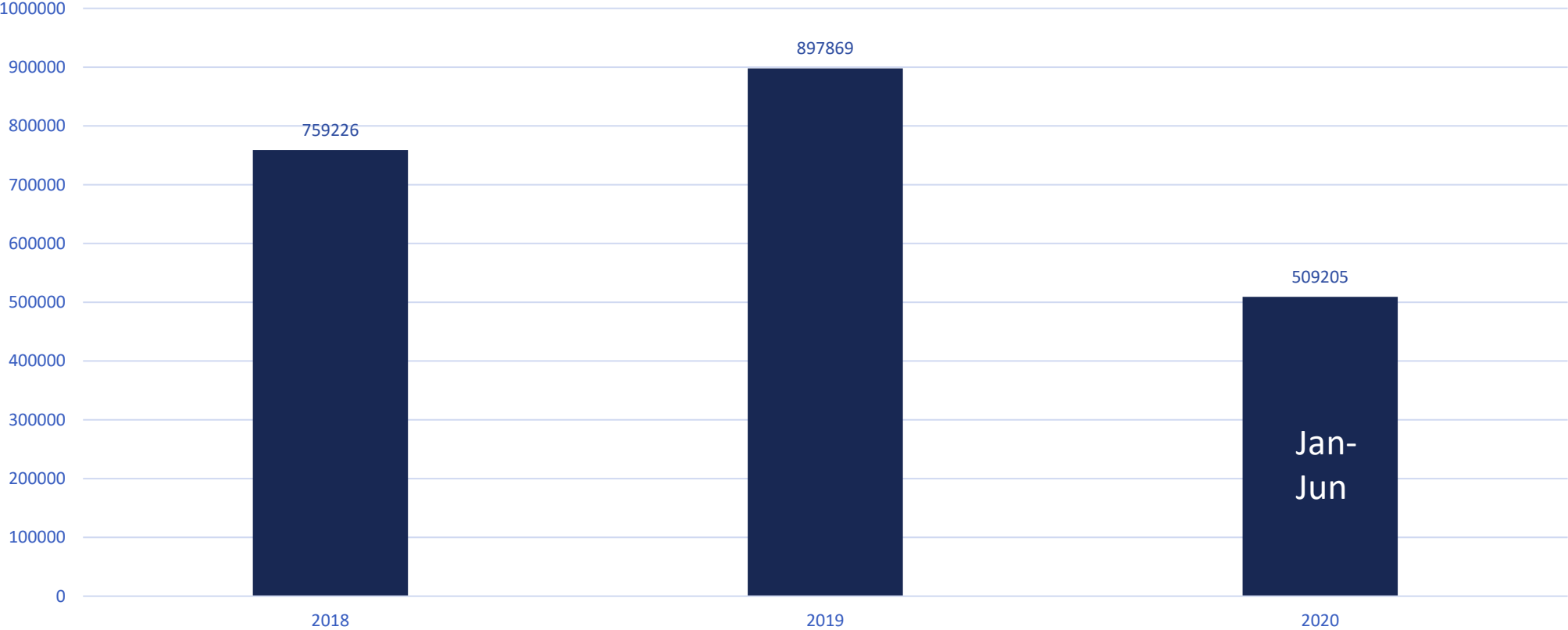
- Total Ambulances in state 1853 (1773) (2022)
- D1 – 274 (261) (363)
- D2 – 150 (148) (145)
- D3 – 117 (110) (111)
- D4 – 105 (100) (120)
- D5 – 450 (430) (492)
- D6 – 313 (292) (301)
- D7 – 72 (80) (84)
- D8 – 47 (47) (49)
- D9 – 211 (197) (245)
- D10 – 114 (108) (112)
- Total ALS non-transport vehicles 495 (476) (584)
- Total Rotocraft statewide 59 (54) (52)



Annual Indiana EMS Run Volume



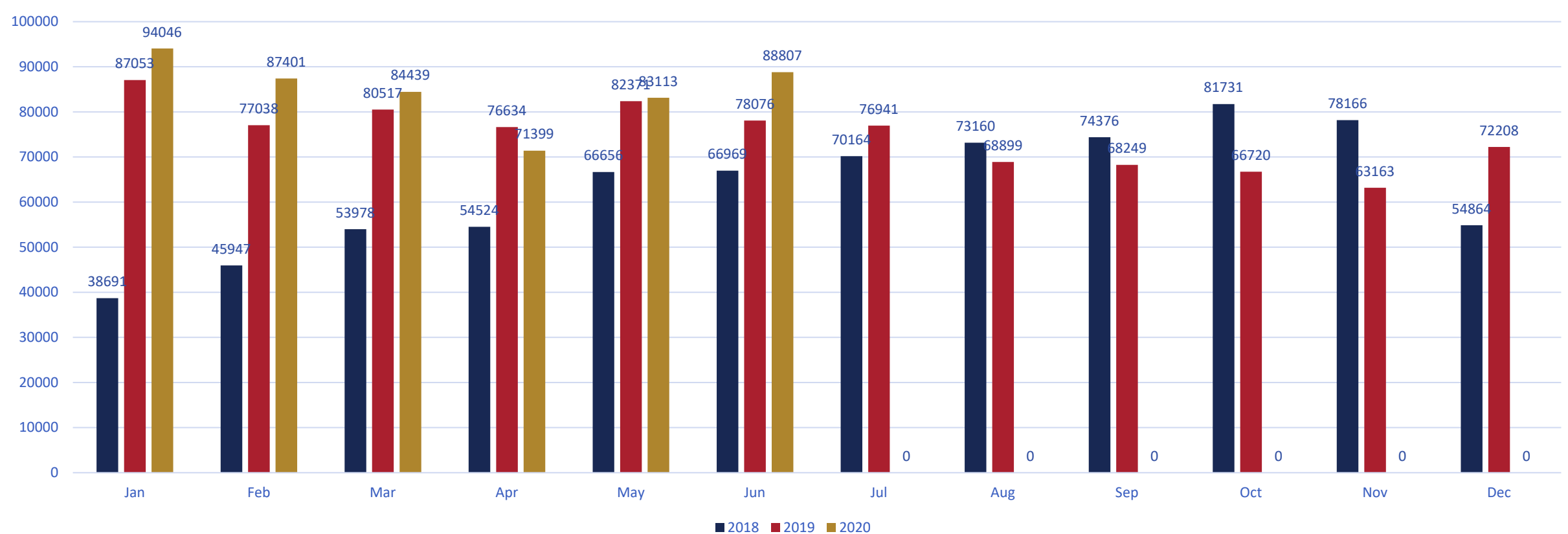
Yearly Totals





Annual Volume By Month (2020 shows Jan – Jun)

