



NEWS AND VIEWS

526 King Street, Suite 415, Alexandria, VA 22314 Phone (703) 836-8732 Fax (703) 836-8920

Please route to: Administration Flight Nurses Pilots/Mechanics Communications Flight Physicians Resp. Care Pract. Flight Paramedics Medical Director



MESSAGE FROM THE PRESIDENT

"Those who love sausage or legislation should NEVER watch either being made."
--Otto von Bismarck. 1869

What will the New Year bring? As I write this, the United States Senate is on the verge of passing their version of health care reform. It is unclear just how this will affect U.S. citizens, the health care industry as a whole and the air medical industry, in particular. It is also the end of the first decade of the 21st century. While we may not be able to control the impact of the House and Senate Health Care Bills and their eventual combination in conference committee, there are a number of processes happening now that will affect the future course of air medicine during the coming New Year and the decades to come.

A diverse group of individuals have been working hard by way of weekly phone conferences as part of the AAMS Health Care Reform Ad Hoc Task Force. This group has devised a platform for legislative priorities in conjunction with the AAMS Board. The thrust of the legislative priorities document is to address the fact that the air ambulance fee schedule has not kept up with the increased costs of providing air medical services (or for reimbursement of critical care ground services at all!) due to increased fuel costs and the increased costs of safety equipment. Another piece to the document deals with establishing a differential payment schedule for essential, but expensive and complex transports such as those involving neonates, intra-aortic balloon pumps (IABP), left ventricular assist devices (LVAD) or extracorporeal membrane oxygenation (ECMO). The legislative platform also calls for Medicaid payments to be made equal to Medicare payments nationwide, which is long overdue. In the interest of sustaining the emergency safety net that air medicine provides, rising costs must be offset.

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Happy Holidays!

We wish you a wonderful and safe holiday season!

AIR MEDICAL MEMORIAL RECEIVES LAND DONATION

The Air Medical Memorial recently announced that six acres of open space has been donated to the project. "We are very excited about the location. It meets all of our requirements and is consistent with our vision for the memorial," said Steven Sweeney, one of the group's founders.



The group has collected over 320 names going back to the early 1970s. These names will eventually be engraved on a granite wall as part of the group's national outdoor memorial. This memorial will also feature a bronze sculpture and will be located at what will be the Air Medical Memorial Park southwest of Denver, Colorado.

"Our goal in starting the memorial was not only to compile the most complete and accurate list of names, but to create a national memorial honoring those air medical professionals who are no longer with us," Sweeney said.

The overall capital fundraising goal for the project is \$600,000 that the group will raise through corporate donations and individual contributions.

The Air Medical Memorial is working with artist/sculptor Mark Lundeen of Loveland, CO and Nuszer-Kopatz, Urban Design of Denver.

The Air Medical Memorial is a 501(c) 3 tax exempt organization founded in early 2009 to honor crewmembers lost in the line of duty. The organization maintains a comprehensive list of honorees that can be accessed through the group's website airmedicalmemorial.com. Donations can be made online through the web site or mailed to: Air Medical Memorial, PO Box 842, Castle Rock, CO 80104. For more information please contact Steven Sweeney at ssweeney@airmedicalmemorial.com or by calling 303-332-6327.



V Vision Zero at AirLife's Safety Stand Down Day

I am at 33,000 ft returning from a trip to Denver, promoting Vision Zero and attending the AirLife Safety Stand down Day. I have attended many of these meetings and am thankful when a program takes the time to dedicate the time and effort to garner support for a dedicated day to safety.

This trip was a little different and left me to ponder the potential example for our community as a whole. There were several very well known speakers and a few not so well known, all with a message addressing a different part of safety culture which impact our actions every day.

Jana Williams, Program Director at AirLife, spoke freely about her passion for the commitment to "Safety is not proprietary." She went on to explain that this is reason why she opens her programs safety day to all "neighboring programs." She also explains her belief that transport programs which serve the state of Colorado are not competitors when it comes to safety.

AirLife Denver has another special reason for holding their safety day at a time when it may seem inconvenient due to the holiday season. In 1997 they lost three crew members in a fatal crash. Jana makes special effort to celebrate their lives, mourn their loss and use that memory to keep safety and reduction of risk at the forefront of every crew members mind.

