

New Kinds of Scripts for Movie-Land: Advanced Providers for Alternate, Cost-Effective Solutions

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Prehospital Providers

EMT

BLS

170 hrs training

Basic first aid, CPR, splinting,
bleeding control

Paramedic

ALS

1200 hrs training

ACLS, PALS



Advanced Provider

- *Nurse Practitioner (NP)*
- *Physician Assistant (PA)*
- *Bachelor's degree + 2 or more years of advanced training*
- *Is there a role for Advanced Providers in the prehospital setting???*



Focus of paramedic training

- Rescue
- Resuscitate
- Stabilizate
- ACLS
- A-B-Cs



Los Angeles Times

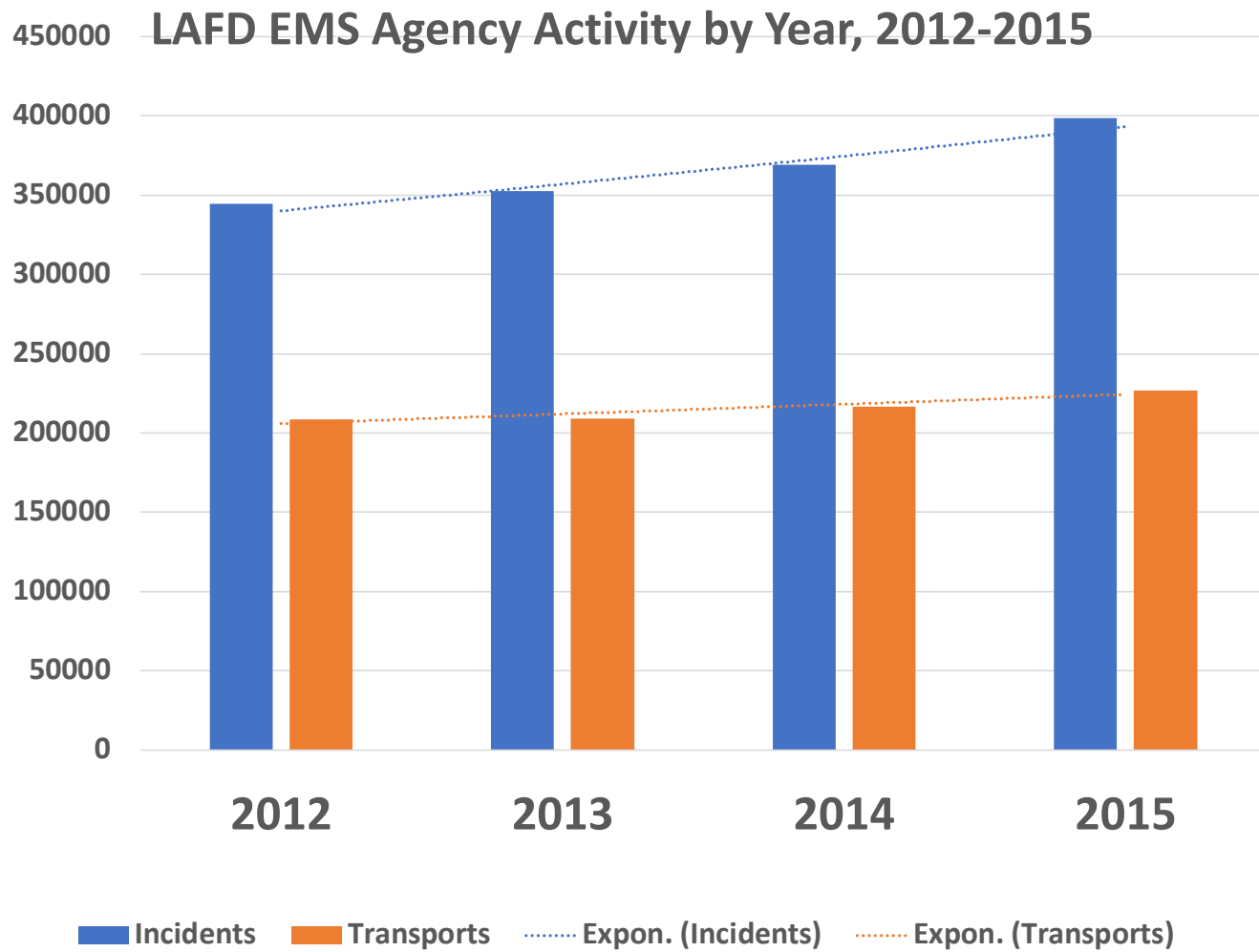
L.A. County's 911 system burdened by non-emergency calls

