Workforce Issues & Solutions for Emergency Medical Services

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Workforce Issues and Emergency Medical Services

The ED: America’s healthcare safety net

- Fraying due to recent trends in healthcare and economics
- Much recent attention on ED overcrowding and EMS diversion
- Focus has been on EMS system capacity & available ED space/beds
- There is an equally serious problem
  - insufficient supply of healthcare providers and qualified providers of emergency care
A Growing Mismatch of Supply and Demand - Physicians

The millennium – what fizzled in 2000?

“Y2K” & the widely anticipated physician surplus

COGME, IOM, AMA & others est. 20-30% excess of specialists

We are already facing a physician shortage

Primary care, specialty & critical care, emergency care

Shortages in pediatric sub-specialties are even greater

Critical shortage of MDs projected for 2020 coincident with aging of “baby boomers” to ≥ 65

Population growth & shift will consume additional resources

If there are inadequate 1st and 2nd MDs ‡ more use of ED

Projected deficit of 200,000 MDs – a return to 1960’s levels?

COGME – Council on Graduate Medical Education
The Obvious Workforce Solution: IOM Recommendation 6.3

- We need to train more care providers
  - AAMC (2006) calling for 30% increase in medical school enrollment
- Unfortunately, this is not a quick fix
  - Requires a decade or longer for an effect
  - Funding may prove to be rate-limiting
  - Expansion must occur at all training layers
    - Medical school, residency, fellowship
      - International medical graduates account for 25% of current resident and fellow workforce – 20% of the MD workforce

AAMC - American Association of Medical Colleges
The emergency care workforce is very diverse and will continue to be so

- MD specialties: EM, FP, Peds, Surgery, etc.
- Disciplines: MD, PA, APN, EMT-P, etc.
- Likely never to be enough MDs, let alone EM MDs (or PEMs) to staff all EDs
  - ≈ 60% of MDs working in ED are board cert. in EM (AMA)
  - ≈ 20% of hospital EDs have access to PEMs (CDC)
- 135 EM residency programs ≈ 1300 trainees per year
- 59 PEM training programs ≈ 100 trainees per year

We must develop processes and standards to assure that these many different providers are well trained and are able to maintain their skills
Recommendation 4.1 - Every emergency-care related health care professional credentialing and certifying body should define pediatric (adult) emergency care competencies and require practitioners to receive the appropriate level of initial and continuing education necessary to achieve and maintain those competencies.

Recommendation 4.3 - EMS 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.
Building a 21st Century Emergency Care System

Recommendation 3.1 - The DHHS and NHTSA, in partnership with professional organizations, should convene a panel of individuals with multi-disciplinary expertise to develop an evidence-based categorization system for EMS, EDs, and trauma centers based upon adult and pediatric service capabilities.

Recommendation 6.6 - States should link rural hospitals with academic health centers to enhance opportunities for professional consultation, telemedicine, patient referral and transport, and continuing education.
Children Leading the Way?

Pediatric emergency care is an excellent example and potential model solution

EMSC

- Program established 1985 to bridge the gap in pediatric emergency care
- Significant improvements in pediatric care in every state
  - Educational tools
  - Standards for equipment/meds
  - Protocols for care
  - Guidelines for preparedness
  - Data collection and research
  - Multi-disciplinary stakeholders

Emergency Medical Services for Children

http://bolivia.hrsa.gov/emsc/
Illinois EMSC Hospital Facility Recognition Program – “EDAP”

- Tiered system
  - SEDAP, EDAP, PCCC
- Commitment to pediatric readiness*
  - Staff training and continuing education
  - Equipment, supplies and medications
  - Key policies and quality improvement
  - Clinical leadership (pediatric coordinators)
- Voluntary designation through IDPH

EDAP – Emergency Department Approved for Pediatrics

Illinois Hospitals Participating in Facility Recognition

Hospital Total 197
Participating Hospitals 100
Date 4/06

Mortality Rates per 1,000 Injury-Related Inpatient Admissions From the ED
Pre- and Post-EDAP, 1994-2005

- Age group: 0-15 years
- Data is only from those hospitals participating in IL EDAP program
- Reductions in mortality exceed national trends for ISS ≥ 17

Sources: Illinois EMSC & Illinois Hospital Assn.
Building & Maintaining Critical Skills in Emergency Medical Services

What are we doing at Children’s Memorial

- Hands-on clinical training in our ED
  - Multiple levels and disciplines of trainees
    - PEM, Peds, EM, FP, Surgery, DDS, RN, APN, EMT-P
- Outreach education lectures and courses
  - PALS, APLS, PEPP
    - Do courses such as PALS solve the problem?
- Pediatric disaster readiness training
- Simulation training - “KidSTAR”
  - Applications for both trainees & practitioners
Sustaining, Growing and Improving Our Nation’s Emergency Care Workforce: The Future is Now!