

By: Melissa Kinnaird, Interim Director

Thoughts for the Month of July

I know when you hear, "we are from the government and we are here to help" you probably cringe and think to yourself "yeah, right". Truly, my intent for the OEMS is to be helpful. Although the primary responsibility of OEMS is that of a regulatory entity, we are also an advocacy entity as well. This does make for some interesting discussions and decision making from time to time.

For instance from the regulatory perspective, MedCom performs a function of the EMS system that is crucial to our success. MedCom coordinates the delivery of pre-hospital care. As you all know, MedCom helps to ensure that the patient is transported to the nearest facility capable of providing appropriate care. MedCom is aware of facilities that are on diversion or that do not have specific services on a given day. As EMS personnel in the field, this most up-to-date information may not be communicated to you in a timely manner other than from direct communications with MedCom. This is also beneficial with aero-med support. MedCom dispatches and coordinates aircraft to a scene. This coordination and control helps ensure air safety. Field EMS personnel are required to contact MedCom for aero-med transport. The main reason for this is to prevent a mid-air collision due to the lack of MedCom's awareness of extra aircraft at a scene.

From the advocacy perspective, one thing to consider when contacting MedCom for aero-medical transport is cost for patients and their families. The cost of aero-med transport is several thousands of dollars. Insurance companies pay only a limited amount for these transports. If the advanced level of transport is deemed not necessary, the insurance company may even refuse to pay. One family in southern WV recently received a bill for \$40,000 for transport of a suspected TBI. Such charges can have a huge impact on families even to the point of bankrupting them. As stated in the **Clarifying Policies Related to Responsibilities of Medicare Participating Hospitals in Treating Individuals with Emergency Medical Conditions Who Present to a Hospital Under the Provisions of EMTALA**, we "should strike a reasonable balance between the need to avoid creating circumstances in which screening or stabilization will be likely to be delayed and the equally important need to protect the individual from avoidable liability for the costs of emergency health care services".

Recruitment & Retention is a huge problem for all of us. Several years ago (2009), former OEMS leadership sponsored the research and development of some tools for use in relation to this problem. I was recently made aware of these resources and reviewed them. They are quite good and continue to be very relevant to this topic. These resources can be found by first going to the [EMS programs](#) page and then to the [Education and Recruitment](#) page on this website.