May 14, 2012

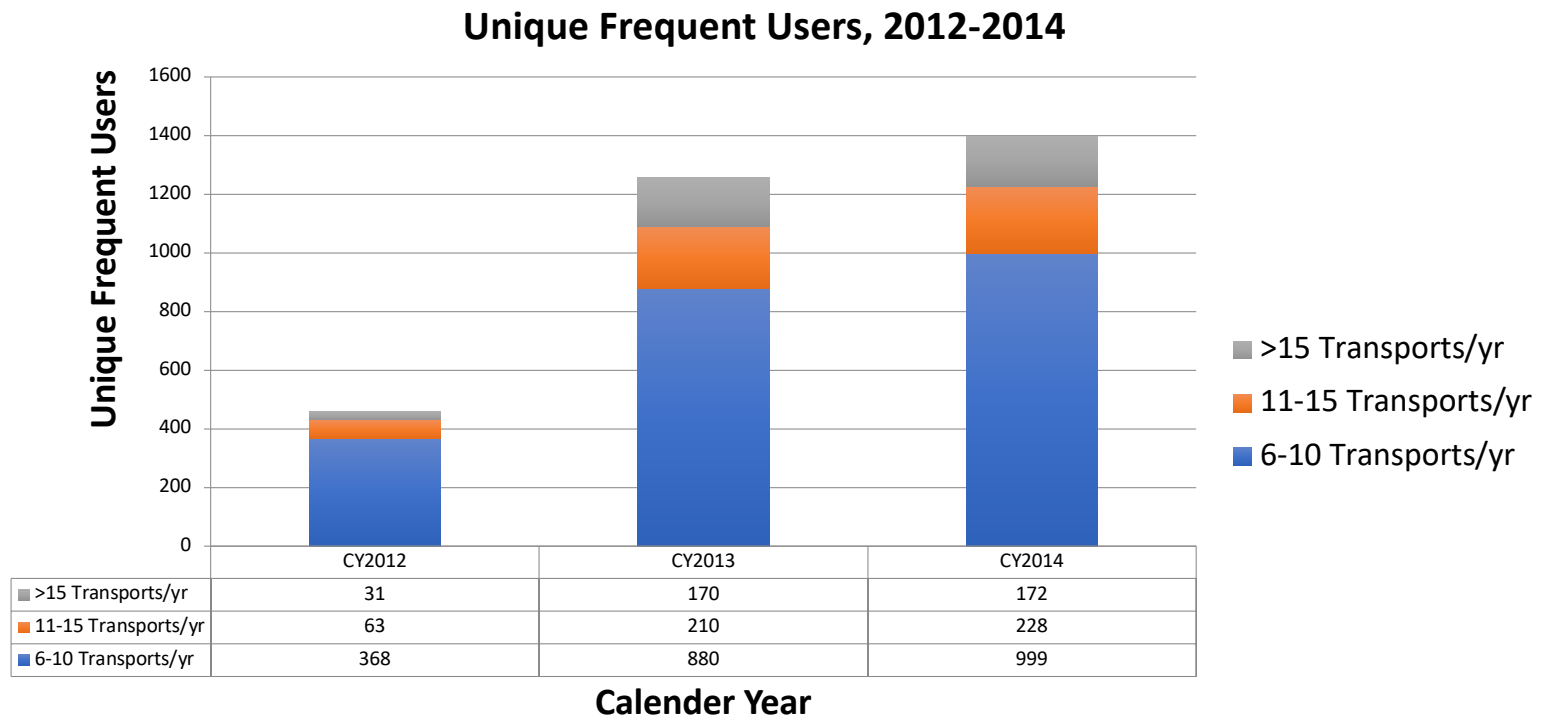
Patients who summon paramedics for rides to clinics or to refill prescriptions are taking time and resources from patients with dire needs.

