

Helping the Helpers - Supporting EMS in PA

Senate Hearing Testimony Wednesday April 20th, 2022

Hello and thank you for taking the time to hear my testimony today. Allow me to introduce myself. My name is Greg Porter I'm the Assistant Director of Ross/West View Emergency Medical Services Authority. Additionally, I serve as the President of the board for EMS West and the Chairman of the Board for Allegheny County EMS council. I've been certified in the Pennsylvania EMS system for 34 years practicing as both an EMT and as a Paramedic for the last 30 of those 34 years. A vast majority of that time has been at Ross/West View EMSA, but I have also worked for a private ambulance service, volunteered for small volunteer Ambulance Services, worked on a Paramedic Response Unit, and flew in a helicopter for a lengthy period of time. My EMS career has been adventurous and fulfilling to say the least. I have been blessed to wake up every day looking forward to going to work and looking forward to helping people in different situations each and every day.

I am honored to sit with several of my colleagues from other Allegheny County EMS agencies and collectively tell our story. We have divided the responsibilities of what we believe to be the most significant challenges facing EMS today, and I will specifically speak to the history of the EMS system.

I am hopeful that when we talk about recruitment and retention, revenue, capital equipment, community engagement, and more, this background information will be handy to help us collectively understand how we have arrived at the place in the EMS System we are at today.

Traces of EMS can be found all the way back to the civil war. Specialty soldiers were trained in the art of litter bearing and driving horse drawn carriages that were known as ambulances. their primary role was to render aid to the injured on the battlefield and get them back to aid stations. A variety of examples like this can be found throughout history up till 1966 when Lyndon B Johnson commissioned a retrospective report looking at death and disability in the United States the preceding year in 1965. Data from the 1965 review discovered that vehicle accidents killed more Americans than were lost in the Korean War and survivability was better on a battlefield than it was in the streets of the United States. Billions upon billions of dollars was being spent in death and disability to injuries from accidents throughout the United States with little or no system for EMS response. This retrospective study would become known as the white paper and would be the birthplace of EMS in the United States.

In the 1970s President Richard Nixon, based off of the work from the white paper, would establish a curriculum for ambulance attendants and an ambulance response system across the United States. Importantly, Federal funding was made available and managed through the Department of Transportation to create the first EMS system with standards for vehicles, equipment, response and training all supported by federal dollars.

That funding would remain for a little more than ten years providing the springboard for the EMS system that we know today. Sadly, in the early 80s, President Ronald Reagan cut funding to the Department of Transportation by 40%. The intent was specifically targeting wasteful spending on infrastructure. Unfortunately, EMS would become a consequence of this funding cut and pushed the responsibility of EMS systems to the state and local government.

This transition had unmeasurable consequences that is still unknown today.

Simultaneously moving forward, the EMS system in Pittsburgh was moving at light years compared to other cities. Cardiopulmonary resuscitation (CPR), bandaging, and choking victims, where the priority of medical care. Soon to follow was intravenous access, IV fluids, IV medications, advanced Airways, and cardiac Defibrillation. These medical advances continue today at an epic rate.

Unfortunately, as clinical advancements were progressing, billing had transitioned from the federal government to unknown revenue streams that are still tenuous today. The original EMS system was rooted in prevention and care of the sick and injured no matter the circumstances. The EMS system today is only financially feasible if patients are transported to the hospital. This very model is contrary to the inception of the EMS system in the 1970s.

There are many years and many clinical milestones that have happened since the 1970s. The desire of medical professionals remains the same. To render care to the sick and injured no matter their circumstance, location, hazards they face, social circumstances, or likelihood of outcome. The idea that we should take people to the hospital to generate revenue is flawed no matter who you speak to, or whatever business model you consider.

Since the 1970s and 1980s, the EMS system has progressed through many changes. Most notably decreasing the number of services from hundreds to teens in various counties. Specifically, Allegheny County has reduced from 128 EMS agencies to 35 EMS agencies in the last 30 years. This is a four to one reduction in providers in the county in a relatively short amount of time. The number of EMTs and paramedics is more dismal than that.

Fast forward to 2020 when the global pandemic strikes, EMS is already facing a staffing challenge. The providers that remained in the EMS system completed work that was nothing less than extraordinary. EMS services anticipated mass vacancies and call offs and worried about the health and well being of employees and their families. Despite illness and even loss of life, staff members stepped up at an incredible level. Despite unknown risk, worry and concern, they worked countless hours, distant from families and full of unknowns that are difficult to imagine.

Coming out of the pandemic, as life gets back to normal the EMS system has learned many valuable lessons. Most importantly is that EMS provides a level of care that is far beyond what was originally thought. Certainly, not every patient needs to go to the emergency room for care.

The skills and abilities of the EMS system today are unbelievable compared to the 1970s. EMTs and paramedics today provide unmeasurable lifesaving skills and techniques that cannot be compared to EMS systems around the world. From the most basic CPR and bandaging, all the way through IV access medication administration, advanced airway procedures, Defibrillation, cardiac pacing and more, our EMT's and paramedics are nothing short of extraordinary.

Regardless of their tireless hours and commitment, EMS providers only generate revenue if a person is placed on the stretcher and taken to the hospital. One out of every four patients on average will not be transported to the hospital. This number varies by EMS agency across Pennsylvania. On average 75% of the 911 calls pay for 100% of the readiness of EMS.

Considering the advancement of EMS, the payment process is considerably flawed. With protocols that encourage us to treat on the "X", provide more care in the home, terminate efforts in the field, encourage alternative care options like community paramedicine or mobile integrated health, our very system is incredibly flawed.

We want to do what is right for the patient, the decision to transport them should not be influenced by their ability to pay the bill or revenue into the EMS system.

Going forward, EMS should be funded by federal, state, county and certainly local initiatives. The idea that payment should influence care or transportation, is severely flawed. The care rendered should be driven by what is best for the patient.

The EMS system must be funded by multiple avenues that include Federal, State, County, Local municipal and citizen funding.

In closing, thank you for your time and attention on our EMS system. Your dedication and work to support us is appreciated more than you know. I would be happy to answer any questions you may have.