Just opening the doors does not mean that people will come. AirLife has built a reputation for having an exceptional safety day. This year, more than 30 attendees, representing all but one program in the state of Colorado (one program was unable to attend due to weather) were there for the day of lectures.

The Vision Zero Spotlight will soon highlight this story and more on how AirLife Denver incorporates and reflects Vision Zero in their safety culture. Make sure and visit www.visionzero.aams.org.

Have a safe and happy holiday season, transport safely, reduce your risk as best you can and as always ... Vigilance my friends!

Thank you,
Jonathan Godfrey, RN, CMTE, Vision Zero Chairperson

Take a look at the new Vision Zero website!
Click the logo below...



News and Views is a newsletter published by the Association of Air Medical Services (AAMS). The opinions expressed are not necessarily those of AAMS or its employees.

Established in 1980, the Association of Air Medical Services (AAMS) is an international association which serves providers of air and surface medical transport systems. The association, a voluntary non-profit organization, encourages and supports its members in maintaining a standard of performance reflecting safe operations and efficient, high-quality patient care, and is built on the idea that representation from a variety of medical transport services and businesses can be brought together to share information, collectively resolve problems and provide leadership in the medical transport industry.

We welcome your editorial questions or comments. Please contact: Blair Beggan, Editor at (703) 836-8732 or e-mail at bbeggan@aams.org.

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Association of Air Medical Services

526 King Street, Suite 415, Alexandria, Virginia 22314

phone: (703) 836-8732 / fax: (703) 836-8920

E-mail: information@aams.org / Website:

www.aams.org

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MESSAGE FROM THE PRESIDENT (FROM PAGE 1)

Another work in progress is being spearheaded by the Friends of AAMS, a group of 8 seasoned air medical veterans who met first in August, 2009, to discuss the conflicts that have developed over the past several years that have caused turmoil within AAMS. The purpose of this organization is to act as a think tank to explore ways of resolving conflicts in the air medical industry, so that the industry could conceivably become more cohesive within a unified front. No one, of course, expects everybody to agree on everything, but communication among all factions can certainly be productive. A recent meeting was held among representatives of the Friends of AAMS, AAMS itself, AMOA and ACCT. There were many areas of agreement among the attendees on issues affecting air medicine (more than I expected). There are still areas of disagreement amongst the group, which is to be expected considering the events of the past several years. The meeting was collegial in nature. It was a forum for a reasoned dialog. More meetings are to occur in the coming New Year. While it is unlikely that this forum alone could solve all of the philosophical conflicts in air medicine, there is room for cautious optimism that this has potential for being a part of the solution.

In what I will call the physicians' initiative, the Air Medical Section and Emergency Medical Services Committee of the American College of Emergency Medicine (ACEP), the Air Medical Task Force of the National Association of EMS Physicians (NAEMSP) have joined with the Air Medical Physicians' Association (AMPA) to spearhead a process that brings all of the interested parties, including, but not limited to, the Federal agencies that impact on EMS, the National Association of State EMS Officials (NASEMSO) together under the sponsorship of the National Highway Traffic Safety Administration (NHTSA) and/or the Centers for Disease Control (CDC). There are several purposes for this process. The first is to devise consensus guidelines about HEMS utilization around the USA and to disseminate these guidelines to practicing physicians and EMS providers. The second goal, perhaps the most important aspect of this endeavor, is to find the path for integration of air medical transport into the regional and state delivery of emergency healthcare. There has to be a way to do this. The Airline Deregulation Act (ADA) was written when there were only a handful of HEMS providers. The drafters of the ADA legislation could not have foreseen the development of HEMS as we know it. HEMS is a unique part of the aviation landscape, since we are dealing with the emergency safety net, not just passenger transport.

Continued on Page 5...

Update on Special Committee 220 Automatic Flight Guidance and Control (Autopilot)

Submitted by Colin Henry, Directory of Safety, Medflight, Columbus, OH

Special Committee 220 (SC 220) is a Federal Aviation Administration (FAA) sponsored committee made up of interested parties such as equipment manufacturers and aircraft manufacturers. At the request of Mr. Nicholas A. Sabatini, FAA Associate Administrator for Aviation Safety, this group was formed to deliver:

- A. Minimum Operational Performance Standard (MOPS) for Automatic Flight Guidance and Control System and Equipment - Due June 2010.
- B. Installation Guidance Document for Automatic Flight Guidance and Control Systems - Due October 2011.

