

***Vermont Regional EMS Coordination Study
Executive Meeting Minutes
Regional Stakeholder Meeting
Northeastern Vermont Regional Hospital
1315 Hospital Drive, St. Johnsbury, VT
District 5
September 22, 2023 at 6:30pm***

Stakeholders Present:

Chumbes, Renzo (Woodsville Ambulance)
Fonataine, Alissa (Northern VT. Regional Hospital)
Green, Devon (VT. Association of Hospitals & Health Systems)
Petelle, Becky (VT. Department of Health - Local Health)
Reed, Bradley (St. Johnsbury FD)
Skelton, Anthony (Lyndon Rescue)
Walker, Ray (VT. Department of Health, Division of Emergency Preparedness,
Response, and Injury Prevention)
Wright, Michael (CALEX Ambulance)

This meeting began at 6:30pm, with opening remarks from Travis Howe, founder and CEO of Emergency Management Matters. A background of the Vermont Regional Emergency Medical Services (EMS) coordination study was given by Mr. Howe, and it was explained that while there would be ample opportunity for open-floor comments, the focus would be on the following objectives, which are listed within the contract.

- Issues related to costs of service, cost effectiveness of various current service models, and cost-effective alternative service models.
- Existing funding models and identify long-term sustainable funding strategies.
- Challenges and opportunities related to local and regional emergency response coordination.
- EMS district structure, authority, duties, and the number of districts.

The following key points were highlighted by the stakeholders present:

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- It was noted that some services rely on a per-capita tax levy, or a per-capita formula for service contracts with municipalities, which can result in over-taxing of large, or more affluent communities. Participants wondered aloud about alternative models, which may be more fair.
- Medicare and Medicaid reimbursement rates were discussed, as well as the lack of reimbursement for refusal or transports, treat and release calls, and lift assists. These non-transport calls result in a net loss due to a lack of reimbursement.
- One participant noted that it seems many services that were established to provide emergent care to the sick and injured, are utilizing non-emergent transports, including mental health transport contracts, in order to balance their budgets. At times, this can result in a lack of resources for 911 calls, leaving a burden on neighboring services.
- Cost of readiness was discussed and services present are open to working with EMM to try and pinpoint facts and figures.
- Employee health insurance costs have skyrocketed. Lyndon Rescue was represented at the meeting, and their Chief noted a 13% increase in premiums for 2024. They experienced a similar increase in 2023. Meanwhile, it does not seem that health insurance packages are considered by employees, as most have to take the highest paying job to make ends meet, so to speak.
- It was noted that the Vermont Retirement System is not accessible to most in EMS, since the majority of jobs are private in nature. The group wondered if a change could help EMS with recruitment and retention.
- The EMS practitioner pool has not seen growth and that must change. It seems services must engage in wage wars to recruit and retain and it would be helpful if there was less competition.

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- It may be helpful if EMS could transport to facilities other than hospitals, and get reimbursed while doing so.
- The need for community preparedness was discussed. it was noted that citizens must understand that it may take a long time for an ambulance to arrive and they can be better prepared for emergencies by learning CPR, basic first aid, etc. This may be key to saving lives in rural areas. We also discussed law enforcement and how it could be helpful if they participated in AED programs.
- Crew makeup was discussed, with some hoping for a change to allow ambulances to respond with one certified provider.
- Districts were discussed without strong opinions on whether they should or should not exist, and what their role should be. However, it was widely agreed that it can be frustrating to have different rules and protocols from region to region. District Medical Advisors (DMA) were discussed and some expressed frustration in having to track them down for paperwork. it was further noted that some services have chosen to recruit and pay a physician to provide medical direction due to frustrations with the DMA model and a lack of interest/time by some physicians. The question of future MDA pay was discussed.
- It was noted that some districts do not spend their education funding allotment.
- Some feel the districts suffer from personality conflicts, popularity votes, and other “drama.” This can result in low confidence and worry for some practitioners when it comes to their authority to function within a district.
- The goals and objectives of districts was discussed and we wondered how they could turn into a catalyst for collaboration between public safety entities.

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- Fire service standards, such as NFPA were discussed, and the discussion led to EMS standards - we have some standards from OSHA, the DEA, NEMSIS, etc. but do we need better standards and benchmarks?

The meeting concluded with an open-floor comment period and it resulted in a discussion on 911 communications and how we can engage them in this study. Some wondered how 911 would be impacted by regionalization. It was noted that a large study of the 911 system in Vermont is taking place in 2024.

The meeting ended at approximately 8:45pm.