

EMS System Preparedness

-A vision or illusion for California

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Foundation of Emergency Medical Services

- 1970's- world-class 911 EMS System / CA
- 1980's- EMTALA, universal access & unfunded mandate
- 1990's- Managed care revolution
- 2001/2- 9/11 War on terrorism, EP's now first/resp in BT act, EMS essential to homeland defense

Essential functions / preparedness

- ED 24/7 pathway for trauma, med, peds and mental health
- CA 10/103M visits/yr.
- Public safety, disaster and MCI response
- Communicable dis. and synd/surveillance
- I/F transfer and communications networks

Mobile assets

- 911 first resp/extric/haz-mat- fire svcs
- Paramedics & EMT's- fire & privates
- I/F trans- EMT, P/M, CCT
- Air ambulances- heli and fixed wing
- NDMS, USAR's, DMAT's

Fixed assets

- Hospitals- 364 ED's/48 trauma centers
- 9 Comprehensives.- multiple svcs. on-duty
- 310 Basics- lg & sm, EP on-duty, surg staff & roster of specialists on-call
- 47 Standbys- doc on-call, rural

Communication assets

- 911 PSAP's and dispatch centers
- Base-hospital med/control
- Redinet, Disaster control netwks
- Poison control centers

Fragmented regulation & governance (no champion)

- Hosp- DHS, JCAHO, CALS. OSHPD
- Docs/nurses etc- CMB, BRN, cert bodies
- EMSA & LEMSA's – state/local stds.
- SSCOT sub on hlth- OES, DHS, EMSA TF

Fragmented ownership & incentives

- Hospitals- profit, n/f profit, Kaiser, univ, county, spec – Com/ben TI's for u/c
- Med groups, lg & sm, primary care & specialty, Corp/bar- no hosp emplmt
- EMS responders- Fire depts, pvt amb & national chains

Fragmented financing & reimbursement

- Hybrid multi-payer system
- Hospitals- DRG's, per diems, contracts, DISH
- Physicians/groups –capitated v FFS v DFES
- On-call docs –FFS & hosp standby fees >\$200K/y
- EMS first resp. –0-, unless local tax
- Paramedic and EMT's -\$ for transport only
- Poison control centers – orphans

Deteriorating economic & legal climate (worst in US)

- EMTALA- nation's largest h/c program - 41M uninsured, CA 19%, US 14.6%
- HMO contracts- CA 30% < US
- Em svcs- plans pay ~ 40%, no disclosure
- Pending cuts-Mcare 24%, Mcal 2003 > 2002 ?
- Maddy EMS fund, mal-dist and mal-admin
- MP ins. crisis, CA-MICRA tort reform model

Collapsing EMS infrastructure

- ED Overcrowding- decade of growth/ 90-103M
CA 58% more crit. & urg. visits
- Skyrocketing demand and reduced supply/ ED
outflow limited by hospital capacity
- Shortages-nurses, docs, on-call crisis-60% of EDs
- EMS gridlock –scrambling affect / inefficiency
- ED closures- 23 since 1990, 2003 LA debacle?

Competing demands

- Market financing v Public H & S needs
- Seismic, privacy, enviro– added costs/ scarcity/ default to ED's/ rationing by waiting time
- Can't access or regulate a collapsing system

Dunn principles for EMS reform

- Emergency care is an essential public service
- EMS planning & development
- Sustainable financing for a quality system
- Gap analysis for resource allocation
- Goal- to restore CA EMS system to its former status as the best in the world.