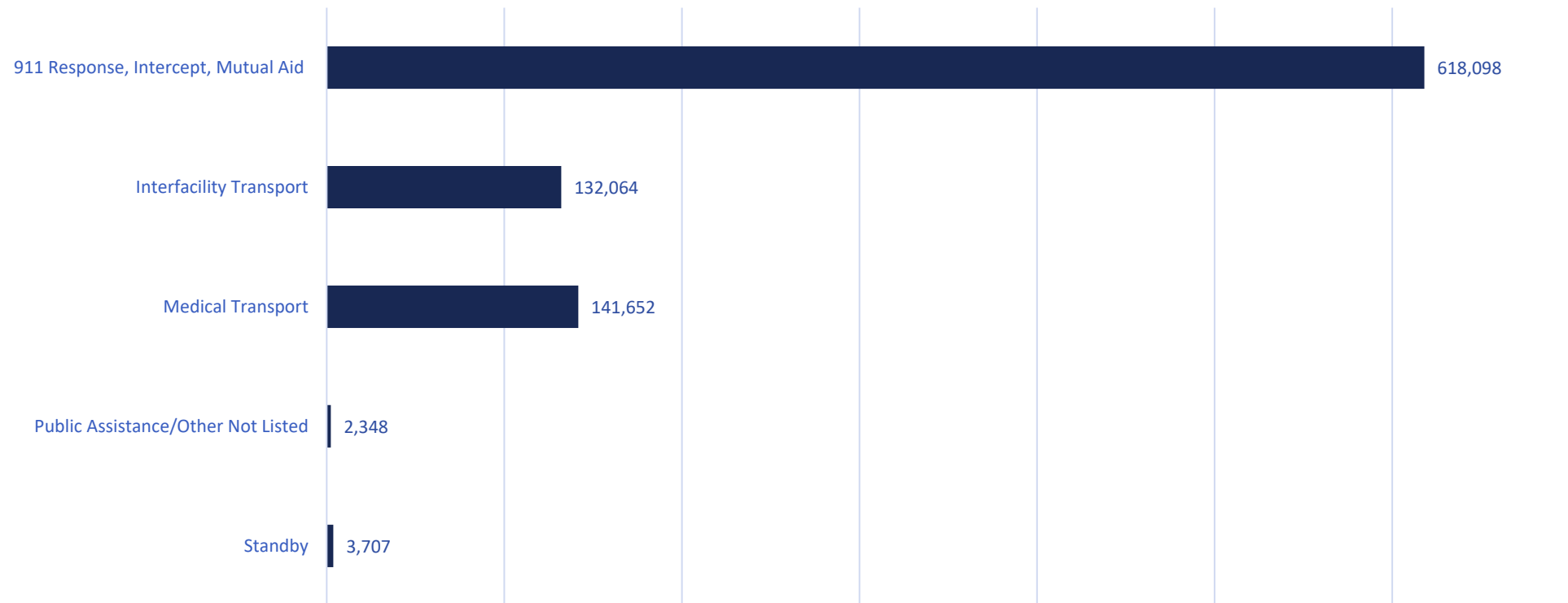
Yearly Total Epcrs



Type of Call - 2019



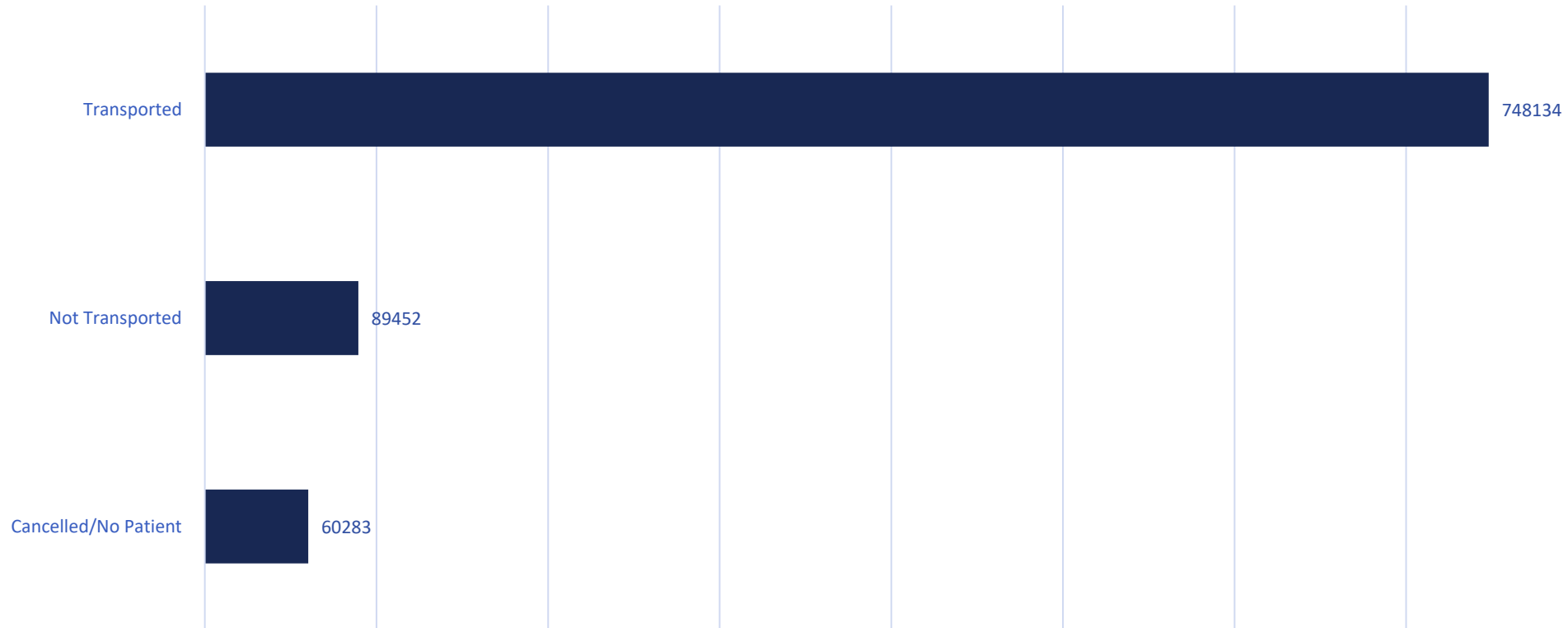
Type of Service Requested 2019



Disposition of Calls - 2019



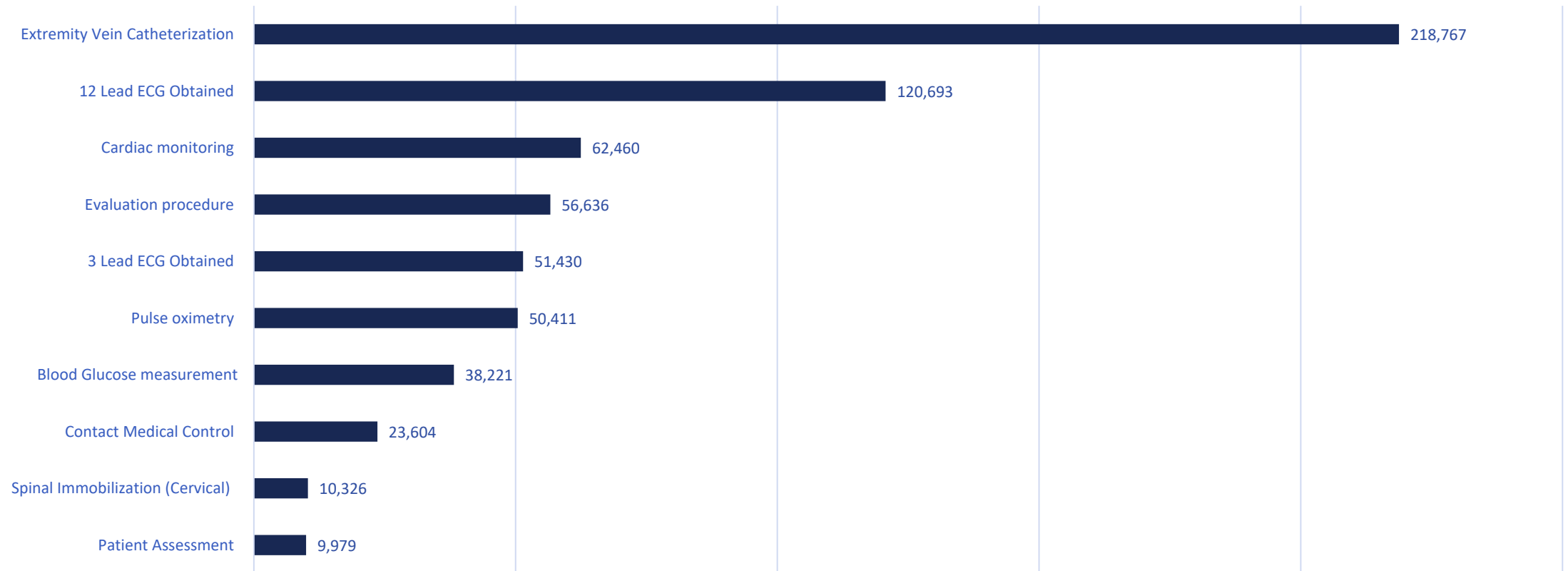
Patient Disposition 2019



Top Procedures of 2019



Procedures 2019



DATA COLLECTION



- EMS District Manager is first point of contact
- EMS provider agencies reporting as of 9/1/2020
- Data elements reported to state within 24 hours of completed run
- 15/331 are not reporting – compliance of 94%!

331 provider agencies are required to report into ImageTrend

A screenshot of the 'ELITE FIELD' software interface. The interface is divided into a left sidebar and a main content area. The sidebar has a red header 'Response' and several menu items: 'Unit & Crew Info' (with a red exclamation mark icon), 'Response Info', 'Times/Mileage', 'Patient Encounter', 'Transport', 'Billing', 'Narrative', and 'Signatures'. The main content area is titled 'Unit & Crew Info' and contains several input fields and buttons. The 'EMS Agency Number' field contains '00939'. The 'EMS Unit Call Sign' and 'EMS Vehicle (Unit) Number' fields have red exclamation mark icons and dropdown menus. The 'Primary Role of the Unit' section has four buttons: 'Ground Transport' (highlighted in blue), 'Non-Transport First Responder', 'Extrication or Other Speciality Unit', and 'Non-Transport Administrative (e.g. Supervisor)'. The 'Level of Care of this Unit' field has a red exclamation mark icon and a dropdown menu. At the bottom, there is a 'Crew Members' section with a '+ Add' button.

How Are We Doing So Far?



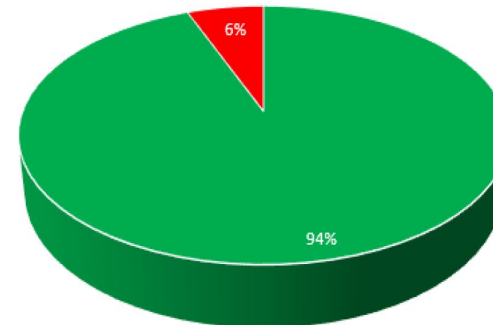
- GREAT!
- Thank you for all of your hard work.
- 310/331 Agencies are actively reporting
- That's 94%
- Please continue to submit data to the state data registry EVEN if you have no incidents to report.
- The better data we report, the more complete our data assessments will become.
- Keep up the great work!

State of Indiana Emergency Medical Services

Monthly EMS Reporting



November 2020



Agencies Reporting

310

Agencies Required to Report

331

Reporting Percentage

94%

Total ePCR's submitted

89,299



Why is Data Collection So Important?

