

NAEMSP 2016 Review

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Disclosures

- None

Working Together



#1 Active Assailant



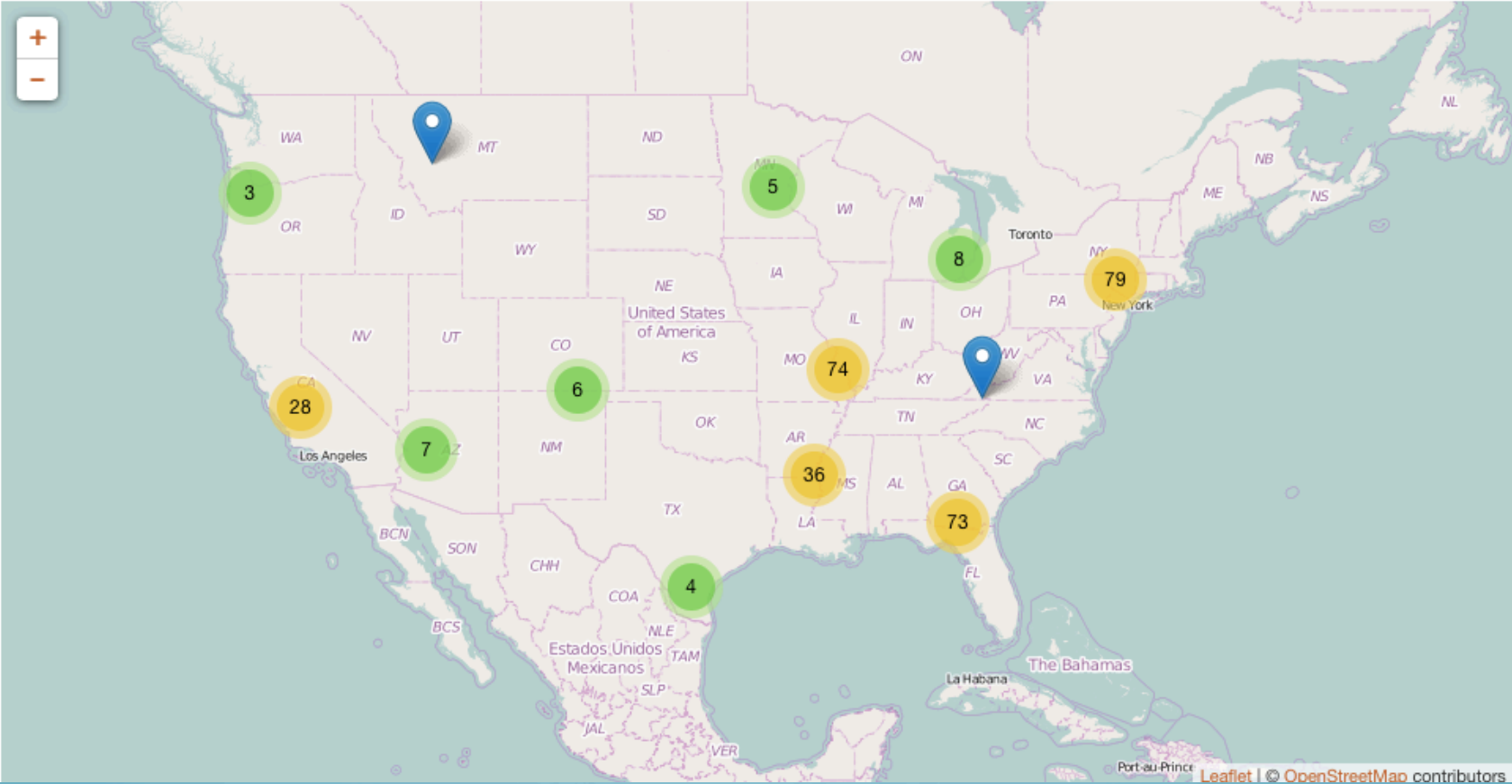
Gunviolencearchive.org

MASS SHOOTINGS IN 2015

[View Results](#)

[Export as CSV](#)

[Interactive Map](#)



