

## EMS Challenges

1.1 Administrative Challenges: Recruitment and Retention Crisis

1.2 Administrative Challenges: High Fixed Costs and Complex Billing

2. There is Currently a Single Response Type, Regardless of the Severity of Need

3. Rural Nature Results in Low Call Volume, Limiting Exposure

### 3. On a scale of 1-5, how well do the statements reflect the problems your service faces?\*

[More details](#)

● Not at all   ● Not Very   ● Somewhat   ● Very   ● Extremely Well

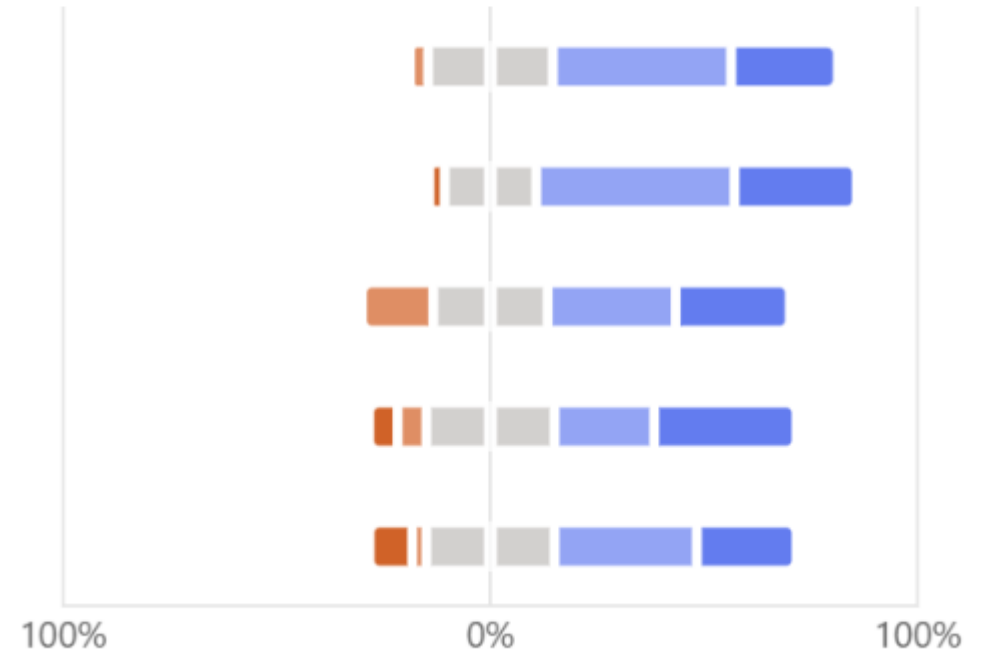
Overall document

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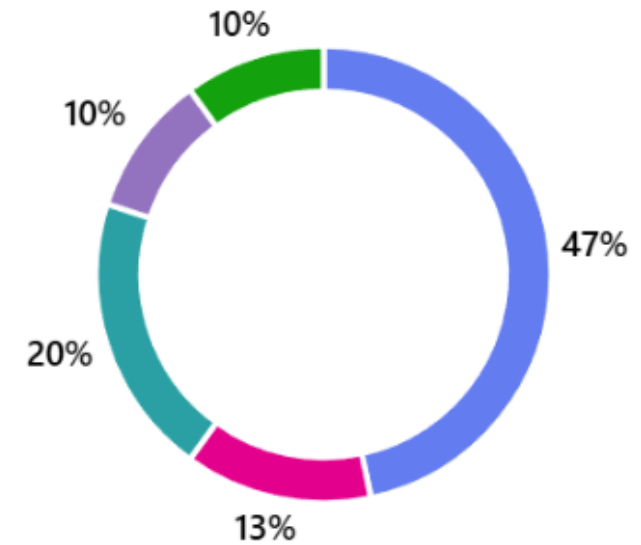
3. Rural Nature Results in Low Call Volume, Limiting Exposure



## 5. What problem most concerns you?

[More details](#)

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- 1.2 Administrative Challenges: High Fixed Costs and Complex Billing 4
- 2. There is Currently a Single Response Type, Regardless of the Severity of Need 6
- 3. Rural Nature Results in Low Call Volume, Limiting Exposure 3
- Other 3



# PREDECISIONAL

## Drafted Solutions - Billing

Increase Medicaid / Medicare Reimbursement Raise the reimbursement rates and/or create a grant pool?	A considerable gap exists between reimbursement rates and operating costs. Most service leaders collect 40-45% reimbursement from medicare/medicaid. Medicare and Medicaid covers 50% of North Dakotans.
Revisit Base Billing rates	Providers are not receiving reimbursement that adequately cover operating costs, and, as a whole, the Ambulance service has no leverage in current payment schema - Billings County based on BCBS.
Strengthen Community Paramedic reimbursement language including non-emergency transportation	Grow revenue streams in areas where we are not currently able to bill
Allow for Community Paramedic 'Clinics'	In rural areas where there are no clinics, allow residents to come to the ambulance garage and bill for service
Billing for treat-in-place	Grow revenue streams in areas where we are not currently able to bill