This group was tasked with delivering the items listed above for Part 23, 25, 27 and 29 aircraft. We have since broken into two groups; one group is specific to Part 27 and Part 29 (rotorcraft) and the other specific to Part 23 (small airplanes). Each group has approximately 12 members made up of mostly representatives from avionics manufacturers and aircraft manufacturers. We meet monthly through an integrated webcasting/teleconferencing system to discuss and work on this project. We are able to talk about, share and edit documents with the common goal of producing two documents that are acceptable to the Program Management Committee (PMC) of the Radio Technical Commission for Aeronautics (RTCA).

What is RTCA? It is a private, not-for-profit corporation that develops consensus-based recommendations regarding communications, navigation, surveillance, and air traffic management system issues. This group will produce a document in an acceptable format to the FAA. These documents will then be used to help the FAA design Technical Service Orders (TSOs), Advisory Circulars (ACs), etc. This is the same process that was used in the production of Helicopter Terrain Awareness and Warning Systems (HTAWS) and Night Vision Imaging Systems (NVIS) MOPS and TSO. The Association of Air Medical Services (AAMS) is a member of the RTCA and I am pleased to be the AAMS representative to this special committee. I lead the Part 27/29 workgroup on AFG & C.

The MOPS document will address safety, software and complex hardware design assurance, performance, protective mechanisms, environmental requirements, interoperability, system functional components, fly-by-wire interfaces/compatibility and mechanical flight control interfaces/compatibility, pilot interface, and other non-AFG & C system component interfaces/compatibility. We have been looking at the AFG & C system (autopilot) as a three (3) function system. Stability augmentation will be required but an autopilot may only have an attitude stabilization function (i.e. wings leveler). A more complex system may have both attitude stabilization and flight director functions. Our Terms of Reference (TOF) specifies that the MOPS should describe the goals of safety mechanisms without being prescriptive regarding implementation. For example, one method of detecting pilot override of the autopilot is through the use of force sensors; however this is not the only means of detection. The end result would be to ensure safe operations in the event of pilot override.

Continued on next page...

Special Committee 220 continued from Page 3...

In the autopilot installation guidance document the FAA wants us to address but not limit our scope to design standards, installed system performance and requirements, system integration, envelope protection functions, failures and malfunctions, warnings and annunciations, pilot and flight deck interfaces, and system compatibility issues. The Part 27/29 sections of the document will address unique requirements for rotorcraft.

The task of the Part 27/29 workgroup is to help develop sections in the listed documents that are specific to rotorcraft autopilot operations. The most current TSO on autopilots was developed in 1962 way before autopilots were used commercially in rotorcraft. We are referencing AC1329-1B, a document that is specific to Part 25 aircraft. So you can see that we have a great task at hand. All of the avionics manufacturers, aircraft manufacturers and the FAA have been working with autopilots in rotorcraft for some time. We have available lots of test information that we can analyze and work with on this project.

Colin Henry has been a commercial pilot for over 31 years and has logged over 12,000 hours in over 20 different types of helicopters and airplanes. He is currently Airline Transport Rated in helicopters and multi-engine airplanes. He is also a night vision goggle instructor and a Certified Flight Instructor Instrument (CFII).

Colin was the former Chief Pilot for Omniflight Helicopters, Inc, for over 8 years, and has flown as a line pilot in EMS and offshore operations and as Officer in Charge in military VIP operations. He has also held positions as Safety Officer for Medflight and Safety Manager for Omniflight.

Colin was born in Guyana, South America and graduated from Oxford Air Training School in England. He is currently Director of Safety at MedFlight.

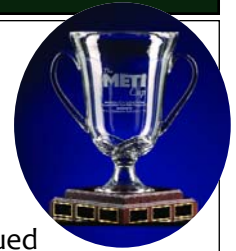
2010 Ambulance Fee Schedule

The 2010 Ambulance Fee Schedule is now available on the CMS Web site at:

http://www.cms.hhs.gov/AmbulanceFeeSchedule/02_afspuf.asp#TopOfPage.