Shootings with 5 or More Victims

Date	Location	Killed	Wounded
Nov 22	New Orleans	0	17
Nov 23	Minneapolis	0	5
Nov 23	Columbus, OH	4	1
Nov 27	Colorado Springs	3	9
Nov 29	Kankakee, IL	0	5
Dec 2	San Bernadino	16	19
Dec 6	Omaha	2	3
Dec 20	Miami, FL	1	4
Dec 20	Wilmington, NC	1	4
Dec 31	New Orleans	0	5

#1 Active Assailant

- Every EMS System:
 - When to enter – safe vs. secure
 - Consolidation vs. rapid extrication
 - MCI vs. disaster
 - Stress and debrief

#2 Reform for Real



#2 – Reform for Real

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell

Framework

- Volume-based FFS for discrete episode
 - Value based modifier

- Volume-based FFS for facilities for time
 - Value based modifier

- Volume-based FFS all costs for time
 - Value based modifier

- Value based for population
 - Volume based modifier

A.B. 305

ASSEMBLY BILL NO. 305—ASSEMBLYMAN OSCARSON

MARCH 13, 2015

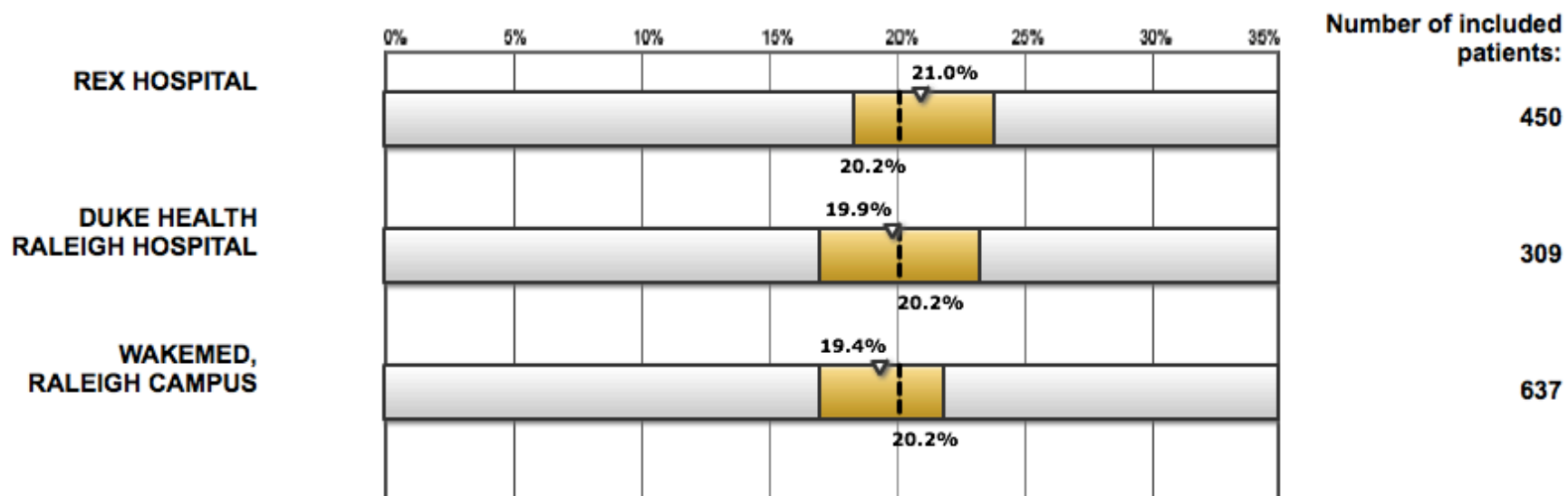
Referred to Committee on Health and Human Services

SUMMARY—Authorizes and provides for the regulation of community paramedicine services. (BDR 40-167)

**FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.**

Sec. 2. *“Community paramedicine services” means services provided by an emergency medical technician, advanced emergency medical technician or paramedic to patients who do not require transportation to or services at a hospital and provided using mobile equipment and in a manner that is integrated with the health care and social services resources available in the community. Such services may include, without limitation, transportation to a facility other than a hospital, which may include a mental health facility, and the provision of health care services provided to patients on a scheduled basis.*

← Lower Percentages Are Better ←
Hover over the caret to view interval estimate range



National rate of unplanned readmission for chronic obstructive pulmonary disease (COPD) patients = 20.2%

