



# Floyd County EMS Task Force

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## Purpose

The purpose of the **Floyd County EMS Task Force** is to determine the best method of delivering Emergency Medical Services. The delivery model shall be a mechanism that ensures all of the citizens within Floyd County will receive a premier level of pre-hospital care. The **Floyd County EMS Advisory Board** was used to identify the specific needs of what we as a community needed from its EMS service.

In order for us to better understand the EMS system, we must first discuss the history of emergency medical services here in the United States. So let's start from the beginning.

# National EMS History

While many people believe that Emergency Medical Services in the United States began around the 1960s and 1970's, pre-hospital care dates back much further than that. According to the National EMS Memorial Foundation, Major Jonathan Letterman established the U.S. Ambulance Corps during the Civil War in 1862. Major Letterman's "Corpsmen", would enter the active battlefields and extract wounded soldiers, rather than waiting for the battles to cease. These actions ultimately saved countless lives, and was later adopted by the entire Union Army (National EMS Memorial Foundation, n.d.).

## National EMS History (Continued)

In 1865, Cincinnati, Ohio established the very first civilian ambulance service. New York, New York later followed with their own EMS in 1868 (National EMS Memorial Foundation, n.d.).

# National EMS History (Continued)

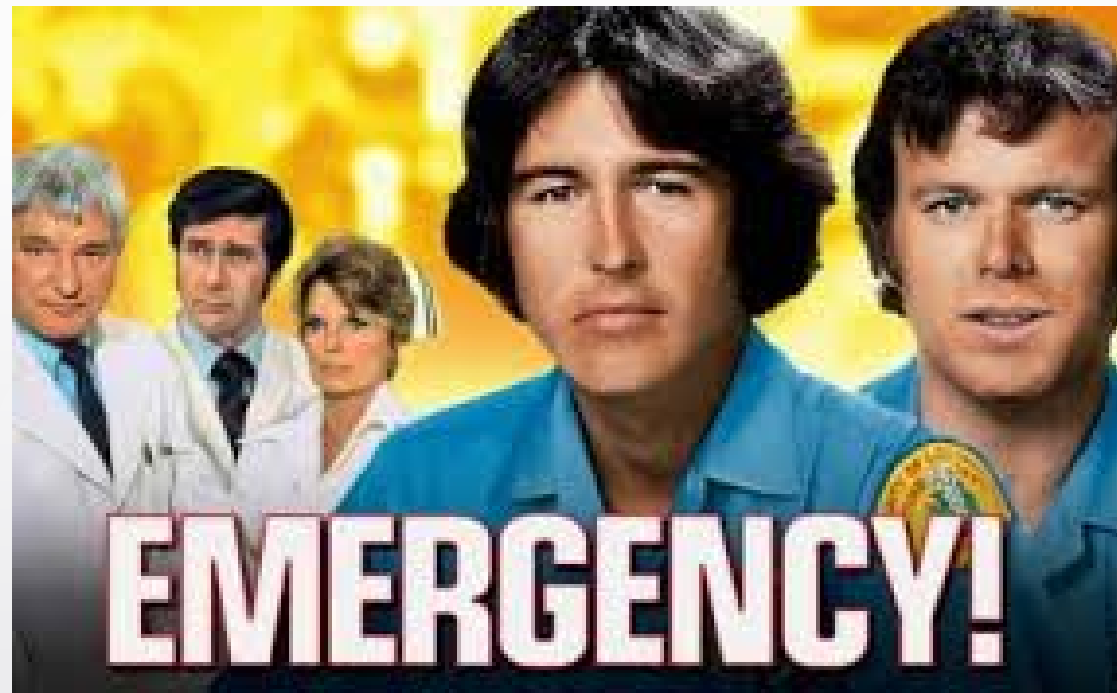


Stock photo of Lynchburg Life Saving & First Aid Crew Ambulance

Even through the 1920's to the 1960's, organizations such as the Lynchburg Life Saving & First Aid Crew was providing very basic pre-hospital medical care to service their communities.

## **National EMS History (Continued)**

Despite the many advances in pre-hospital care, EMS was seen as more of a transportation agency providing minimal and basic patient care. In 1972, the National Academy of Sciences – National Research Committee released an analysis of the United States EMS system. The analysis clearly outlined a failure to advance EMS in the United States (2006, Shah).