- Collecting **data** allows IDHS to store and analyze **important** information about the entire EMS System in the state of Indiana.
- Having good data, allows us to make informed decisions – that's Evidence Based Decisions.
- It also allows us to monitor the clinical care provided to Hoosiers who access the EMS system and in turn adjust state regulatory policies to expand and improve care.
- Having good data and data submission compliance simply makes the Indiana EMS System **BETTER!**



Clinical Data



EMS Compass Measures 2018

- State of Indiana First EVER CQI Report – Published July 2018.
- Intended goal was to publish again in July 2019.
- Data base issues delayed that until 2020.
- COVID delayed that release until July of 2020.
- Both 2018 and 2019 data reports are available from IDHS website

State of Indiana
EMS System Quality Improvement Report
July 2018



Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
Dimitri Georgakopoulos

NEMSQA



- In April 2019, the NEMSQA Measure Development Committee approved the eleven measures included in the table below. These measures were reviewed and re-specified from their original release in the EMS Compass program.
 - Treatment Administered for Hypoglycemia
 - Pediatric Respiratory Assessment
 - Administration of Beta Agonist for Pediatric Asthma
 - Pediatric Weight Documented in Kilograms
 - Seizure Patient Received Intervention
 - Suspected Stroke Receiving Prehospital Stroke Assessment
 - Pain Assessment of Injured Patients
 - Effectiveness of Pain Management for Injured Patients
 - Trauma Patients Transported to Trauma Center
 - Use of Lights and Sirens During Response to Scene
 - Use of Lights and Sirens During Transport



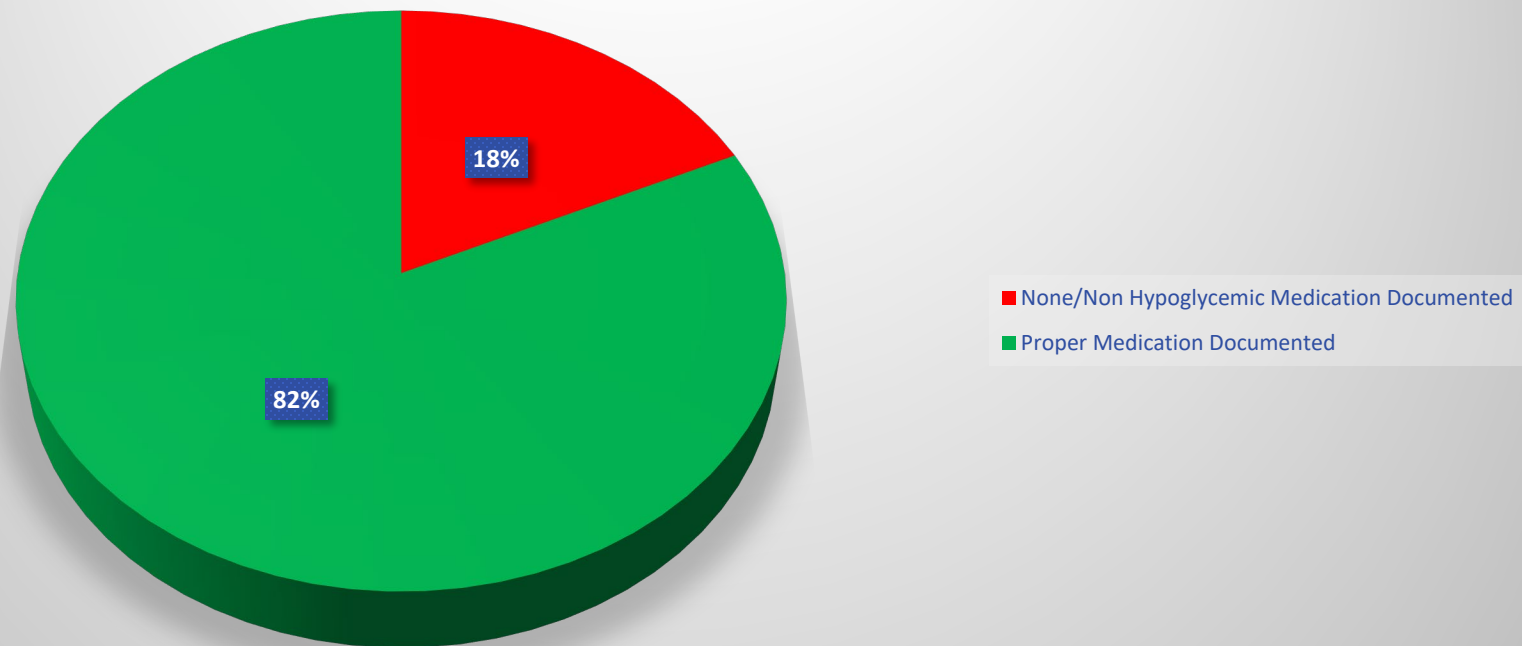
Adopted!

<http://www.nemsqa.org/measure-development-process/>

Hypoglycemia Treatment



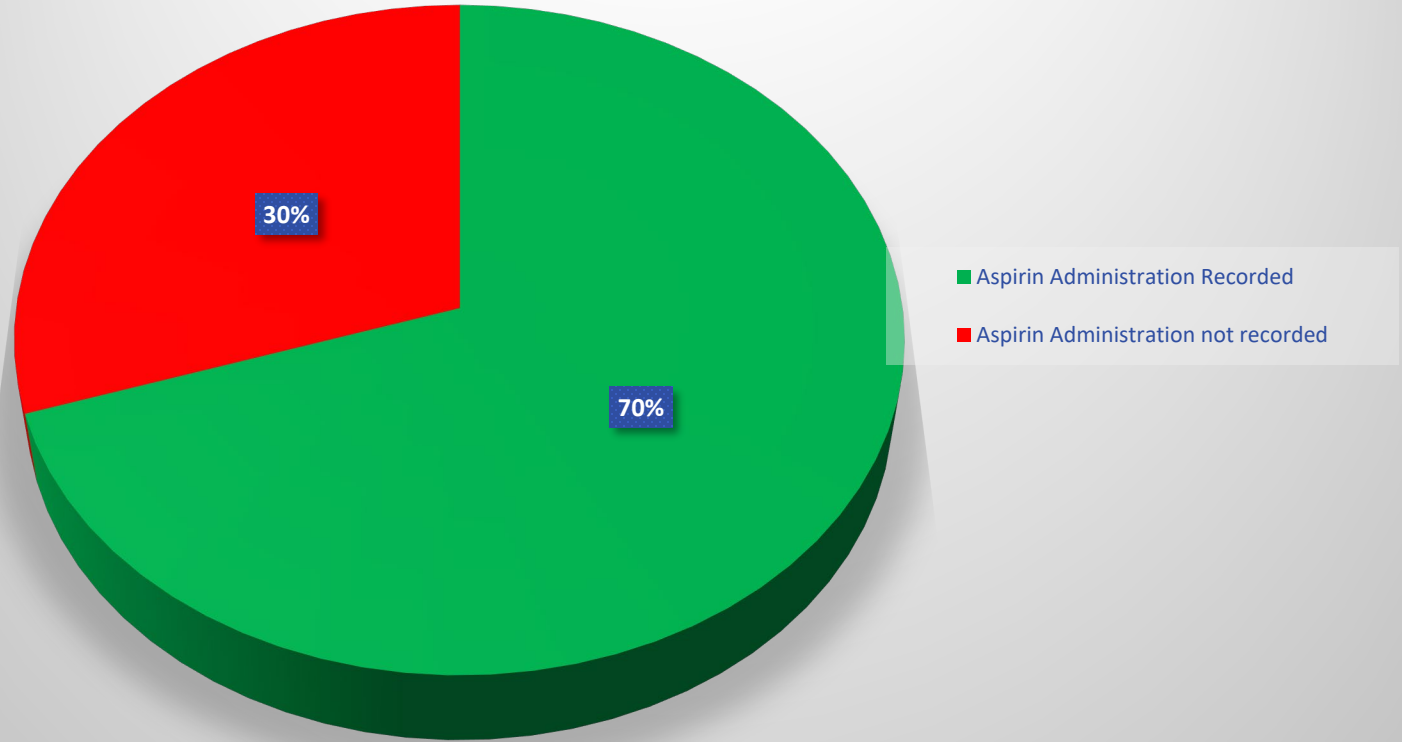
Treatment of Patients with a Blood Sugar of <60 with a provider impression of Hypoglycemia