## PREDECISIONAL

### Drafted Solutions - Levels of Service

Build a ND Telemedicine System (Hardware, platform, links back to medical directors)	Strengthening connectivity allows for more treatment options, including treat in place, behavioral health, and follow-up care, thereby reducing the overall strain on the emergency system
Expand 988 integration to PSAPs and increase training	Reduce the strain that the growing behavioral and mental health demand is placing on EMS
Additional behavioral health resources for patients	Growing behavioral and mental health demand is straining EMS - not enough resources for EMS to deliver patients to
Work with the 911 Association to bring greater alignment between dispatch and EMS on dispatch typing	An incorrect typing can render a call 'unbillable'
Fund community paramedics	
Grow non-emergency transportation capacity	Non-emergency transportation could be scheduled, reducing the expectation for an ambulance to transport, especially for long distance travel times
Equipment replacement grants / increase REMSA grant pool	

# PREDECISIONAL

## Drafted Solutions - Medical Directors

Clarify Medical Director Expectations, Roles and Responsibilities	
Allow Nurse Practitioners as Medical Directors Clarify that PAs can be medical directors today	Grow local pool available for interested and engaged medical directors
Opt-in regionalized prospective Medical Director	
Opt-in team-based concurrent (emergency) Medical Director	

## Drafted Solutions - Training

Grow funding to bring hands-on training opportunities in rural areas

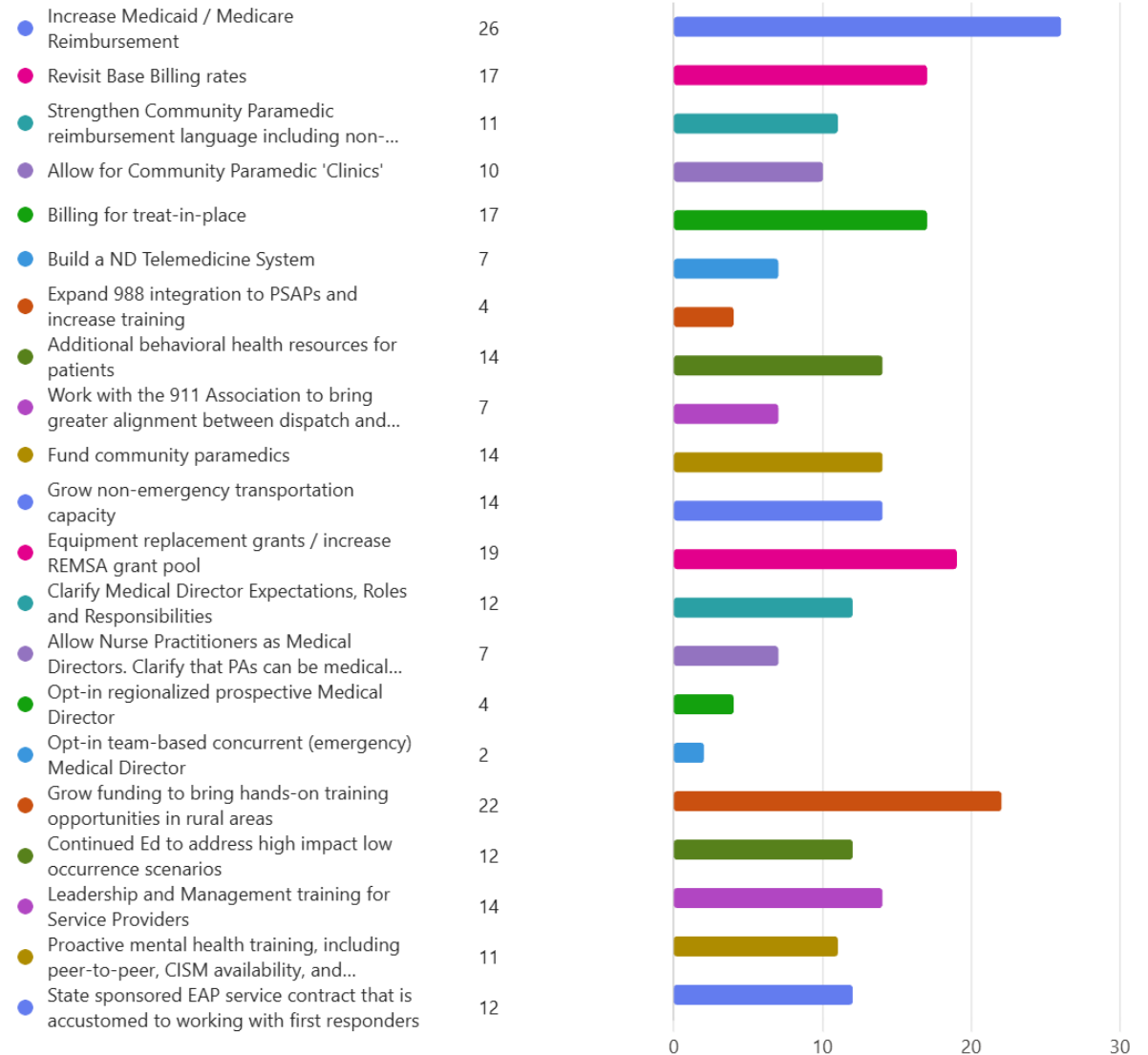
Continued Ed to address high impact low occurrence scenarios