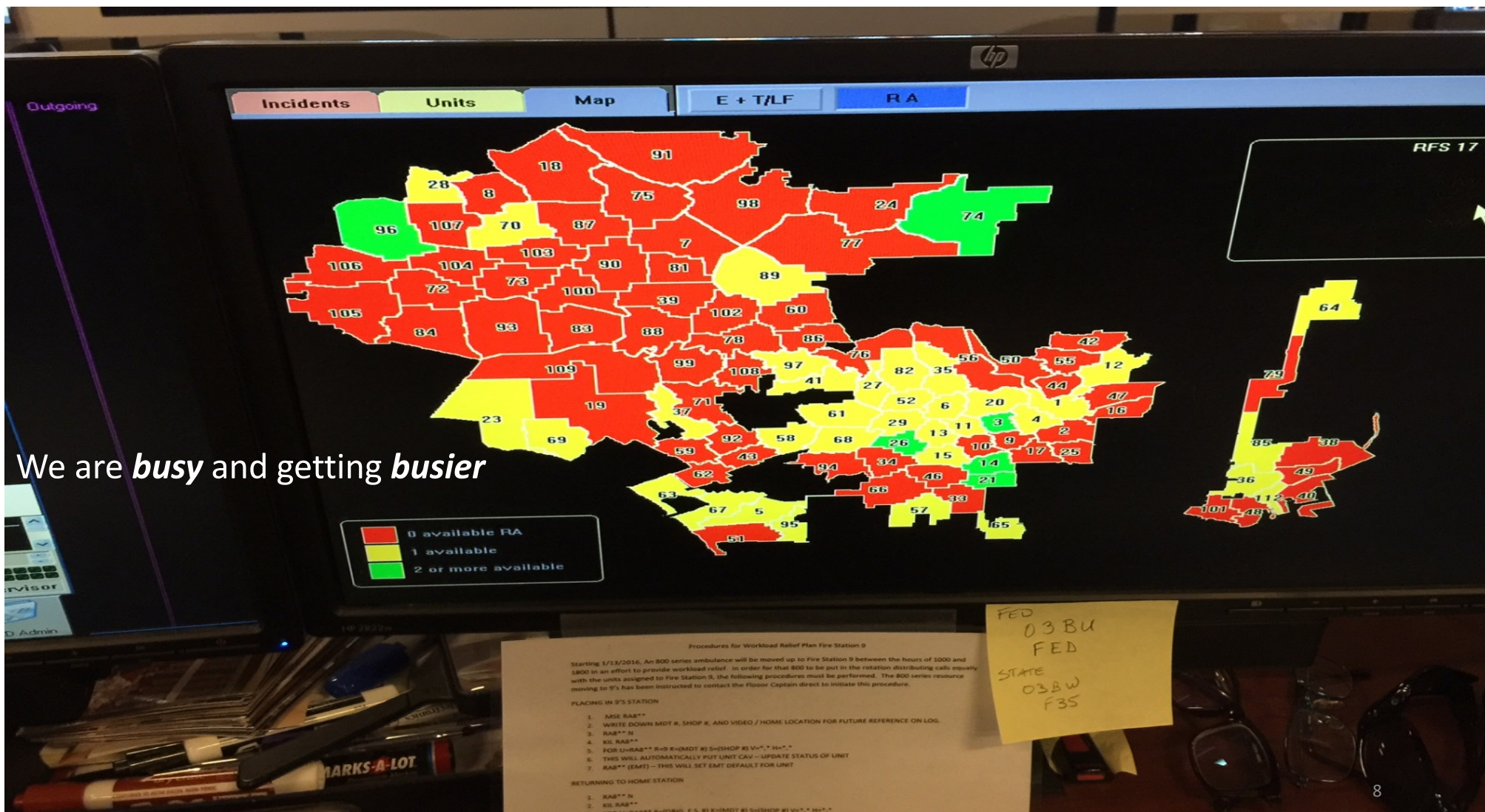
Officials consider changes to make the system more adaptable.





