

Audaciously Advocating for Advocacy:



What Are Some Priorities That National Leaders Are Thinking About for the Future of EMS and Emergency Medicine as a Whole ?



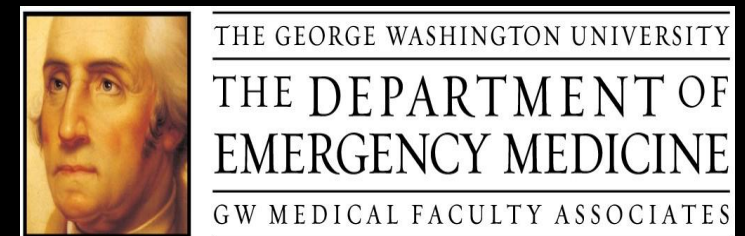
Let My People Go! EMS and Hospital System Overload

Aisha Terry MD, MPH, FACEP

President, American College of Emergency Physicians (ACEP)

Associate Professor of Emergency Medicine and Health Policy

George Washington University School of Medicine and Health Sciences



CONGRATULATIONS!

**Happy
50th
EMS
Week**

May 2024

**“Honoring
our Past,
Forging our
Future”**



The WHY

- Access to care to is what we do
- “Wall time” = “boarding time”
- Hospital-wide efficiencies are a must

The Problem



“We had a lady present with elevated blood pressure and altered mental status by ambulance who had to wait 90 minutes for a bed due to inpatient boarding, EMS boarding and ED crowding. During that time she decompensated and was found to have an intracranial hemorrhage, of a type we can’t treat at our hospital.

I haven’t seen problems like this since I was in Iraq during the 2006 surge.

She had to be transferred to the university hospital two hours away after a lengthy transfer process. She later died at that university hospital. Had she been able to get to a bed where she could’ve received more rapid treatment her outcome may have been different. We have now taken two providers out of our zones to put in triage as a safety measure, but further reducing our ability to clear patients. I haven’t seen problems like this since I was in Iraq during the 2006 surge.”

The Solutions

Legislation & Regulation:

- *When Minutes Count for Emergency Medical Services Patients Act*
- Draft legislation to bolster bed tracking, capacity management systems
- Draft response to proposed OSHA rule re: workplace safety protections

The Solutions

Bills to Know:

- Emergency Medical Services Reimbursement for On-Scene Care and Support (EMS ROCS) Act (HR 6257/S. 3236)
- Supporting Our First Responders Act (HR 1737)
- Improving Access to Emergency Medical Services Act (not yet introduced)

The Solutions

Drug Shortages:



Dear Chairman Wyden and Ranking Member Crapo:

Thank you for the opportunity to respond to your recent proposal to provide a long-term solution to drug shortages. We sincerely appreciate the efforts of this Committee, Congress and the U.S. Food and Drug Administration (FDA) to mitigate this arduous issue over the past several years. In particular, we value the efforts of the FDA Drug Shortages Office which has utilized all of the tools at its disposal to their maximum effectiveness. Further, we appreciate the Finance Committee's approach to address the fundamental market failures creating drug shortages. We write to you as the leading Emergency Medical Services (EMS) organizations representing EMS agencies, physicians, and professionals providing life-saving care, treatment and transport to patients with emergency medical and critical care conditions.

While much of the focus on drug shortages has been on hospitals and oncology specifically, the impact of drug shortages in EMS is just as severe and threatens care for EMS patients when minutes count and medications on the ambulance are unavailable, expired or second tier substitutions. EMS agencies struggle



June 6, 2024

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the American College of Emergency Physicians (ACEP) and our nearly 40,000 members, thank you for the opportunity to provide our comments on the Committee's Prescription Drug Shortage Discussion Draft. As we have previously shared with you, shortages of everyday, lifesaving emergency medications remain a persistent and significant problem for emergency physicians and for our patients in need of emergency care. We are grateful for your efforts to examine and find policy solutions to address this critical patient safety issue.

