



## Alaska Rural Health Transformation Program (RHTP): Year 2 Funding Strategy

### Emergency Medical Services (EMS) Focus Area: Description for Implementation Pathway

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#### A. Background and Transformation Vision

Emergency Medical Services (EMS) are a critical component of Alaska's health care system, providing access to emergency care across a vast geography where hospitals, clinics, and other health resources may be hours away from a community member's home. In many communities, EMS serves as the front door to the health care system, providing Alaskans with timely assessment, stabilization, and connections to appropriate care when and where it is needed most.

Alaska's Department of Health (DOH) envisions a coordinated, data-driven EMS system that ensures individuals experiencing medical emergencies receive the right care, in the right place, at the right time. Achieving this vision will require EMS providers to have timely access to clinical information, the ability to electronically exchange data with health care partners, workforce capabilities that support evolving models of care delivery, and data infrastructure that enables improved real-time decision-making and continuous quality improvement. These capabilities can enable EMS providers to expand treatment-in-place approaches and facilitate transportation to alternative destinations when clinically appropriate, while improving patient experience, reducing unnecessary emergency department utilization, and strengthening the overall effectiveness of Alaska's health care system.

Through this Rural Health Transformation Program (RHTP) funding opportunity, DOH seeks to support Alaska's EMS agencies in building the infrastructure, workforce and operational capabilities needed to advance this vision.

#### B. Transformation Strategy

##### ***Alaska's EMS Landscape***

EMS services in Alaska operate across a diverse landscape of communities and regions, each with different service delivery models, staffing structures, transportation challenges, and access to health care resources. EMS agencies range from large borough/municipal services to small volunteer or mixed-model agencies that serve geographically isolated communities. These agencies play a critical role in responding to medical emergencies, often in environments where transportation options, health care infrastructure, and workforce availability are limited. EMS agencies are also called out to respond to medical or behavioral health incidents that may not require transport to an emergency department.

Some EMS agencies have been able to strengthen local response systems and improve access to care by expanding beyond traditional emergency response and transport models to support broader patient care and care coordination needs. For example, [Anchorage](#), [Juneau](#), [Fairbanks](#), Mat-Su, and [Ketchikan](#) have launched partnership mobile integrated health programs that generally use community EMTs or paramedics to conduct home visits, proactive outreach, care coordination, medication reconciliation, and follow up support. These programs have demonstrated reductions in [emergency department use](#) and [hospital readmissions](#) among high-need populations.



### **Building Local EMS Capabilities**

To advance the transformation vision described above, EMS agencies may benefit from investments that strengthen foundational capabilities in areas such as:

- Electronic data collection and exchange with clinical partners
- Data quality and reporting
- Workforce capacity and development
- Operational readiness

Through this funding opportunity, DOH seeks to support provider-led investments that strengthen these foundational capabilities and position EMS agencies to deliver more appropriate, coordinated care across Alaska.

### **Building Statewide EMS Infrastructure**

Concurrently, DOH plans to invest in statewide EMS infrastructure that supports a more connected and interoperable EMS system. Planned activities include:

- Connecting AURORA<sup>1</sup>, Alaska's statewide EMS information system to the statewide health information exchange to improve the quality and timeliness of EMS data reporting and clinical information. This will enable EMS medical directors' access to information that supports quality of care review processes. In addition, EMS agencies will have access to advance directive information to better support patient care on scene.
- Supporting the development of other tools and resources for improved field decision-making.

Together, these state-directed investments will help create a more interoperable EMS system in support of strengthening EMS agencies' foundational capabilities and advancing EMS system transformation statewide.

## **C. Funding Opportunity**

### **Funding Objectives**

Funding is intended to support EMS agencies and partner organizations at varying levels of readiness to assess, plan for, and build the foundational capabilities needed to strengthen EMS operations, improve data exchange and coordination across the health care system, and prepare for enhanced EMS care models when appropriate. Launch or implementation of a specific care model is not required during the funding period. Additional details about permissible uses of funding can be found in "Funding Uses" below.

