

Improving the Effectiveness
Of Colorado's
Regional Emergency Medical and Trauma Advisory Council System

January 11, 2012

Introduction and Purpose

The Public Policy and Finance Committee (PP&F) is a committee of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) and several stakeholders expressed their opinions on the effectiveness of Colorado's Regional Emergency Medical and Trauma Advisory Council (RETAC) program in its current form at the June 2011 meeting. Other stakeholders, including RETAC members, county commissioners and SEMTAC members have reportedly articulated their desire to consider an in-depth discussion of the RETAC system to identify opportunities to improve the effectiveness of regionalized support of Colorado's EMS and trauma system. The discussion at the PP&F meeting also identified a consideration to potentially re-align the activities of the RETACs to not only the activities by and between RETACs themselves, but also to those of SEMTAC, individual agencies, committees and other groups served throughout Colorado's EMTS system. The need for RETACs was not questioned, but the realignment may be necessary to better position the RETACs to fulfill the ever-changing needs of Colorado's EMS and trauma system and the unknown dynamics presented by future healthcare reform.

Following this discussion at PP&F, a small task force was established to evaluate the current structure and function of the RETAC system and make recommendations to the PP&F and ultimately the SEMTAC. This task force included:

Mr. Timothy Dienst, Chief, Ute Pass Regional Ambulance District
Mr. Raymond Jennings, Chief, Grand County EMS
Mr. Randy Kuykendall, Deputy Division Director, Health Facilities and EMS Division, CDPHE
Mr. Randy Leshner, Chief, Thompson Valley EMS
Mr. Christopher Montera, Chief, Western Eagle County Health Services District
Mr. Daniel Noonan, Chief, Durango Fire and Rescue Authority
Mr. Eric Schmidt, Coordinator, Northwest RETAC

The collective work of the task force represented in this document is designed to provide a basis from which opportunities for improvements can be considered for future implementation. This document provides an introduction, brief background of the policies that have led to the current system of support, a discussion of the possible opportunities for improvement and finally recommendations regarding future steps that might be considered.

Background

The model of regionalization of the nation's emergency medical services (EMS) system is a foundation upon which the federal government built the initial programs that transitioned ambulance transportation from a funeral home based side business into the sophisticated allied health care industry of today. This concept of creating multi-county regions where the providers of trauma, medical and out-of-hospital care can cooperatively plan and coordinate local resources while providing input to state-level regulatory and funding agencies is a critical part of the continued development of coordinated systems of care across the United States. Since the 1970s, "EMS regions" have existed across the country and, although they have taken on many different organizational models since that time, most states employ some type of system where the collective input of local providers and facilities is part of the state decision-making and funding process. Trauma systems were evolving during this same period although much of the focus was on integrating services in metropolitan areas and improving the effectiveness of care within facilities.

The Colorado Department of Public Health and Environment (CDPHE) established EMS regions in the 1970s and operated them with categorical grants from the United States Department of Health and Human Services. These regions were abandoned when the federal funds were transitioned into state block grants through the 1980s and funding was directed to other areas. The loss of this funding contributed to the success of Senate Bill 34 in 1989 that created the Highway Users Tax Fund EMS Account to serve as a steady funding stream for EMS through a \$1 surcharge on motor vehicle registrations. At least 20 percent of this fund was divided among the 63 counties for local coordination and improved regulation of services, at least 60 percent was reserved for provider grants and the remainder was authorized for use by CDPHE to perform management and oversight functions directed in statute. Every county established some type of EMS council to create a plan that was required within Senate Bill 34 to receive funding and advise the Board of County Commissioners on EMS issues, in response to this initiative to improve local coordination.

County councils worked together to resolve issues of common interest, and multi-county councils emerged in several areas of the state to enhance coordination over larger areas. CDPHE provided the statutory minimum for the county subsidy and provider grant programs. In the early years, the state EMS program was small and used less than the 20 percent allocation. Some of these excess funds were redirected to the provider grant program, but most were reserved by CDPHE and redirected to special projects or new programs. In an effort to reestablish a network of EMS regions, a portion of the special projects funding was used to create two demonstration projects, one in Northeastern Colorado and another in the Southwest corner of the state.

The trauma system evolved throughout the 1980s and 1990s by voluntary designation and cooperative efforts directed through the Colorado Trauma Institute. After repeated attempts, Colorado finally enacted trauma legislation in 1995 and institutionalized authority for a statewide trauma system and regional coordination through Area Trauma Advisory Councils (ATACs).

