Emergency Care Dissemination Workshop
Institute Of medicine
of the National Academies

The Future of Emergency care
Emergency Medical Services
At The Crossroads

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IOM Recommendations

3.1 The Department of Health and Human Services and National Highway Traffic Safety Administration, in partnership with professional organizations, should convene a panel of individuals with multidisciplinary expertise to develop evidence-based categorization systems for EMS, Emergency Departments, and Trauma Centers based on adult and pediatric service capabilities.

- Key is evidenced-based. States are just now attempting to obtain standardized data across the system to drive research.
- NEMSIS will improve this but funding is not adequate for this to occur for many years.
3.2 The National Highway Traffic Safety Administration, in partnership with professional organizations, should convene a panel of individuals with multidisciplinary expertise to develop evidenced-based model pre-hospital care protocols for the treatment, triage, and transport of patients.

- Key again, “evidenced-based”. If the goal is to standardize care and service delivery. The problem with Model Protocols are two fold
  - One, they have not really standardized care because they are only guidelines and the content can and will vary across the states
  - Second, they are not maintained with the rapidly changing healthcare environment. To really be useful they must be more than guidelines and revised annually. Funding would be required to sustain this process.
3.3 The Department of Health and Human Services should convene a panel of individuals with emergency and trauma care expertise to develop evidenced-based indicators of emergency and trauma care system.

- Key again, “evidenced-based”.
- Performance indicators should be established and include service delivery, personnel performance, and clinical care/patient outcomes.
- This will require that every state participate in NEMSIS and requires an expert driven approach as opposed to a consensus based approach.
3.4 Congress should establish a demonstration program, administered by HRSA, to promote regionalized, coordinated, and accountable emergency and trauma care systems throughout the country, and appropriate $88 million over 5 years to this program.

- This can be successful, especially with regionalized medical direction combined with standardized protocols, educational programs, and NEMSIS based data systems using standardized performance improvement initiatives.
3.7 The Centers for Medicare and Medicaid Services (CMS) should convene an ad hoc work group with expertise in emergency care, trauma, and EMS systems in order to evaluate the reimbursement of EMS, and make recommendations regarding inclusion of readiness costs and permitting payment without transport.

Assuming EMS is truly part of the healthcare system, three areas of EMS reimbursement are critical to its future

- First, readiness or preparedness based cost and reimbursement structure
- Second, reimbursement for care as opposed to transport
- Third, reimbursement costs must be unbundled to allow for itemized billing to recover the costs of treatment and procedures such as thrombolytics and other lifesaving technologies currently cost prohibitive to EMS due to the reimbursement model
IOM Recommendations

5.3 The National Coordinator for Health Information Technology should fully involve pre-hospital EMS leadership in discussions about design, deployment, and financing of the National Health Information Infrastructure (NHII)

- It must be realized that EMS data systems are different than hospital or clinic systems. Incorporating EMS into the NHII is important but implementing systems at the local level for performance improvement is the first step.
- Systems must be local to address service delivery as well as patient care. The healthcare model associated with the NHII is not a service delivery based system but a longitudinal system to track a patient's care over time.
- EMS is event based and not longitudinal. Supporting and promoting the implementation of NEMSIS by every state is critical.