The METI Cup is actively seeking to fill Chair and Vice Chair positions!

Deadline to apply is Friday, January 15th!



Perhaps you've witnessed the intensity and continued growth of the annual METI Cup Competition held at the AMTC each year. Do you want to become an integral part of the process? The METI Cup is looking for two new volunteers, Chair and Vice Chair to assume the responsibility of working alongside Dr. Peter Gant (Chief Judge) and with METI, to organize the competition. The Chair position requires a 2-year minimum commitment, while the Vice Chair requires at least a 3-year commitment. Strong organizational skills, people skills, the ability to multi-task, and commitment to the competition are a must. Associated travel costs such as airfare, accommodation and meals will be reimbursed.

If interested, please submit a letter of intent, along with a copy of your CV, to:

Attn: Dan Hankins, AAMS President, 526 King Street, Suite 415, Alexandria, VA 22415 - VIA FAX: (703) 836-8920



Call for Research and Education Grant Proposals

Deadline is January 31, 2010!

MedEvac Foundation International is currently accepting proposals for both research and educational projects related to air medical and critical care transport. The Foundation welcomes all research endeavors and proposed educational projects. Please see the MedEvac Foundation website for the 2010 RFPs, grant applications at <http://www.medevacfoundation.org/Grants.html>. Grant applications are due January 31, 2010.

Contact Amber Bullington with any questions at abullington@aams.org or 703-836-8732.



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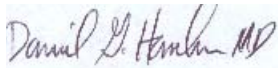
MESSAGE FROM THE PRESIDENT (FROM PAGE 3)

There has to be a compromise position that allows states to maintain systems to ensure coverage of public safety, while allowing Federal authority over aviation. Having a process with all of the groups involved would, hopefully, lead to discussion among the Federal agencies with EMS oversight and the Federal agencies dealing with the ADA to work out a method of how states can provide the needed emergency care for citizens of that state without conflicting with Federal oversight of aviation. Thirdly, with the physicians' initiative, there is a request to encourage Federal partners and other grantors to fund research to study air medical transport to develop evidence-based guidelines in the future.

Any solutions to the current controversies will happen because of a multifaceted and complex approach on many levels. Perhaps the combination of all of these endeavors will lead to some real breakthroughs and solutions to our conflicts.

I would like to recognize the efforts of the No Pressure Initiative as the process continues with Phase 2: the development of a Cultural Health Assessment Program (CHAP) to allow programs to compare their indicators of cultural health to a information from a nationwide aggregate of air medical providers. The grant from Vision Zero is being put to good use.

Finally, as always, I make a plea to support Vision Zero in all possible ways. I would like 2010 to be a year of zero accidents. Please have a safe and productive New Year.



Dan Hankins, MD, FACEP, CMTE
AAMS President

MEDIA UPDATE

AAMS Mobilizes in Response to MSNBC.com Air-Medical Transport Story

AAMS provided Talking Points (TPs) and a Q&A to members following a series of interviews with MSNBC.com for a Dec. 17 story on unreimbursed air-medical transport costs.

The story, titled "*Air ambulances leave some with sky-high bills; Costs range from \$12,000 to \$25,000 a flight and insurance may not pay*"

(see www.msnbc.msn.com/id/34419018/ns/health-health_care/), was prompted by a number of readers who commented to msnbc.com's Dose of Reality health care series about unexpectedly large out-of-pocket costs for air-med flights.

Many thanks go out to the AAMS Health Care Reform Task Force (HCR-TF), which mobilized to answer MSNBC.com health care reporter JoNel Aleccia's questions prior to an interview with AAMS President Dan Hankins. The task force did a great job of setting the record straight, particularly on the role the insurance industry plays in denying many patients' medical claims, and of educating the reporter with regard to the high overhead costs associated with air-medical transport. In addition, AAMS provided the reporter with contact information for several patients who had positive stories to tell.

Although Dr. Hankins was ultimately not quoted in the article, comments from Dr. Kevin Hutton of Golden Hour Data Systems, Inc., and Craig Yale, vice president of corporate development for Air Methods Corp. were featured.