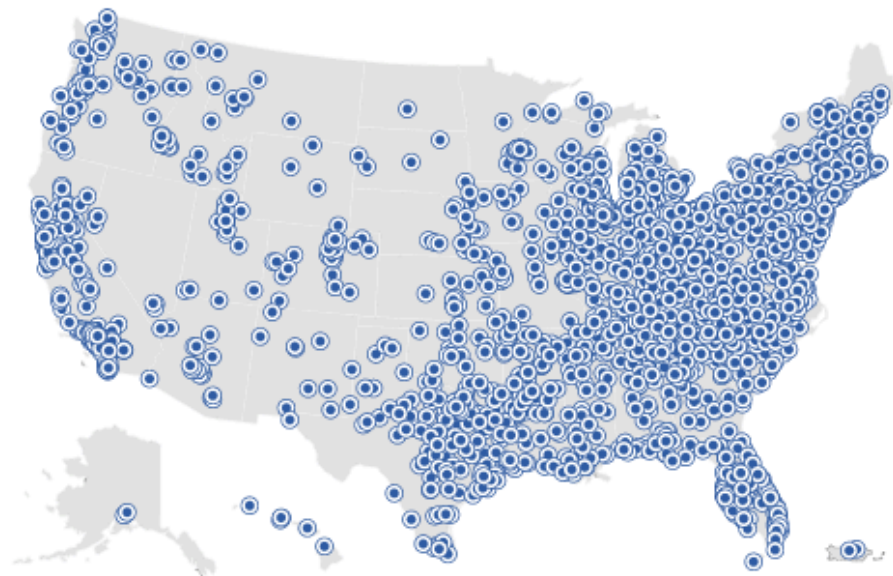
	x	x	x
	REX HOSPITAL 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 (919) 784-3100 Distance ⓘ: 3.8 miles Add to My Favorites Map and directions	DUKE HEALTH RALEIGH HOSPITAL 3400 WAKE FOREST RD RALEIGH, NC 27609 (919) 954-3000 Distance ⓘ: 4.1 miles Add to My Favorites Map and directions	WAKEMED, RALEIGH CAMPUS 3000 NEW BERN AVE RALEIGH, NC 27610 (919) 350-8000 Distance ⓘ: 4.8 miles Add to My Favorites Map and directions
Death rate for heart attack patients	No different than the National Rate	No different than the National Rate	No different than the National Rate
Payment for heart attack patients	Less than the National Average Payment	No Different than the National Average Payment	Less than the National Average Payment
<p>The National Death Rate for heart attack patients this reporting period was 14.2%.</p> <p>The National Average Payment for heart attack patients this reporting period was \$21,791.</p>			

Bundled Payments for Care Improvement (BPCI) Initiative: General Information

[+](#) Share

The Bundled Payments for Care Improvement (BPCI) initiative is comprised of four broadly defined models of care, which link payments for the multiple services beneficiaries receive during an episode of care. Under the initiative, organizations enter into payment arrangements that include financial and performance accountability for episodes of care. These models may lead to higher quality and more coordinated care at a lower cost to Medicare.

Select anywhere on the map below to view the interactive version



Source: Centers for Medicare & Medicaid Services

#2 – Reform for Real

- Community Paramedicine/MIH has some legislative victories
- SGR fix and Burwell's manuscript mean reform is here for real
- Hospital interest coupled with technologic advancements make value-based EMS a real proposition

#3 Narcotic Dependence and Overdose

- Scope of the problem
- Potential solutions
- Data integrity

Vermont



New York

HEALTH & FITNESS

479 CVS PHARMACIES IN
NEW YORK TO START
SELLING HEROIN ANTIDOTE



CVS Pharmacy (KABC)