The EMS and trauma statutes were further amended in 2000 to rectify several issues. The 60-20-20 allocation for the EMS account in the HUTF required change because state administrative costs had grown so much that they had exceeded the cap for several years. The number and composition of

ATACs that had emerged were argued to be unworkable for various reasons. This new legislation eliminated the county subsidy program in its old form and the 60-20-20 funding limitation. Additionally, the number of regions was limited by requiring that a region be, generally, comprised of at least five contiguous counties. This process resulted in eleven regions that encompass all 64 counties in the state, each governed by a Regional Emergency Medical and Trauma Advisory Council (RETAC). The composition of the RETACs varies across the state with representation determined by the constituent counties. The RETACs were created predominately to function in a planning and coordination capacity. The planning requirements generally emerged from the components identified in the EMS Agenda for the Future, but an additional component, Mass Casualty Planning, was included in response to a perceived deficiency in this area at the time.

Annual funding to support the RETACs was specified in the legislation to be no less than \$15,000 per member county and \$75,000 per RETAC for planning and coordination of emergency medical and trauma system services within and between counties. This mandated amount results in approximately \$1.78 million dollars specifically directed at supporting the 11 RETACs. These dollars are generated through the HUTF EMS account and are part of the now \$2 fee per motor vehicle registration dedicated to supporting Colorado's EMS and trauma system. The statutory RETAC funding formula has not changed even with the passage of the additional dollar per motor vehicle registration fee by the 2009 legislature. No provisions for adjustments of this base funding level are made in statute, except that a RETAC may apply for and may receive additional funding if approved by the SEMTAC. Information regarding the organizational model of each RETAC and the annual funding levels from the HUTF EMS account is attached to this document.

Since FY 2001, all 11 of Colorado's RETACs have developed their business models and fiscal support systems. Each RETAC has hired at least a part-time staff person to serve as the regional coordinator. Some have added part-time or full-time staff based on their needs or to fulfill grant requirements. Most RETACs formed non-profit corporations, while others are themselves an independent government entity or use a fiscal agent. Some of the staff are employees of their RETAC, others are an employee of the fiscal agent and yet others are independent contractors.

As the RETAC program was being developed in FY 2002, contracting issues between CDPHE and the RETACs became a significant point of discussion. Although state purchasing policies generally require that all payments for services be made by the state agency only upon completion of the scope of work identified in the applicable contract, an exception was made by CDPHE to provide payment of funds to each RETAC on a monthly basis in anticipation of the services being rendered because the funds dedicated to the RETAC program are specifically identified in statute and the RETACs needed funds to begin operations. This exception has remained in place since the initial formation of the RETACs. Each RETAC receives its annual statutory allocation in twelve installments unless the RETAC fails to meet the deliverables of its contract. In this case, payments are withheld until the RETAC comes into compliance. Any of these funds that remain unspent by the RETACs each fiscal year are retained by the RETAC to be expended according to the purposes set forth in statute.

In response to requests for additional funding from numerous RETACs, the PP&F has discussed awarding an across the board increase in base funding for RETAC operations and administration. Due to the diversity of the 11 RETACs, the committee has been unable to identify a solution to this issue.

Discussion

One purpose of this document is to identify the opportunities for improvement of Colorado's RETAC program and analyze what changes, if any, may be in order to increase the effectiveness of this important component of the trauma and EMS system. After a decade of implementation, many areas of positive impact by the RETAC program have become evident. Coordinate between local agencies, county councils and the RETAC to create regional plans and prioritize system improvements.

- Facilitate and participate in statewide projects such as needs assessments and process audits.
 - Conduct needs assessments on a regional level.
 - Prioritize and implement recommendations from needs assessments and process audits.
 - Develop mass casualty plans and support mass casualty planning, tabletop and full scale exercises at the agency, local and regional level.
 - Develop and maintain patient destination guidelines.
 - Facilitate regional hearings that support the annual EMTS provider grants program.
 - Support regional medical direction and standardization of care across the state.
 - Support the implementation of continuous quality improvement programs at both the local and regional level.
 - Facilitate consultative service visits.
 - Provide technical support to provider agencies and local governments.
 - Support in the development and implementation of legislative efforts.
 - Provide technical support to local agencies that are applying for grants.
 - Consolidate EMTS provider grant equipment purchases to gain access to volume pricing discounts.
 - Support a variety of training and educational opportunities at the local and regional level.
 - Support the state regulatory agency regarding local and county issues.
 - Serve as a liaison to and facilitate communication between local provider agencies in the region and the state through participation in SEMTAC, committees, task forces and work groups.
 - Represent local provider agencies through participation in regulatory process.
 - Provide specialized education to address specific issues with statewide impact including provider health and safety, agency management and leadership and mass casualty planning.
 - Provide support for local EMS, trauma, injury prevention and public education programs.
 - Implement and operate data collection programs.
 - Facilitate sharing of information between facilities, ambulances and first response agencies.
 - Facilitate regulatory compliance.
 - Leverage EMTS funds by combining with support from other local, state, federal and private sources.
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- Facilitate formation of injury prevention coalitions.
 - Standardize prehospital treatment protocols.
 - Improve integration of health services.

