The Future of Emergency Care in the U.S. Health System

*Emergency Care for Children: Growing Pains*

Federal Status Update

May 2009

Daniel Kavanaugh

HHS/HRSA/MCHB

Emergency Medical Services for Children Program
4.2 The Department of Health and Human Services should collaborate with professional organizations to convene a panel of individuals with multidisciplinary expertise to develop, evaluate, and update pediatric emergency care clinical practice guidelines and standards of care.
4.3 Agencies should appoint a pediatric emergency coordinator and hospitals should appoint two pediatric emergency coordinators - one a physician - to provide pediatric leadership for the organization.

---- EMSC State Partnership Grants
---- EMSC National Resource Center
www.childrensnational.org/EMSC
-----Hospital voluntary designations
5.1- The Department of Health and Human Services should fund studies on the efficacy, safety, and health outcomes of medications use for infants, children and adolescents in emergency care settings in order to improve patient safety.
n 5.2- The Department of Health and Human Services and the National Highway Traffic Safety Administration should fund the development of medication dosage guidelines, formulations, labeling, and administration techniques for the emergency care setting to maximize effective and safety for infants, children and adolescents. EMS agencies and hospitals should implement these guidelines, formulations, and techniques into practice.
5.4- **Federal agencies and private industry should fund research on pediatric-specific technologies and equipment used by emergency and trauma care personnel.**
Emergency Care for Children
Growing Pains-May 2009

-----Best Pharmaceuticals Act for Children (BPCA)

-----HRSA’s Pediatric Emergency Applied Care Research Network (PECARN) study on use of lorazepam and diazepam

-----NIH meeting on “Pediatric Drug & Medical Device Development: Setting Specifications and Designing Expectations”
6.1 Federal agencies (the Department of Health and Human Services, the National Highway Traffic Safety Administration, and the Department of Homeland Security) in partnership with state and regional planning bodies and emergency care provider organizations should convene a panel with multidisciplinary expertise to develop strategies for addressing pediatric needs in the event of a disaster.
This effort should encompass the following:


----National Emergency Family Registry & Locater System (NEFRLS)

----EMSC Targeted Issue Grant to Children’s Hospital, Boston
2. Development of strategies to improve the level of pediatric expertise on Disaster Medical Assistance Teams and other organized disaster response teams.

----- HHS National Disaster Medical System (NDMS) has plans and capabilities in place for specialized Medical Strike Teams, one of which is a Pediatric Team.
3. **Development of disaster plans that address pediatric surge capacity for both injured and non-injured**

-----Hospital Preparedness Program
-----Pediatric Disaster Resource and Training Center, Los Angeles
-----2009 Integrated Medical, Public Health, Preparedness and Response Training Summit
-----AHRQ Report *Pediatric Hospital Surge Capacity in Public Health Emergencies*
4. Development of and improved access to specific medical and mental health therapies, as well as social services in the event of a disaster.

-----ASPR’s Biomedical Advanced Research and Development Authority

-----National Biodefense Science Board

-----National Commission on Children and Disasters

-----FEMA Crisis Counseling Training and Assistance Program

-----SAMHSA’s National Child Traumatic Stress Network

-----EMSC National Resource Center Pediatric Disaster Preparedness Toolbox
7.1 The Secretary of DHSS should conduct a study to examine the gaps and opportunities in emergency care research, including pediatric emergency care, and recommend a strategy for the optimal organization and funding of the research effort. This study should include consideration of training of new investigators, development of multicenter research networks, involvement of emergency and trauma care researchers in the grant review and research advisory processes, and improved research coordination through a dedicated center or institute. Congress and federal agencies involved in emergency and trauma care research (including the Department of Transportation, Department of Health and Human Services, Department of Homeland Security, and Department of Defense) should implement the study's recommendations.

----- NIH Taskforce on Research in the Emergency Setting and subsequent NIH Roundtables on Emergency Care Research

----- Release of NIH PAR-08-261, Research on Emergency Medical Services for Children

----- HRSA’s Pediatric Emergency Care Applied Research Network (PECARN) www.pecarn.org

----- National EMSC Data Analysis Resource Center, www.nedarc.org

----- Research Gap Analysis (Prehospital Emergency Care) on behalf of FICEMS
7.2 Administrators of statewide and national trauma registries should include standard pediatric specific data elements and provide the data to the NTDB. Additionally, the American College of Surgeons should establish a multidisciplinary pediatric specialty committee to continuously evaluate pediatric specific data elements for the NTDB and identify areas for pediatric research.
The National Emergency Care Enterprise Workshop

May 21, 2009

Jeffrey W. Runge, MD, FACEP
How Are We Doing?
Hospital Based Emergency Care

**Enhanced Operational Efficiency**

- Enterprise operations
- CMS remove restrictions on Observation Units
- Sharply reduce boarding
- End EMS diversion
- Use industry models to improve efficiency
Hospital Based Emergency Care

