The MPDS and Proposed Changes in the Funding of EMS

Geoff Cady, EMT-P, EMD Instructor

Recently proposed changes in the Health Care Finance Administration’s (HCFA) rules that relate to the reimbursement of ambulance transportation spell doom and gloom for EMS providers, according to many industry experts. In response to spiraling ambulance transportation costs (that have risen three times faster than other segments of the health care industry), HCFA has proposed tying ambulance reimbursement to a patient’s medical condition using the International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM) code. Although at first blush it seems perfectly reasonable to pay for services on the basis of need, the need will be determined after the fact by the admitting or discharging MD. Unfortunately, we in EMS communications don’t have a crystal ball at our consoles to know what medical condition the patient will ultimately have, and thus send the right resource the first time. Or do we?

In fact, the MPDS could rescue EMS from financial disaster and thus significantly increase the importance of communications center operations in overall EMS operations. The MPDS presupensively (before the fact) classifies every 9-1-1 patient based on information obtained from the interrogation of the caller. Decisions regarding the level of EMS system response are based on the patient’s presenting conditions, not financial incentives tied to a particular type (ALS/BLS) of ambulance response. Using the MPDS to rationally allocate EMS resources on the basis of need would meet the expenditure reduction objectives of HCFA, while at the same time providing 190 additional ICD-9-CM codes to more precisely define a presenting clinical condition instead of just the 50 ICD-9-CM codes proposed by HCFA. The determination of allowable fees corresponding to each of the 240 ICD-9-CM codes (each would be equated to one of the MPDS’ determinant codes) would occur as a result of outcome studies, as well as, HCFA and EMS physician consensus.

The MPDS could rescue EMS from financial disaster and thus significantly increase the importance of communications center operations in overall EMS.

MPDS Q&A...

Call Processing

Bill Kinch, EMT-P, EMD Instructor

Helping people and preventing harm—that is the goal of 9-1-1 call-takers who work in emergency communication centers world-wide. To accomplish this goal, it is critical that call-takers and dispatchers be properly trained in how to gather appropriate information from emergency callers. The Academy recommends that this is best accomplished by using a comprehensive, protocol-based, systematic approach to EMD call processing.

Consider for a minute your own center’s policies and ask yourself a few questions. What do you say first when answering a 9-1-1 phone call? How do others at your agency answer the phone? Have you ever heard a dispatcher reply over the air, “I don’t have that information, the caller didn’t tell me”? Similarly, how many call-takers believe that callers are “confused” and do not usually offer correct information? Then ask yourself who is more likely confused, the system or the caller?

There is substantial rationale for standardizing the 9-1-1 greeting method utilized by emergency communication center call-takers.

Who is more likely confused, the system or the caller?

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From the President's Desk...

The Making of an EMD Leader Summit

*Alexander Kuehl, MD, MPH, FACS*

Again this year at Navigator we will hold an interactive EMD “Leader Summit.” Those who attended last year will remember our excellent day-long discussion exercise on issues related to the future of healthcare and telephone-delivered, non-traditional, out-of-hospital medicine. We produced, edited, published, and distributed an official Academy consensus position paper, focusing on six key principles related to the integration of public safety dispatch and managed care information systems. Subsequently, this type of Academy interactive forum has been imitated but never duplicated.

This year, expect more of the same, along with some excellent new catalysts who have been invited to participate. Discussion will center on controversial and important topics such as thrombolytic treatment and EMS response to CVA; bystander use of AEDs, proposed HCFA rules related to EMS funding, medical leadership and responsibility in the out-of-hospital environment, managed care contracting, and integration of out-of-hospital services with health care delivery and prevention.

Our approach is to scope out where we expect healthcare to go in 1998 and how, where, and when EMS, and specifically EMD, will evolve in that milieu.

This year’s Leader Summit and Navigator Conference is an opportunity for you and your colleagues to participate in the creation of meaningful change. Bring your discussion materials and come prepared to participate in presentations of new ideas and concepts as we craft the mission and vision of EMD and its role in medical access for the next millennium.

Dr. Kuehl can be reached through the Academy, or directly at: 518-562-7371, or via <skuehl@cvph.org>.

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Call Processing... (continued from page 1)

The policy in most centers is simply the status quo. Someone might say, “We have been doing it for years this way and it works fine.” But, is there a more efficient method for controlling and obtaining pertinent caller information?

In our experience of visiting hundreds of communications centers throughout the United States and abroad, we’ve found that most recommend answering the phone something like this: “911-1, what is your emergency?”

