

Discipline	Problem – Priority 1	Problem – Priority 2	Problem – Priority 3	Problem – Priority 4	Problem – Priority 5
VOLUNTEER Hybrid	<p>EMS is not an essential service</p> <p>Staffing the gap</p> <p>Retention – loss of volunteers and decreasing volunteer pool.</p> <p>EMS is a stepping stone</p> <p>Competition amongst agencies for staffing.</p> <p>Time to train from 6 m – 2 years.</p>	<p>Billing / Collections</p> <p>Insufficient insurance income</p> <p>Very little financial support; Medicare and Medicaid sometimes doesn't even cover the costs of transport</p> <p>EMS will respond regardless, increasing costs even if funding not available</p> <p>Few to no grants for EMS only agencies</p>	<p>Transparency.</p> <p>Towns do billing, some do their own billing.</p> <p>Who can see what is happening. Concern about town funding and "padding"; competence in what we do.</p> <p>FDs are an essential part of a response but some respond and are not recognized as an agency with the DOH, some piggyback to medicals to boost their numbers but then don't recognize or support EMS appropriately</p>	<p>Analytics</p> <p>Communication to public</p> <p>Follow the city model.</p> <p>NYS does not support EMS; there are Internal issues in Department of Health</p> <p>Legislation for EMS shot down by other health professions</p> <p>EMS personnel do not know how politics works</p>	<p>Physical demand</p> <p>Fitness level</p> <p>Stress Level</p> <p>Three Tiered response</p>
Hybrid ALS Volunteer	<p>The system relies too much on Mutual Aid</p> <p>Agencies stretched too thin</p> <p>Certificate of Need – creates billing issues</p>	<p>Reimbursement and funding is decreasing while costs are rising</p> <p>Transporting unnecessary patients</p>	<p>Recruitment & Retention</p> <p>The quality of providers</p> <p>There is no industry standards for pay</p> <p>Providers should be paid what they are worth</p> <p>Commercial pay is better</p> <p>Provide them with training</p>	<p>Retention of volunteers as well.</p> <p>Invest in them.</p> <p>Have EMS be more of a career</p>	<p>Inadequate recognition by towns and districts, the public does not know what services they provide.</p> <p>How can they help.</p> <p>Possibly a source of funding.</p>
Hybrid BLS Volunteer	<p>Recruitment, Retention and Staffing</p>	<p>Budget and funding</p> <p>State Tax Cap</p>	<p>Communications</p> <p>Internal within organizations</p> <p>External among agencies and public</p>	<p>Training</p> <p>Extended requirements of EMT-B program.</p> <p>Getting new students through program</p>	<p>Unity.</p> <p>In-fighting; career vs. volunteer</p> <p>Neighboring agencies – in-fighting.</p>

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COMMERCIAL	<p>Decreasing reimbursement Medicaid in general.</p> <p>Cross over payments – being wiped out in NYS.</p> <p>Supplemental – Looking at across the board Medicaid rates.</p> <p>Federal grant funding</p> <p>State EMS Funding</p> <p>Payor model – Treat and No Transport.</p> <p>Need money to pay staff.</p>	<p>Staffing.</p> <p>Feeder from volunteers.</p> <p>Agency hires and trains individual and then they go to another agency.</p> <p>Volunteers are hiring; sometimes paying more. They don't need insurance, using it from their family.</p> <p>Increasing cost of benefits.</p> <p>EMS is seen as a stop-over job and not a career choice. Providers go to other healthcare professions, law enforcement, and fire. We don't have pensions. People are here for the short term, 1 – 3 years and they move along.</p>	<p>Cost of Benefits</p> <p>Capital expenses increasing.</p>	<p>Cost of taxes.</p> <p>Fuel taxes – Commercial agencies are not Tax Free. Pay taxes on several goods and services.</p>	<p>Public Policy.</p> <p>No benchmarks for Quality of Service; response times, ability to respond.</p>
FIRE BASED Volunteer	<p>Lack of volunteers because of the cost and the commitment necessary</p>	<p>Misuse of EMS:</p> <ul style="list-style-type: none"> Nursing Homes Assisted Living facilities High volume of Emotionally Disturbed Persons High volume of non-emergent calls 	<p>Improve quality of our EMTs:</p> <ul style="list-style-type: none"> Too much dependency on ALS Not enough ALS in some areas Need for quality training / CMEs throughout the County 	<p>Lack of advocacy for EMS:</p> <ul style="list-style-type: none"> Be recognized as a stakeholder at the county level Solve the issues that are taxing our volunteers 	<p>Inability to bill for EMS Services</p>
COUNTY / REGIONAL EMS Coordinators and Elected Officials	<p>Recruitment and retention of all EMS provider types (volunteer, commercial, municipal)</p>	<p>Essential Services – make someone legally responsible for services</p> <p>Education needed among elected officials and leadership providing EMS services</p>	<p>Standard of care varies among communities</p>	<p>There is not a Regional effort to address the EMS issues. Start a Regional effort to mimic / build upon Dutchess County's project, including the possibility of an EMS Authority and move this up to the state.</p> <p>Certified vs. Licensed. Possibly be under Department of Education for licensure.</p> <p>Help with salaries and recognition.</p> <p>Competitive wages / retirement</p>	<p>Public Education is lacking, such as when to call and when not to call 911. People want to be seen faster so they call an ambulance.</p> <p>Recognition of individuals. Ex: use of the term "Ambulance drivers"</p> <p>Integrity of Profession</p>