Opportunities for possible improvements in the statewide RETAC program have been discussed by the PP&F and members of the SEMTAC and RETACs. These opportunities include:

- Assess what the goals and objectives of a regionalized approach to trauma and EMS system development in Colorado should be at this point in time given the current status of our system.
- Analyze whether the current planning process, based on the EMS Agenda for the Future, thoroughly addresses the needs of a contemporary, integrated emergency medical and trauma services system.
- Define the roles, responsibilities and authority of RETACs in the statewide coordination of EMS and trauma care.
- Evaluate whether the current funding allocation is adequate for each RETAC to carry out its mission and fulfill all statutory and regulatory mandates.
- Assess the reporting system to identify if it meets the requirements for accountability and produces meaningful results while minimizing the administrative costs.
- Align the mission, focus and goals of the RETACS to compliment those of provider agencies, local governments, the SEMTAC and the state regulatory agency and support the highest levels of patient care.
- Determine whether there are duplication of services and administrative costs that may exist within the current system and analyze methodology for elimination.
- Evaluate perceived or real conflicts of interests between stakeholders, RETAC members, RETAC coordinators and government.
- Assess whether there are centralized functions that would be more effective if they were distributed across the regions and identify distributed functions that would benefit from centralization.
- Analyze areas of specialization and determine how these strengths can be shared between regions.
- Analyze operational fiscal issues.
- Assess discrepancies in planning cycles between levels of coordination (interagency, county, intrastate region, state, interstate region, nationally).
- Review and analyze rules governing RETACs to determine if they synchronize with the proposed or actual mission.
- Assess and identify opportunities to improve communication and transparency between CDPHE, SEMTAC, stakeholders, RETACs, RETAC staff and funding sources.
- Evaluate the integration of trauma and EMS regional programs with local public health, all-hazard preparedness development and other allied health communities.
- Review and assess the findings of the Standardized (Regional) Needs Assessment Project (SNAP) from a statewide perspective to identify valid recommendations and develop a strategy for future directions.

Recommendations

In accordance with the charge given the task force, the following recommendations are provided:

1. As the Governor's designated advisors to state government on matters relating to EMS and trauma, the SEMTAC should create and appoint members to a broad-based stakeholder task force charged with gathering information and data. With these tools, they should work to develop a comprehensive plan to improve the effectiveness and accountability of regions, counties and local governments in the development and support of Colorado's EMTS system.
2. This task force should consist of two representatives of the following stakeholders and organizations:
 - a. SEMTAC members (selected by SEMTAC)
 - b. RETAC members (selected by RETACs)
 - c. RETAC staff (selected by RETACs)
 - d. County commission members/Colorado Counties, Inc. (Selected by CCI)
 - e. Colorado Rural Health (selected by Colorado Rural Health Center)
 - f. Designated Trauma Center representatives (selected by the STAC)
 - g. Colorado Fire Chiefs (Selected by State Fire Chiefs)
 - h. EMS Service Chief/Directors (Selected by EMSCMD)
 - i. CDPHE (selected by the Executive Director)
3. This task force should complete its work as expeditiously as possible and submit its findings to the SEMTAC, CDPHE, RETACs and Colorado Counties, Inc. These findings should outline solutions to identified issues that will improve not only the effectiveness of a regional based system of support, funding and planning, but will build on the successes of the system's past experiences.
4. The CDPHE, SEMTAC, RETACs and other affected stakeholders should then use the findings to initiate an improved EMTS system through accurate and appropriate mechanisms for communication, oversight and funding between local, county, regional and state entities.

Hopefully, this discussion paper and the subsequent work group will serve as the basis for changes across the many stakeholder communities that make up Colorado's EMTS system.

Attachment
RETAC Model Overview

RETAC	Annual Base Funding	Organizational Model
Central Mountains	\$165,000.00	501(c)3 non-profit corporation
Foothills	\$150,000.00	Political Subdivision (IRS code 115)
Mile-High	\$165,000.00	Political Subdivision (IRS code 115) and 501(c)3 non-profit
Northeast Colorado	\$210,000.00	501(c)3 non-profit corporation
Northwest	\$150,000.00	Informal organization, Western RETAC serves as fiscal agent
Plains to Peaks	\$150,000.00	Intergovernmental agreement, Cheyenne County serves as fiscal agent
San Luis Valley	\$165,000.00	501(c)3 non-profit corporation
Southeastern Colorado	\$165,000.00	501(c)3 non-profit corporation.
Southern Colorado	\$150,000.00	501(c)3 non-profit corporation
Southwest	\$150,000.00	501(c)3 non-profit corporation
Western	\$165,000.00	501(c)3 non-profit corporation