“provide optimal care based on the patient's location and condition.”

- Future of Emergency Care, 2006

Ricardo Martinez, MD, FACEP
President, Division East
Schumacher Group
When focus has its drawbacks....
Model Drives Adoption

Driving force of regionalization:

- Get the right patient to the right place at the right time
Tertiary/urban

- EM trained physicians
- Specialist consultants
- Interventions

Suburban

- Non-EM physicians
- Scarcity of specialist
- Less resources

Small suburban/larger rural

Smaller rural
Acuity at Arrival (TRIAGE)

- Resuscitative: 5.1%
- Emergent: 10.8%
- Urgent: 36.6%
- Semi-Urgent: 22.0%
- Non-Urgent: 12.1%
- Unknown / not assigned: 13.4%
Most Frequent Chief Complaints

- Abdominal Pain
- Chest Pain
- Fever
- Headache
Financial “Health”

- Economics of Transfers
  - On patient
  - On local facility
  - On local providers
  - On community
- EM trained physicians
- Specialist consultants
- Interventions

- Non-EM physicians
- Scarcity of specialist
- Less resources
What is the “market” saying?

*Maybe the model is wrong. Change the model!*
Opportunities

- Lots of redundancies and resources
  - Helicopters, beds, ICUs, specialties...

- Technologies can leverage our ability to scale cognitive resources and integrate others

- Move to electronic data, images and records

- Growth of high-speed data and voice connections/Internet

- Move toward value-based purchasing
Attributes of Quality Health Care

- Patient-centered
- Safe
- Effective
- Efficient
- Timely
- Equitable

“Crossing the Quality Chasm”
- Institute of Medicine, 2001
Resources

- Equipment/technology – fixed
  - Move patient to

- Procedural skills – fixed
  - Move patient to

- Cognitive skills – mobile
  - Move to patient
Electronic Collaboration

Connecting… providers patients resources

“integration and collaboration”
Electronic Collaboration

- Patient care consultation
  - Real time and retrospective
- Patient Monitoring
- Imaging/ECG review
- Education
- Transfer of care/treatment planning
Ch-ch-ch-ch-changes…

Driving system development:  
*Get the right patient to the right place at the right time*

Driving system development: Integrated Networks of Care  
*Get the right resource to the right patient at the right place at the right time*
Tertiary/urban

• Abundant Care Resources

Suburban

• Provider and Patient needs

Small suburban/larger rural

Smaller rural
Just start in one spot.....and grow...
Steps

- Categorize the ED’s, patients, and resources
- Change the goal
- Match resources and needs
- Develop simple, understood model
- Deliver well-understood, reportable quality care measures
  - Measure, monitor, deliver, improve
Change the name
- Integrated Networks of Care

Change the goals

Change the rules
- Do the greatest good for the greatest number.
- Drive value thru measurable quality.
- Play with others – something for everyone.
- Do no harm to those in the network
- Leadership counts

Change the world
The Road Ahead...

The best way to predict the future... is to create it!