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A
B
C
F
Hospital Based Emergency Care

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Hospital Based Emergency Care

Use of Information Technology

- Adopt robust information and communication systems to improve Safety and Quality
Hospital Based Emergency Care

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BIOlogue
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Hospital Based Emergency Care

The Burden of Uncompensated Care

- Congress establish dedicated finding to reimburse hospitals for uncompensated emergency and trauma care
- Congress to fund a working group at CMS to allocate those funds
Hospital Based Emergency Care

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Inadequate Disaster Preparedness

- Surge capacity
- Training
- Protection of hospitals and staff
- Congress significantly increase funding for hospital preparedness
- Improve competency in disaster medicine
Hospital Based Emergency Care

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Emergency Care Workforce

• Availability of on call specialists
• Exposure of emergency providers to med mal claims
• Improve the rural workforce
Hospital Based Emergency Care

Emergency Care Workforce

• Availability of on call specialists  A
• Exposure of emergency providers  B
  to med mal claims
• Improve the rural workforce    C
  F
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Research in Emergency Care

• NIH funding
• All Federal agencies to do their part to enhance emergency research
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Emergency Care for Children

**Strengthening the Workforce**

- Improve pediatric knowledge and skill of existing workforce
- Define pediatric competencies by all certifiers
- Update clinical practice guidelines and standards
- EMS agencies to have pediatric coordinators
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Emergency Care for Children

**Improving pediatric patient safety**

- Improve the evidence base
- Guidelines, formulations and techniques of pediatric medication dosing
- HHS fund outcomes research for peds and adolescents in emergency settings
EMS

Federal Lead Agency

• Congress to establish an agency in DHHS
• Congress to establish a working group to decide what to do
• FICEMS to fade out
EMS

Fix the Funding

• CMS to form a committee (yikes)
  • Payment for medical care without transport
  • (How about payment for medical care with the transport?)
National Standards for Training and Credentialing

- States
  - adopt a common scope of practice
  - Accept national certification as prerequisite for state licensure
  - Require national accreditation of paramedic education programs
- (They left out the necessary grant program incentives)
EMS

Air Medical Services

- State to assume regulatory oversight of the medical aspects of air medical services
  - Communications
  - Dispatch
  - Transport protocols
EMS

Disaster Preparedness

• Elevate emergency and trauma care to a position of parity with other public safety entities
• Congress should substantially increase funding through dedicated funding stream
• Incorporate disaster training into curricula
EMS

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The Future of Emergency Care?

- Still over 10% of all outpatient visits
- Still growing at double the population growth
- Still have >500,000 EMS diversion per year
- Still have rampant boarding >12 hours
- Still have a dearth of specialists willing to take emergency call
- Still have the only Federally-mandated system of free care
Capabilities-based Planning

Commander’s Intent

Strategic Guidance – Who’s playing

Capabilities List  | Required actions  | Roles and Responsibilities  | Budget required for implementation

Operational Planning
# Capabilities-based Planning

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<thead>
<tr>
<th>Report</th>
<th>Objectives</th>
<th>Tasks</th>
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<td>E3.7</td>
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<td>E3.8</td>
<td>Categorize EMS, GIs</td>
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<td>Interoperable communications</td>
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<td>E7.2</td>
<td>Identify research funding for EMS research</td>
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</table>

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Tasks and Recommendations

• Funding for reimbursement
• Grant funding
• Training
• Standards
• Information systems
• Communication systems
• Performance indicators
Tasks and Recommendations

- State regulation
- State legislation
- Judicial action
- Congressional action
- Practice changes
- Curriculum design
- Changes in hospital operations
- Competitive cooperation
- Categorization schema
## Task Responsibility

<table>
<thead>
<tr>
<th>Entity</th>
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<td>Public Health</td>
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</tbody>
</table>
Issues for Your Consideration

- No fiscal notes
- No timelines
- You can’t grant your way out of this problem
- How much “study” is enough?
- How many committees and work groups and at what cost?
Issues for Your Consideration

• Do we have consensus that there is a problem and the need for a costly solution?
• Where is the leadership going to come from?
Kellermann’s Oft Cited Quotation

“People have access to health care in America. After all, you can just go to an emergency room.”

President G.W. Bush
Cleveland, Ohio
July 10, 2007
Acute Needs

- Leadership at the highest levels of the Executive Branch
- Champions on both sides of the aisle in both houses of Congress
- Careful fiscal analysis and cost/benefit analyses
- Prioritization of the tasks – active not passive
- Consensus among stakeholders
- The understanding that sacrifice is looming
  - From providers
  - From the public