

Pfeiffer, Nadine

From: Craig <ermdcraig@aol.com>
Sent: Sunday, July 17, 2016 8:44 PM
To: Alan Thompson
Cc: Rulescoordinator, Dhsr; Chuck Lewis; Powell, Jeff
Subject: Re: Proposed OEMS Rules Change

I am concerned by the rule change regarding alternative practice settings. The state has required that a physician associated with an EMS system meet the regulations of the state, including attending the Medical Directors Update, ride time, etc. in order to be a resource for the system. This implies a level of connection with EMS, understanding the scope and limitations of paramedic training, skills and requirements.

The hospital systems driving these proposed changes are looking to save money and take advantage of anticipated financial incentives through proposed insurance reimbursement for CP.

Many EMS systems are looking at ways to offset decreasing reimbursement of ambulance billing. EMS systems that have already invested in Community Paramedicine will now face competition for patients by large corporations who have no vested interest in the survival of the EMS system. Nor will there be any guarantee of understanding of paramedic roles or quality management by these systems. If the state delegates the oversight of paramedics at this level, what qualifications will there be for the physicians?

Please reconsider this rule change. I do not feel it is in the best interest of EMS or Paramedicine to allow further consolidation of control by hospital systems.

Sincerely,
Craig Corey, MD, FACEP
EMS Medical Director
Cabarrus County
704-414-0859

Sent from my iPhone

On Jul 11, 2016, at 12:22 PM, Alan Thompson <DAThompson@cabarruscounty.us> wrote:

This correspondence reflects my concern and objection to the proposed changes reflected in 10A NCAC 13P .0102(4) and 10A NCAC 13P .0506 (b)(1)(2).

The suggested language will allow private and hospital based systems to provide community paramedic care in our EMS system without approval or coordination.

I am currently dealing with the issue of a large hospital system sending community paramedics into our system despite the fact we provide this service. We had offered the service to the system at a minimal cost; however, they rejected our service. I think this language undermines the intent of an EMS system under the control of county government. I think this language will also serve to be harmful rather than helpful.

Feel free to contact me with questions.

Alan Thompson, NREMT-P, BS, AAS
EMS Director

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“The mission of Cabarrus County Emergency Medical Services is to provide progressive, quality, pre-hospital care as a part of a comprehensive healthcare system, to remain synonymous with excellence, and provide a nurturing and challenging work environment. We will address the needs of our patients, provide public education, and promote community wellness.”

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