Aspirin Administration in Chest Pain



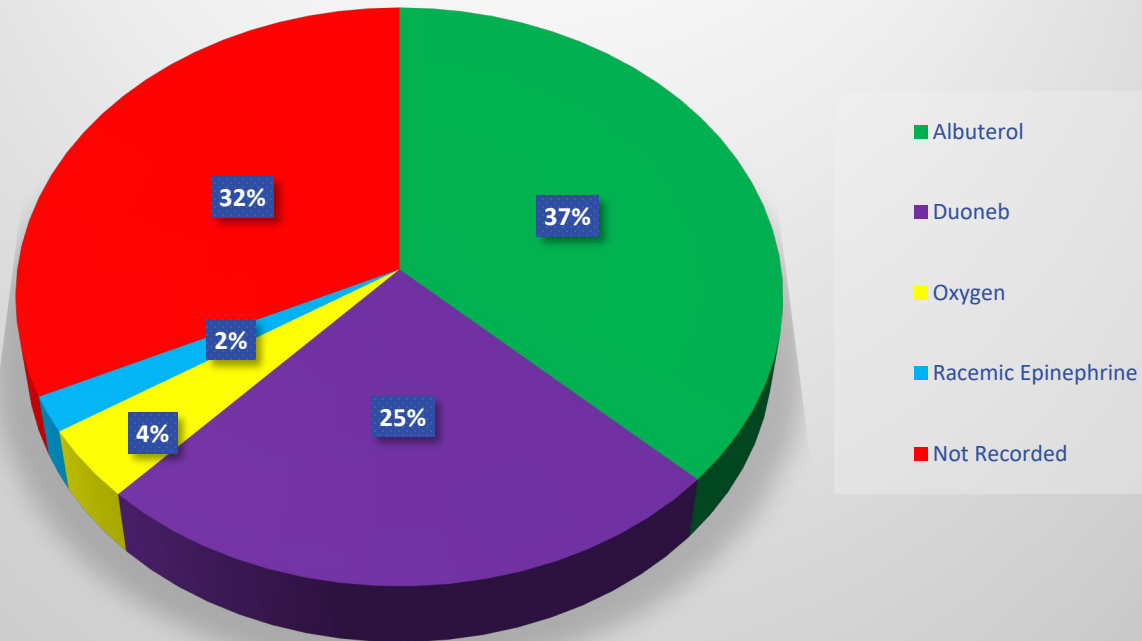
Reports of Aspirin Being Given to Patients with a Primary Symptom of Cardiac Chest Pain



Pediatric Respiratory Distress



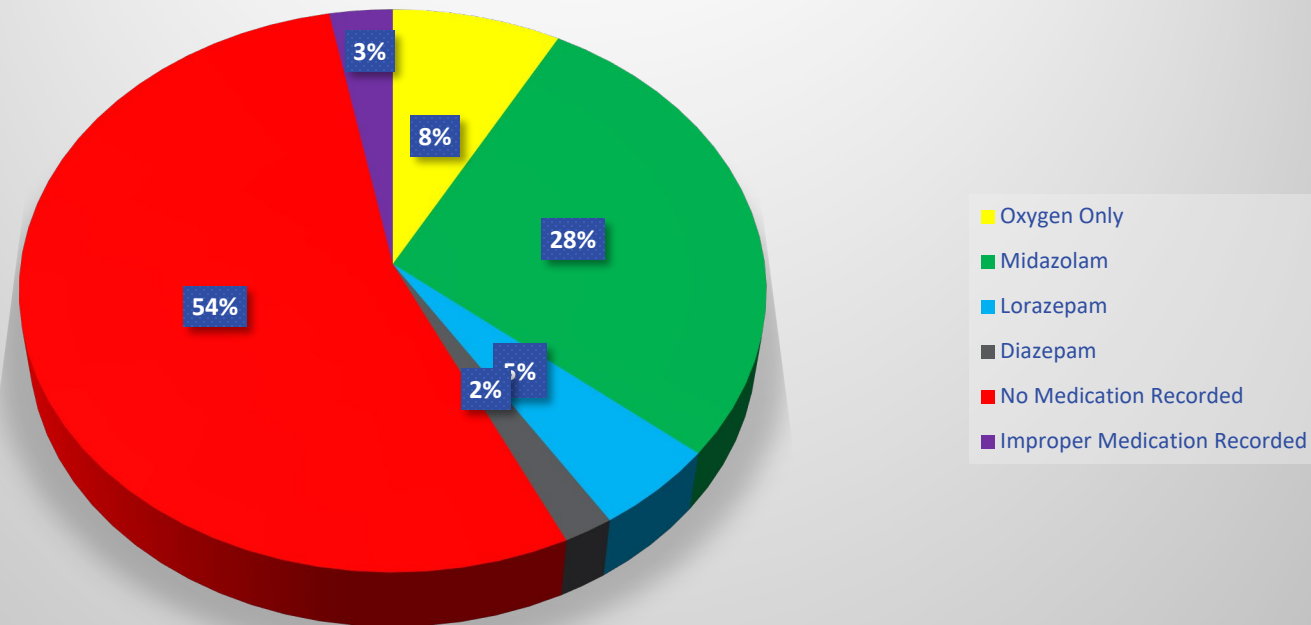
Medications Received by Patients ages 2-15 with a Provider Impression of Asthma with Exacerbation or Acute Bronchospasms



Patients Receiving Medications for Seizure



Patients Receiving Medications for the Primary Impression of Seizure with Status Epilepticus





Indiana Health
Information Exchange



- Meeting with IHIE leadership Regularly
- Discussions are underway to integrate EMS data into CareWeb (IHIE)
- Integration would allow EMS data to be accessible from CareWeb
- CMS Funding request submitted August 2020 for 90:10 matching
- Will require annual recurring funding source ?
- Future steps will allow EMS access to Care Web and ultimately impression-based feedback from receiving facilities.

IHIE
Integration

Submit a Data Request



Request process paths:

Available Public Data +

Restricted Available Data -



Estimated 2-3 week completion time

Disclaimer: Estimated completion time starts only after requestor has submitted all the security and legal documents to MPH.

Restricted Custom Data +

<https://request.mph.in.gov/>



Emergency Medical Services for Children

- Elizabeth Weinstein, MD
- Margo Knefelkamp



- **“Pediatric emergency care coordinator” or “PECC” is the designated individual who coordinates pediatric emergency care. The PECC should be a member of the emergency medical services agency and be familiar with the day- to-day operations and needs at the agency. If there is a designated individual who coordinates pediatric activities for a county or region, that individual could serve as the PECC for one or more individual emergency medical services agencies within the county or region. Roles that the individual who coordinates pediatric emergency care at an emergency medical services agency include:**
 - Ensures that the pediatric perspective is included in the development of emergency medical services protocols;
 - Ensures that fellow emergency medical services providers follow pediatric clinical practice guidelines;
 - Promotes pediatric continuing-education opportunities;
 - Oversees pediatric-process improvement;
 - Ensures the availability of pediatric medications, equipment, and supplies;
 - Promotes agency participation in pediatric-prevention programs;
 - Promotes agency participation in pediatric-research efforts;
 - Liaises with the local emergency department pediatric emergency care coordinator or other designee
 - Promotes family-centered care at the agency.



IDHS EMS System Pediatric Report

- Scheduled for release September 2020
- Designed to be an overview of pediatric EMS care in Indiana
- Could act as a guide to PECCs on where to focus efforts.
- Intended to be an annual report available to EMS provider agencies.
- Will be posted on IDHS website as a download when available.

State of Indiana IDHS Emergency Medical Services

2019 Pediatric Incidents

Patients 17 Years of Age + Under

46,060 Pediatric Incidents Reported to Image Trend → Accounting for **5.1%** of all Incidents

↓ **32,857** 911 Response (Scene) Incidents, **4,197** Medical Transports, **8,820** Interfacility Transports, & **186** "Other" Transports

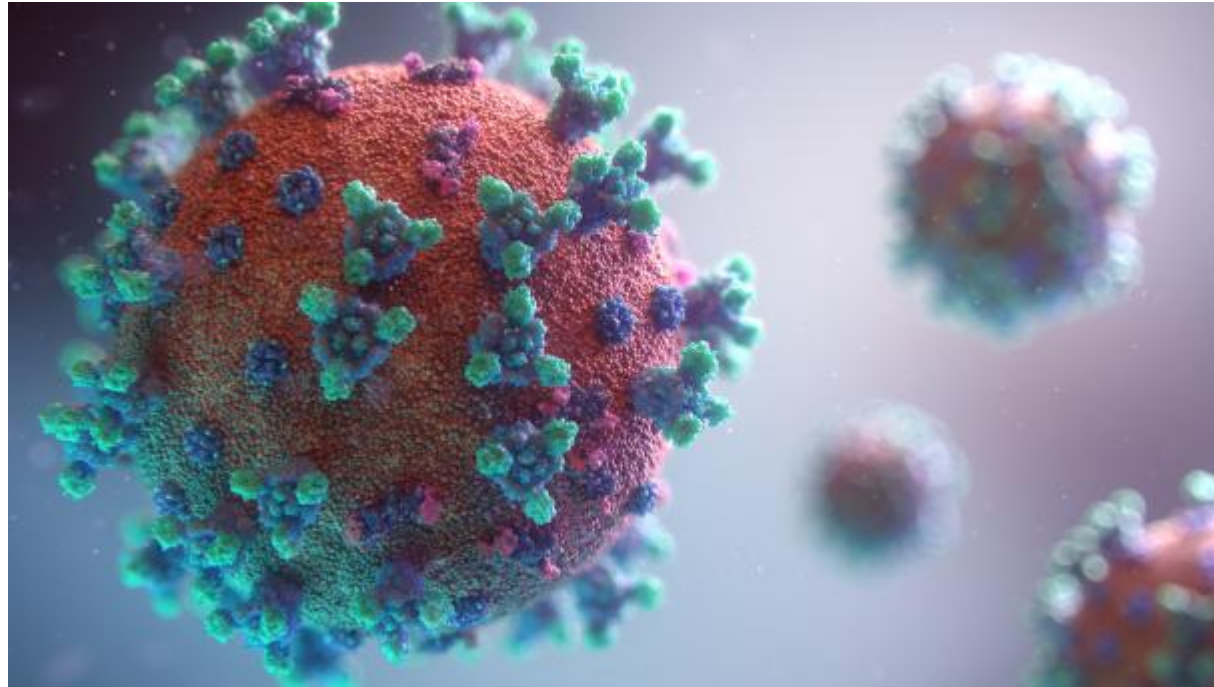
Patient Demographics

Count of Incidents by Patient Age					
0	6,972	6	1,349	12	2,061
1	3,893	7	1,248	13	2,277
2	2,435	8	1,293	14	2,910
3	1,902	9	1,333	15	3,425
4	1,487	10	1,457	16	4,201
5	1,380	11	1,568	17	4,869

Patient Gender: 47% Female, 51% Male, & 2% Not Applicable, Not Recorded, or Unknown.