Increase in Frequent EMS Users





07:01:54 PM - November 12, 2014

Messenger

555 E HARDY ST, INGLEWOOD X CENTINELA HO

EM9

OCD=04 TAC=
(INVESTM)-

18:55

RA94 AND RA57 HUGGING THE WALL OVER 1.5
HRS

* 555 E HARDY ST INGLEWOOD

564.4373 P=RA94

1108 INVESTM

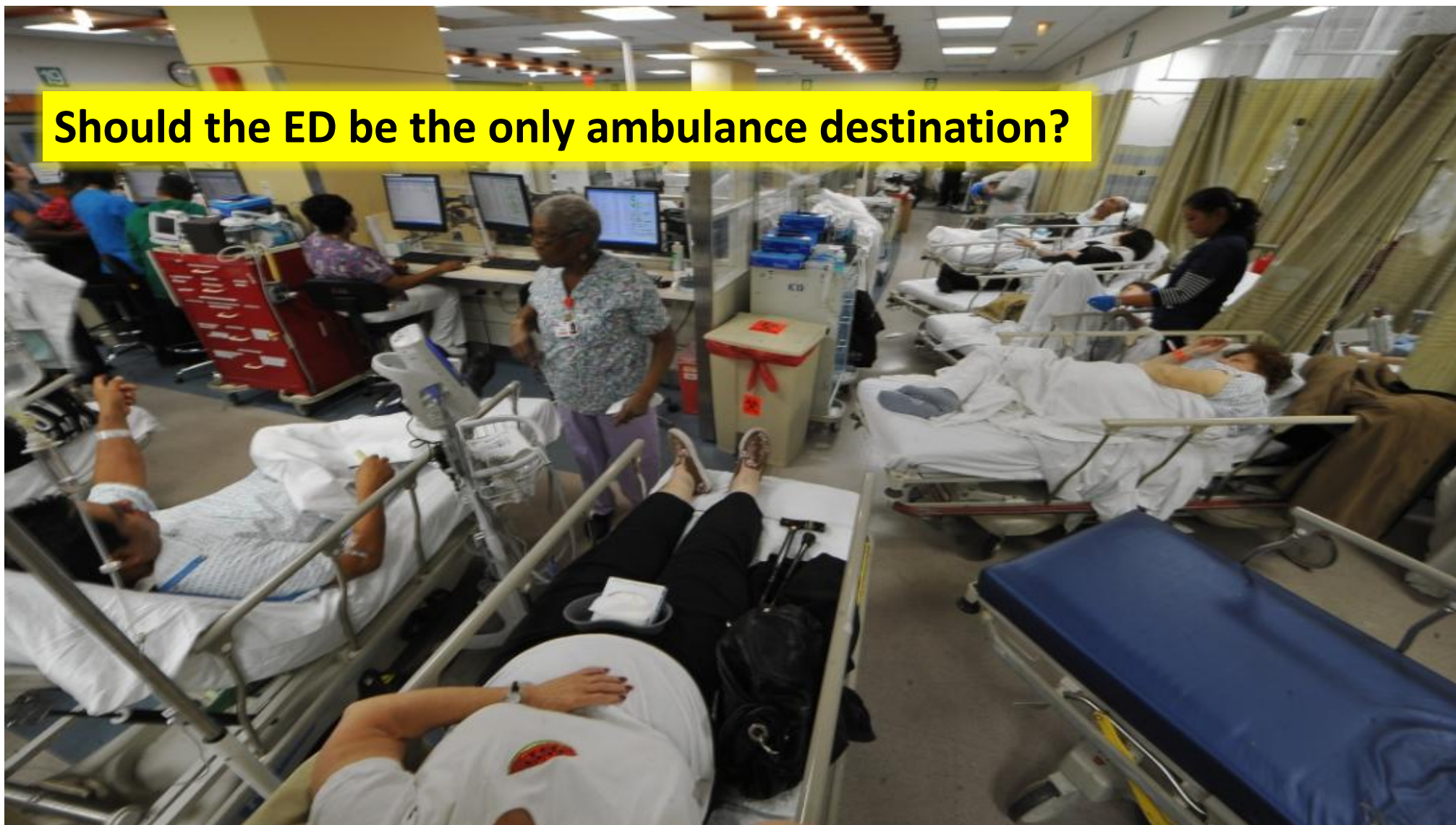
FS95

11/12 18:55

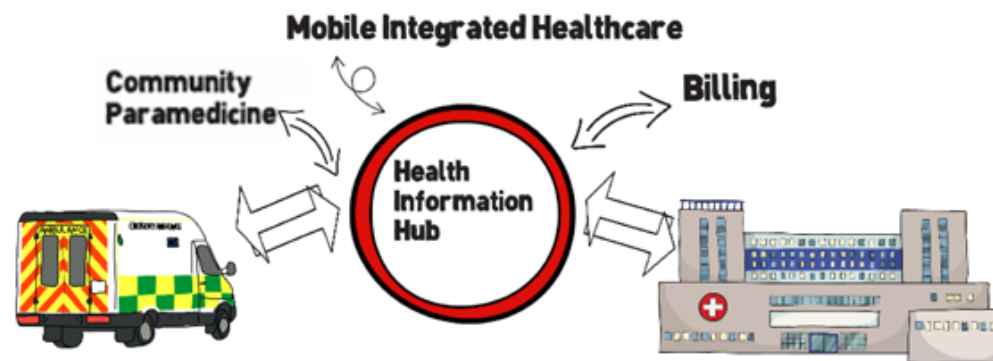
Is there a better approach???



Should the ED be the only ambulance destination?



Mobile Integrated Healthcare





LAFD Advanced Provider Response Unit



- New, innovative approach to prehospital care
- *Treat and release* low acuity patients
- Help EMS super users to ↓ their rate of 911 utilization
- Transport mental health patients to definitive care
- Transport inebriates to Sobering Centers
- Improve care to a underserved communities
- ↑ availability of LAFD resources for true emergencies

Advanced providers

- Education and training
- Able to formulate a DDx
- Independent clinician
- Safely treat and release

Editorial Let paramedics and nurse practitioners handle some 911 calls

By **THE TIMES EDITORIAL BOARD**

APRIL 8, 2015, 5:00 AM



A NEW TRADITION

Nurse practitioner unit helps L.A. Fire Department meet increased demand

By Stephen Sanko, MD, FACEP; Terrance Ito, DNP, FNP-BC; Aaron Gugenheim, NRP, MPH & Marc Eckstein, MD, MPH, FACEP

Like many urban 9-1-1-response agencies, the city of Los Angeles Fire Department (LAFD) has seen a marked increase in volume in recent years, experiencing a 4.7% increase in EMS incidents from 2013 to 2014, followed by a 7.9% uptick in 2015. This increase has featured a disproportionate growth among low-acuity callers, vulnerable adult super-users, and clients with mental health exacerbations.

The increase in demand also takes place in the context of broader trends, including: increased age segmentation of our workforce, with a large number of members approaching retirement and fewer EMTs and paramedics available to respond to calls; an emergent class

of newly insured patients accessing healthcare via 9-1-1; an expanding Medicare population with inherently higher transport rates; and diverse attitudes among subpopulations about what constitutes a medical emergency. Taken together, these trends push resource availability to the limits. Few municipalities have the agility of financial or human resources to meet this kind of accelerated demand, so operational leaders are charged with doing more with less—becoming more creative with their resources, and finding new and different ways to meet patient needs while still keeping rigs available for the next time-critical emergency.

This challenge naturally summons the need

to better understand who our clients really are, and how we can work with other community partners to more effectively match our collective response to each client.

A NEW STRATEGY

There's an understanding that when you dial 9-1-1 someone will show up who has more resources, more expertise or a better plan. Historically, the better plan came in one flavor: stabilize and transport the patient via ambulance to the nearest ED, where they would be exposed to people with expertise, diagnostic tools and an ability to incorporate them into a network of care. But increasingly, providers in the field have become empowered to consider what needs can be assessed and provided for on scene, and what links to further care can be made in real time. What this will look like in the future, and which providers will wield these resources, is a subject of much experimentation.

Several years ago, EMS leadership at LAFD began exploring some of these novel models

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Why not use Community Practice Paramedics?