The majority of communications centers have accepted this phrase, or something similar, as appropriate because this question asks what type of incident has occurred. But, this is very subjective and emergency callers typically do not give short and accurate answers to this type of question.

Consider the greeting method your agency currently uses to answer 9-1-1 calls. When and how is the location of the emergency confirmed? After the initial greeting, who is in control of the call? Who should be in control of the call? Is there a better way to do this?

As a point of consideration, what would happen if communications centers all started answering the phone: “9-1-1, Where is your emergency?” or “9-1-1, What is the exact location of the incident?” Followed by: “What is the phone number you are calling from?” And then a third question: “What is the problem, tell me exactly what happened.”

If all 9-1-1 emergency calls were answered in precisely the same way, by a trained and certified EMD, would this have an effect on patient care and EMS response? Would the call taker’s job be made easier or more difficult? Consider that simply by following the MPDS Case Entry protocol and initially querying about the location of the emergency rather than the type, immediately takes control of the call away from the emergency caller and puts it where it belongs—with the call taker.

A trained EMD functions more professionally by eliciting only the information they require and not what the caller may want to tell them. Answering 9-1-1 calls in this manner identifies first where the emergency is so the EMD can either verify the address on an enhanced 9-1-1 ANI/ALI screen, or ask the caller to repeat the address and phone number, “to be sure you have it right.” If the caller is disconnected because of some misfortune such as domestic violence or a medical ailment, the communication center will still have, at minimum, a confirmed address to send a field resource to.

While there is no “perfect script” to use in every situation, we believe these issues are important and worth further discussion by the Academy. The newly formed Call Processing Board has been tasked to address this and other related issues in an effort to develop consensus opinions. The Academy Council of Standards will also consider call processing as it relates to updating and further refining the MPDS protocol for subsequent updates.

Mr. Bill Kirch is a certified EMD Instructor and a Senior National Faculty member for the Academy. Bill now resides in Salt Lake City, Utah, on those rare occasions when he’s not traveling on the EMS or EMD teaching, speaking, or consulting circuits. He can be reached through the Academy or via email: pmedic1041@aol.com.
Your New Academy Organizational Structure

• Robert L. Martin, M.P.C., Exec. Director

At Navigator '97 later this year we will have the opportunity to discuss and assess the new organizational structure of the Academy. As our membership continues to grow past the 25,000 currently-certified member mark, so must individual involvement and participation. Simply put, the Academy is your standard-setting body for Emergency Medical Dispatch protocols, training curricula, and certification, recertification and accreditation requirements. Just as the American Heart Association sets scientific standards for CPR, BLS and ACLS, the Academy, through its College of Fellows, addresses itself to scientific issues related to EMD and is responsible for the MPDS protocols.

The following Boards and Committees function to, "facilitate an on-going review of the current standards of care and practice in EMD and evaluate the tools and mechanisms used to meet or exceed those standards."

1. The Board of Accreditation sets standards for EMD quality control, operational compliance, case review, scoring formulas, and for formal recognition as an Academy Accredited Center of Excellence (ACE™). Recognition by this Board provides an independent evaluation to verify and document compliance levels with "20 Points," covering all aspects of a comprehensive EMD program—from quality assurance and improvement to medical direction and control, pre-arrival instructions, continuing education, and MPDS questioning and response. Accreditation is the highest honor that the Academy can bestow to an EMS center and demonstrates to employees, patients, competitors and the community a long-term commitment to excellence.

2. The Board of Certification provides formal review and testing procedures, awards and recognition for individual accomplishments, and an international certification registry for trained EMDs and related telecommunications professionals. This Board sets standards and requirements for obtaining and maintaining Academy certification as an EMD, EMD-Q, Executive, Associate, and Instructor, as well as policies, procedures and practices related to denying, suspending, or revoking certification or other Academy recognitions.

3. The Board of Curriculum is responsible for development and approval of all EMD educational course development and instructor materials, including printed manuals, audio-visual aids and multimedia. This Board also ensures that Academy standards comply with positions published and promulgated by other generally accepted EMS industry standard-setting groups such as by the Nat'l Assoc. of EMS Physicians (NAEMSP), the American Society for Testing & Materials (ASTM), the American College of Emergency Physicians (ACEP), the U.S. Dept. of Transportation (USDOT), and the American Medical Assoc. (AMA), among others.