Top 20 Counties per Incident

IDHS EMS COVID Response



EMS Line of Duty Deaths



- Scott Gordon - Columbus Regional Hospital - 11/15/20

- Paramedic
- EMT since mid 1980's and paramedic since 4/4/1989

- John Andrew Schoffstall - Terre Haute Fire Department - 4/12/20

- Paramedic
- EMT since 2/8/2000 and paramedic since 4/11/2012



EMS Section COVID19 Response



- EMS has been front and center throughout the during of the COVID pandemic
- Dr. Kaufmann has been serving on the Governor's Physician COVID Task Force Team
- IDHS has released numerous guidance documents, waivers, and orders to help ensure that our State EMS system remains operational for both COVID and non-COVID patients.
 - <https://www.in.gov/dhs/4142.htm>

News/Updates

Updated 12/2/2020

Recent News

Indiana COVID-19 EMS Manual (updated 5/27/20)

The EMS section has put together the [COVID-19 EMS Manual](#) as a reference document for the large amount of COVID-19 information that has been released.

Questions on EMS and COVID-19

Questions about how COVID-19 affects EMS operations, certifications or training should be directed to covidems@dhs.in.gov.



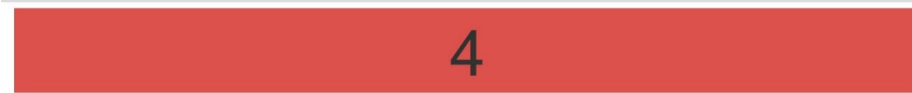


EMS Section COVID19 Response

- **EMResource** is a web-based resource management and communication tool developed by Juvare. ... This system is utilized to monitor and notify changes in resources statuses such as diversions, PPE, EOC activations, resource availability, and other information.
 - This tracks vital information necessary for COVID or any other disaster response and is an important tool for ISDH, IDHS, and other state agencies.

EMS - COVID-19

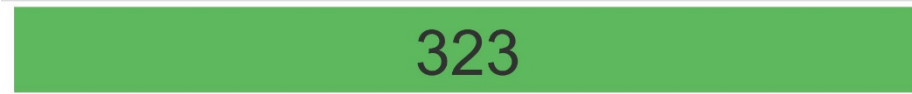
PPE Status Critical for All Ambulances



Yellow - PPE > 96 hours, no shipments



Green - PPE > 96 hours, some or normal shipments



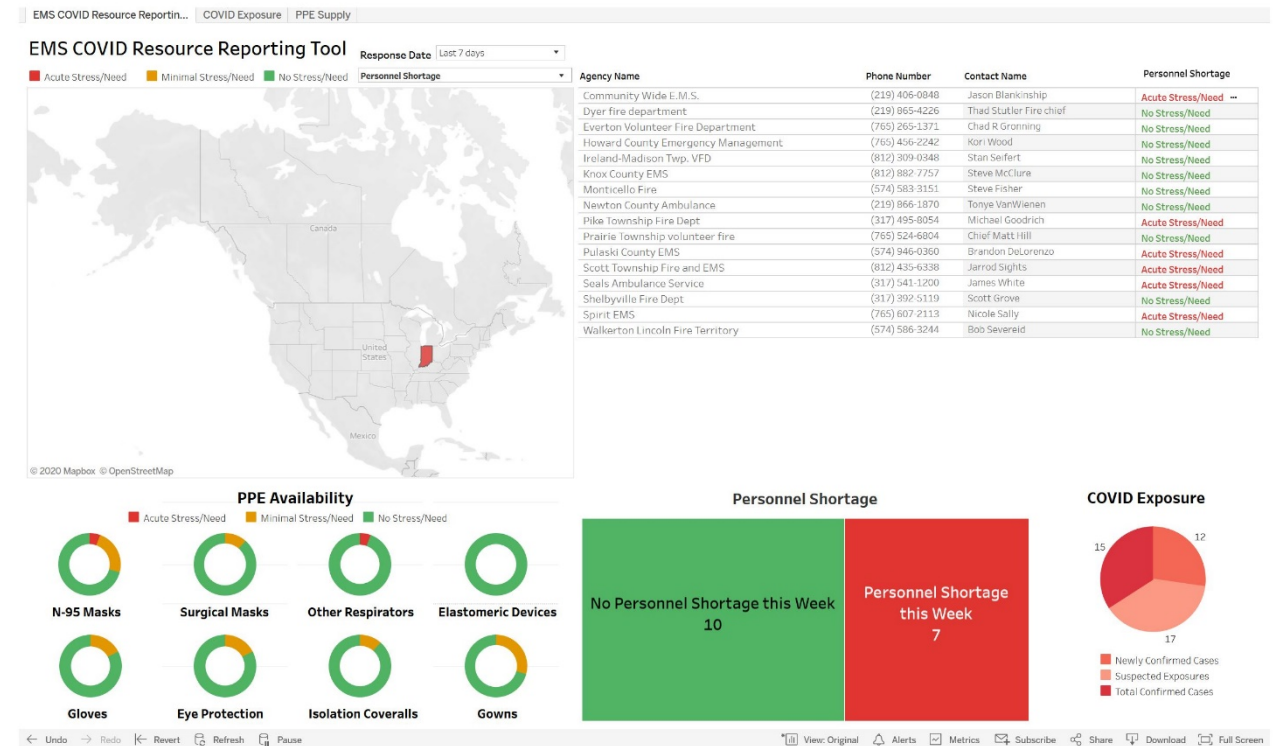
EMS - Non-Transport							O2 and O2 supply levels	
EMS - Transport	O2 and O2 supply levels	Is your service a transport service?	EMS Staffing	EMS Ventilators, number of	Ambulance Availability	PPE Status	24 hr Emer Cont Num	
A & A Twp VFD	Yellow	Yes	Green	0	Limited Availability	Green	317-2	
Able Ambulance	--	--	Green	0	Limited Availability	Yellow	765-6	
Aboite Twp VFD	Green	Yes	Green	0	Available	Green	260-2	
Adams County EMS	Green	Yes	Green	4	Available	Green	260-2	
Adams Markleville Fire Protection	--	Yes	Yellow	0	Available	Green	317-4	
Advance VFD	--	--	--	--	--	--	--	
Alcoa EMS	Green	Yes	Green	0	Available	Green	8128:	
Alexandria FD	Green	Yes	Green	0	Available	Green	Loca 765-6	
Amboy VFD	Green	Yes	Yellow	0	Limited Availability	Yellow	(765)	
American Medical Response AMR Evansville	Yellow	Yes	Green	4	Available	Green	8124; (Disp	
Amity Community VFD	Green	Yes	Green	0	Available	Yellow	31731	
Amo FD	--	--	Green	0	Available	Green	317-5	
AMR Central Indiana	Green	Yes	Green	5	Limited Availability	Green	31771	

NEMESIS EMS COVID Reporting Tool



- The EMS COVID reporting tool has been created by the [NHTSA, Office of EMS](#) to document, in one place, EMS agency PPE needs and personnel shortages related to the COVID-19 crisis. This will allow the NHTSA Office of EMS to present an accurate and current picture of the nation's EMS resource needs at the state and federal levels. Click below to access the reporting tool.

- <https://redcap.utahdcc.org/redcap/surveys/?s=8PEWN3CL97>



Vaccinations



COVID Vaccine for EMS



- IDOH has prepared a COVID vaccine distribution plan that is detailed in the linked document. https://www.coronavirus.in.gov/files/Indiana%20COVID-19%20Vaccination%20Plan_%20Interim%20Draft.pdf
- EMS providers have been included in vaccine prioritization group 1A (meaning they will be in the first group to receive the vaccine.)
- The initial allotment of vaccine (Pfizer Vaccine) should be arriving in the next few weeks.
- After EUA approval, 50 hospitals will receive the vaccine in anticipation for ACIP administration recommendations
- This first round of vaccine is allocated to healthcare personnel who in their line of work have the potential for exposure to COVID-19 patients or infectious material.
- You will be notified that vaccine is available and you have met criteria for prioritization
- You will receive a letter with a link to the registration and scheduling platform. This may be distributed from your employer, professional licensing agency, or an association. You will be asked to bring an ID or some form of verification that you work in healthcare. If you work at one of the 50 hospitals that will initially be administering the vaccine, you must choose that location to get vaccinated.