In addition, AAMS congratulates HCR-TF and Communications and Public Relations (CPR) committee members, individual patients and others who posted their thoughts, reactions and positive comments about air-med in the Comments section of the MSNBC.com website following the story.

Please feel free to continue to use the talking points (*link provided below*) as background in the event you receive calls from reporters who may be doing stories in your area. Also, please alert AAMS if you do receive any calls related to this topic as we are monitoring any follow-up coverage that might result.

CLICK HERE for full talking points.



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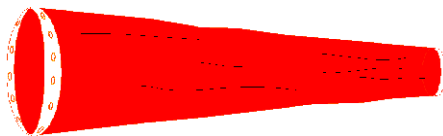
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2010 AAMS Spring Conference: "Leadership and Advocacy"

March 17-19, 2010

Washington Marriott at Metro Center, Washington, DC

2010 Registration Form

**Politics teaches us one very important lesson...
Decisions are made by those who show up!**

Check out some of this year's education sessions!
Feel free to call the AAMS office for details - (703) 836-8732.

Schedule-At-A-Glance

Wed, March 17

0800 - 1730h

Thurs, March 18 (Hill Day)

0800 - 1800h

Fri, March 19

0800 - 1400h



AVIATION SAFETY

FAA Safety and Regulatory Briefing

This session will brief attendees on the latest rules, policies, and activities of the FAA as they pertain to aviation in air medical services and aviation safety. We will also discuss new developments in FAA rulemaking and provide an update on the progress of several FAA-led initiatives- such as the expected HEMS safety proposals - that address the critical safety concerns of the air medical industry.

NTSB Briefing on the Current State of Air Medical Accidents and an Update on Air Medical Safety Recommendations

This session will discuss recent accident investigations and update the attendees on the National Transportation Safety Board's 2006 and 2009 Air Medical Safety recommendations. The NTSB will also discuss their interactions with the FAA and other federal regulatory agencies regarding safety in air medical services.

Federal Partners Roundtable

Given the critical role that air medical plays in the healthcare system and aviation community, there are a number of federal agencies that are responsible for programs and regulations that affect AAMS members. AAMS will bring together a roundtable of top policymakers for a one-stop shop of federal policy updates.

NEW POLICIES IN EMERGENCY MEDICINE

Emergency Medicine - The Inside Scoop from Washington Reps

There are dozens of trade and professional associations represented in Washington; AAMS is pleased to be able to partner with several other organizations involved in EMS. Learn about the activities and policy positions of AAMS partner organizations, and take advantage of the opportunity to ask their leaders questions and learn more about some of the cooperative efforts on Capitol Hill.

ADVOCACY

The Advocacy Meeting: From the Other Side of the Table

You enter your Congressman's office armed with your talking points and an understanding of the message you wish to deliver. But have you ever thought about the perspective from the other side of the table? What is the Congressman or staff person looking for in this meeting? What constitutes a productive meeting from their point of view? By considering these questions, you are better able to utilize your meeting time and assure that your message is heard.

Advocacy 101

Now that you've heard from the other side of the advocacy table, you can take what you've learned and apply it during this role playing workshop led by one of Washington's most distinguished advocacy experts.

AAMS Issues Briefing

A presentation of specific talking points and critical issues affecting the medical transport industry in preparation for Thursday's Capitol Hill visits with your representatives. The discussion will include an in-depth analysis of the issues, and discussions among members are encouraged.

Congressional Visits

Flight Suit Day on the Hill is one of the most important days of the year for air medical services. Don't let elected officials overlook the air medical community when it comes to supporting the EMS and first response community. Don't be left out when important healthcare decisions are made. Doctors, nurses, firefighters, police officers, and other EMS professionals suit up and take their message to the Hill- what's stopping you from doing the same?

HEALTHCARE REFORM and other "HOT TOPICS"

The spring legislative conference will also feature education sessions covering the latest progress on healthcare reform and other hot topics as they unfold.

Government Accountability Office (GAO) Briefing on Air Medical Studies

The GAO is undertaking a number of projects that will provide an in-depth examination of the air medical industry. This session will provide members with the latest progress report, directly from a high ranking GAO official, on the Government Accountability Office's current and future research relating to air medical services.