

Summary of “The Future of Emergency Care: Emergency Medical Services at the Crossroads” Recommendations

Establish a Lead Federal Agency

Congress establish a lead agency for emergency and trauma care within 2 years of the publication of the IOM report. The lead agency should be housed in the Department of Health and Human Services and should have primary programmatic responsibility for the full continuum of EMS, emergency and trauma care for adults and children, including medical 9-1-1 and emergency medical dispatch, pre-hospital EMS (both ground and air), hospital-based emergency and trauma care, and medical-nal related disaster preparedness. Congress should establish a working group to make recommendations regarding the structure, funding, and responsibilities of the new agency, and develop and monitor the transition. The working group should have representation from federal and state agencies and professional disciplines involved in emergency and trauma care.

System Finance

The Centers for Medicare and Medicaid Services (CMS) convene an ad hoc working group with expertise in emergency care, trauma, and EMS systems to evaluate the reimbursement of EMS and make recommendations regarding inclusion of readiness costs and permitting payment without transport.

Regionalization

The Department of Health and Human Services (HHS) and National Highway Traffic Safety Administration (NHTSA), in partnership with professional organizations, convene a panel of individuals with multidisciplinary expertise to develop an evidence-based categorization system for EMS, EDs and trauma centers based on adult and pediatric service capabilities.

NHTSA, in partnership with professional organizations convene a panel of individuals with multidisciplinary expertise to develop evidence-based model pre-hospital care protocols for the treatment, triage and transport of patients.

National Standards for Training and Credentialing

State governments should adopt a common scope of practice for EMS personnel with state licensing reciprocity. In addition, states should accept national certification as a prerequisite for state licensure and local credentialing of EMS providers. Finally, states should also require national accreditation of paramedic education programs.

Medical Direction

The American Board of Emergency Medicine should create a subspecialty certification in EMS.

Communications and Data Systems

Hospitals, trauma centers, EMS agencies, public safety departments, emergency management offices and public health agencies develop integrated and interoperable communications and data systems.

HHS should fully involve pre-hospital EMS leadership in discussions about the design, deployment and financing of the National Health Information Infrastructure.

Air Medical Services

States assume regulatory oversight of the medical aspects of air medical services, including communications, dispatch, and transport protocols.

Accountability

HHS should convene a panel of individuals with emergency and trauma care expertise to develop evidence-based indicators of emergency care system performance.

Disaster Preparedness

HHS, the Department of Transportation, DHS and the states elevate emergency and trauma care to a position of parity with other public safety entities in disaster planning and operations.

Congress should substantially increase funding for EMS-related disaster preparedness through dedicated funding streams.

The professional training, continuing education, and credentialing and certification programs of all the relevant EMS professional categories incorporate disaster preparedness training into their curricula and require the maintenance of competency in these skills.

Research

The Secretary of HHS should conduct a study to examine the gaps and opportunities in emergency and trauma care research and recommend a strategy for the optimal organization and funding of the research effort. Federal agencies that fund emergency and trauma care research should target additional funding at pre-hospital EMS research, with an emphasis on systems and outcomes research.

Achieving the Vision

Congress should establish a demonstration program, administered by HRSA to promote regionalized, coordinated and accountable emergency care systems throughout the country, and appropriate \$88 million over 5 years to this program.