Eric J. Holcomb
Governor
Kristina M. Box, MD, FACOG
State Health Commissioner

Dec. 1, 2020

Dear Healthcare Professional:

First of all, thank you for everything that you have done to care for Hoosiers during these unprecedented times. I'd like to update you on the latest information about COVID-19 vaccination.

Pfizer and Moderna have applied for an Emergency Use Authorization (EUA) from the FDA. If approved, we could have vaccine ready to administer in Indiana before the end of the year.

The Indiana Department of Health put together a group of internal and external stakeholders, experts in immunology, infectious disease, ethicists and others to develop an allocation prioritization list. The committee agreed with other national leaders, such as the National Institutes of Science, that healthcare personnel should be the first to receive the vaccine. The goal is to protect those with the most risk of exposure, prevent them from giving it to vulnerable populations, and to reinforce our healthcare workforce by preventing illness.

After EUA approval, Advisory Committee on Immunization Practices (ACIP) recommendations, and review by the Indiana-specific vaccine review committee, the Indiana Department of Health will begin a phased-in vaccination schedule. You will receive an email with a link to schedule your appointment when you are eligible to receive the vaccine. Vaccine will be distributed based on the quantity received.

Here are several important considerations to keep in mind:

1. This first round of vaccine is allocated to healthcare personnel who in their line of work have the potential for exposure to COVID-19 patients or infectious material. We are anticipating that we will not initially have enough vaccine available to vaccinate everyone who meets the criteria. Therefore, the Indiana Vaccine Advisory Committee has further prioritized healthcare personnel based on individuals who provide direct care to the most vulnerable populations and in their line of work have a high likelihood of contact with COVID-positive patients and who are integral to healthcare structure and the response to the pandemic.
2. You will be notified that vaccine is available and you have met criteria for prioritization

To promote, protect, and improve the health and safety of all Hoosiers.

EMS Participation in Vaccine Administration



- There are three ways that Indiana EMS Provider Agencies can get involved in administering vaccinations.
 - Individuals
 - Agency partnership with local health departments and other vaccine administering entities
 - Registering with IDOH to become a vaccine providing entity

EMS ROLE AND GUIDANCE IN COMMUNITY VACCINATIONS



EMS Vaccination Pilot Program



- IEMS is partnering with the Marion County Health Department, Indiana Department of Homeland Security, Indiana Department of Health and Shepherd Community Center to conduct the first of its kind pilot program for vaccine deployment.
- The first ever clinic of this kind took place on each Wednesday in October
- **472 people have received seasonal flu vaccine by IEMS**
- People that needed health insurance and primary care navigation were identified and connected to care.
- Handed out **over \$2000** in gift cards for food or gas.
- The majority of the cars that showed up had multiple people (sometimes whole families) asking for the vaccination.

- Shepherd Center served over 114 hot meals to families coming out for flu vaccine.
- Needs assessment done
 - 136 did not have a primary care physician
 - 151 did not have health insurance



EMS Vaccination Pilot Program



CFD Community Paramedicine Vaccine Clinic Week of November 17th 2020

Crawfordsville Schools

Crawfordsville Total	5
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Southmontgomery Schools

Southmontgomery Total	57
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Northmontgomery Schools

Northmontgomery Total	20
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City Employee Clinic 11/16

City Employees Total	13
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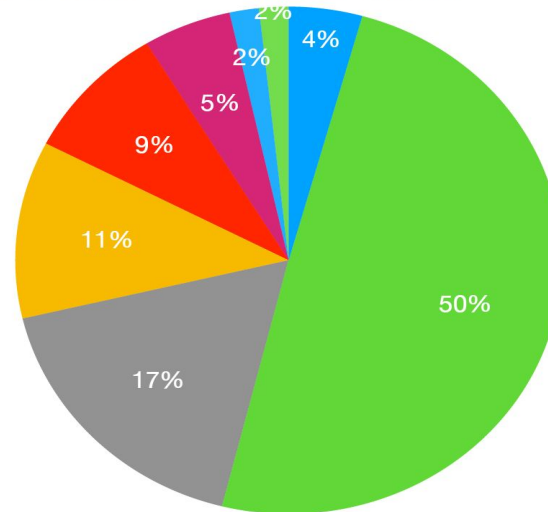
Fire Department Clinic 11/17

11/17 Clinic	10
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Fire Department Clinic 11/18

11/18 Clinic	6
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- Crawfordsville Total
- Northmontgomery Total
- 11/17 Clinic
- 11/20 Clinic
- Southmontgomery Total
- City Employees Total
- 11/18 Clinic
- Blue River



Fire Department Clinic 11/20

11/20 Clinic	2
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Blue River Marketing 11/19

Blue River	2
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Total:115



IHCP will reimburse EMS provider agencies for administration of vaccines

Effective for dates of service on or after **October 7, 2020**, the Indiana Health Coverage Programs (IHCP) will reimburse Emergency Medical Services (EMS) provider agencies for administering vaccines. This policy applies to both fee-for-service (FFS) and managed care delivery systems.

To receive reimbursement, the EMS provider agencies must be EMS-certified provider organizations and enrolled with the IHCP under provider specialty 260 – *Ambulance*. EMS provider agencies will be reimbursed only for the administration of the vaccine and only when provided by a paramedic or advanced emergency medical technician (EMT).



Billing guidance

For vaccine administration, EMS provider agencies should bill using diagnosis code Z23 – *Encounter for immunization* and applicable procedure codes in Table 1.

Table 1 – Vaccine administration procedure codes allowed for EMS providers

Procedure code	Description
90471	Immunization admin
90472	Immunization admin each add
90473	Immunization admin oral/nasal
90474	Immunization admin oral/nasal add

Note: When billing vaccine administration for IHCP members 18 years of age or younger, EMS providers must include the SL modifier as described in the following section.

These procedure codes will be added to the *Covered Procedure Codes for Ambulance* in *Transportation Services Codes*, accessible from the [Code Sets](#) page.

Special requirements for members under age 19

For members age 18 or younger, the IHCP reimburses for vaccine administration through the Vaccines for Children (VFC) program. When billing for VFC, EMS provider agencies must include the SL modifier as described in the following section.

Reimbursement Available for Medicaid Members

Controlled Substances registration



- Currently, there is an awkward system where EMS providers work under a hospital or physician DEA registration despite being the direct custodian and agent for use of the controlled substances.
- Public Law No: 115-83 (11/17/2017). Adopted but Federal rulemaking still in progress.

Controlled Substances Registration



Planning for DEA/CSR for EMS

- The Federal law amends the Controlled Substances Act to ensure that paramedics and other emergency medical services (EMS) professionals are able to continue to administer controlled substances, such as pain narcotics and anti-seizure medications, pursuant to standing or verbal orders when authorized by State law.
- Further, the bill specifies that EMS agencies are permitted to have one DEA registration, rather than having separate registrations for each EMS location, so long as certain requirements are met relating to the transportation and storage of controlled substances are met
- **CURRENT STATUS:** The Board of Pharmacy had adopted a preliminary rule that will allow ambulance provider organizations to obtain their own Indiana Controlled Substance registration (CSR) which will then allow a DEA registration. The proposed rule has been approved to proceed by the OMB and official rulemaking is just starting—anticipated end of 2020 for enactment.

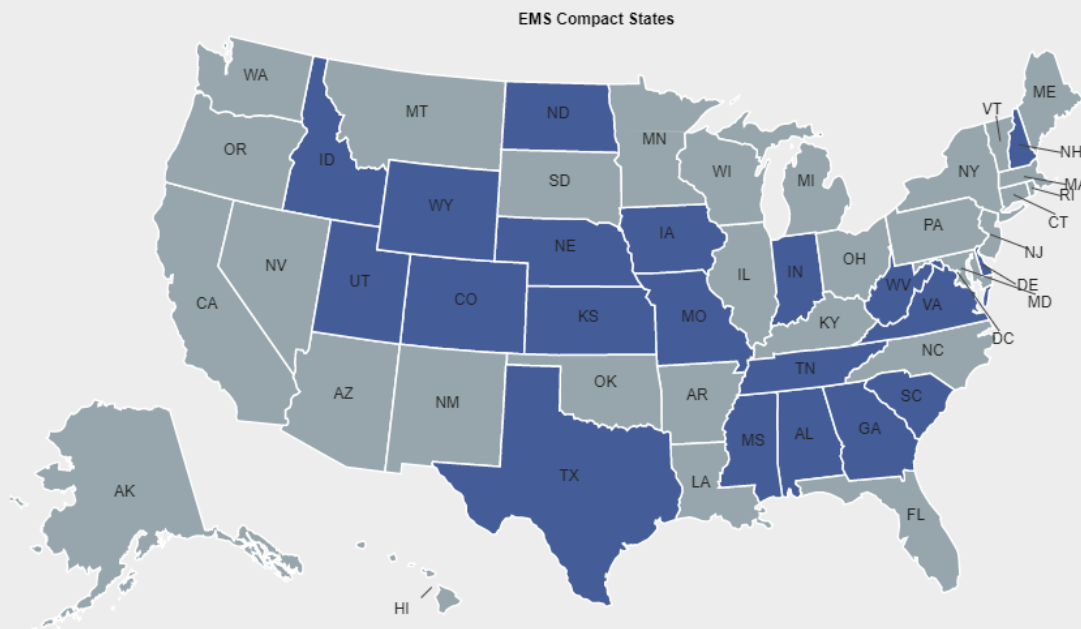
EMS Compact



Interstate Commission for
EMS Personnel Practice
The EMS Compact



EMS Compact Member States & Commissioners



Multi-State Privilege To Practice

REPLICA extends a multi-state
privilege to practice to qualified
EMS personnel.