### **Total Funding Available**

DOH estimates an allocated target of \$10 million to subrecipient projects aligned with this focus area. This estimated allocation is separate/in addition to any EMS-related open call applications.

### **Expected Applicants**

Applicants expected to submit applications to this opportunity may include EMS agencies, hospitals, Tribal Health Organizations, Regional EMS Training and Education Councils, or other organizations supporting EMS services in rural Alaska communities.

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<sup>1</sup> Alaska Uniform Response Online Reporting Access



Collaborations among providers, Tribal entities, community-based organizations, and other stakeholders are strongly encouraged to strengthen EMS operations, data exchange, and coordination across the health care system. Collaborative applications are welcome; however, one organization must serve as the lead applicant and responsible entity for all programmatic, financial, reporting, and compliance requirements associated with the award.

### ***Funding Uses***

Applicants will select one or more of the following funding tracks and describe how proposed activities will advance organizational readiness.

| Track                                      | Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Example Permissible Investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Data and System Infrastructure</b>   | Build or strengthen data systems to support modern EMS operations and emerging EMS care models. These capabilities will enable EMS providers to document EMS care electronically, submit complete and accurate EMS data to AURORA timely, exchange clinical data with other health care organizations, and access relevant information to support real-time decision-making in the field and retrospective quality review and performance improvement activities. | <ul style="list-style-type: none"> <li>▪ <b>Data infrastructure:</b> EMS electronic health record (EHR) adoption, upgrades, optimization, licensing, configuration, implementation support, and ongoing system readiness activities.</li> <li>▪ <b>Statewide connectivity:</b> Interfaces and connections to AURORA, the statewide EMS reporting data system, healthEconnect, the health information exchange, and other systems needed to support timely information sharing.</li> <li>▪ <b>Data quality and integration:</b> Reporting, analytics, data mapping, patient matching, automated data submission, and system integration activities that improve the usability and reliability of EMS data.</li> <li>▪ <b>Field documentation and decision support:</b> Hardware, software, communications tools, and workflow changes needed to support real-time access to patient and provider information, field documentation, and secure exchange of EMS encounter data.</li> <li>▪ <b>Quality improvement and clinical oversight:</b> Tools, workflows, and data-sharing arrangements that enable EMS medical directors and agency leadership to review patient outcomes, evaluate performance, and support continuous quality improvement.</li> </ul> |
| <b>2. Workforce Capacity and Readiness</b> | Strengthen workforce capabilities and cross-provider coordination needed to improve EMS operational readiness, build stronger connections across the health system, and support enhanced EMS program models,                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• <b>Workforce training:</b> Training and technical assistance for treatment in place, alternative destination transport, and other expanded EMS roles.</li> <li>• <b>Skills-based clinical observation, and cross-agency exchange programs:</b> Development and expansion of structured clinical observation, rotational, and exchange programs that allow emergency medical technicians and paramedics to practice and reinforce clinical skills, observe procedures performed by physicians and other providers, and share knowledge</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



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|  | including treatment-in-place, alternative destination transport, and mobile integrated health care. | and promising practices across EMS agencies and communities. <ul style="list-style-type: none"> <li>• <b>Referral and care coordination pathways:</b> Development of formal referral agreements and workflows with urgent care providers, specialty providers, and behavioral health or crisis response programs, long-term services and supports providers, aging services organizations, and other community-based partners.</li> </ul> |
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### **Funding Limitations**

Funding is intended to support infrastructure, readiness, and system transformation. Funding limitations specific to this focus area include:

- Payment for currently reimbursable emergency response or transport services.
- Routine clinical service delivery.
- Activities that duplicate or supplant services already funded by Medicaid, Medicare, HRSA, SAMHSA, CDC, IHS, or other federal or state programs.

Additional funding limitations applicable to all RHTP funding opportunities are described in the resources available on the DOH webpage [for RHTP Applicants](#).

### **Ongoing Technical Assistance and Collaboration**

DOH may provide technical assistance, learning opportunities, and collaborative activities to support implementation. Awardees may be expected to participate in program-wide learning and information-sharing activities.

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