4. The Call Processing Board promotes and develops standards related to critical call pathways and the management of patient access to health care resources through telecommunication devices and their interfaces. Their primary mission is to ensure that all callers seeking medical direction receive an assessment process that responds system resources on the basis of medical need as opposed to financial incentive.

5. The Alliance Board establishes and promotes working relationships between the Academy and other industry standard-setting groups to foster joint position paper development, co-sponsorships, and mutual cooperation and recognition programs.

6. The Council of Research facilitates documentation, academic validation, and formal study related to the safe and effective practice of EMD. Existing material in the EMS literature is organized, archived, indexed and made more widely available via Academy newsletter articles, reprints, libraries, and the Internet. Specific areas of interest may be identified and earmarked for additional research, which is then funded or conducted under the direction of this Council.

7. The Council of Standards is dedicated to the continued revision and refinement of the Medical Priority Dispatch System (MPDS) protocols. To insure a consistent and standardized evolution of the MPDS,

(continued on page 6)
All Navigator '97 sessions will be held at the Sheraton Valley Forge & Plaza Suites Hotel, located just outside Philadelphia, off the Pennsylvania Turnpike, Exit 24, King of Prussia. Make your reservations today!

A limited block of rooms has been reserved at the special Navigator Conference rate of only $99/night (single or double occupancy). Hotel reservations are on a first-come, first-served basis and we cannot guarantee space. Please reserve your spot early by calling: Sheraton Toll-Free Reservations: (888) 267-1500. Sheraton Valley Forge Front Desk: (610) 337-4000.

Program Changes:

• New "HCFA" Panel Discussion
A new panel session, "Proposed Changes in EMS" has been added to address the Health Care Finance Administration's (HCFA) proposal to tie ambulance reimbursement to a patient's medical condition, using the ICD-9-CM code. This session replaces "Managed Care Organizations (MCO's): What Are They Up To Now?", on Friday, November 14, at 2:00 p.m. At this important new panel discussion, key industry leaders will discuss the EMS industry's options on this topic and how it relates to EMD and the MPDS.

• Revised EMD-Q Prerequisite
Note that EMT or other BLS/ALS field certification is NOT required for this course. Previous dispatch experience is still necessary and familiarity with the MPDS and its case review techniques is preferred.

• Faculty Change
Due to scheduling conflicts, Dr. Henry Heimlich is unable to attend the conference. “The Heimlich Maneuver for Drowning and Asthma Patients” on Friday, November 14, at 10:30 a.m. will be presented instead by Dr. Eric G. Spletzer, Director of Research for the Heimlich Institute.

Special Events:

Sponsor's Reception & Exhibits Welcome Reception & Entertainment – Thursday, 11/13, 5:30 – 7:30 p.m., Free. The sponsor exhibit area will also be open Thurs.-Sat., 11/13-15.

Local Area Bus Tours Valley Forge Park and Mill Grove Historical Tour – Saturday, 11/15, 1:30 – 4:30 p.m., $20. Enjoy this premium motorcoach tour of local historical sites.

Area Dispatch Centers Tour – Sat., 11/15, 1:30 – 4:30 p.m., $12. See the latest in local technology.

President’s Breakfast All-You-Can-Eat Buffet – Sun., 11/16, 8:30 a.m.-10:30 a.m., $13. This breakfast discussion, led by our Academy President, Dr. Alexander Kuehl, will be the concluding session of Navigator '97.

Sunday Worship Service Washington Memorial Chapel Sunday Service – Sun., 11/16, either 9:15 or 11:15 a.m. (with a special patriotic session offered at 2:00 p.m.), Free. For more information on the Valley Forge area contact the Valley Forge Visitors Ctr. at (800) 441-3549 or (610) 834-7972.

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Proposed Changes...

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on required clinical capability of responding resources.
Further support for this approach rests in the failure of previous attempts on the part of HCFA, to reduce health care expenditures through changes in the way services are reimbursed. In an editorial published in *Annals of Emergency Medicine* titled "Form Follows Finance," the author, Ricardo Martinez, MD, of the National Highway Traffic Safety Administration (NHTSA) describes successive efforts on the part of HCFA to reduce health care expenditures and the corresponding response of the health care providers to maintain revenues and profits. This chess game has been played out since the inception of the Medicare program and will continue as long as HCFA continues to attempt to influence health care provider behavior through manipulation of payment schedules or capitation.