- Senate Enrolled Act 61 adopts the EMS Compact for Indiana.
- RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT (“REPLICA”) is the nation's first and only multi-state compact for the Emergency Medical Services profession.
- The EMS Compact provides qualified EMS professionals licensed in a "Home State" a legal "Privilege To Practice" in "Remote States".
- Home States are simply a state where an EMT or Paramedic is licensed;
- Remote States are other states that have adopted the EMS Compact legislation

EMS Compact

Reimbursement Reform – Payment for Non-transport



- House Enrolled Act 1209 Reimbursement of Emergency Medical Services.
- This law Requires the state employee health plan, Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts that provide coverage for emergency medical services to reimburse for emergency medical services that are:
 - (1) rendered by an emergency medical services provider organization;
 - (2) within the emergency medical services provider organization's scope of practice;
 - (3) performed or provided as advanced life support services; and
 - (4) performed or provided during a response initiated through the 911 system.

Reimbursement Reform – The Naloxone Project



Effective July 1, 2020, the Indiana Health Coverage Programs began reimbursing EMS providers for administering naloxone.

Announced in [BT202063](#)

To find IHCP bulletins and banners and to sign up for email notices, visit:
<https://www.in.gov/medicaid/providers/737.htm>

HEA 1372



- The bill addresses “surprise billing.” EMS was added late in Indiana House process via amendment and the bill as amended would have capped reimbursement to insurance industry network rates.
- Fortunately, the bill amendment was removed by an amendment in the Indiana Senate and this was accepted by the House upon return so the HEA 1372 no longer addresses EMS billing or insurance.
- Just say no to balanced billing

TITLE 836 RULE RE-WRITE



- Although loosely referred to as a “rule re-write“ this 2019 process reviewed all of the Title 836 language to include:
 - Policy updates approved by the EMS Commission that were not written into rule format.
 - Outdated policy such as old terminology or new practices such as the on-line recertification that was not addressed in rule language.
 - Limited updates to improve the EMS education, certifications, or operations sections.
- Process for rule re-write
 1. Staff developed list of concerns and reviewed the rules section by section.
 2. Preliminary proposals were shared with EMS interest groups such as the Indiana EMS Association (IEMSA), the Indiana Fire Chief’s Association EMS Section (IFCA), and the Indiana EMS Education Working Group.
 3. Modifications were made to the draft which was then submitted to the Indiana EMS Commission over a series of three meetings, including a one-day full day special session devoted to the review.

TITLE 836 RULE RE-WRITE



Draft Language

Approved March 14, 2019,
by EMS Commission

Attorney General Pre-review

- Looks for any issues with wording or legality.
- Completed March 5, 2020.

OMB Review

- Determines for Governor's office whether to allow rulemaking to proceed based on benefits versus the costs.
- Substantially in progress—IDHS has been asked to reconsider some of the costs or possible impacts.

TITLE 836 RULE RE-WRITE



- Next steps:
 - Moratorium Exception approval needed from OMB
 - Then formal rulemaking:
 - Posting of the official proposals, a public hearing to allow for comments, and then final EMS Commission approval.
 - Once there is final EMS Commission approval, then the Attorney General will review (likely a quick review since a pre-review was completed on this project) and then to the Governor for consideration of final signature.
 - Typically, the formal process OMB has issued an authorization to proceed, is about six (6) months with deadlines for each step of the process.



Building One Indiana

Governor Holcomb's 2020 Next Level Agenda

Economy

Tell Indiana's story by starting up the new Indiana Destination Development Corporation & attracting more jobs & talent

Leverage our defense assets & **triple Department of Defense investment** in Indiana

Infrastructure

Parks
Rehab & renovation

Roads
Build, preserve & enact hands-free device driving law

Rail
West Lake & South Shore

River
Fourth port

Runways
Nonstop international flights

Finish **\$190M investment in broadband & trails**

Deploy **\$436M for water quality**

Workforce & Education

Support Teacher Compensation Commission in **making teacher pay more competitive**

Eliminate unnecessary requirements in 2021

Change career-related teacher professional growth points from **required to optional**

Hold schools harmless for 2018-19 ILEARN scores

Redesign prison education credits to better prepare offenders for re-entry

Public Health

Raise smoking, vaping age to 21 & enhance enforcement

Make **health care costs more transparent** for consumers

No surprise billing

Add **more recovery housing & expand pilot program** for jail inmates

Require **school relationship** with a mental health provider

Increase **mental health professionals & services**

More community **paramedicine** programs

Provide **more accommodations for pregnant workers**

Good Government

Use \$300M in reserves to **pay for capital projects** that will save more than \$125M in borrowing costs

Improve & expand 2-1-1 call services to help more Hoosiers

EMS Commission Update



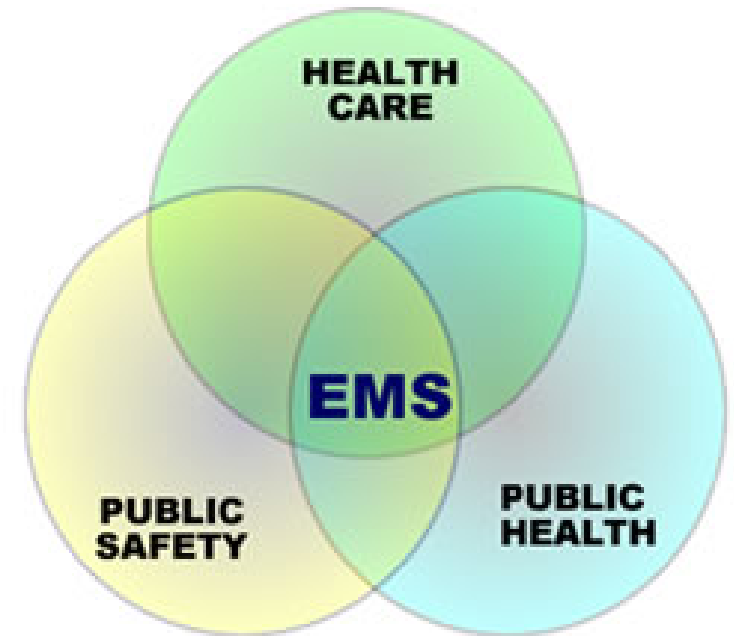
• **MIH-CP Advisory Board**

- Dedicated MIH-CP board with seats representing the diverse stakeholders in MIH-CP in Indiana, including but not limited to:
- State EMS Medical Director Michael Kaufmann
- State EMS Director Michael Garvey
- EMS Medical Director Rep. Dustin Holland
- MIH-CP Program Director Paul Miller
- Municipal EMS MIH-CP Program Steve Davison
- Non-municipal MIH-CP Program Chad Owen
- College/University Laura Schwab-Reese
- MIH-CP Provider Shane Hardwick
- MIH-CP Patient TBD
- FSSA Representative Dr. Sullivan/TBD
- Insurance Industry Representative TBD
- ISDH Representative Dr. Box/Dr. Weaver
- IHA Representative Andy VanZee
- IEMSA Representative Nate Metz
- IFCA Representative Douglas Randall



How can Your Organization get Involved in MIH

- Start with a community needs assessment
- Identify individual non-urgent needs of your community
 - Homeless
 - Underserved populations
 - Populations at risk
 - Frequent 911 system users
- Develop programs to improve public health/population health services
 - **Vaccine administration**
 - Delivering healthcare to desperate populations





WHAT HEALTHCARE ACCESS GAPS DO YOUR MIH-CP PROGRAMS FILL?

- CHRONIC DISEASE?
- OLDER ADULT CARE?
- OTHERS?



INDIANA'S PUBLIC

HEALTH CRISIS

OVERALL RANK

41 in American's Health
Rankings

MATERNITY CARE DESERTS

27% of Indiana counties lack
access to maternity health care

INFANT DEATH

7.3 deaths per 1,000 live births

MATERNAL DEATH

48.6 deaths per 100,000 live
births



MIH-CP programs developed as a community collaboration with Fransiscan St. Elizabeth and the City of Crawfordsville

- Chronic Disease Management
- Falls Prevention
- Substance Use Disorder
- Project Swaddle



Crawfordsville Fire Department

- Project
- Swaddle is our Fire Department based Community Paramedicine home visiting
- program that provides physician-extender and wrap-around care for pregnant and
- recent mothers who face any number of health, social, or environmental challenges.