Leadership and Management training for Service Providers

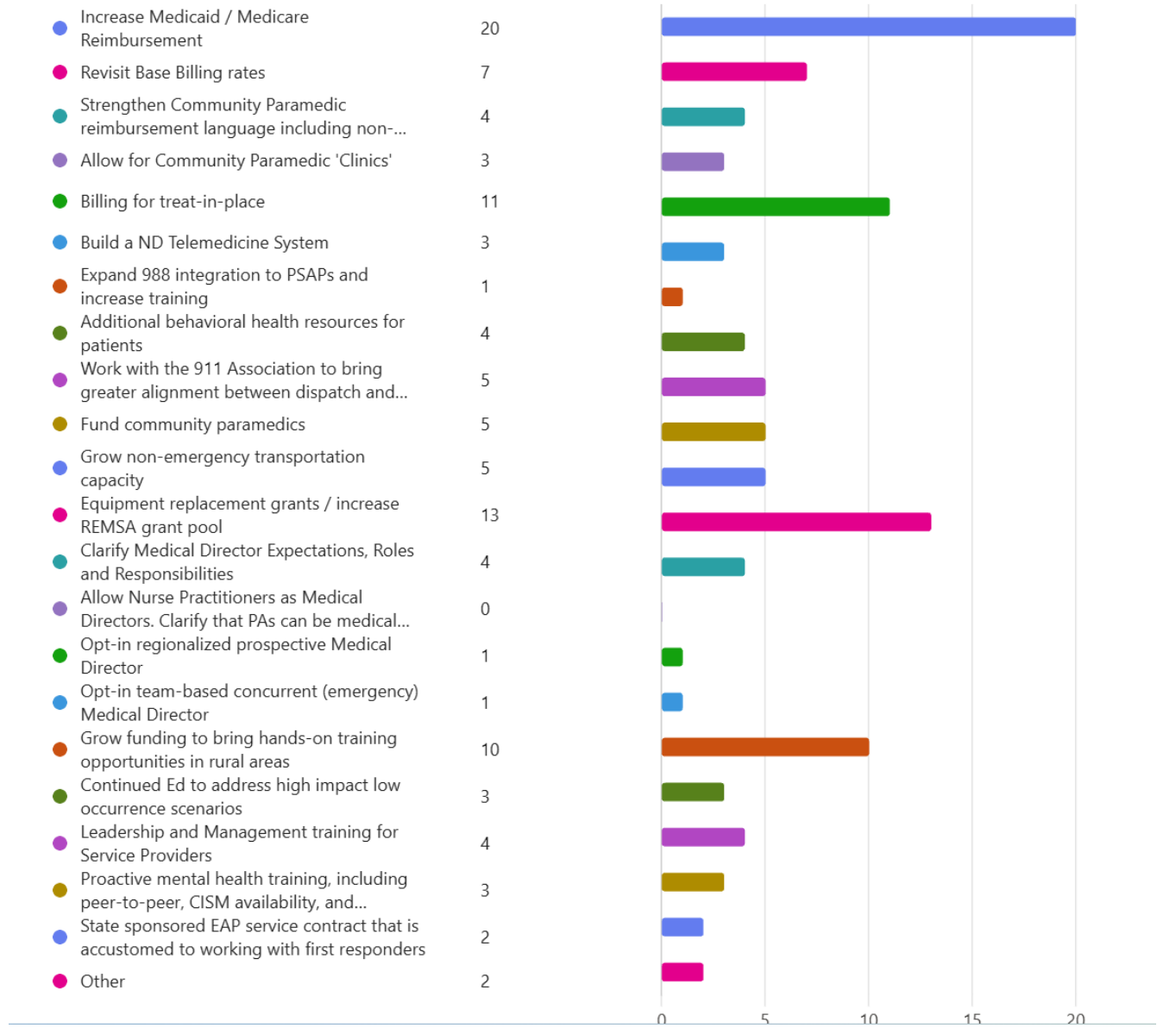
Proactive mental health training, including peer-to-peer, CISM availability, and mentorships

State sponsored EAP service contract that is accustomed to working with first responders

Of the solutions presented, which do you feel are likely to have a positive impact on EMS across the state and should be moved forward to the Governor and Legislature for consideration?



In your opinion, which 3 solutions would have the greatest impact for EMS across the state?



## 7. How satisfied are you with your current medical director?

[More details](#)

