Policy Change in EMS

2015 Virginia EMS Symposium

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Overview

- Introductions
- What is a Policy?
- Policies in EMS
- The Policy Process
- Policy Change
- Conclusion

Introduction

- About Me
- About You

What is a Policy?

A statement by an entity about what it intends to do about something.

What is a Policy?

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What is a Policy?

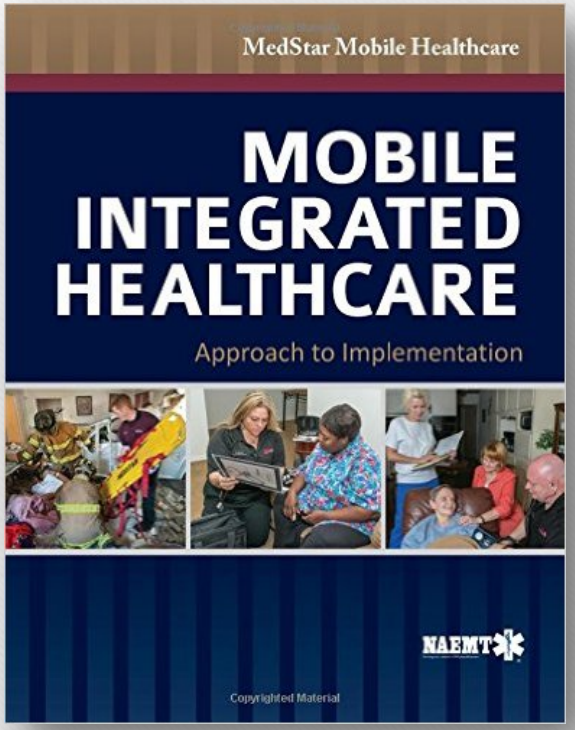
Policies in EMS

- Agency/Local/Regional Level
  - Rules and procedures (conduct, medical protocols)
- State Level
  - Laws and regulations (licensure, scope of practice)
- Federal Level
  - Administrative laws and regulations (e.g., reimbursement)

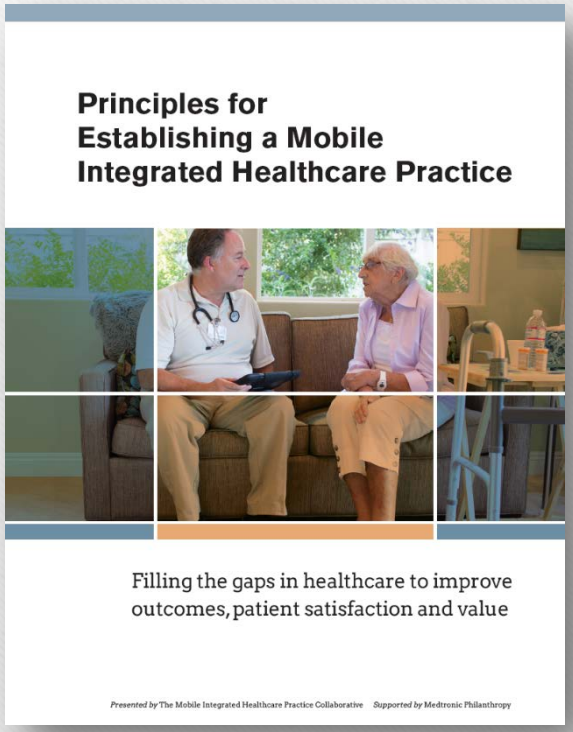
Policies in EMS

Policies in EMS

Policies in EMS



Policies in EMS


Principles for
Establishing a Mobile
Integrated Healthcare Practice

Filling the gaps in healthcare to improve
outcomes, patient satisfaction and value

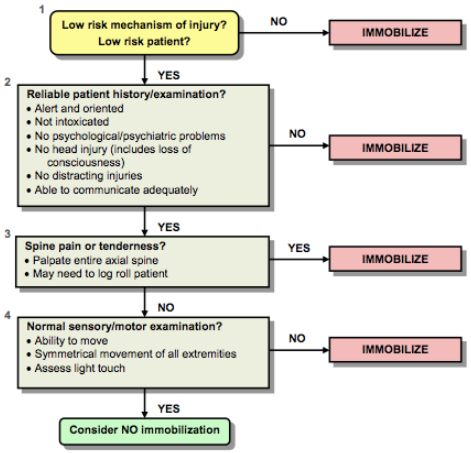
Presented by The Mobile Integrated Healthcare Practice Collaborative *Supported by* Medtronic Philanthropy

Policies in EMS

Protocol 4.24 – SPINAL IMMOBILIZATION

EMS providers may withhold spinal immobilization if the following algorithm is applied and the end-point is "Consider no immobilization." Algorithm may be applied to patients 14 years of age or older.

