

Why You Need to Prepare for EMS 3.0

Are you ready for the unprecedented transformation within our healthcare system?

Market forces will dictate that we re-evaluate every aspect of EMS delivery through a different lens—the lens of value.

For the past few years, the EMS profession has focused on developing mobile integrated healthcare and community paramedicine (MIH-CP) programs as a way to offer added value to our stakeholders in a healthcare system that is undergoing an unprecedented transformation. But the changes necessary to survive—or even thrive—during this healthcare transformation transcend beyond MIH-CP. Market forces will dictate that we re-evaluate every aspect of EMS delivery through a different lens—the lens of value.

This healthcare transformation is being referred to as “Healthcare 3.0.” Use of the term “3.0” by healthcare system leaders represents the understanding that the healthcare system is in its third phase of evolutionary transformation, and that there is likely to be more change in the future (4.0, etc.).

Almost everything you read regarding “Healthcare 3.0” references that “the new normal” is based on a value proposition, primarily economic value. Things like pay-for-performance, outcome-based payments, bundled payments based on episodes of care, accountable care organizations, shared-risk contracting, penalties for adverse outcomes such as readmissions or healthcare-acquired infections, financial bonuses for reporting outcome data (and penalties for not reporting it), and externally measured patient satisfaction scores have all had a significant impact on hospitals, home health agencies, skilled nursing facilities and physicians.

The rapid consolidation of healthcare payers and healthcare providers, and mergers of managed care giants such as Cigna with Anthem and Aetna with Humana, will likely lead to a handful of oligopolistic payers. Acquisition activity on the provider side of the equation has been equally dramatic with hospital system mergers, hospitals buying physician groups, physician groups acquiring other physician groups, hospitals buying pharmacy chains, pharmacy chains merging and hospitals acquiring urgent care centers.

All this activity seems centered around improving negotiating power based on larger populations controlled by providers and payers. It may be likely that we will eventually have a few payers negotiating

population-based shared-risk contracts with just a few integrated providers.

Ask Tough Questions

How all these changes will impact EMS is relatively predictable—all we have to do is look at what’s happened to our fellow healthcare providers and begin preparing ourselves for the third evolutionary transformation for EMS, or what we could refer to as “EMS 3.0.” And, like Healthcare 3.0, we need to base EMS 3.0 on the value proposition we bring to our stakeholders.

In order to do this, we have to answer some difficult questions like:

» Do we own a space in the healthcare system? If we do, what is it? Why are we uniquely positioned for that space?

» Is EMS safe? What is the adverse outcome rate when EMS treats a patient? How many times when we don’t transport a patient do they end up in the ED hours later?

What is the economic value we bring to the patients, payers and our healthcare partners? Are we economically incentivized correctly to focus on patient outcomes?

» What is the clinical value (peer reviewed and published) we bring to the patient? Did the fact that the patient called 9-1-1 for “x” condition make a difference in the patient’s outcome?

» Who should really be paying for EMS? And what should they actually be paying for?

» Are our practitioners educated and credentialed for the role they should be playing in the healthcare system? Is a 750-hour paramedic course the right training, or should EMS practitioners have more education than a hairdresser?

» What does it actually cost to deliver EMS? And if one service delivery model costs “x” and another costs two times “x,” can they prove that the value they bring is worth the extra cost?

» Should accreditation, or conditions of participation, be required of EMS agencies to be eligible for reimbursement like other healthcare providers? Is that the best way to deal with widely published fraud and abuse issues in EMS?

Become Informed

The good news is that leaders from several EMS associations are focusing on finding the answers to these questions and providing specific targeted learning opportunities that will help keep you informed:

» The National Association of EMTs is hosting The EMS Transformation Summit: Welcome to “EMS 3.0” on April 18 in Washington, D.C., preceding EMS On The Hill Day.

» The National Association of EMS Physicians, the National Association of EMS Educators, the National EMS Management Association, the American Ambulance Association, the National Association of EMTs and others are developing a transformation strategy to align the industry’s focus to help our profession transform to EMS 3.0.

» The Academy of International Mobile Healthcare Integration (AIMHI) will be conducting a series of face-to-face educational sessions and webinars on high-performance EMS and EMS integration into the rest of the healthcare system.

» EMS World Expo will have a dedicated EMS 3.0 Transformation track for leaders and providers to attend and equip themselves with the knowledge necessary to survive the next five years in EMS.

» The Promoting Innovation in EMS project, headed by Drs. Kevin Munjal and James Dunford, will release its work on ways to remove barriers to innovation in EMS.

Your mission is to become a change agent. Read everything you can, attend as many national conferences as possible, subscribe to e-mail distribution lists, join national associations and engage in the conversation. Most of all, participate in driving the necessary changes for EMS to thrive over the next five years. ☺

ABOUT THE AUTHOR



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More Online

For more information on The EMS Transformation Summit: Welcome to “EMS 3.0,” visit naemt.org.

For more information on EMS World Expo, scheduled for October 3–7 in New Orleans, LA, visit EMSWorldExpo.com.



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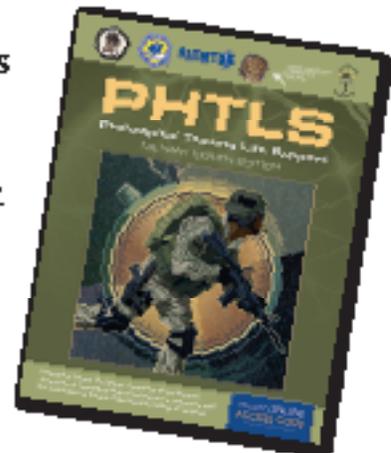
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