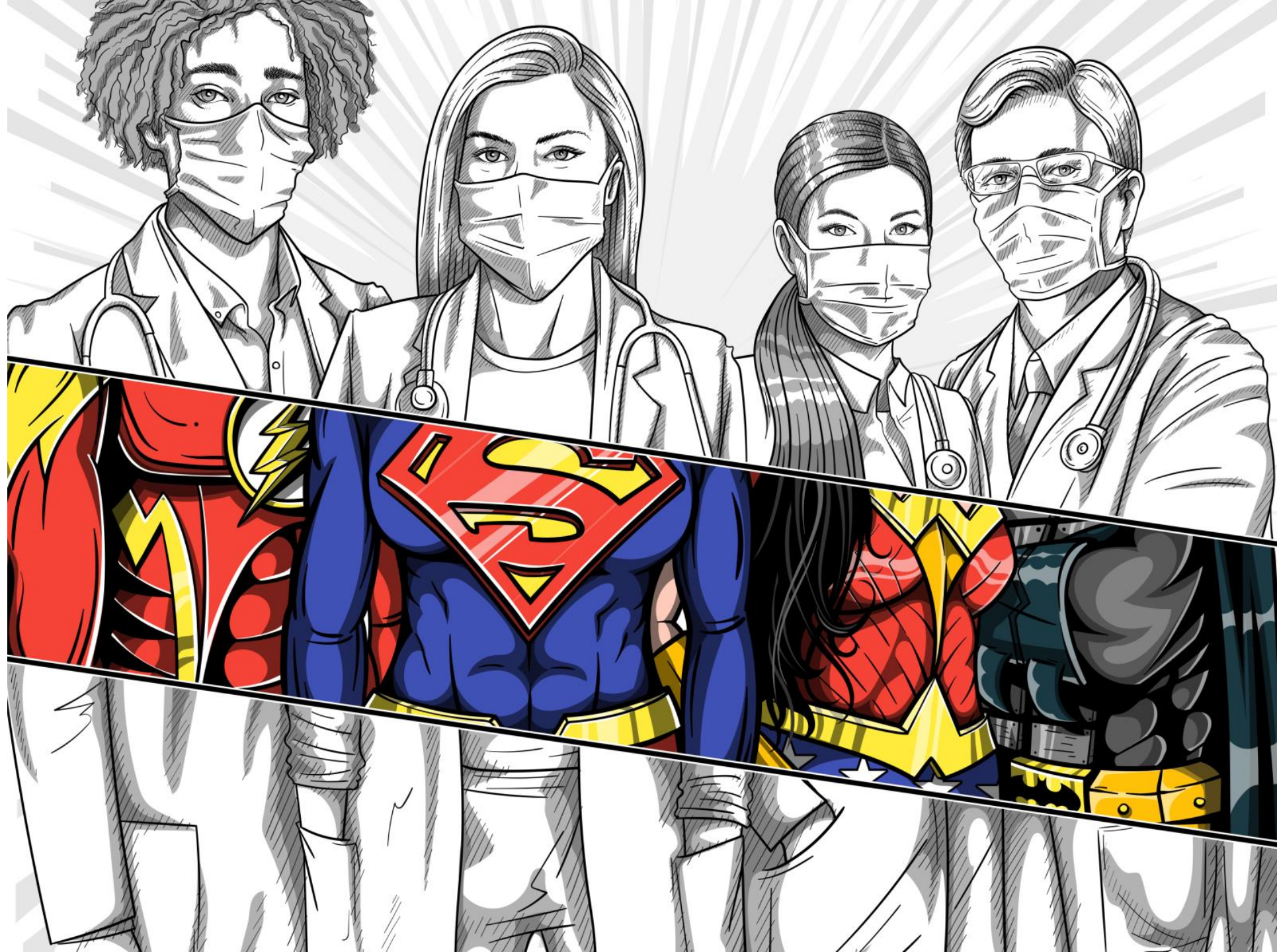
Every patient seen by my EMS agency is part of my Medical Practice?