Discipline	Solutions – Priority 1 Immediate	Solutions – Priority 2 Intermediate / Short Term	Solutions – Priority 3 Long Term	Notes
VOLUNTEER Hybrid	<p>Thank you goes a long way.</p> <p>Bring back “EMS is bigger than you”; bring back the tradition and what the service is about. Change attitude and do recruitment drive.</p> <p>Funding – re-negotiate with town, Fund-raise</p> <p>Communication – Town, County, State.</p> <p>Training – CME and additional training. Offer more classes.</p> <p>Unity – internally and with Mutual Aid; commercial and volunteer – better agreements.</p>	<p>Point System for volunteers that they can cash in</p>	<p>Focus on Quality to make better decisions</p>	<p>OTHER DISCUSSION NOTES:</p> <ul style="list-style-type: none"> • Proper unit utilization. • Quality of care vs. Response time • Why waste ALS unit on a BLS Calls. • Right resources for right call. • AID - NYS Town Law 190. • Maybe a County does not collect transport ALS vs BLS call type. • Show up at local meetings. Speak in public comment. Show up just to talk about yourselves. THEN later on ask for items or funding. • Comments by NYC Mayor – EMS pay vs. FD and PD. “different service”. • Need to lobby otherwise this is never going to disappear. • Let’s get the younger involved at the future meetings. Need to get the message out to them. Need to do this before we go to elected officials. • Dedicated EMS Sales Tax at a County level.
Hybrid ALS Volunteer	<p>Better Networking</p> <p>Better Communication at the local, county, regional and state levels. (like agencies).</p> <p>Extending Certificates of Need</p> <p>Limit Mutual Aid to better cover own districts.</p>	<p>Lobbying – improving funding by Medicaid and Medicare</p> <p>Fix staff wages</p> <p>Improve Training</p> <p>Private, Grants, Federal / State funding</p>	<p>Move toward licensure.</p> <p>Make it a career for the long-haul.</p>	<p>(Continued from previous row)</p>
Hybrid BLS Volunteer	<p>Analytics, more data with more filters from County (more detailed data)</p> <p>HRESMSCO – Urgency paper for public and elected officials</p> <p>Only we know this problem</p>	<p>Lobby for essential service</p> <p>Preferred provider classification so insurance checks are send to the agency and not the patient</p> <p>AID – Ambulance Improvement District. Use it. There is less use of this.</p> <p>Health.ny.gov – not broken out. Tool to help agencies to compete for funds. Immediate solution, agencies confused by the tool</p> <p>High School recruitment team. EMT Class in the High School / BOCES</p> <p>County Sales Tax to raise all of EMS</p>	<p>Increase us of the Length of Service Awards Program (LOSAP)</p> <p>Increase salaries</p> <p>Make this a first job not a second job</p> <p>County Ambulance System / CON</p>	<p>(Continued from previous rows)</p>

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COMMERCIAL	<p>Lobbying – UNYAN and AAA on Federal Level</p> <p>Staffing: Recruitment & Retention Reach out to locals schools, colleges, nursing programs. Ultimately paying for EMT programs.</p> <p>Go to career fair services and counselors in schools. Let them know we are hiring.</p>	PAC funding – access to legislators.	Consolidation and Economies of scale Share resources and build partnership	
FIRE BASED Volunteer	<p>Education of EMS for the public and responsible officials: What is EMS, when do you need an ambulance, what constitutes an emergency, create social media websites, mailings</p> <p>Make sessions like these more inviting to volunteers – daytime sessions are difficult as compared to evenings</p> <p>Quarterly meetings with local and regional leaders – other agencies are well represented but not volunteers.</p> <p>Provide EMS with protective equipment that gives providers a sense of safety.</p> <p>ePCR integration into CAD. Make the call shorter in duration at NO cost to the agency.</p>	<p>Use PSAP to filter EMS Calls</p> <p>Shared services, build regionalized cooperative relationships</p> <p>Get EMS Training in schools. Possibly earn College credit in High School.</p> <p>Restructure EMT course. Train BLS Providers to be better providers – More competent – “don’t over utilize ALS”.</p>	<p>Professionalizing EMTs</p> <p>Give monetary compensation for EMTs such as tax breaks</p> <p>Lobbying to allow for agency billing</p>	<p>What’s next:</p> <ul style="list-style-type: none"> • We need a committee to do this. • We ALL have to be Accountable / Responsible • Who is going to make the change for us; WE ARE. • Interested in serving on the TAG, see Karen. • SWOT analysis. • TAG come up with bullet points; bring back for local input. • Legislative Breakfast. Also legislative day in Albany. 3.22.19 at 09:00 Homewood Suites, New Windsor, NY
COUNTY / REGIONAL EMS Coordinators and Elected Officials	<p>Collaboration: Pooling staff to assist with in-service times and schedules</p> <p>More communication: Let neighbor know when you are out of service.</p> <p>Transparency</p> <p>Education</p>	<p>Exception to 2% tax cap for emergency services</p> <p>Wages need to increase</p> <p>White Paper</p> <p>Succession planning</p> <p>How are we going to plan (TransCare issue)</p>	<p>Creation of an Authority</p> <p>Improve Funding</p> <p>Form an EMS Training Academy</p> <p>Expand Tele-learning</p> <p>Create Standards</p>	