- Train highly trained medical professionals (NPs and PAs) who are expert in urgent/chronic medical care to safely operate in the prehospital setting, OR
- Train experts in resuscitation/critical patients (paramedics) in urgent care?
- Very limited data showing safety of allowing CPPs determine alternative transport in lieu of an ED
- Financial considerations
- Fierce opposition in California by CAL-ACEP and CAN
- Cost: Salaries are comparable, long term costs *less* for Advanced Providers

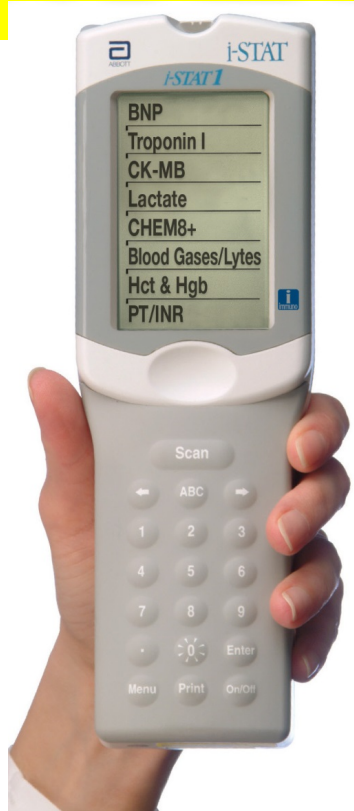
Nurse Practitioner Response Unit



TREAT and RELEASE low-acuity 911 patients

Advanced Equipment and Procedures

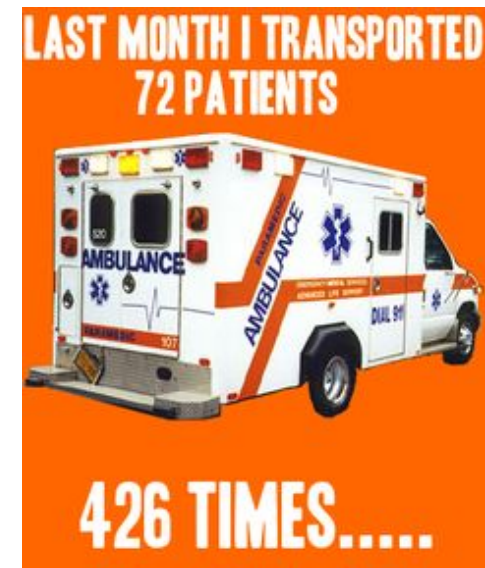
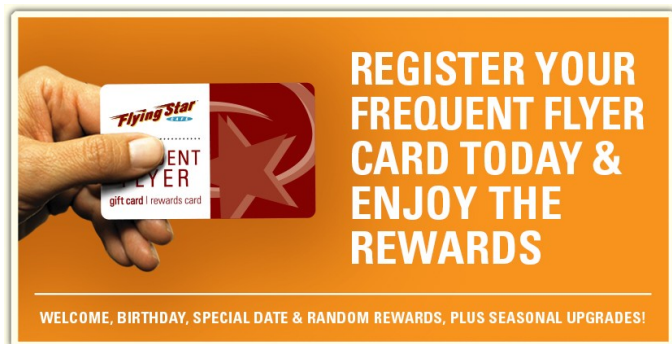
- Blood testing
- Portable ultrasound
- Eye and ear evaluation



- Suturing
- Prescriptions
- Over-the-counter medications
- Prescription medications

EMS Super Users (aka “frequent flyers”)

- *Partners in Care collaboration*
- 24 hours home-follow up by specially trained social worker



Minor trauma patients

- Triage out “minor” patients at MCIs
- Treat and release on scene



ALTERNATIVE DESTINATIONS: *Mental Health Patients*

- Paramedics must transport pts with mental health emergencies to the nearest ED, not the nearest psychiatric ED (mean time to MHP = 21 hours)
- Development of psychiatric urgent care facilities
- Advanced Providers can medically clear mental health pts and transport directly to psych UCC
- *Mean Time To Mental Health Provider = 21 Min*



Successes and challenges

- Sustainability
 - Funding
 - Billing
- **Public-private partnerships**
 - Cedars-Sinai Medical Center
 - Kaiser Permanente
 - Providence Health
 - Dignity Health



There is no such thing as an *inappropriate request*...
But there is such thing as an inappropriate response
to that request



per vehicle

Thank you

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Thank you