What EMS can do that no one else can…

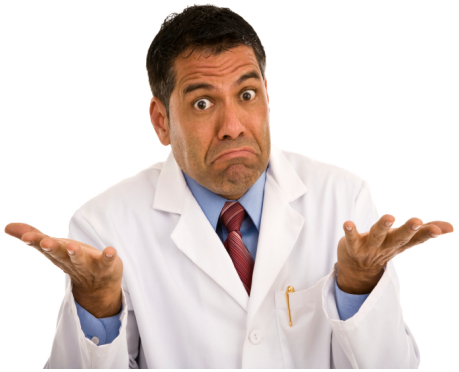
Defining our space

Jonathan D. Washko, MBA, NREMT-P, AEMD
AVP, Northwell Health Center for EMS
Alt Regional Director, American Ambulance Association
Director, New York Mobile Integrated Healthcare Association
Director, Academy of International Mobile Healthcare Integration

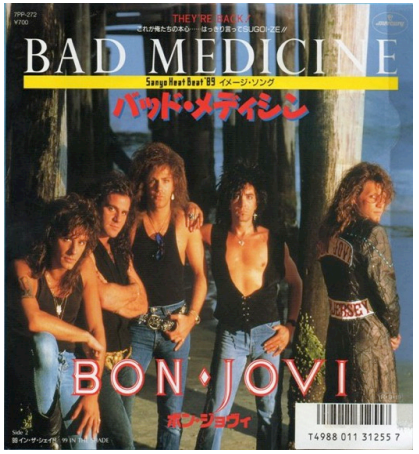
Our healthcare system is broken and unsustainable…

Why?

Is it because we have a crumbling infrastructure?

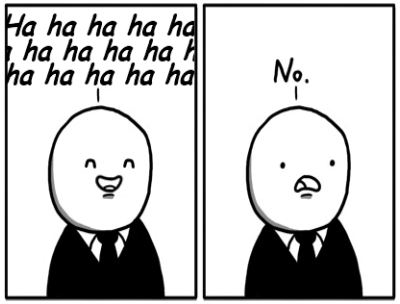


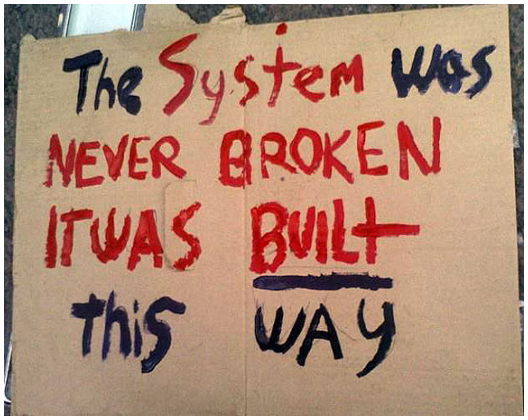
Is it because we have clueless practitioners?



Is it because we have Bad Medicine?

Is it because patient's can't access care?





It's because we built it this way

Healthcare Economics – Penalty & Reward System

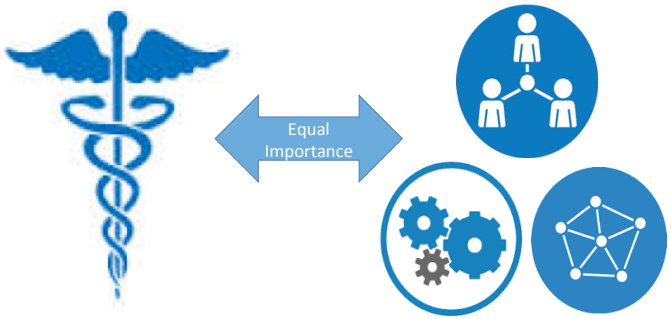
Fee for Service Model

AFFORDABLE CARE ACT

Value Based Care

ACA aligns economic incentives so that…

It's not just about the medicine anymore,
it's also how the medicine is delivered



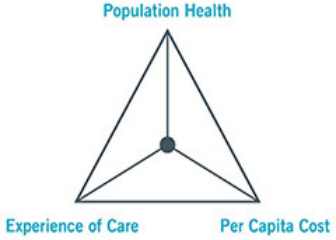
Healthcare

Bubble

FFS	• Uncoordinated care / Fee per episode • Episodic care / Provider focused • Artificial / Inappropriate demand
Service Delivery	• Inefficient / Ineffective • Duplicative • Stove-piped / Specialized
ACA	• Value based incentive system • Coordinated care / Patient focused • Actual demand / Appropriate demand
Service Delivery	• Efficient / Effective • Lean narrow networks / mobile care • Homogenized care delivery systems
Side Effects	• **Significant** volume loss • Healthcare capacity bubble? • Massive innovation / disruption

Institute *for* Healthcare Improvement

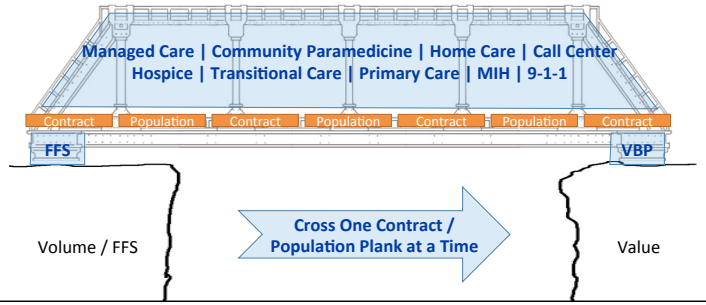
The Triple Aim



Bridging the Volume to Value Chasm

How do you build a bridge?

