Committee on Military Trauma Care’s Learning Health System and its Translation to the Civilian Sector

Panel on Leadership & Accountability

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Future of Emergency Care Report

• Congress should establish a (new) lead agency for emergency and trauma care…
• …primary programmatic responsibility for the full continuum of emergency medical services and emergency and trauma care for adults and children
• …including medical 9-1-1 and emergency medical dispatch, prehospital EMS, and hospital based emergency and trauma care
Emergency Care Coordination Center

IOM Reports

2006

HSPD-21

2007

Emergency Care Coordination Center (ECCC)

2009
Mission: To lead the US Government’s efforts to create an emergency care system that is:

1. patient- and community-centered,
2. integrated into the broader healthcare system,
3. high quality, and
4. prepared to respond in times of public health emergencies.
Key Points

1. Unscheduled care of the critically ill and injured is divided by disease domain (trauma, cardiac arrest, STEMI, stroke, burn, disaster, Ebola, H1N1).

2. Efforts to improve emergency care focused initially on engineering systems to serve populations and now focuses primarily on creating economic incentives to shape the behavior of providers and health systems.

1. Accountability focused at the individual facility or health system level does not incentivize cooperation between competing systems/payers. (We plan trauma care from the population perspective, but incentivize it at the facility).
Recommendations

A structure for leadership and accountability should:

1. be inclusive of all emergency care sensitive conditions requiring a systems based approach

2. Have authorities that bridge public health, healthcare, and emergency preparedness
   - Existing (not for profit tax status, public health and preparedness grant programs, disproportionate share payments) and novel (population based programs) levers should be included.

3. Outcomes for unscheduled care should be measured and incentivized at the community/population level rather than at the facility, payer, or health system level.
   - Define community and population empirically according to patient utilization patterns for unscheduled care.
   - Develop outcomes measurement and incentive models that encourage coopetition across unaffiliated/competing health stakeholders in order to improve outcomes at the population level.