In 1973, the EMS Services Development Act of 1973 was passed, and a new era of pre-hospital care was born. The deep pool of new EMS employees was primarily generated by the multitude of trained medics, that began during the Vietnam War era. Even further inspiration was generated from the television show “Emergency!”. Squad 51, staffed by Los Angeles County Paramedics Johnny Gage and Roy DeSoto, captured the attention of the nation and highlighted the capabilities of properly trained medical personnel.



# Indiana EMS History



In 1973, the first Paramedic Class in the State of Indiana began at General Hospital, in Indianapolis. Paramedic training consisted of approximately 400 hours of class, followed by laboratory, and in-hospital clinical rotations. This was followed by an additional 100 hours of internship in the field (Indiana Health Care, n.d.).

# EMS Delivery Models

Historically, there have been (3) three primary “delivery models” for delivering EMS care:

- Municipal (County/City-Based & Fire-Based)
- Hospital-Based
- Private

## **Public Utility Model**

Another model that has been utilized is what is known as the “Public Utility Model”. It is a hybrid model that utilizes private EMS assets, that are managed by the authority that has jurisdiction. This concept was developed by Jack Stout. Just like every other delivery model, this is not a “one size fits all” system (Fitch, 2020).

# The Top 5 Challenges of Delivering EMS Today

- Workforce challenges – Lack of interest in EMS has resulted in over a 65% decline in applications, system-wide.
- Capital and Operational Expenses – 11% increase in wages and a 12% cost for equipment. These increases are forecasted to increase further by 2026.
- Stagnant revenues – The cost of providing service versus the return in revenue is not keeping up. This is resulting in higher public subsidy requirements.

# The Top 5 Challenges of Delivering EMS (continued)

- Service delivery changes –
  1. 49% longer response times.
  2. 37% alternative response to low-acuity calls.
  3. 28% moving from all ALS to ALS/BLS deployment.
  4. 23% moving away from dual to single medic deployment.
  5. Changes to alternative schedules.
- Communities in quandary – Many communities are now forced to rethink how EMS is being delivered, and how to fund it. This discussion is being driven by peer-reviewed study data, that highlights the importance of clinical effectiveness and economic realities.

(Zavadsky, 2023)

“The most significant challenge in our U.S. Healthcare is the lack of delivery of care systems – not the care itself” – Johnathan Washko

In July of 2023, the **Floyd County EMS Advisory Board** set-out to answer one specific question. “What does Floyd County need from it’s Emergency Medical Services?” After months of meetings, and reviewing prior studies and the current national EMS standards, it was determined by the board, that Floyd County needs 3-4 Ambulances, to provide adequate emergency coverage. After further discussions and a recognition of the current EMS shortage, it was determined that strategically deploying (3) ambulances in addition to (1) paramedic response vehicle, that are dedicated to emergency calls would ensure that the citizens of Floyd County are receiving a prompt and professional service.

In order for any EMS Model to be successful, it must meet the following benchmarks:

- Accountability - Clinical excellence, appropriate response times, and customer service and satisfaction.
- Oversight – Having a body to monitor service performance, with independent outside audits.
- Accounting for all service costs – A multijurisdictional approach optimizes system efficiency (this includes total billable runs).
- Ensuring the service supply meets the community demand.
- Stability – The ability to offer long term stability for the county. This includes clinical and financial stability (Williams, 2006).



With the previous benchmarks in mind, I would like to present the following solution that includes several of the items that have been previously discussed throughout this presentation...



Floyd County  
Emergency  
Medical  
Services



Floyd County Emergency Medical Services would be a standalone, county-based Emergency Medical Service. It would provide 3 Ambulances and a Paramedic in a Quick Response Vehicle (QRV) 24/7/365 . This agency would service all of Floyd County, not including the City of New Albany.

While the initial Floyd County EMS proposal does not include the City of New Albany, the system itself would be scalable to accept the city into its coverage area if it were agreed upon by the Mayor and County Commissioners. If the City of New Albany were to decline the County EMS services, the county would then agree to pay the EMS subsidy to service provider for New Albany's EMS services. This could only happen if an **EMS LIT** was adopted. If a **Public Safety LIT** is selected, it would allow the City of New Albany to choose their own pathway for emergency medical services or still opt-in to the county system.