Selective Spinal Immobilization



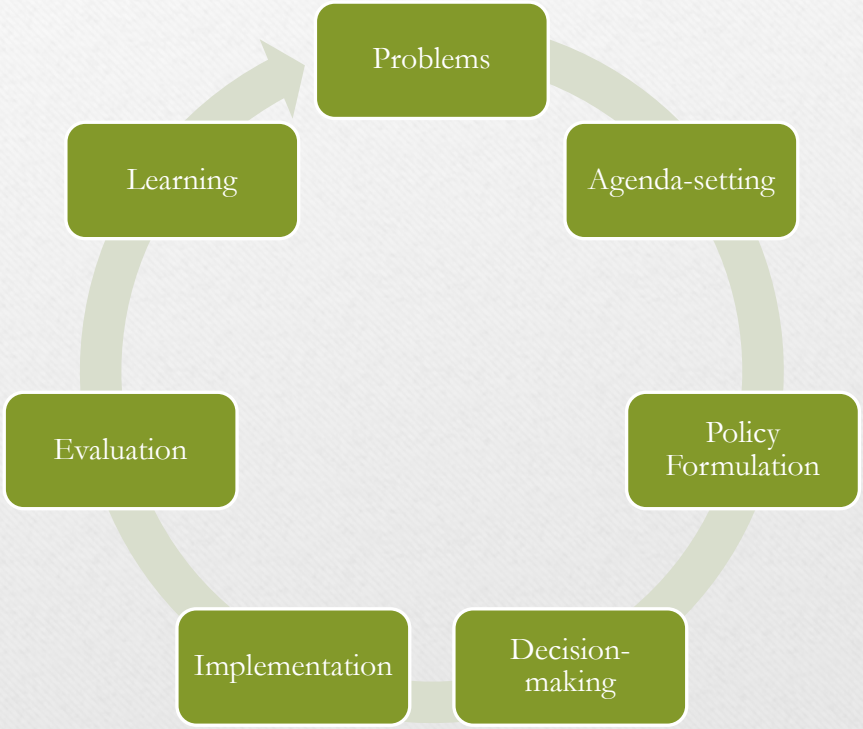
Key Points: SPINAL IMMOBILIZATION

- ***High risk patient*** includes, but is not limited to fragile elderly, bone disease, and dementia.
- High mechanism of injury suggestive of spinal injury includes, but is not limited to:
  - Violent impact to the head, neck, torso, or pelvis
  - Moderate to high speed motor vehicle incident
  - Pedestrian struck by a vehicle
  - Explosion
  - Ejection from a vehicle
  - Shallow-water diving incident
  - Fall from a height (relative to the patient)
  - Axial load
  - Penetrating trauma in or near the spine
  - Sports injury to the head or neck

Policies in EMS

Policies in EMS

The Policy Process



The Policy Process

EMS advocates must seek to engage the policy process at each stage.

The Policy Process

- Identify problems.
- Bring problems to the attention of decision makers.
- Develop and/or offer policy solutions.
- Persuade decision makers to adopt solutions.
- Evaluate solutions and identify any new problems.

The Policy Process

- Few problems gain sufficient attention to make it onto the agenda of decision makers.
- Only certain policy ideas are seriously considered.

The Policy Process

Understanding the policy process and how to engage it is NOT sufficient to produce policy change.

Policy Change

"THE MOST DANGEROUS PHRASE IN THE LANGUAGE IS 'WE'VE ALWAYS DONE IT THIS WAY'."