Although capitation has been hailed as the "cure" for excess health care spending, it is destined to create a new set of problems for HCFA. Since financial incentives in capitated contracts reward providers that provide less care to members, HCFA will be tasked with developing oversight methods to ensure members are receiving appropriate levels of care. The determination as to whether appropriate care was provided will come from comparing what care was provided to a "standards of practice" or "best practices standard."

Standardizing how medicine is practiced has been one of the most significant challenges confronted by health care providers from the inception of managed care. The growing dependence on and desire for practice standards adds further credibility to an argument to adopt the MPDS as an EMD triage tool that can "preauthorize" or "presumptively" classify patients and assign an appropriate system response. The MPDS already includes a nationally/internationally accepted standard of practice for EMD interrogation and EMS resource assignment as well as a comprehensive quality management process that quantifies compliance to the standard of practice. No other EMD or medical triage system in wide-spread use today provides its users and end customers (healthcare providers) with such precise compliance or performance data. Furthermore, Academy Accreditation would validate an agency's compliance to the protocol and thus assure HCFA rational allocation of EMS resources on the basis of clinical need versus financial incentives.

The Academy and its membership have a unique opportunity to get this message to the administrators of the EMS systems they serve and their elected officials before permanent changes that are being proposed to HCFA's ambulance reimbursement rules are finalized. In response to needed input from industry experts, Dr. Jeff Clawson wrote Utah Senators Orrin Hatch and Bob Bennett regarding the proposed HCFA rule changes. In addition to Dr. Clawson's letter, written responses to HCFA were submitted by the American Ambulance Association (AAA), the International Association of Fire Fighters (IAFF) and others.

Although the official comment period is over, you can continue to influence policy through your elected politicians. These individuals must continue to hear from "EMS experts" within the industry who ensure the readiness of EMS systems throughout the US. In closing, this issue will be reviewed further by the Academy at this year's Navigator '97 conference in Valley Forge, Pennsylvania, during a special panel discussion which has been added to the schedule for Friday, November 14th.

Mr. Geoff Cady is a certified EMD Instructor and Acting Chair of the Academy's Call Processing Board. He can be reached via email: Geoff@Priority.com.

For further reading on this subject, point your Internet browser to <www.hcfa.gov>.

Accreditation would validate an agency's compliance to the protocol and thus assure HCFA rational allocation of EMS resources on the basis of clinical need versus financial incentives.

Focus on Lethbridge Fire Dept.

The Lethbridge Fire Dept. has been providing fire and EMS dispatching service for the city and area surrounding Lethbridge, Alberta, Canada, for many years. With the guidance and support of Dr. M. Simpson, their first medical director, the LFD adopted the MPDS in 1989. Since that time all dispatchers, the communication supervisor and dispatch administration have been trained and certified as EMDs.

In 1996, LFD began working with the Academy to develop a local EMD Training Site and to qualify instructors who could teach in the surrounding area. Currently, they have two instructors, Bill Litousky and Arne Westra, who evaluate calls and monitor the future performance of the EMDs. They will soon begin teaching EMD in the LFD facilities and students will be able to visit and observe their communication center.

Other steps they will take shortly are to adopt the ProQA computer program and eventually apply for Accreditation. We believe Lethbridge Fire Dept. is off to a good start with their instructors, trained staff, committed administration and newly formed QIU.

For further information, contact:

Deputy Chief Don Scott, Lethbridge Fire Department
2825 5th Avenue North, Lethbridge, Alberta T1H 0P2
Phone: (403) 329-7305, Fax: (403) 327-3503
E-Mail: scott@city.lethbridge.ab.ca

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Organizational Structure...

(continued from page 3)

this Council is composed of representatives from various Int’l Standards Committees as well as a “Readers of the Council” working subcommittee. The Readers first evaluate and organize Proposals for Change, make written pro or con statements, and finalize proposed text and format for changes positively recommended. The full Council of Standards then votes on each valid Proposal for Change prior to adoption and release in subsequent updates to the MPDS protocols, which are then localized, translated, approved, and adopted worldwide by each Int’l Standards Committee.

As an important note, the Readers of the Council of Standards are currently considering more than 200 Proposals for Change to the MPDS, submitted by dozens of progressive communications centers from around the world. Some of the recommendations are routine, common sense-type suggestions. Others are more involved, such as modifying prehospital response methodology for stroke victims based on the availability of new drug treatments such as tPA, or analyzing line-by-line how AHA recommendations for field personnel relate to DLS recommendations for EMDS.

