

## Rural EMS: Taking the next step

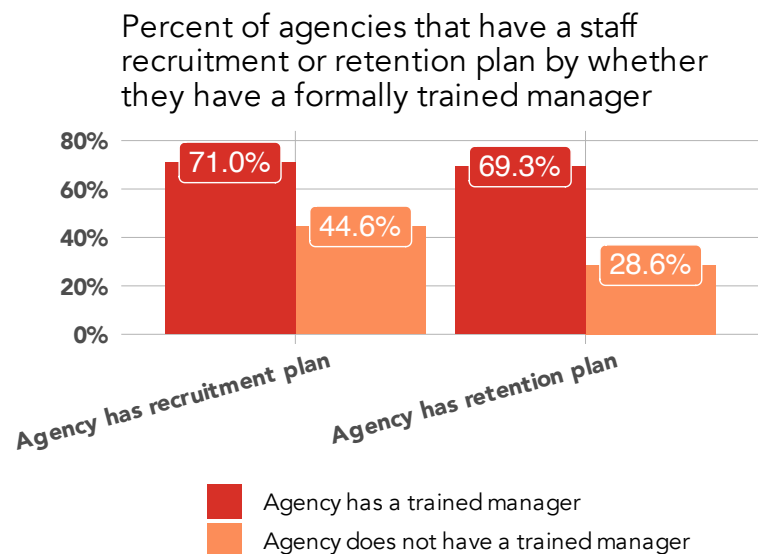
Minnesota's emergency medical services system (EMS) faces a host of problems, especially in rural areas. A big geography and small population layer on issues that services in the big city don't encounter. The good news is that there are steps we can take to bring EMS up to par, giving Minnesotans across the state the reliable life-saving services we all deserve.

### • Funding EMS as if it were an essential service

Like fire departments and law enforcement, EMS must be ready 24 hours a day. But the current funding system designed for urban agencies—funding based on call volume—does not work nearly as well in rural areas, leaving rural EMS without a stable funding source. The funding formula can use other key factors, like size of population, average age, and number of Medicare and Medicaid clients, to create a more accurate financial picture of each agency.

### • Professional management

Even if revenue for agencies increases, rural agency also need admin help. A trained, professional manager is also key. For example, research shows that a formal strategy using various programs and incentives is the best way to tackle tough staff and volunteer recruitment issues. EMS agencies with a formally trained manager (right) were significantly\* more likely to have a staff recruitment plan.



MN Department of Health 2016 Rural EMS Sustainability Survey

### • Growing the pool via collaborations and consolidations

EMS agencies tend to operate in silos, but in places where the population is small and spread out and the economies of scale don't justify a lot of expensive equipment, agencies need to share resources. According to a 2016 survey by the MN Dept of Health, agencies that are owned or managed by a healthcare system (i.e., they are able to share resources) were significantly\* more likely:

- To have a formally trained manager (77% vs. 46%).
- Less likely to always find it difficult to recruit staff (48% vs. 68%).
- More likely to have a retention strategy (69% vs. 44%).

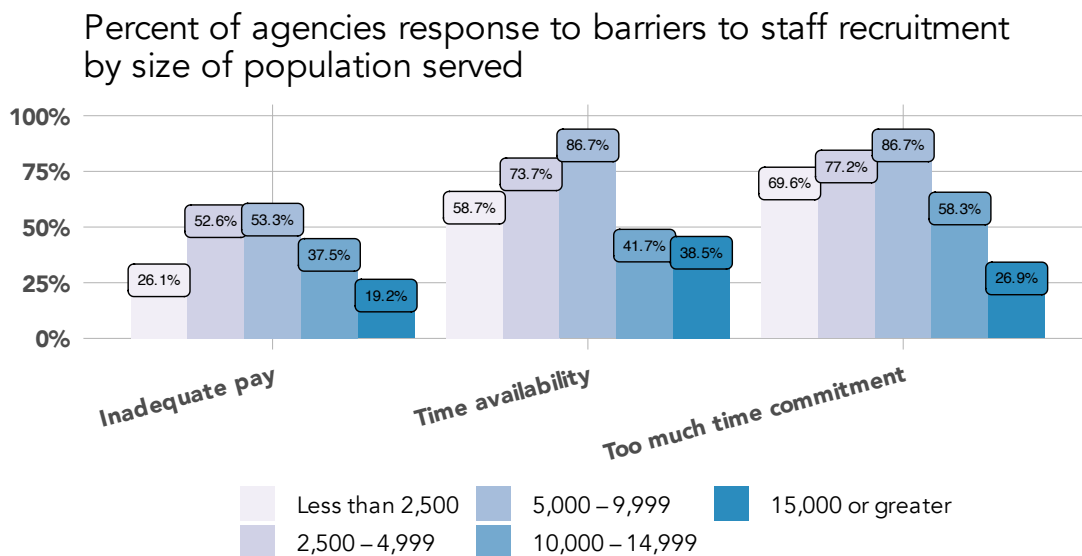
\* Statistically significant, *P* value < .05)

To read the full report, visit our website at [ruralmn.org](http://ruralmn.org).

• **A nuanced approach for transforming rural EMS**

The differences aren't just between the Twin Cities and the rest of the state: even differences within rural Minnesota are important. Any policies, including support systems and performance standards, need to be flexible enough to account for different operating conditions.

The most rural agency with the lowest call volume isn't necessarily the agency that needs the most help. Survey results showed that agencies serving regions with "mid-size" populations (between 2,500 and 10,000) struggle more with adequate pay, availability, and time commitment than the agencies serving the smallest populations (less than 2,500).



MN Department of Health 2016 Rural EMS Sustainability Survey

The Office of the Legislative Auditor's 2022 report, "Emergency Ambulance Services," offers six recommendations for the legislature and the state's Emergency Medical Services Board to address the issues facing Minnesota's EMS agencies. From a rural perspective, we ask that they also consider:

- Incentives to bring neighboring EMS agencies together to discuss collaboration and consolidations that would facilitate sharing resources and growing population pools to draw revenues and volunteers from.
- Provide resources that help ensure all agencies are professionally managed.
- Research the between call volumes vs. full-time staffing needs. If standards require full-time staff at a certain level, then fill the gap in revenue needed to hire someone.
- Revisit the funding formulas: they should use multiple variables to measure degrees of need. Try to avoid overly simplistic measures based on one variable, like call volume.
- Similarly, develop a tiered system of performance standards that consider geographic size, call volume, reliance on volunteers, and level of service that an agency can feasibly provide.

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