Douglas F. Kupas, MD, EMT-P, FAEMS
President-elect, NAEMSP



Disclosures

- NAEMT
- ABEM EMS Subboard





House Calls Dr. Fraley

Patient-centered
Family-centered
Caring

EMS never stopped doing
house calls

NEWS

DR. HARRY FRALEY

Doctor who was 'institution' in Leechburg

By Michael Logan
Post-Gazette Staff Writer

The rundown house was roughly five miles outside Leechburg, had no source of heat and was home to nine sick family members, including seven children.

Temperatures were running high. The family could barely afford medical care.

"One of them had a fever of about 102," said Tony Quarato, a Leechburg plumber, who guesses the year was 1948 or 1949.

Dr. Harry Fraley ordered Quarato to start a fire so the pair could boil hypodermic needles. Dr. Fraley treated the family's flu symptoms, though they could pay him just \$3 in return.

"How many doctors would do that for you today?" Quarato said of the friend he had known for more than 60 years. "That's the kind of guy he was."

Dr. Fraley, a family practitioner who worked on Leechburg's Main Street for 58 years, died Thursday. He would have been 87 on June 30.

Dr. Fraley earned a bachelor's degree in 1935 and a doctorate in medicine in 1937, both from the University of Pittsburgh.

In 1941, he was called to Camp Lee, Va., as a member of the Army Medical Corps Reserves. Dr. Fraley later treated WWII's wounded in Egypt and Sicily with the Army's Fourth Field Hospital.

Many of Dr. Fraley's friends recalled him as a "humanitarian" and a Leechburg "institution."

"It's just hard to imagine a Leechburg without a Dr. Fraley," said Madeline Napoli, his secretary for 42 years. "He always worried about the next person. He didn't worry about himself."

Napoli remembered the time when Dr. Fraley bought a pair of work shoes for a 14-year-old boy



1998 photo

Dr. Harry Fraley

who needed them to acquire a job. A few months ago, Dr. Fraley paid for the funeral of a man who otherwise would not have had one.

"He did so many good things, but he never advertised it," Napoli said.

In 1991, when friends and patients wanted to publicly thank the man they knew as "Doc" for his impact on their lives, the event had to be organized in secret. They feared that the publicity-shy doctor would cancel the plan.

"He was a very simple man. He loved his work, and he loved the people of Leechburg," said Phyllis Framel, Dr. Fraley's daughter. "For many years, he was the only doctor here."

Framel said her father was a doctor to mill workers, treating patients on the work site or at their homes. If patients couldn't afford Dr. Fraley's normal fees, they paid him with tomatoes, corn, turkeys, hams or baked goods.

"Money was never really important to Doc," Framel said.

What was important was making sick people well. He worked in the profession until 1996, when he was 84.

Besides attending to the ill, Dr. Fraley's other love was beautifying Leechburg with trees and shrubs through the Shade Tree Commission, a group of volunteers he formed in 1959.

Framel said her father had developed a heightened sense of "appreciation for a good shade tree and a glass of water" after spending time in the deserts of North Africa.

One of his first projects was cleaning up the main entryway into Leechburg along Third Street.

For many years, visitors and residents driving into town had been greeted by billboards, trash and rats.

Motorists are now welcomed by a park. Fem Biagioni, one of two surviving members of the commission, said the borough officially renamed the park for Fraley four years ago and dedicated it last year.

In addition to his daughter, Dr. Fraley is survived by Anna-Marie Fraley, his wife of 32 years, and his twin sister, Julia Goettel, of Oakmont.

Friends will be received from 2 to 4 and 7 to 9 p.m. today in the Clawson Funeral Home, 170 Main St., Leechburg. Also, there will be visitation from 2 to 9 p.m. tomorrow in First United Methodist Church, 261 Main St. Funeral services will be held at 10 a.m. Monday in the church.

