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ASTNA

How to Rewire Your Brain and Learn Optimism

“Life is 10% what happens to you and 90% how you react,” Charles R. Swindoll said. Optimism is a quality that can change your health and happiness! Optimistic people see defeat as temporary, and being more optimistic will give you confidence and the ability to bring about a solution. Having optimism helps us to cope and be resilient. Here are some other suggestions.

Control your thoughts: Don’t dwell on your failures but learn from them. Negativity will beat you down and build pessimistic thoughts. Having positive thoughts is a choice we can make to better ourselves and our relationships at home and at work.

Don’t compare yourself to others: Be the person who is happy for others, does the right thing, who is generous, humble, and kind.

Keep a journal: Hardships will come, but writing down your feelings can help find a solution. Journaling in a situation where the outcome cannot be changed and believing good things will come in the future can help with coping.

Laugh and smile more: Children laugh 400 times a day. Laugh with your spouse, family, coworkers, laugh until you PEE. Laughter decreases stress hormones and increases immune cells and infection-fighting antibodies, thus improving your resistance to disease. Laughter releases good endorphins, promoting an overall sense of wellbeing. Happy people are more creative, productive, and even make more money, attract more friends, and have better relationships, stay healthy—even outlive their grumpy friends. . .

If you realized how powerful your thoughts are, you’d never think a negative thought again!

ASTNA has joined the MedEvac Foundation International and the International Association of Flight and Critical Care

Paramedics to combine our commitment toward our **Taking Care of Our Own** initiative. Together, we have developed an educational safety event that will address posttraumatic stress and the support available to the critical care services. Eight educational **Taking Care of Our Own** events will take place nationally. Watch for one coming to a location near you and be sure to attend this vital event!

The ASTNA board of directors held their strategic planning meeting in July at our normal summer meeting. We also attended the Air Medical Memorial celebrating the lives of our transport family that we lost in fatal crashes during 2018, as well as those lost in previous years.

We have a lot of great things planned for the ASTNA booth at AMTC, and we are working hard to plan an amazing membership luncheon this year. The focus of the luncheon will be on resilience and self-care. I hope you will be able to join us! I will be handing over the title as president to Josh Wall, our president-elect.

It has been such a privilege to work with the board of directors, our executive director, Nikole Good, and the executive committee. May you always be committed to education and safety and realize how fortunate you are to be able to care for the sick and injured.

Be safe,
Sharon J. Purdom, President

**IAFCCP
The Effects of Legislation**

These last couple of months we have been faced with a real problem to the industry. Legislation is being considered that threatens our niche industry through billing. To believe that things are black and white, single faceted, and come with simple solutions would be a fleeting idea. This topic truly highlights how complicated and delicate the foundational network of our industry really is. An effort to protect patients and

citizens from the burden and injury of debt could actually restrict the access they have to proper medical care. This all being said, if you as a reader have not already reached out to your elected representatives, please do so—the SOAR campaign (www.soarcampaign.com/take-action) has made it easier than ever.

Switching gears, the IAFCCP has our upcoming summer board meeting in San Francisco, CA. This is always a great time to come together, discuss our progress, and work as a team in person, drafting and planning the initiatives that will support our membership and organization over the coming years. Personally, I love the fellowship that comes with these specific board meetings. With the complexity of the industry, this meeting focuses solely on our path forward.

As a recap of the activity over the past couple of months, we have recently advocated for a few different states to assess and support the acknowledgment of advanced paramedic licensure training and certification. We continue to beat the drum of education and increasing requirements as a means to vet the industry and open up opportunities for flight paramedics. We do so with a close finger on the pulse of what is happening internationally so that our recommendations are in line with a global sentiment of increasing scope and capability.

All-in-all, the IAFCCP continues to focus on our values of education, advocacy, and leadership through safety and excellence.

Ryan Walter, President

**AAMS
Congress Is Putting Access to Air Medical Services at Risk**

We’re at a critical time in our nation’s health care debate. Several Members of Congress have introduced legislation to end surprise billing. We agree that patients should be taken out of the middle of a payer dispute, but none of the proposals address the

root causes of surprise billing in the air ambulance industry. Section 105 of the “Lower Health Care Costs Act” could do irreparable harm to the ability of emergency air medical services to provide lifesaving care to critically ill and injured patients. AAMS fully supports efforts to prevent insured patients from receiving balance bills when insurers refuse to pay for the emergency health care those patients receive.

