

**The Future of Emergency Care in the
United States Health System**
Institute of Medicine

2006 Annual EMSC Grantee Webcast
Tuesday, June 20, 2006
3:30-5:00pm Eastern

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Moderator:

- **Dan Kavanaugh, MSW, LCSW**
 - EMSC Program Director
 - Health Resources and Services Administration's Maternal and Child Health Bureau

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Co-Moderator:

- **Robert Giffin, PhD**
 - Senior Program Officer
 - Institute of Medicine

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- Josiah Macy, Jr. Foundation
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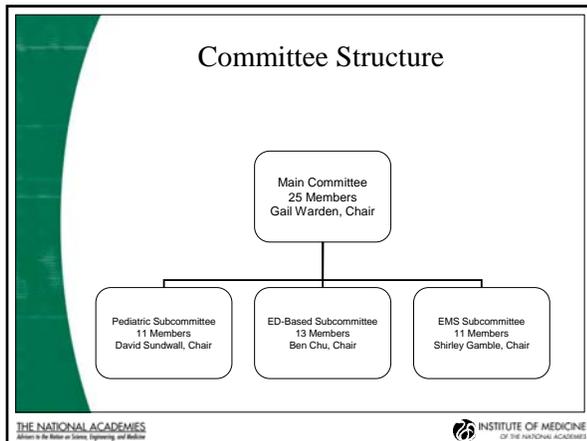
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Statement of Task (In Brief)

- The objectives of this study are to:
 - (1) examine the emergency care system in the U.S.;
 - (2) explore its strengths, limitations, and future challenges;
 - (3) describe a desired vision of the emergency care system; and
 - (4) recommend strategies required to achieve that vision.
- The study will also examine the unique challenges associated with the **provision of emergency services to children and adolescents**, and evaluate progress since the publication of the IOM's 1993 report, *Emergency Medical Services for Children*
- In addition, the study will examine **prehospital EMS** and include an assessment of the current organization, delivery, and financing of EMS services and systems, and assess progress toward the *EMS Agenda for the Future*

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- ### Motivation
- Crowded EDs
 - Financial burden of uncompensated care
 - Fragmentation
 - Inadequate Surge Capacity
 - Personnel Shortages
 - Limited Data on Quality
 - Inadequate Research Funding and Infrastructure
 - Limited Preparedness for Pediatric Patients
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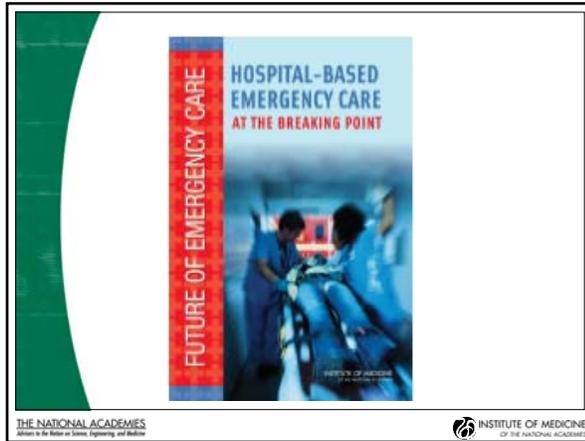
- ### Vision for the Future of Emergency Care
- **A Coordinated, Regionalized,
and Accountable Emergency Care System**
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Achieving the Vision

- Congress: Establish a demonstration program to promote regionalized, coordinated, and accountable emergency care services.
 - \$88 million over 5 years
 - Phase I - 10 states @ \$6 million
 - Phase II – 10 states @ \$2 million, plus technical assistance
- Congress: Establish a lead agency in DHHS for emergency and trauma care.
 - Establish a working group
 - Consolidate functions and funding
- Federal Agencies: Establish evidence-based categorization systems; prehospital protocols, and indicators of system performance.