If the Floyd County Council dedicated a funding stream, such as an EMS/Public Safety LIT, it would provide the necessary funding required, to accomplish the following:

- 1) Provide a sustainable budget for a County EMS Operations, without utilizing the County's General Fund. The funding stream would be utilized to pay for the current system until the EMS Contracts expire on December 31, 2026.
- 2) Choose a Department Head to set policies, protocol's, procure all necessary equipment, and obtain all necessary certifications and inspections.
- 3) Put the newly created agency in a position to assume full EMS operations for the county at the end of the current contract.

# SUMMARY OF TAXPAYER IMPACT

	LOCAL INCOME TAX			PROPERTY TAX LIABILITY IMPACT					
	.20% EMS	.25% Public Safety	.50% Public Safety	GEORGETOWN TWP (002)	GEORGETOWN TOWN (003)	NEW ALBANY TWP. (007)	GREENVILLE TWP. (004)	GREENVILLE TOWN (005)	LAFAYETTE TWP. (006)
<b>Estimated Revenue*</b>	\$5,850,785	\$3,197,547	\$6,395,094	\$446,592		\$5,488	\$1,641,708		

<u><b>Taxpayer Impact:</b></u>	LOCAL INCOME TAX (COUNTY-WIDE IMPACT BASED ON ADJUSTED GROSS INCOME OF \$75,000)			PROPERTY TAX LIABILITY (BASED ON AN AVERAGE HOME VALUE IN FLOYD COUNTY OF \$272,000)					
<b>Annual</b>	\$150.00	\$187.50	\$375.00	\$89.38	\$76.43	\$0.85	\$196.25	\$196.25	\$190.47
<b>Monthly</b>	\$12.50	\$15.63	\$31.25	\$7.45	\$6.37	\$0.07	\$16.35	\$16.35	\$15.87

\* Estimated revenue for local income tax is based on allocation to the County Unit only. The revenues to the specified taxing districts are related to Georgetown Township, New Albany Township, and Highlander Fire Districts.



Highlander Fire Department Emergency Medical Services would also be utilized in the system. Highlander would be the primary EMS provider for their fire protection district, and would receive a subsidy from the EMS/ Public Safety LIT. The actual dollar amount would need to be negotiated and agreed upon by the Commissioners and the Highlander Fire Board. Floyd County EMS and Highlander Fire EMS would have mutual-aid agreements with one another, and would agree to assist one another upon request.

# System Benefits

- Stability – No need to depend on private contractors to provide a necessary service.
- Service Director that would be chosen by Commissioners to oversee system operations.
- County Council would provide fiscal oversight, ensuring fiscal responsibility.
- With a revenue stream in place, we could determine how our citizens are billed. ALL Floyd County residents would never personally receive a bill for service. EMS would bill the patient's health insurance provider and accept insurance payment as "paid in full." Floyd County residents shall never see a bill, even if you do not have insurance. The goal, is to ensure that our residents have a clear return on investment, and reduce negative outcomes by alleviating the worry of whether or not the patient can afford ambulance treatment and transport.
- With an agency specifically dedicated to emergency calls, it would allow other private providers the ability to focus on non-emergency runs. This would help increase the amount of available hospital beds. And would allow patients transported by our agency to receive care at the hospital sooner. It would truly effect the entire local healthcare system in a positive manner.



# The Future

- Setting-up the system with an EMS LIT at .15% or Public Safety Tax at .50 gives the system room to grow.
- When billing revenue starts being generated, it is possible that the rate itself could be reduced. If the city was to opt-in to our system, that could generate increased revenue by increasing the amount of billable calls and increase the likelihood of reducing the rate.
- I envision this system utilizing a Mobile Integrated Health Program (MIH). The use of community paramedicine reduces an unnecessary strain that is already being placed on 911 systems, by identifying those callers that are not in need of critical or emergent services. Community paramedicine can also assist law enforcement with psychological evaluations, without committing a transport unit, until necessary. Lastly, community paramedicine can assist with the underserved people of Floyd County, by helping those in need of specialized services, find those resources they truly need. Many of these services are also billable.
- We could create a training institution that can instruct up to the paramedic level. This would help alleviate the roadblock of quality pre-hospital education at a local level.

## Closing

The opportunity to have an EMS System that is solely dedicated to emergency calls is here. It is a system that provides strength, stability, and is focused on providing quality pre-hospital care. The dedicated funding stream allows Floyd County Emergency Medical Services to bill your insurance only. **No resident of Floyd County shall personally ever receive an ambulance bill!** That is a clear return on investment that the citizens of Floyd County deserve!

# References

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