By setting the default payment rate for emergency air medical services to the “median-in-network rate,” the legislation would devastate the provision of this service in the United States.

- **No Data:** There is no available data on “median in-network rates” for air ambulances. Some insurers refuse to even discuss in-network agreements with air ambulance providers. In the absence of data, Section 105 could drive in-network rates to parity with Medicare rates, which are already 40% below cost.
- **Cripples the Market:** There would be no incentive for insurers to enter in-network agreements with air ambulance providers; existing agreements will crumble, and the market will cease to function.
- **Race to the Bottom:** With no recourse to address insurance underpayment, insurers will demand ever diminishing in-network payments in the same “take-it-or-leave-it” proposals that are being offered now.
- **Destroys Access to Healthcare for Millions of Americans:** Thirty-two air medical bases across the country have already closed in 2019. The “Lower Health Care Costs Act” will greatly accelerate this erosion of health care access, especially in rural areas.
- **Allows the Continued Questioning of Physicians:** Only physicians and first-responders are allowed to request emergency air medical services; insurers are currently allowed to question those decisions, and they often—more than 40% of the time—deny payment to the provider because of these questions. Nearly all of those denials are

overturned on appeal; however, insurers continue this practice in an effort to limit resources.

At a time when rural hospitals are closing, it is critical to maintain or increase access to emergency transportation for rural and underserved Americans. Enacting the “Lower Health Care Costs Act” would instead exacerbate this rural health care crisis and greatly limit access to lifesaving trauma care. Congress should:

- Protect patients from balance bills AND from insurers seeking to deny claims for the most critically ill and injured patients
- Put the patient’s emergency medical needs first, not insurer profits
- Collect air ambulance cost data and rebase Medicare based on cost

The provision also ignores congressional action within the last year to specifically address air medical balance billing issues. In the 2018 FAA Reauthorization Act, Congress established the Advisory Committee on Air Ambulance and Patient Billing, directing it to identify actions to protect consumers from balance billing. The committee includes the Secretary of Health and Human Services and is designed to bring together all the relevant stakeholders and develop a solution that takes into account the unique economic, clinical, and operational aspects of emergency air medical services.

Please visit <https://www.soarcampaign.com/take-action> to send an automated letter to your congressional members on the importance of air medical services.

Maryam Sabbagh, Director of Communications

AMPA Program Wellness

I recently experienced a curious realization about my continuously evolving role as a medical director. One of my paramedics came to talk to me about some ideas for new performance improvement and education initiatives a few weeks ago, but as we spoke, I gradually appreciated that there was nothing clinical in our list of potential objectives. Everything was centered, in one

form or another, around crew wellness—and then it hit me: somewhere along the way, I’d evolved from being a medical director to a wellness director.

Like many medical directors, I began my air medical career with a passion for clinical excellence, and I still invest a lot of energy in helping my crews to understand critical care concepts, to practice thinking critically, and to keep up with current trends. Advocating for safety is an integral part of the medical director’s role. I remember enjoying the opportunity to participate in our program’s AMRM training in my early years, but it certainly wasn’t something I felt like I had ownership of. But through the years something gradually changed. Teaching the medicine became easier, crews understood and applied the concepts better, and our quality assurance cases had less to do with medical care and more to do with behavior and communication. I took on an increasing role in our crew resource management training, and topics such as communications exercises and an open forum on behavior and morale entered our continuing education program.

There has been a lot of discussion recently about burnout and wellness in emergency medicine that I think applies equally well to air and critical care transport medicine. I suspect that, for many medical directors, advocating for wellness is something that we expected to be part of our role. For me, it is something that has gradually become one of the most important parts of what I do. While it is something I enjoy doing, I am concerned that, because of the increasing stresses that many programs are experiencing, it may be an ever more important piece of what we all do. I am fortunate that the investments our program has made in clinical competence afford us a little extra time to focus on wellness, but I wonder whether my evolution from medical director to wellness director is a common experience after getting one’s medical house in some semblance of order, or whether it is more of a necessary reaction to the increasing cultural stresses in emergency medical care.

Brendan Berry, President