Changing the Paradigm

Can the Emergency Medical Services Evolve to Meet the Needs of Today?
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What is EMS?
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What is EMS?

The Emergency Medical Service is a combined function of governments (local, county, state, and federal) in combination with private industry to provide medical care outside of a hospital for life-threatening illnesses and injuries as well as transportation of these illnesses and injuries to a hospital or between hospitals for definitive care.
History of EMS

• Historical uses of EMS:
  – Good Samaritan
  – Roman legions
  – Medieval hospitalers
  – Napoleonic
  – U.S. Civil War

• 1966 – Contemporary design documented by NRC
• 1966 – Passage of Nat'l Traffic and Motor Vehicle Safety Act
  – Purview of EMS assigned to DOT
History of EMS

Throughout the 1970s, EMS underwent significant change to what we know today.
Vision of the Future of EMS:

Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.

Hampered Efforts

- EMS is expensive to operate
- EMS is a limited resource
- EMS is increasingly used for non-emergent conditions and problems
- EMS is increasing in scope (broad mission):
  - Tactical & disaster medicine (SWAT Teams)
  - Fireground rehabilitation (Fire Department)
  - Content expertise (Hazardous Material Teams)
  - Interfacility transport (Critical Care / “returns”)
Hampered Efforts

Most prominent problem:
Lack of reimbursement for services delivered
Financial Impact

As EMS strives to improve delivery methods and profits, the industry is suffering from provider retention.
Wage Disparities

- Public Safety
  - EMS
    - $12.54 / hr
  - Police
    - $22.25 / hr
  - Fire
    - $26.82 / hr

- Health care
  - EMS
    - $12.54 / hr
  - LVN/LPN
    - $16.94 / hr
  - Respiratory Tx
    - $21.70 / hr
  - RN
    - $26.28 / hr
Wage Disparities

• EMS is viewed as a “stepping stone”
  - Low wages
  - Poor working conditions
  - Burnout
  - High attrition rates
  - No career ladder or specialization
    • EMT
    • AEMT
    • Paramedic
Financial Impact

It is evident that transport-based reimbursement policies are directly responsible for the unusually low profit margin in EMS.


Opportunities & Solutions

• Improve traditional role
  – High-performance model (inefficient)

• Expand role
  – Public health centered model
  – Community-based care
  – Preventative medicine

• Expand advanced paramedic certification
  – Critical care
  – Community care
Goals

- Increase wages respective to responsibility
- Increase overall job satisfaction
- Decrease overall attrition
- Decrease *burnout*
- Utilize EMS effectively to fill health care gaps
  - Decrease disparities
  - Increase access to care
  - Effect timeliness and appropriateness of care
References


References (con't)