Rear Admiral Grace Hopper

Policy Change

Policy Change

- <u>Policy change depends on three sets of factors:</u>
  - External
  - Internal
  - Convergence of policy streams

Policy Change

- External Factors
  - Changes in public attention (planned)
    - Media attention
    - Public outreach
    - Intervention of outside groups
  - Focusing events (unplanned)
    - Generate intense media and public attention
    - Direct and magnify attention of decision makers

Need an ambulance? Why you may not want the more sophisticated version. - The Washington Post

The Washington Post · by Lena H. Sun · October 12, 2015

A victim from a crash involving a charter bus and amphibious tour vehicle is loaded onto an ambulance in September in Seattle. (AP/Ted S. Warren)

Patients who are having a heart attack, stroke or other serious health emergency have a greater chance of surviving if they're taken to the hospital in a basic life-support ambulance rather than one loaded with sophisticated equipment, according to a study released Monday.

26
26
Boston EMS
P40
AMBULANCE
DO NOT ENTER

Policy Change

- <u>Internal Factors</u>
  - Changes in the identity of key players
  - Policy-oriented "learning"

IAFF
Fire Fighters
FOR HASSAN
A F F

COST & PAYMENT

By Abby Alpert, Kristy G. Morganti, Gregg S. Margolis, Jeffrey Wasserman, and Arthur L. Kellermann

DOI: 10.1377/hlthaff.2013.0741
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NO. 12 (2013): 2142–2148
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The People-to-People Health
Foundation, Inc.

Giving EMS Flexibility In Transporting Low-Acuity Patients Could Generate Substantial Medicare Savings

Abby Alpert is an assistant professor of economics and public policy at the Paul Merage School of Business, University of California, Irvine.

Kristy G. Morganti is a health policy researcher at the RAND Corporation in Pittsburgh, Pennsylvania.

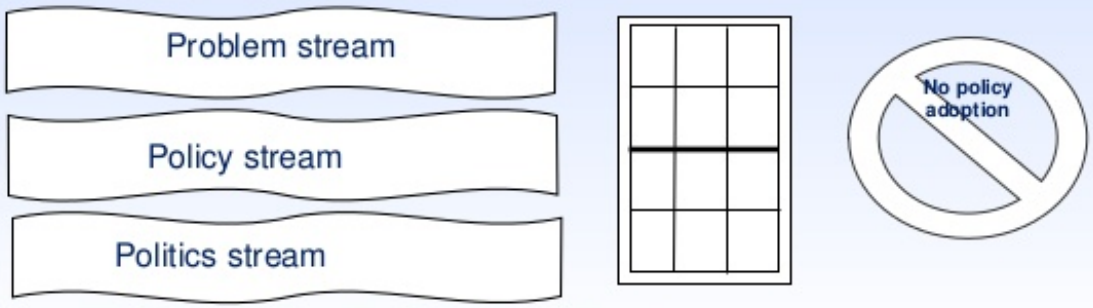
Gregg S. Margolis is director of the Division of Healthcare Systems and Health Policy, Department of Health and Human Services, in Washington, D.C.

Jeffrey Wasserman (jeffrey@rand.org) is director of RAND Health and vice president of the RAND Corporation in Santa Monica, California.

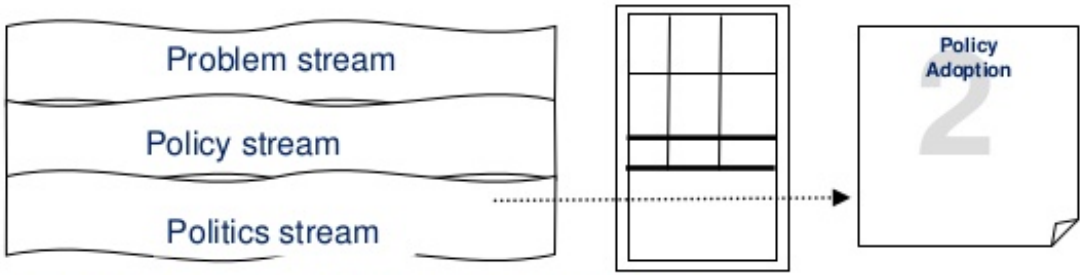
ABSTRACT **Some Medicare beneficiaries who place 911 calls to request an ambulance might safely be cared for in settings other than the emergency department (ED) at lower cost. Using 2005–09 Medicare claims data and a validated algorithm, we estimated that 12.9–16.2 percent of Medicare-covered 911 emergency medical services (EMS) transports involved conditions that were probably nonemergent or primary care treatable. Among beneficiaries not admitted to the hospital, about 34.5 percent had a low-acuity diagnosis that might have been managed outside the ED. Annual Medicare EMS and ED payments for these patients were approximately $1 billion per year. If Medicare had the flexibility to reimburse EMS for managing selected 911 calls in ways other than transport to an ED, we estimate that the federal government could save $283–$560 million or more per year, while improving the continuity of patient care. If private insurance companies followed suit, overall societal savings could be twice as large.**