In lieu of flowers, family members have suggested contributions be sent to the Leechburg Area Memorial Planting Fund or to the Dr. H.W. Fraley Memorial Fund at 147 Main St., Leechburg 15656.

EMS Medical Oversight by EMS Physician

- ... is a practice of medicine.
- ... is essential for safe and quality EMS care (TIP, TAD, etc,)
- “We support the right of the EMS medical director to determine the medical care that is best for their community.”



EMS Medical Oversight by EMS Physicians

- MEDPAC Study (When Minutes Count for EMS Patients Act)
- EMS Physician Taxonomy
- AMA
- Reimbursement for our Practice of Medicine



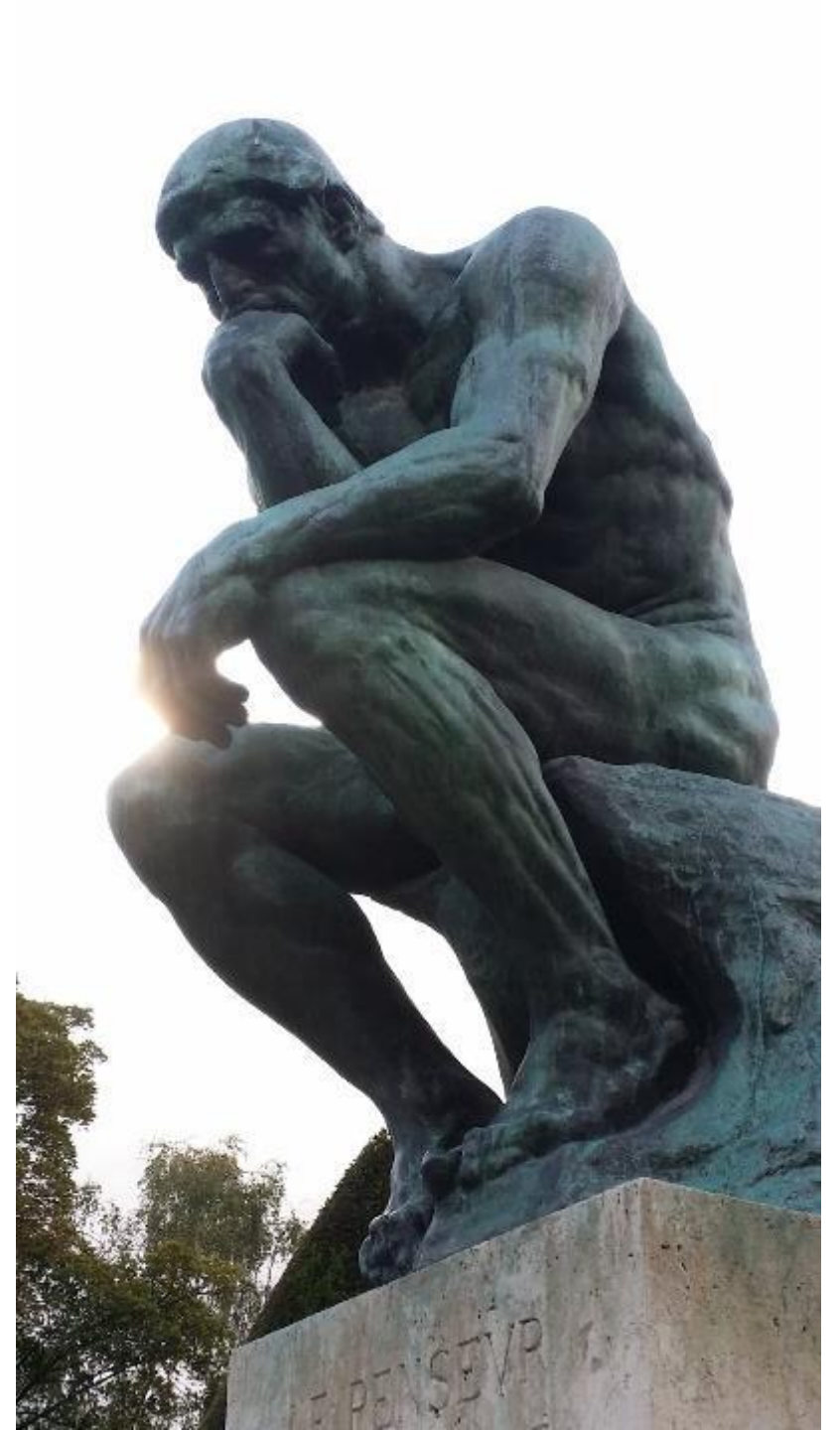
2025
ANNUAL
MEETING

Specialty
Workshops,
Scientific
Assembly &
Trade Show

SAVE THE DATE

January 6-11, 2025

Manchester Grand Hyatt San Diego
San Diego, CA

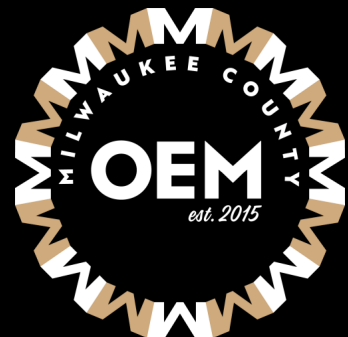


Equitable Arrangements

What Does Equity Mean in EMS, Why Does it Matter and What Can YOU do?

Ben Weston, MD, MPH, FAEMS

Chief Medical Director
Milwaukee County EMS
@BenWWeston



What do we **know** about equity in EMS?

How can we **evaluate** equity in EMS?

Why should we **care** about equity in EMS?