The MPDS will likely receive some kind of major update in 1998. The last update, from version 10.1 to 10.2, was released in 1995. The deadline for submitting a Proposal for Change to be considered for the next update is October 15, 1997. While I can’t personally think of anything else to recommend that hasn’t already been submitted, if anyone has been holding back on formally suggesting a change, please send it in! Include as much rationale and validation documentation as possible. We’ll consider anything reasonable, but it must be supported by current medical science and go through the proper review and voting process. The MPDS will always be a “work in progress” and we value your suggestions and support. But, in the words of Dr. Clawson, “Modifying the MPDS without going through the proper scientific process within the Academy is like finding duct tape on the Space Shuttle’s O-rings!”

Using boards and subcommittees takes time and effort, especially from an administrative point-of-view, but we believe it’s worth it. I believe it’s worth it. Just like government, there are certainly more efficient, dictatorial, ways to run an organization than management by representation. Consider the effectiveness of a king’s word versus trying to pass legislation through the U.S. Senate and House of Representatives and then gain approval from the President and, if necessary, the Supreme Court. But then consider the benefits of government, “by the people and for the people.”

This is your Academy, comprised of international experts and representatives from around the world. Get involved. Come to Navigator. Organize EMD programs in your area. Call us—we’re here to help!

Upcoming Courses

For more info, on these and other EMD Certification Courses call Medical Priority. (801) 363-9127:

Oct. 20-22 Thomaston, CT
    Thomaston Police Dept.

Oct. 21-23 Millbrae, CA
    AMR Burlingame

Oct. 21-23 Towson, MD
    Baltimore County Fire Dept.

Oct. 21-23 Yaphank, NY
    Suffolk County Police Dept.

Oct. 22-24 Billings, MT
    Billings City/County Comm.

Oct. 24-26 Barberton, OH
    Barberton Police Dept

Oct. 24-26 Springfield, OH
    Community Hospital

Oct. 24-26 Fort Collins, CO
    Larimer Co. Sheriff’s Office

Oct. 24-26 Newburgh, NY
    Mobile Life Support Services

Oct. 24-26 Rocky Mount, NC
    Nash Community College

Oct. 24-26 Carmi, IL
    White County E 9-1-1

Oct. 27-29 Toledo, OH
    Medcorp, Inc.

Oct. 31-Nov. 2 San Leandro, CA
    AMR Burlingame

Oct. 31-Nov. 2 Houston, TX
    Cy-Fair Volunteer Fire Dept.

Nov. 4-6 Austin, TX
    CAPCO

Nov. 6-8 Geneva, IL
    Kane County Sheriff

Nov. 6-8 Orange, CA
    Metro Fire Comm.

Nov. 7-9 Springfield, OH
    Community Hospital

Nov. 7-9 Beckley, WV
    Jan-Care Ambulance

Nov. 11-13 Valley Forge, PA
    Medical Priority Consultants

Nov. 12-14 Towson, MD
    Baltimore County Fire Dept.

Nov. 17-19 Troy, IL

Nov. 19-21 Gladstone, OR
    Gladstone Police Dept.

Nov. 20-22 Geneva, IL
    Kane County Sheriff

Footnotes:
The following organizations offer training & services of interest to Academy EMDS.

University of Iowa—EMS Learning Resource Center
Mike Hartley (319) 335-2597.
<www.uicbh.ohio.edu/EMS/LRCC>

U. of Alabama-Huntsville
Sheila George or Rick Beck
(256) 551-4413.

U. of South Alabama
Phyllis Vinson (334) 639-1070

Columbus State Comm.
College (Ohio & region)
Art Ghioni (614) 226-1745.

Palm Beach Community College
(Florida & region)
Barry Duff (407) 439-8213.

Nash Community College
(Rocky Mt., NC) Jay Darnell
(919) 443-4011 x312.

Phoenix College (Arizona)
Dr. K.M. Lewis 602-285-7207.

N.H. Bureau of Emer. Com.
Bruce Cheney (603) 271-6911.

Memorial Hospital EMS
(Chattanooga, TN) — Bud Hathaway (423) 495-4678.

Mtn. EMS (Sussexville, CA)
Jeff Diehl or Aaron Himelson
(916) 257-0249.

San Jose Fire Dept. (CA)
Gary Galasso (408) 277-4105.

Acadian Amb. (Lafayette, LA)
Todd Laporte or Jerry Romero
(318) 267-3333.

Abbott Amb. (St. Louis, MO)
John Huffman (314) 768-1000.

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