

Categorization and Integration Contemplation:

Moving Toward Regional EMS Networks of Care

C. Crawford Mechem, MD

EMS Medical Director

Philadelphia Fire Department

Dept. of Emergency Medicine

University of Pennsylvania School of Medicine

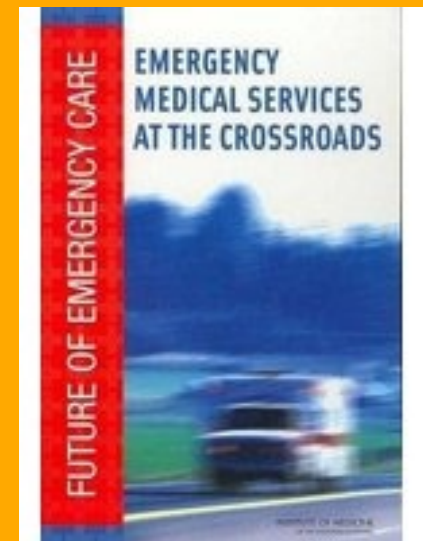
The Context: The IOM Report

Emergency Medical Services At the Crossroads

Released: June 13, 2006

- Insufficient coordination
- Fragmented care

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES



Regionalization

“Because not all hospitals within a community have the personnel and resources to support the delivery of high-level emergency care, critically ill and injured patients should be directed specifically to facilities that have such capabilities...There is substantial evidence that the use of regionalization of services...improves outcomes and reduces costs across a range of high-risk conditions and procedures.”

Emergency Medical Services: At the Crossroads, IOM 2006

Centrifification

Many EMS systems already “centrifify” care, based on national initiatives or local needs

- Trauma centers
- Pediatrics
- Spinal cord injury
- Burns
- Stroke
- STEMI
- Resuscitation centers

The Rationale for Centrifification

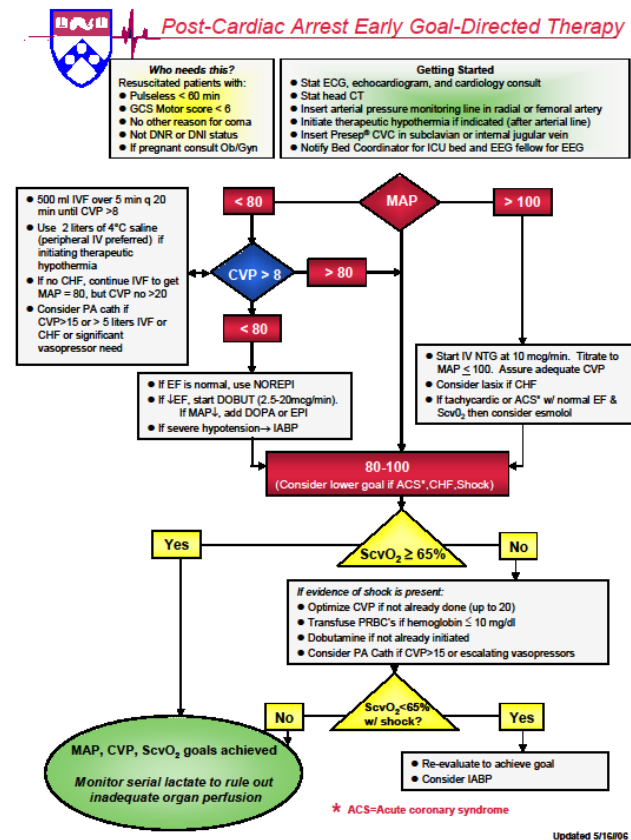
- The more cases a hospital handles, the better the outcome
- Medical literature supports time-dependent sets of actions for:
 - Trauma, STEMI, stroke, tox, burns, etc.

“The Critical Care Cascade”

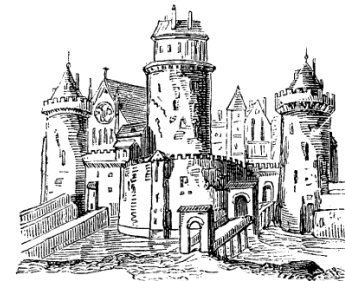
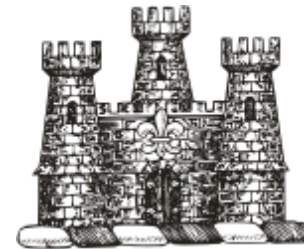
- Based on working diagnosis, care is administered seamlessly in bundles of interventions along continuum from prehospital setting to ICU and rehab.

The Critical Care Cascade: Therapeutic Hypothermia for OOHCA

- Evidence-based
- Widely accepted
- Algorithmic
- Initiated by EMS
- Continued to ICU



Current EMS System Configuration



Regionalization is not...

- It is **not** simply setting up specialty centers
- It **is**:
 - Identifying and categorizing all of your local prehospital and hospital resources
 - Integrating them into one interconnected system

E pluribus unum



EMS System of the Future



Future System Configuration

Coordinating Entity

- Develop:
 - Policies/procedures
 - MOUs
 - Performance measures
- Facilitate transfers, communications
- Track, real-time?
 - ED, inpt bed census
 - Specialty availability
 - Diversion status
 - EMS activity
 - Other resources





How to Proceed?

- Define what regionalization means
- Identify the leader
 - EMS agency
 - Hospital/hospital association
 - Health department
 - Medical society
 - Government



Overcome Barriers

- Territoriality
 - Solution: Open, maintain communications
- Bypassing hospitals
 - Impact on profitability and reputation
 - Solution: Send them more low-acuity pts, and pts first stabilized at referral centers

Other Issues

- Bypassing:
 - Effect on skills in bypassed hospitals
- Impact on EMS system UHU
- How to pay?
 - Federal / state grants?
 - Revenue sharing, pay for performance

National Momentum

- Following IOM report, Emergency Care Coordination Center created within HHS
 - Mission to promote regional partnerships, more effective EMS delivery
- September 2009, IOM sponsored 2-day Regionalizing Emergency Care Workshop

National Momentum

- SAEM Regionalization Task Force hosting 2010 Consensus Conference
 - “Beyond Regionalization: Integrated Networks of Emergency Care”
 - Create research agenda to advance concept
- NASEMO just approved position statement on regionalization of care

Summary

- EMS rapidly changing
- Move towards more specialty centers
- Move towards integrated networks of care
- Higher quality care for individual patient
- More efficient, cost-effective delivery of care for all patients

Questions?



Punxsutawney, Pennsylvania