I treat all **my** patients the same



My EMS system treats all our
patients the same



PAIN

TRAUMA

STROKES

CHEST PAIN

OVERDOSE

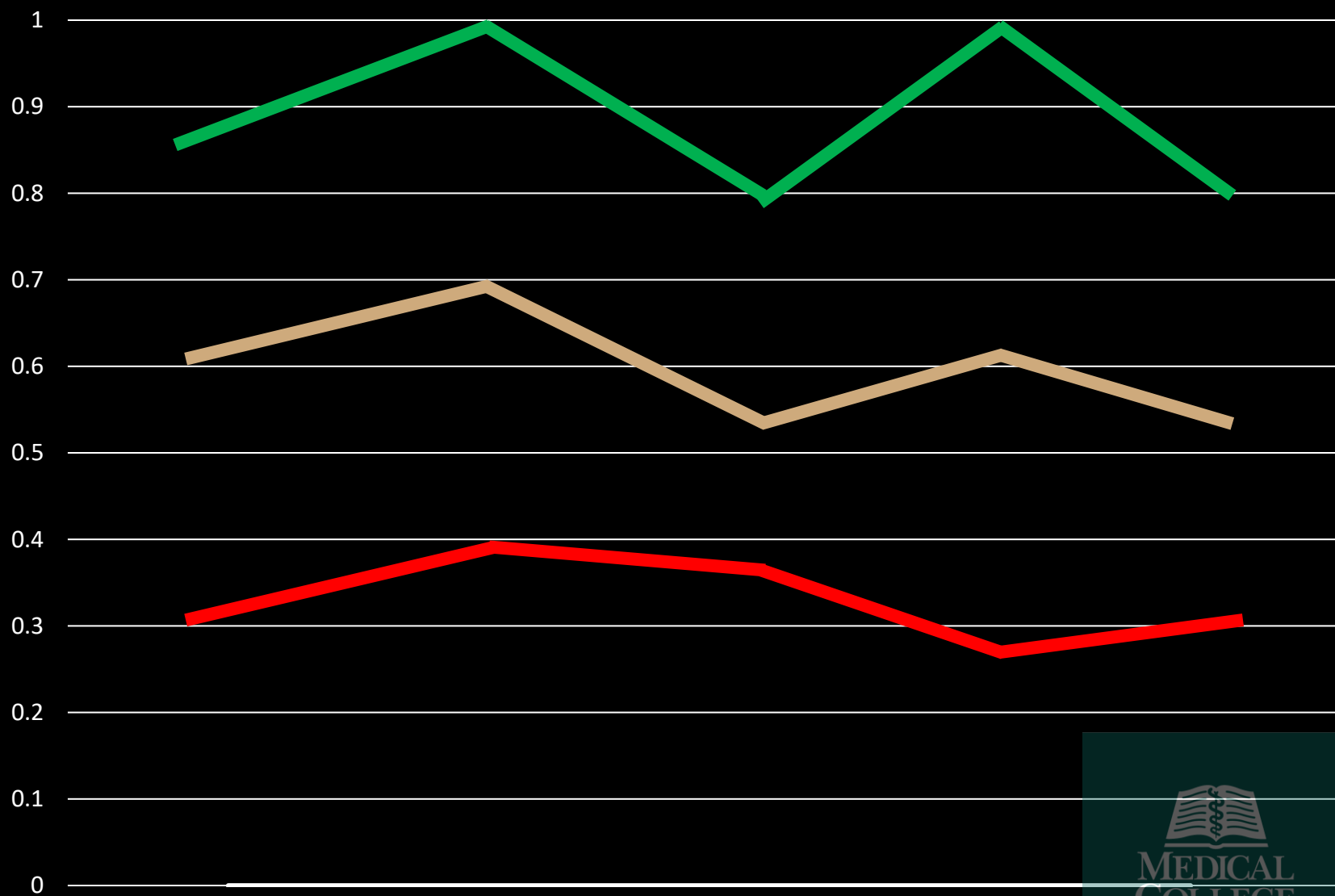
STEMI

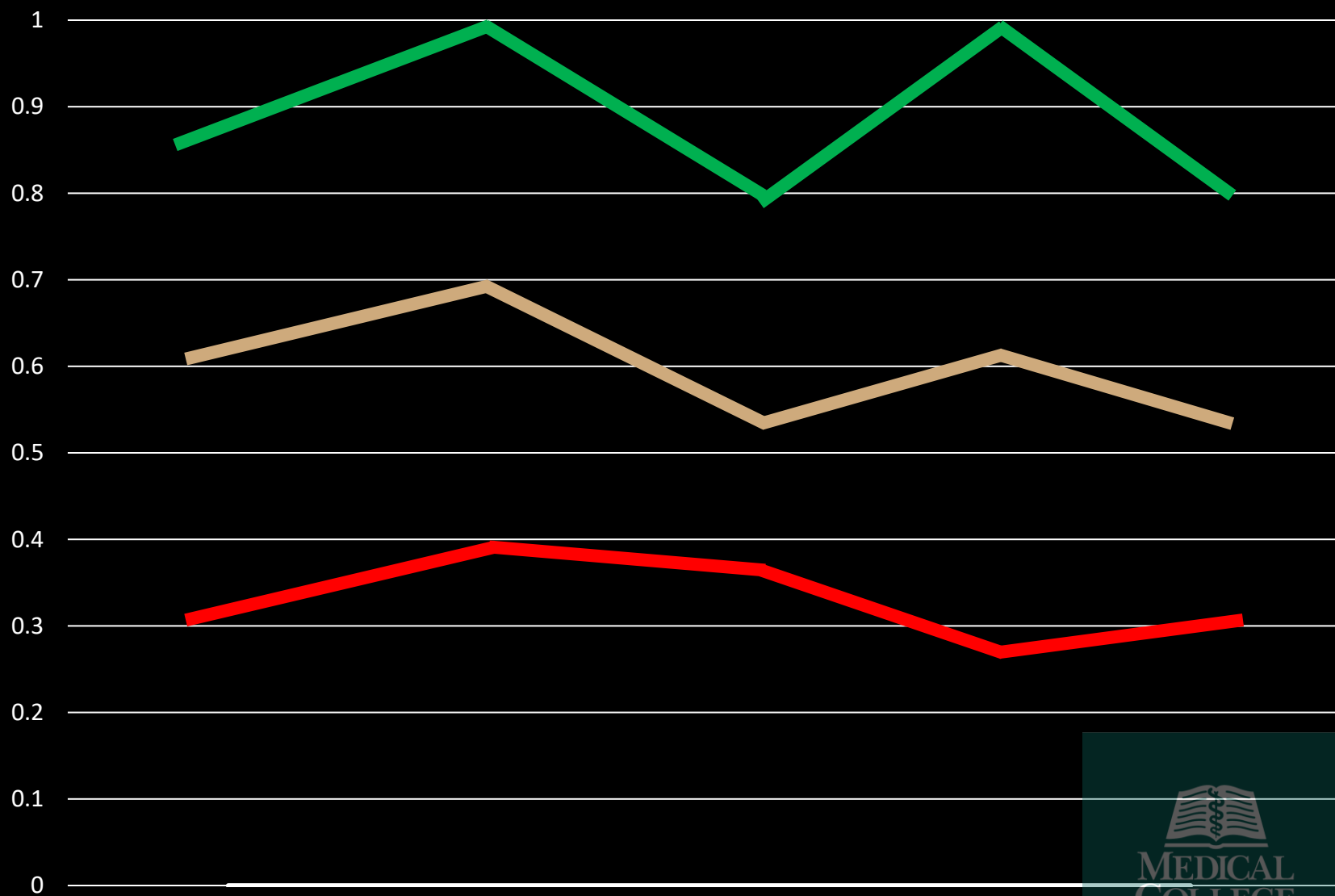
ASTHMA

ANAPHYLAXIS

CARDIAC
ARREST







ELDERLY

LGBTQ+

FEMALE

ETHNICITY

PEDIATRIC
S

NON-WHITE

ESL



PAIN

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OVERDOSE

STEMI

PEDIATRICS

ASTHMA

ESL

NON-WHITE

CARDIAC
ARREST

ANAPHYLAXIS



Equity is not a ~~majority~~ minority issue



Define equity

Require demographics

Modify training

Leverage data

Change policies



Improve health