Policy Change

- <u>Convergence of Policy Streams</u>
  - Problem stream
  - Policy ideas stream
  - Political stream

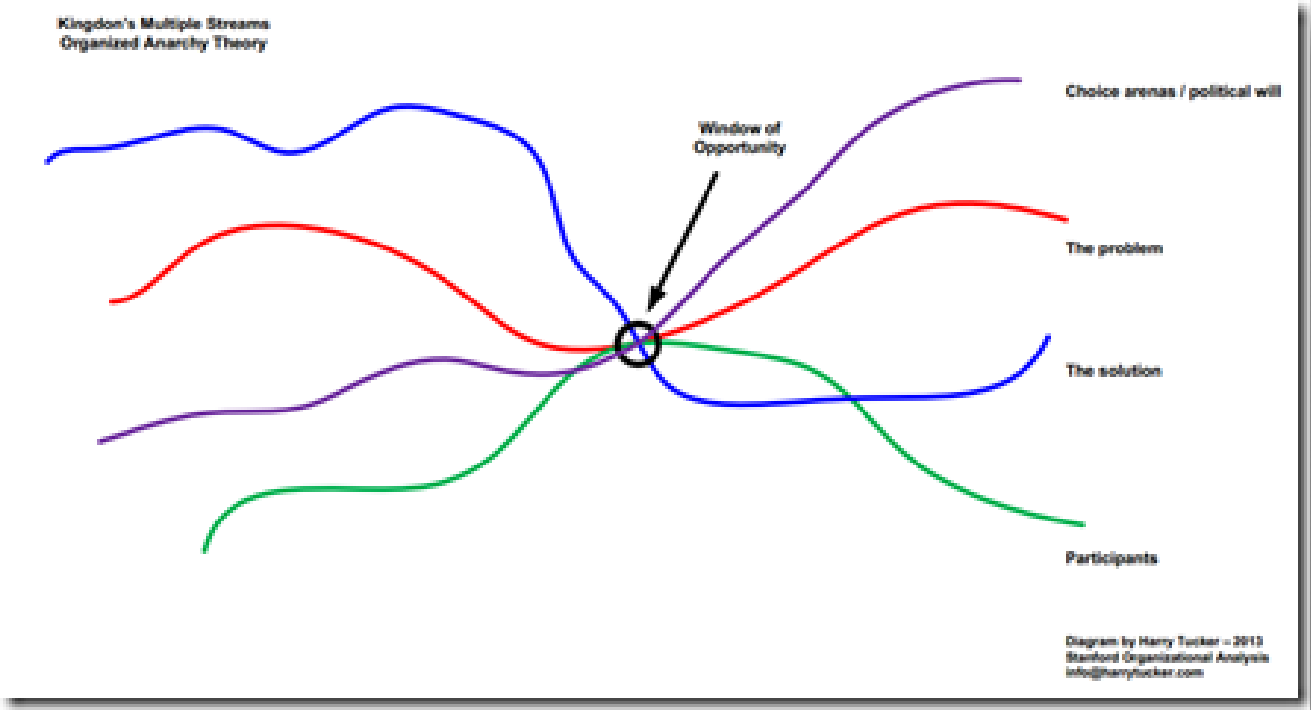


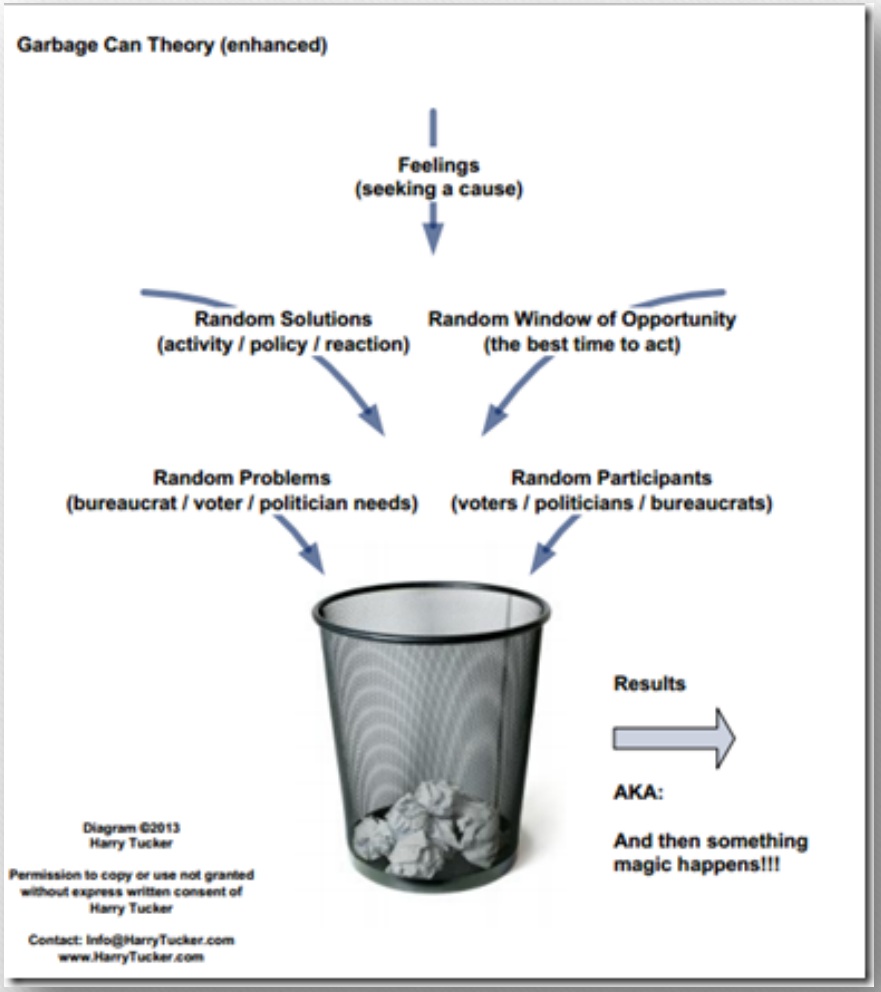
Scenario 1: No Coupling of Streams or Window Closed > Policy Proposal Not Adopted



Scenario 2: Coupling of Streams and Window of Opportunity Open > Policy Proposal Adopted

Kingdon's Multiple Streams Model


Kingdon's Multiple Streams
Organized Anarchy Theory
Window of Opportunity
Choice arenas / political will
The problem
The solution
Participants
Diagram by Harry Tucker – 2013
Stanford Organizational Analysis
info@harrytucker.com


Garbage Can Theory (enhanced)
Feelings
(seeking a cause)
Random Solutions
(activity / policy / reaction)
Random Window of Opportunity
(the best time to act)
Random Problems
(bureaucrat / voter / politician needs)
Random Participants
(voters / politicians / bureaucrats)
Results
AKA:
And then something magic happens!!!
Diagram ©2013
Harry Tucker
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Contact: Info@HarryTucker.com
www.HarryTucker.com

Policy Change

Each of the policy streams offers opportunities for EMS advocates to promote needed policy change.

Policy Change

Identifying Problems

Policy Change

Developing and/or Offering

Policy Solutions

Policy Change

Taking Advantage of

Political Opportunities

Policy Change

We must be on the lookout for changes in the political environment that may cause the three policy streams to converge – and make the most of "policy windows" that open.

Conclusion

- New developments in EMS offer great promise.
  - Mobile integrated healthcare
  - Evidence-based guidelines
- But they will require policy changes.
  - Changes in scope of practice
  - Changes in protocol

Conclusion

- EMS advocates must engage the policy process.
  - At each stage
  - Continuously and consistently
- EMS advocates must take advantage of opportunities for policy change.
  - Identified policy windows
  - Random chance

Thank You!

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