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Key Problems

- Overcrowding: 40 percent of hospitals report ED overcrowding on a daily basis
- Boarding: patients waiting 48 hours or more for an inpatient bed
- Ambulance Diversion: Half a million ambulance diversions in 2003
- Uncompensated Care: results in financial losses and closures for EDs and trauma centers

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Key Problems (cont...)

- Inefficiency: Limited use of tools to address patient flow to reduce crowding
- On-Call Specialists: unavailability of specialists to provide emergency and trauma consultation
- Inadequate Emergency Preparedness: surge capacity, training, planning, and personal protective equipment
- Fragmentation: limited coordination of the regional flow of patients
- Accountability: lack of system performance measurement; public reporting; financial incentives

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Key Problems (cont...)

- Research: Inadequate funding and infrastructure

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Recommendations

- Congress: Provide \$50 million for uncompensated emergency and trauma care.
- Hospitals: End boarding and diversion, supported by CMS working group, JCAHO.
- Hospitals: Adopt operations management techniques and IT improvements to enhance patient flow, supported by training and certification organizations.
- States and Regions: Regionalize on-call specialty services.
- Congress: Establish a commission to evaluate the impact of medical liability on on-call services

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Recommendations (cont...)

- Federal Agencies: Evaluation of long-term workforce needs
- Congress: Increase funding for hospital preparedness in key areas:
 - Trauma systems
 - Surge capacity
 - Personal protective equipment
 - Research
- DHHS: Study to determine optimal research strategy, including dedicated NIH center

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Key Problems

- Fragmentation: Lack of coordination between local service providers; between EMS and public safety; and between EMS and air medical services.
- Uncertain Quality: Little or no performance data; lack of national standards for training and credentialing.
- Disaster Preparedness: Inadequate training, equipment, funding.
- Evidence Base: limited understanding of effectiveness.

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Recommendations

- States: Adopt national standards for licensure and certification, with reciprocity
- States: Regulate air medical services.
- States and regions: develop interoperable communications systems.
- Congress: Establish dedicated funding for EMS preparedness.
- Research: Targeted funding for EMS research.

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State of Pediatric Emergency Care

- Only 6 percent of EDs have all essential pediatric supplies and equipment needed managing pediatric emergencies.
- Many emergency providers receive little training in pediatric emergency care.
- Many medications prescribed to children are “off label.”
- Disaster preparedness plans largely overlook the needs of children.

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Inclusion of Pediatric Concerns

- Categorization systems based on pediatric capabilities
- Treatment, triage and transport protocols for children
- Performance measurement of pediatric emergency care
- Lead agency with oversight of pediatric emergency care

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Pediatric Disaster Preparedness

- Minimize parent-child separation.
- Improve the level of pediatric expertise on disaster response teams.
- Address pediatric surge capacity.
- Develop specific medical and mental health therapies, as well as social services, for children.
- Conduct disaster drills for a pediatric mass casualty incident.

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Provider Training and Resources

- Define pediatric competencies; require practitioners to receive the level of training necessary to achieve and maintain those competencies.
- Appoint pediatric coordinators to provide pediatric leadership in EMS agencies and hospitals.

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Research

- Research the efficacy, safety, and health outcomes of medications for children.
- Research the effect of technologies and equipment in the emergency care environment on children.

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**Federal Leadership for
Pediatric Emergency Care**

- Appropriate \$37.5 million each year for the next 5 years to the federal Emergency Medical Services for Children program.

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Dissemination Workshops

- Disseminate findings from IOM reports
- Engage the public and stakeholder groups
- Explore implications of recommendations
- Consider implementation issues

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Workshop Logistics

- Three 1-day public meetings
 - Stakeholder Presentations
 - Open Discussion
- Capstone meeting in Washington, DC
- Workshop summary report

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Timeframe

- Regional Workshops
 - July 2006
 - September 2006
 - October 2006
- Capstone Workshop
 - December 2006
- Report Release
 - March 2007

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