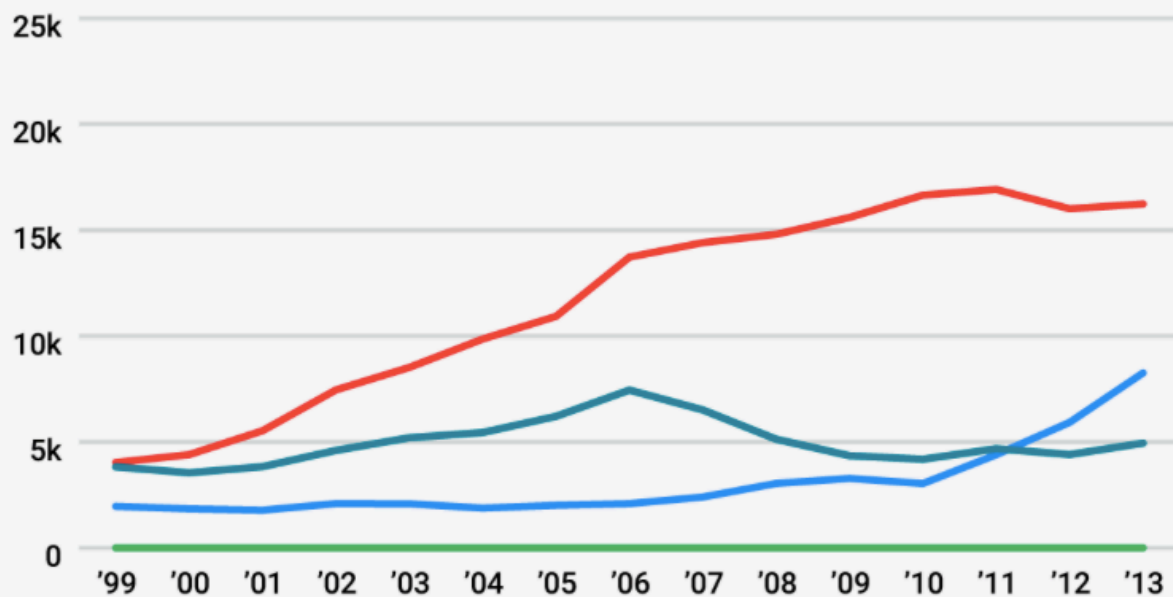
NEWS

POLICE: PARENTS OVERDOSE ON HEROIN IN BABY'S HOSPITAL ROOM

OVERDOSE DEATH RATES IN AMERICA

Opioid Pain Relievers Heroin Cocaine Marijuana

All underlying causes of death*



*Includes deaths from unintentional drug poisoning, suicide drug poisoning, homicide drug poisoning or drug poisoning of undetermined intent.

SOURCE: Wonder.cdc.gov

BUSINESS INSIDER

Morbidity and Mortality Weekly Report (MMWR)

[MMWR](#)



Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014

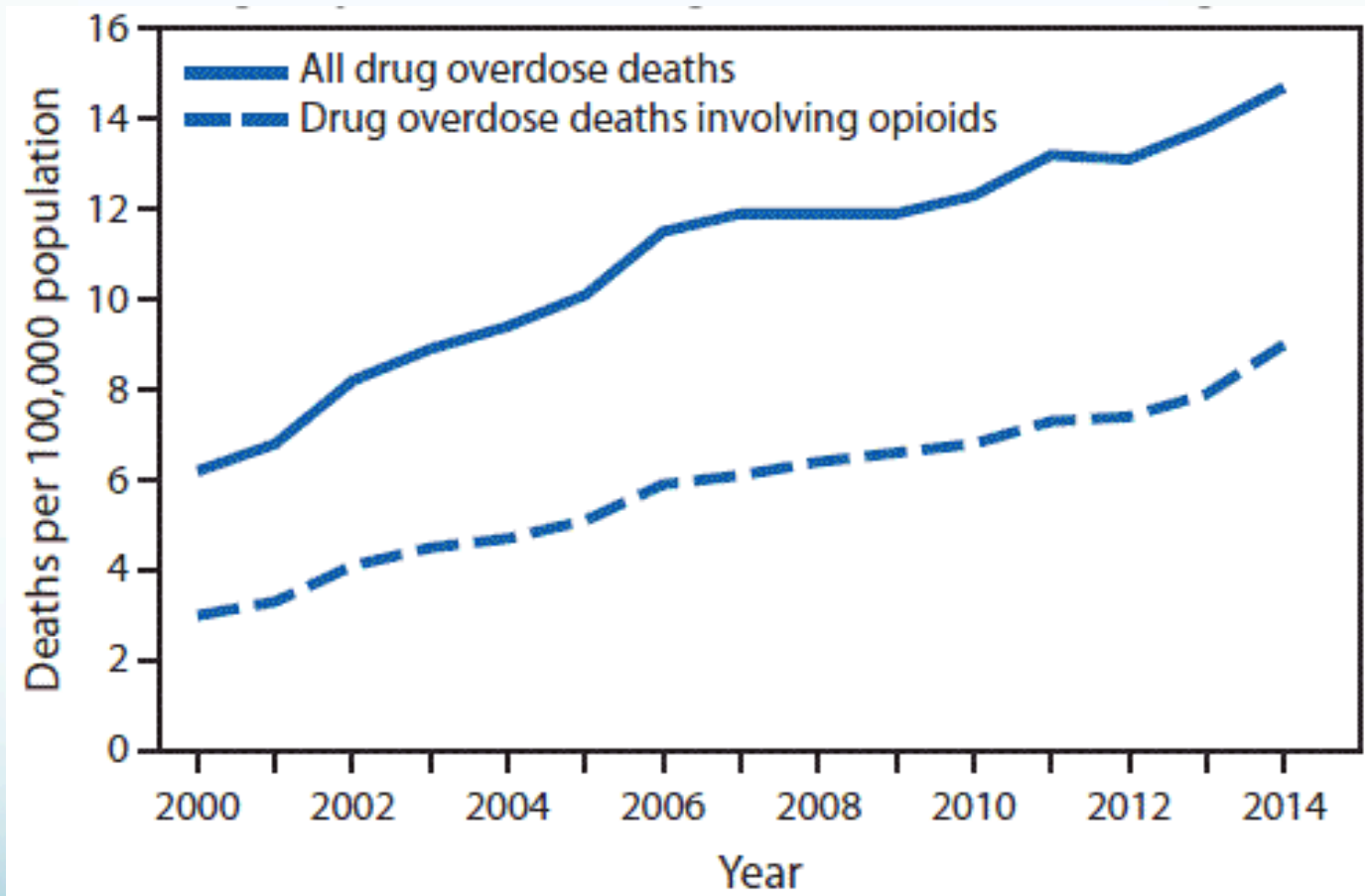
Weekly

January 1, 2016 / 64(50);1378-82

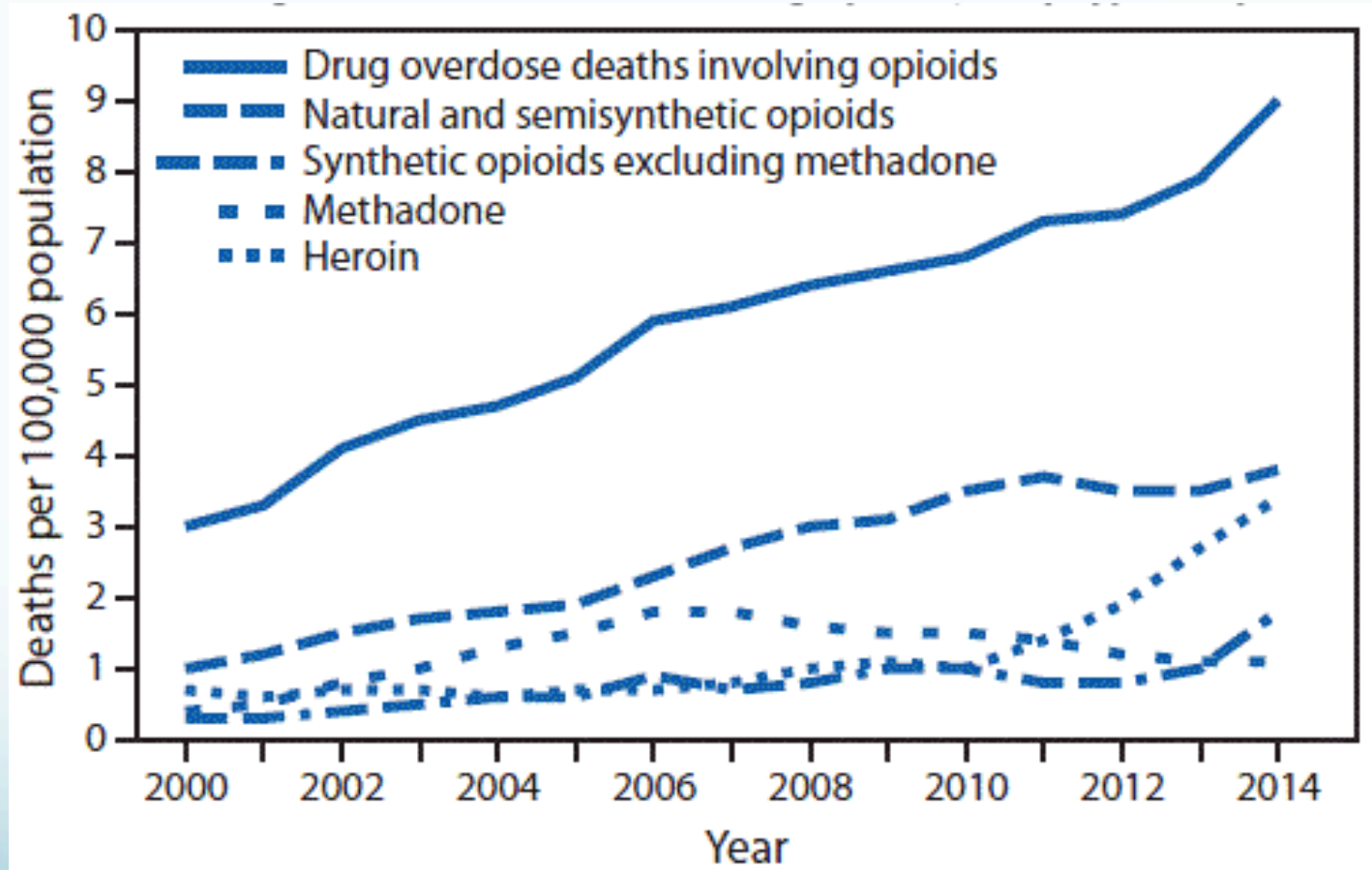
Rose A. Rudd, MSPH¹; Noah Aleshire, JD¹; Jon E. Zibbell, PhD¹; R. Matthew Gladden, PhD¹