Step 1 – Build foundations (FFS -> VBP)
Step 2 – Build structure with girders (Programmatic Elements)
Step 3 – Lay planking (Risk Contracts / Populations)



As the Healthcare Capacity Bubble Pops…

US Healthcare has **NEVER** had to really manage *Scarcity*

And it doesn't know what it doesn't know…

But it's a Key EMS Acumen…

Do it Better | Do it Faster | Do it Cheaper

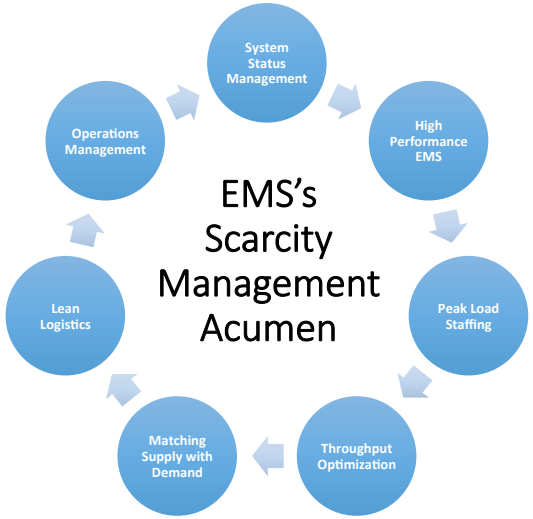
Change the word "EMS" and replace it with "Healthcare"

"As EMS providers, we invite the public to literally trust us with their lives. We advise the public that, during a medical emergency, they should rely upon our organization, and not any other. We even suggest that it is safer to count on us, than the resources of one's own family and friends. We had better be right.

Regardless of actual performance, EMS organizations do not differ significantly in their claimed goals and values. Public and private, nearly all claim dedication to patient care. Efficient or not, most claim an intent to give the community its money's worth. And whether the money comes from user fees or local tax sources, the claim is the same—the best patient care for the dollars available. It's almost never true.

Our moral obligation to pursue clinical and response time improvement is widely accepted. But our related obligation to pursue economic efficiency is poorly understood. Many believe these are separate issues. They are not. Economic efficiency is nothing more than the ability to convert dollars into service. If we could do better with the dollars we have available, but we don't, the responsibility must be ours. In EMS, that responsibility is enormous—*it is impossible to waste dollars without also wasting lives."*

Jack L. Stout



EMS's Scarcity Management Assets

- Operations management systems & data
- Well trained clinicians
- Standardized evidence based protocol / algorithm driven clinical care
- Mobile formulary
- Mobile advanced diagnostics & treatment options
- Transportation & logistics infrastructure
- Centralized call center services
- Healthcare access point (9-1-1)
- Mobile management systems & infrastructure
- 24x7x365 fault tolerant mobile care delivery system
- "Overcome and adapt" attitude

Scarcity Management in the New World of Healthcare

Do it Better | Do it Faster | Do it Cheaper + Do no Harm

- Right Care | Right Place | Right Clinically Appropriate Timeframe | Right Quality | Right Costs
- Coordinated and integrated continuum of care
- Patient focused systems
- Delivery Systems **JUST AS IMPORTANT** as Clinical Services
- Provider balanced system designs
- Lean efficient operations management design

Defining EMS's Space

"Healthcare Can Learn a lot from EMS"

- Servicing / supporting the 5Rs
- Share our scarcity management acumen
- Leverage our scarcity management systems / assets
- Use this knowledge, wisdom & infrastructure to completely transform care delivery systems
- Simultaneously meet the IHI's Triple Aim
- Not just for EMTs & Paramedics anymore (diverse clinical model thinking)
- Collaborating where services exist, gap filling where they don't

What is the Difference Between Disruption and Innovation?

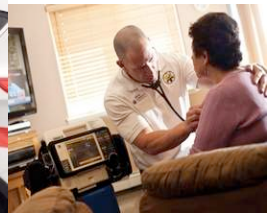
Innovation and disruption are similar in that they are both makers and builders. Disruption takes a left turn by literally uprooting and changing how we think, behave, do business, learn and go about our day-to-day. Harvard Business School professor and disruption guru Clayton Christensen says that a disruption displaces an existing market, industry, or technology and produces something new and more efficient and worthwhile. It is at once destructive and creative.

