

August 31, 2022, Outline
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WCCC Fire Training Center

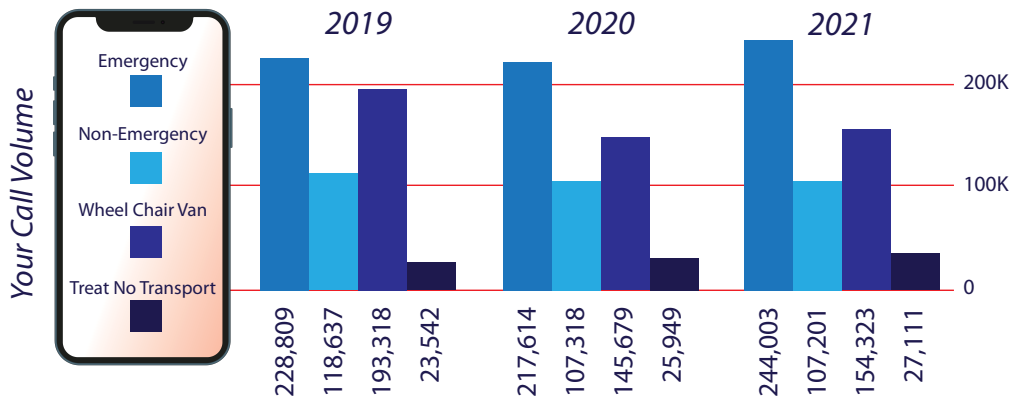
- 1.) EMS Crisis Mode – As per 2021 EMS Data Report
 - A.) Something got to change – can't sustain the path we are on
 - B.) EMS shortages
 - C.) High risk/dangerous job, we are considered an essential worker
 - D.) Lost 24% of all EMS agencies in past 10-years
 - E.) Used to be in every community, now shortage and getting worse
 - F.) 25% of all providers are 50 and older
 - G.) 24% of all providers are 21 – 24 years old
- 2.) Major Issuers facing our industry:
 - A.) National Registry certification versus PA is when it all started the national registry need to be removed.
 - B.) Recruiting and retention is at all-time low.
 - C.) Rising cost of everything, insurances, gas, and competitive wages
 - D.) Little local govt support
 - E.) Longer response times
 - F.) Higher call volume with less staff high burn out rate
 - G.) Decreasing membership and subscription drives
- 3.) Public perception:
 - A.) The PA model only give providers ability to bill insurance companies and patient when we transport to an acute care facility. However, we only transported approximately 65-70 % of call. Leaving for approximately 30-35 % of all expenses to be pushed back onto the EMS organization. This is where the major misconception falls on provider. We provide a service, however, must eat cost of all those calls.
- 4.) Approved improvements
 - A.) Act 10 funding
 - B.) Medicaid reimbursement we only get paid after 20 miles and must donate. No other state in country does this.
- 5.) Suggestions:
 - A.) West Virginia has a program called EMS retirement Fund. When state, local, and nonprofit agencies can join a statewide pension program. It would go a long way in retention??
 - B.) Free/reduced EMT, paramedic, or collage programs
 - C.) Statewide co-op insurance programs with discounts

PENNSYLVANIA'S EMS WORKFORCE SHORTAGE

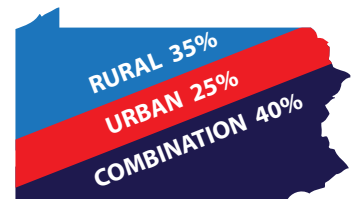


Emergency Medical Services (EMS) serves as an essential component of Pennsylvania's health care system. We are the only health-care provider mandated by law to respond as dispatched to a request for service. EMS has been facing a workforce shortage for many years coupled with an unsustainable funding model, exacerbated by COVID. A non-viable EMS System impacts 911 emergency response, the movement of critically ill patients between acute care and specialty care hospitals and the movement of patients between hospitals, skilled nursing facilities and other medical care. Any failure in the System directly impacts morbidity and mortality. Any solution to our workforce challenges will need to be based on sufficient reimbursement for EMS treatment and transportation, appropriate funding from municipal sources and tuition waivers for people entering our profession.

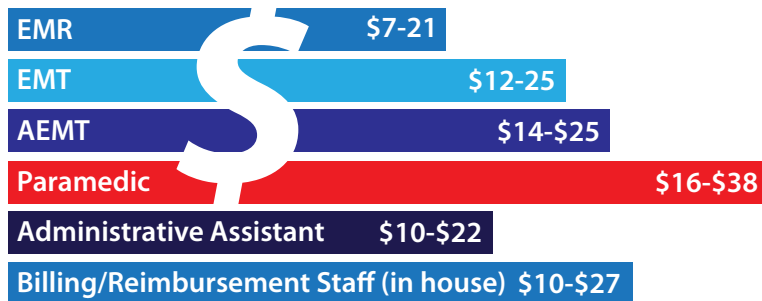
Below are a few highlights from our survey of Pennsylvania's EMS Agencies.



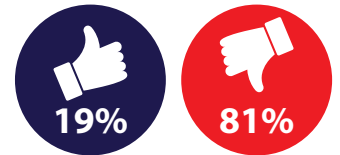
Which category best describes your primary response area?



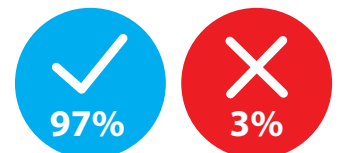
Current Hourly wage information (non supervisory position):



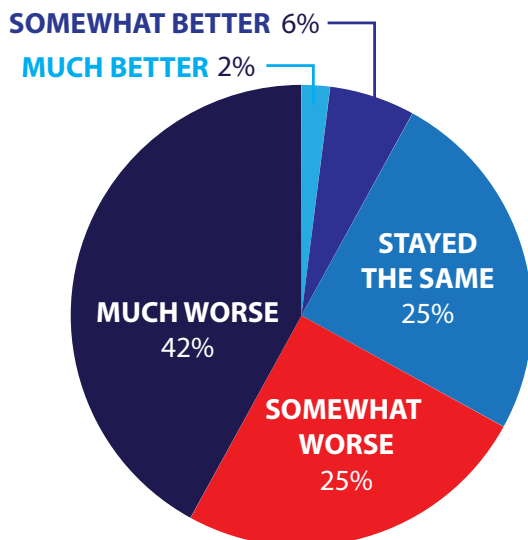
Is your present funding stream sustainable?



Do you have any unfilled positions?



Compared to February 2020, have your workforce challenges (recruiting and retaining staff) gotten better, worse, or stayed the same?



What is the biggest operational challenge facing your facility today?