On December 18, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

MMWR – Early On-Line



MMWR– Early On-Line



Narcotic Overdose



Narcotic Overdose

- Should Not Overstate the Case for “Public Access Narcan”
- Conversely, We Need to Account for Effective Public Access Narcan in our Community Cardiac Arrest Survival Data
- Assure Safety of IM injections vs. IN administration

#3 – Narcotic Epidemic

57°
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4 weeks

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DIGITAL
ACCESS

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Act Fast Limited Time Only. Sign Up for Gold Passport & Save Up to 15%.



CRIME

DECEMBER 25, 2015 2:10 PM

Law freeing drug antidote for public use has saved hundreds of lives

Strange Statistics

NC City Town	OD Reversals Aug 1, 2013 to January 4, 2016	Syringe based (IM), Auto- Injector or Nasal
Arden	3	All IM via NCHRC
Asheboro	20	All IM via NCHRC
Asheville	431	428 IM via NCHRC, 3 EVZIO via NCHRC
Banardsville	1	All IM via NCHRC
Banner Elk	1	All IM via NCHRC
Bayboro	1	All IM via NCHRC
Belmont	1	All IM via NCHRC
Bessemer City	1	
Bolivia	4	4 EVSIO reversals via NCHRC
Boone	4	All IM via NCHRC
Brevard	1	All IM via NCHRC
Bridgeton	1	All IM via NCHRC
Brunswick County-Town	5	3 IM, 2 EVSIO reversal via NCHRC

Summary of #3

- Narcotic overdose with subsequent morbidity and mortality have reached dangerous levels
- Community groups are working to remedy the problem
- We must work with them to assure adequate data collection and appropriate attribution of intervention success

#4 Advocacy

“First they came for the Socialists, and I did not speak out, because I was not a Socialist

Then they came for the Trade Unionists, and I did not speak out, because I was not a Trade Unionist.

Then they came for the Jews, and I did not speak out, because I was not a Jew.