Project Swaddle

Goals

Reduce adverse maternal and infant health outcomes and disparities associated with limited health care access

Improve access to prenatal and postpartum healthcare and other necessary support services

Expand the traditional scope of emergency care to encompass mental and physical wellness, education, and communal resource connectedness

Ensure a safe home environment for raising a child

Reduce hospital readmissions, emergency department visits, and overall healthcare costs

Create shared value



Training opportunities and courses will be listed on Acadis (acadisportal.in.gov)

The screenshot shows the Indiana Public Safety Personnel Portal. At the top left is the IDHS logo and the text "Indiana Public Safety Personnel Portal". At the top right is the ACADIS logo with the text "POWERED BY THE ACADIS READINESS SUITE". The main content area is divided into several sections:

- Sign in:** A form with fields for "E-mail address (Username)" and "Password", a "Reset your password" link, and a "Sign in" button.
- Retrieve Your PSID:** A section explaining that if you have access to your primary email address, you can retrieve your existing PSID via email.
- Terms of Service | Feedback:** A link at the bottom left of the sign-in section.
- Main Content:**
 - A paragraph describing the portal as a cooperative effort between IDHS and ILEA to provide centralized information storage for emergency readiness and response.
 - A row of three logos: IDHS Home Page, EMS Commission Home Page, and ILEA.
 - Quick Links:** A list of links: Report New Hire, Report Employment Change, Report Departmental Data, ILEA In-Service Reporting Instructions, and ILEA Online Registration Instructions.
 - Technical Support:** A section for technical support, questions, or comments, with contact information for ILEA (Registration: acadishelp@ilea.in.gov, In-Service Reporting: Contact ILEA, New Hires: Contact ILEA) and IDHS (E-mail: emscertifications@dhs.in.gov, Phone: 1.800.666.7784).



Organizations in Acadis

- Provider renewal applications will be coming to Acadis
- Roster permissions available now
 - Agency Roster Request in Webform

Indiana Public Safety Personnel Portal

POWERED BY THE **ACADIS** READINESS SUITE

Sign in

E-mail address (Username)

Password

Reset your password

[Sign in](#)

Retrieve Your PSID

If you have access to the primary email address for your person record, you may retrieve your existing PSID via email.

[Terms of Service](#) | [Feedback](#)

This Indiana Public Safety Personnel Portal is part of a cooperative effort between the Indiana Department of Homeland Security (IDHS) and the Indiana Law Enforcement Academy (ILEA) to provide centralized information storage in support of consolidated emergency readiness and response. This portal provides public safety personnel a mechanism to access information published to them by these organizations, and provide information back in efforts to keep their records up-to-date.

[IDHS Home Page](#) [EMS Commission Home Page](#) [ILEA](#)

Quick Links

- Report New Hire
- Report Employment Change
- Report Departmental Data
- ILEA In-Service Reporting Instructions
- ILEA Online Registration Instructions

The Indiana Law Enforcement Academy (ILEA) maintains this site as a means for submission of online registrations for

Resources

- [Available Training](#)
- [Training Catalog](#)
- [WebForms](#)

Technical Support

For technical support, questions, or comments on this site, please contact:

To ensure proper support, please contact the appropriate team from the choices below:

ILEA
Registration: acadishelp@ilea.in.gov
In-Service Reporting: Contact ILEA
New Hires: Contact ILEA

IDHS
E-mail: emscertifications@dhs.in.gov
Phone: 1.800.666.7784

ACADIS LMS TRAINING PROGRAMS



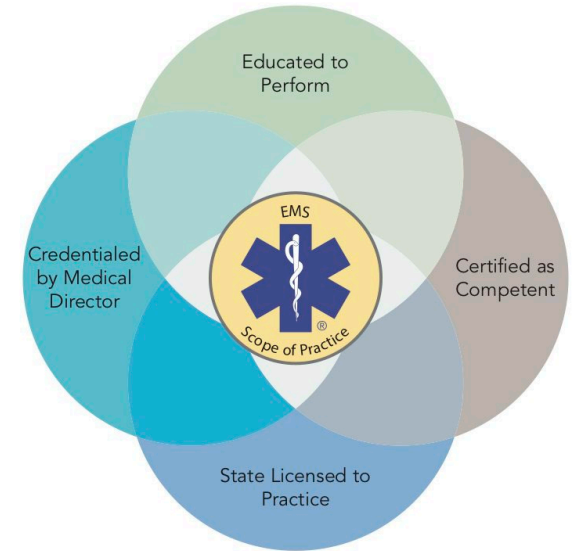
- LMS training includes:
 - Active shooter
 - Autism spectrum disorder
 - Start triage
 - Hazardous materials awareness
 - Emergency response guidebook
 - Suspect items/suspicious substance
 - Blood-borne pathogen
 - POST
 - Suicide prevention
 - CPAP
 - ETCO2
 - Capnography



November 14, 2019 Meeting - Scope of Practice 2018



- EMR, EMT, Advanced EMT, Paramedic
- **CONSISTENCY!**
- Defines **MINIMUM** practice requirements
- It is **NOT** intended to define the limits of EMS practice
- Implies performing skills universally – **EVERY** EMR, EMT, AEMT, and Paramedic in every state **MUST** be educated and credentialed at the minimum practice level.
 - **Approved by EMS Commission**
 - **Went into effect March 1, 2020**



Indiana EMS Scope of Practice



- <http://www.in.gov/dhs/files/Indiana-EMS-Scope-of-Practice-2020-Final.pdf>

IDHS 2020 EMS SCOPE OF PRACTICE FOR ALL LEVELS OF EMS PROVIDER

Adopted by the EMS Commission during the November 2019 meeting. Effective March 1, 2020

KEY/LEGEND

X = NHTSA 2018 EMS Scope of Practice

- Blue = Current Indiana EMS Scope of Practice
- Red = To be discussed by the EMS Commission at the January 2020 meeting.



I. Skill – Airway / Ventilation / Oxygenation	EMR	EMT	AEMT	Paramedic
Airway – nasal		X	X	X
Airway – oral	X	X	X	X
Airway – supraglottic			X	X
Bag-valve-mask (BVM)	X	X	X	X
CPAP		X	X	X
Chest decompression - needle				X
Chest tube placement – assist only				X
Chest tube – monitoring and management				X
Cricothyrotomy				X
End tidal CO ₂ monitoring and interpretation of waveform capnography			X	X
Gastric decompression – NG Tube				X
Gastric decompression – OG Tube				X
Head tilt - chin lift	X	X	X	X
Endotracheal intubation				X
Jaw-thrust	X	X	X	X
Mouth-to-barrier	X	X	X	X
I. Skill – Airway / Ventilation / Oxygenation	EMR	EMT	AEMT	Paramedic
Mouth-to-mask	X	X	X	X
Mouth-to-mouth	X	X	X	X

Notes

Nasal Airways were added at the EMR level. This is already being taught. IDHS to provide education at the EMR level.

CPAP was added at the EMT and AEMT level. IDHS to provide education at these provider levels.

ETCO₂ monitoring and waveform capnography added at the EMT and AEMT level. IDHS to provide education at these provider levels.

MOBILE SIMULATION LAB



High fidelity simulation provides instructors with the ability to expose students and seasoned EMS personnel to real world situations in a safe environment. Can be used in all levels of EMS.

This is a *FREE educational resource available to all EMS providers, Training Institutions and Fire training agencies throughout Indiana.*



AED Registry



National AED Registry

AED location information comes from the Atrus National AED Registry™.

Organizations with AEDs use this free online tool to comply with registration requirements, easily and efficiently manage AED location and maintenance information, and receive battery and electrode expiration reminders.

This registered AED data is available to 911 agencies that subscribe to the AED Link.

A screenshot of the National AED Registry web application interface. The top navigation bar includes icons for Home, Alerts, My AEDs, Inspectors, Locations, and Event M. The main content area is divided into several sections: a welcome message for 'John Smith' stating he is the site manager for 4 locations and 10 inspectors, with 8 outstanding alert issues; a 'Send a message to an inspector' form with fields for 'To' (a dropdown menu), 'Subject', and 'Message', and a 'SEND' button; a 'Recent Alerts' section with a list of 'Expired' alerts; and a 'Quick Links' section with buttons for 'Register a New AED', 'Add a New Inspector', and 'Add a New Location'. Below the screenshot, there is an image of a woman working at a computer, and a 'Defibrillator' sign with a red heart icon. Blue arrows point from the text on the left towards the screenshot and the sign.



INQUIRIES AND QUESTIONS



emscertifications@dhs.in.gov

Certification

PSID

Reciprocity

ALS personnel applications

Primary Instructor Certifications

Military crossover

Portal account

certcourseapps@dhs.in.gov

New course applications

Course documents

Practical requests

Practicals

Tests

dhscertifications@dhs.in.gov

Providers

Training institutions

Certified vehicles

Supervising hospitals



1-800-666-7784



**QUESTIONS?
COMMENTS?
YOU TELL US!**





THANK YOU!