Forbes

Disruption in other industries

Community Paramedicine is innovation NOT disruption

COMMUNITY™ PARAMEDIC



Existing EMS CP/MIH Innovations

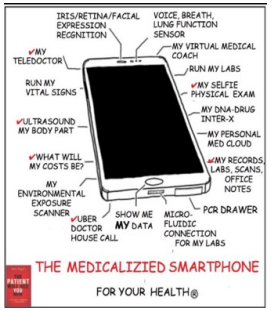
- Use existing resources for more
- Repurpose existing capabilities
- Integrating the divided
- Shifting from risk avoidance to risk tolerance
- Bending the cost curve (maybe)
- Improving the patient experience
- Improving the health of populations
- We get to stay in existence (for now)

NAEMT
Serving our nation's EMS practitioners

DISRUPTION

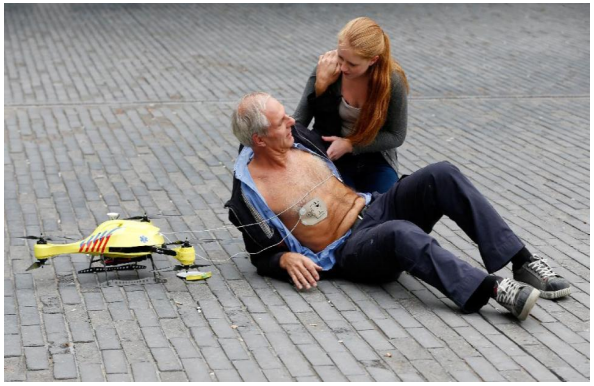
This will disrupt EMS soon….(now)

In the not to distant future…



This will disrupt EMS next….

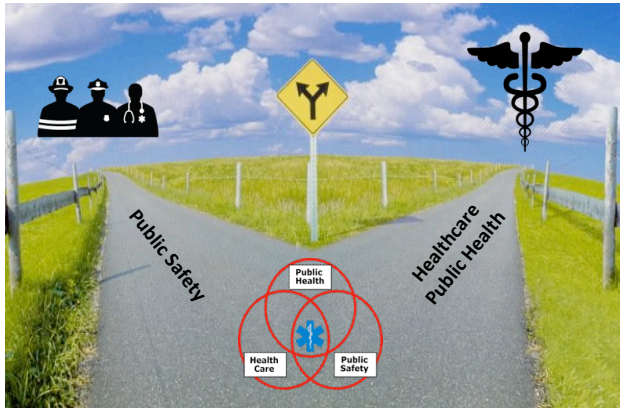
As will this….



EMS / CP / MIH Disruption

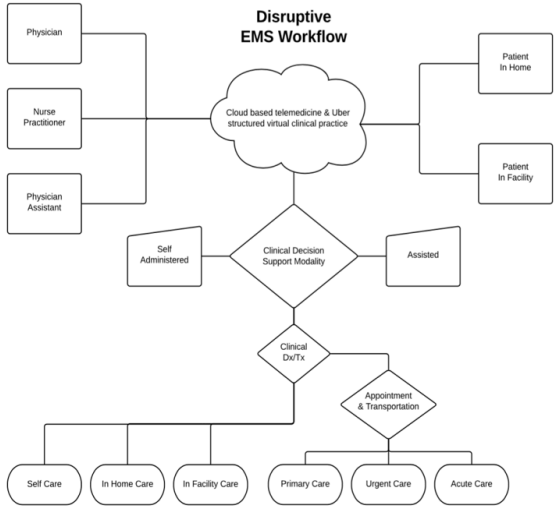
- Replaces many existing systems, volume & revenues
- Completely transforms how service is delivered
- Leverages technology and new business models
- Rapid speed & scale - nimble
- Can circumvent regulatory barriers
- VC funded capital
- Doesn't just bend the cost curve, it obliterates it!
- Threatens existence and possible extinction to those who ignore
- Creates new opportunities for those willing to risk
- Will likely bifurcate and diminish our roles in the future

Bifurcation of EMS's Traditional Role



Bifurcation of EMS's Roles

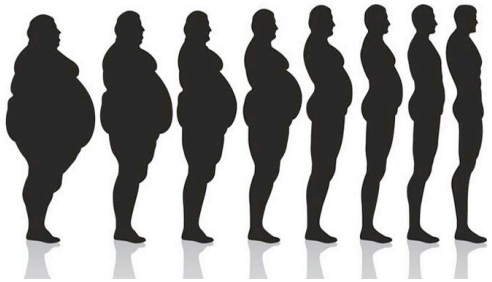
- The Injured (Public Safety)
  - Trauma Etiology + Social diseases
  - Social contract / essential service
  - Will continue to call 911
  - Longer-term disruption domain (automated cars, drone based response)
- The Sick (Public Health / Healthcare)
  - Medical Etiology
  - Population based contracting & management
  - Not going to call 911 in the future or navigated out
  - Short/medium term disruption domain (telemedicine)



Why is this disruptive?

What would you do if you…

Lost 80% of your medical calls for service?



What's the opportunity

- Compete
- Collaborate
- Acquire / Merge
- Subsidize
- Die

In Closing

- Our space is wherever we can create opportunity – all cards on the table
- Continue to innovate your MIH/CP programs
- Develop strategy & build infrastructure
- Closely watch the space & your marketplace
- Lean your operational models to lower your costs
- Prepare for or become the *DISRUPTION*