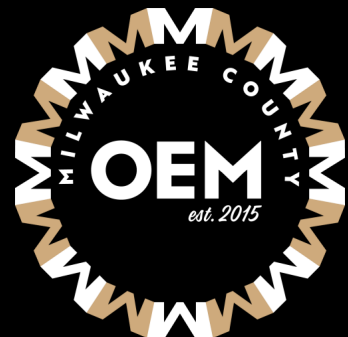
Thank you

Ben Weston, MD, MPH, FAEMS

Chief Medical Director
Milwaukee County EMS

@BenWWeston

beweston@mcw.edu





**Children, Youth &
Families Department**

STATE OF NEW MEXICO



Young Adults Ages 18-25

Housing Support

Monthly Earned Stipend

Mentorship

Counseling/Wellness

Job Placement



The Albuquerque Experience

- 6 cohorts completed since 2018
 - 67 Graduates
 - 50% involved juvenile justice or foster care
 - 1/3 Native American
- 51 have passed National Registry
 - 64.2% passed NREMT 1st try
- 99% confirmed employment
 - 90% working in EMS or public safety
 - 9 working in rural areas
 - 4 working on the reservation



**Program
Cost:
\$90,000
Per Class**



SCHOOL OF MEDICINE
EMERGENCY MEDICAL SERVICES ACADEMY

Instructors and proctors

400 hours of EMT-B content for
18-20 students

80 hours of instructor guided
study hall

Uniforms/supplies/software



Classroom Adjustments

- Psychomotor, cognitive, and affective standards
 - Provide safety net for vocational training and job placement
- If previous IEP can apply same accommodations
 - Language barriers
 - Learning barriers
- Multi-sensory learning activities and concept reinforcement
- Address background legal issues early

