

EMS IN WISCONSIN WORKFORCE SHORTAGE

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▶ **HISTORY**

- ▶ **Reoccurring Story**
- ▶ **Topic in Wisconsin EMS for Well Over 2 Decades**
- ▶ **Most of Wisconsin is still full of individual service districts**
- ▶ **Many regard Mutual Aid as their regional approach**
- ▶ **Extreme lack of funding**

▶ **Ongoing lack of medical direction**

- ▶ Limited or no experience by many
- ▶ Limited number of qualified people
- ▶ **NO** improvement into the future
- ▶ Limited, poor, or no QA

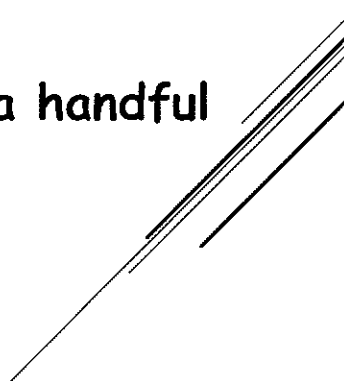
- ▶ **Huge funding issues now, worsening into the future**
 - ▶ **The government does not want to pay**
 - ▶ **Medicare, Medicaid - All declining**
 - ▶ **Grants difficult and often require regional approach**
 - ▶ **Pay for Performance**

▶ **Institute of Medicine Report**

- ▶ Stated that Emergency Care in the US was not funded at an appropriate level
- ▶ Found that Emergency Care was poorly organized and disjointed
- ▶ Called upon congress to fund emergency Care more aggressively into the future and assist States with Regional Programs

▶ **However...**

- ▶ **Congress continues to do the opposite**
- ▶ **Outright funding is less and less**
- ▶ **More and more regulations to find ways to reduce Reimbursements**
- ▶ **It would appear that No more money is coming!!**

- ▶ **Why are Volunteer ranks declining**
 - ▶ Training requirements keep piling on
 - ▶ Infectious disease
 - ▶ Lack of time
 - ▶ Limited or no benefit seen
 - ▶ Huge daytime response issues
 - ▶ Numerous BLS squads run by a handful of people
 - ▶ Lack of Leadership Training
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▶ **Training**

▶ In The Beginning

- ▶ Basic EMT - 81 Hours - Now 216 Hours
- ▶ How Did We Get To Where We Are Today
 - ▶ Advancements in Medicine
 - ▶ Faster Treatment... Better Outcomes??
 - ▶ Willing Workforce
 - ▶ Piecemeal Approach

▶ **National Requirements**

- ▶ National Curriculum
- ▶ National Testing

▶ **Where Do We Go Now??**

- ▶ Look at rural areas becoming first responders with ambulances coming from outside.
- ▶ Cover larger areas for less. Less personnel, better training and oversight. Significant cost savings.
- ▶ Use both ALS and BLS as appropriate
- ▶ Learn how to use flexible staffing to your advantage

- ▶ Despite two decades of talking about it, we still are far from having a regional EMS system.
- ▶ The proud EMS services do not want to give up their autonomy and "their area".
- ▶ Leaders in an area not sure how they will fit into new equation, so they kill it.

Recommendations

- ▶ Enlist a High Level Committee To Determine If the Current Scope of Practice/Training Correlate to Patient Outcomes.
- ▶ Exempt ALL Public EMS and Fire Agencies From Levy Limits
- ▶ Enable Legislation That Provides Enhance Financial Resources to Agencies that Regionalize
- ▶ Establish a STABLE - SUSTAINABLE Funding Stream For Regional Programs
- ▶ Provide Incentives for Regionalizing

▶ **Recommendations, Cont.**

▶ **Mandates??**

- ▶ Should the State of Wisconsin mandate a County or Regional approach?
- ▶ County/Regional medical director
- ▶ County/Regional funding
- ▶ Establish a Tax to pay for it
 - ▶ State has on numerous occasions adopted a tax that was suggested by EMS leaders, only to use it for something other than EMS.