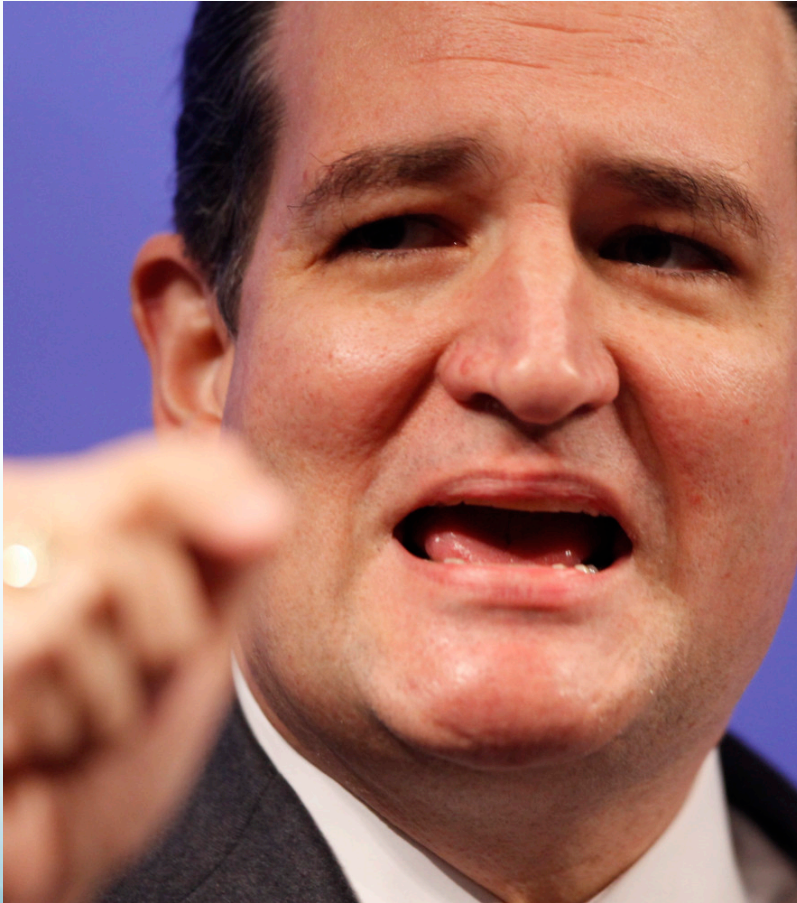
Then they came for me, and there was no one left to speak.

-- Martin Niemoller

#4 EMS Advocacy

- Dissolution of Advocates
- EMS Field Bill
- House Bill 4365

These Two Agree??



House Bill 4365

- IAFF
- IAFC
- ACEP
- NEMSMA
- AAA
- AAMS
- ACCT
- NAEMT
- NASEMSO
- NAEMSP

“(1) IN GENERAL.—For the purpose of enabling field EMS practitioners to dispense controlled substances in schedule II, III, IV, or V to ultimate users receiving field EMS, the Attorney General shall, at the request of the field EMS agency employing such practitioners, register such field EMS agency under section 303(f) in lieu of registering the individual practitioners or one or more medical directors of such agency.

“(2) SINGLE REGISTRATION.—In registering a field EMS agency pursuant to this section, the Attorney General shall require a single registration, not a separate registration for each location of the field EMS agency.

“(2) Controlled substances may be administered by the field EMS practitioners of a registrant field EMS agency in the course of providing field EMS pursuant to a standing order issued by one or more medical directors of such agency.

“(3) In the case of administering a controlled substance pursuant to paragraph (2), the medical directors of the registrant field EMS agency shall not be required—

“(A) to be present; or

“(B) to provide a written or oral prescription with regard to a known individual before or at the time of such administering.

“(2) MOVEMENT AND DELIVERY.—The registrant field EMS agency may move or deliver controlled substances within the possession of such agency between any locations of such agency. A registrant field EMS agency shall not be treated as a distributor of controlled substances under this Act by reason of such movement or distribution.

#5 International Outreach

- Havana, Cuba
- Mexico City, Mexico
- Taipei, Tiawan

NAEMSP Medical Director's Course



Havana Deluxe

- ❑ Primary clinic – one general practitioner for every 1,000 citizens. Responsible for total health – conducts house calls, taxi vouchers, calls for EMS when needed
- ❑ Polyclinic – GP, Pediatrics, Surgery – 24/7 operation, planned and unplanned care
- ❑ Acute Care Hospital – similar to US model with specialty center designations, etc.
- ❑ 90% of EMS transports are from Primary or Polyclinics, 10% from the patient's home

Top 5 of 2015

- Active Assailant
- Reform for Real
- Narcotic Epidemic
- Advocacy Changes
- International Outreach

