New Kinds of Scripts for Movie-Land: Advanced Providers for Alternate, Cost-Effective Solutions

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EMT
BLS
170 hrs training
Basic first aid, CPR, splinting, bleeding control

Paramedic
ALS
1200 hrs training
ACLS, PALS

Prehospital Providers
Advanced Provider

- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Bachelor’s degree + 2 or more years of advanced training
- Is there a role for Advanced Providers in the prehospital setting???
Focus of paramedic training

• Rescue
• Resuscitate
• Stabilizatize
• ACLS
• A-B-Cs
L.A. County’s 911 system burdened by non-emergency calls
May 14, 2012
Patients who summon paramedics for rides to clinics or to refill prescriptions are taking time and resources from patients with dire needs. Officials consider changes to make the system more adaptable.
LAFD EMS Agency Activity by Year, 2012-2015

- Incidents
- Transports
- Expon. (Incidents)
- Expon. (Transports)
Increase in Frequent EMS Users

Unique Frequent Users, 2012-2014

<table>
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<th>Calender Year</th>
<th>&gt;15 Transports/yr</th>
<th>11-15 Transports/yr</th>
<th>6-10 Transports/yr</th>
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<td>31</td>
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<td>CY2014</td>
<td>172</td>
<td>228</td>
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We are busy and getting busier
EM9

OCD=04  TAC=
(INVESTM) -

RA94 AND RA57 HUGGING THE WALL OVER 1.5 HRS

* 555 E HARDY ST, INGLEWOOD
564.4373  P=RA94
1108  INVESTM  FS95  11/12  18:55
Is there a better approach???
Should the ED be the only ambulance destination?
Mobile Integrated Healthcare
• New, innovative approach to prehospital care
• *Treat and release* low acuity patients
• Help EMS super users to ↓ their rate of 911 utilization
• Transport mental health patients to definitive care
• Transport inebriates to Sobering Centers
• Improve care to a underserved communities
• ↑ availability of LAFD resources for true emergencies
Editorial Let paramedics and nurse practitioners handle some 911 calls

By THE TIMES EDITORIAL BOARD

APRIL 8, 2015, 5:00 AM

There's nothing — nothing — that irritates people more about the department they otherwise love than watching a 50-foot firetruck with a crew of fully suited firefighters show up to a 911 call for a heart attack or bee sting. Inevitably, someone watching the drama will gripe, "Why can't they just send an ambulance?"

It's a valid question. The answer is an unnecessarily complex one that dates to a time when fighting fires was still the main mission of most fire departments. But times have changed. "Structure fires" are fewer and farther between. Today, nearly 90% of the calls to the Los Angeles Fire Department are for medical service.

Yet the department still has far more ladder trucks and engines than ambulances, and far too often it sends trucks to deal with situations for which an ambulance would be cheaper and more efficient.

A proposal by Councilman Mitchell Englander could start reordering priorities at the LAFD by diverting the least-urgent medical calls to a team of just two people — a nurse practitioner and a paramedic. They would use an ambulance, but the goal would be to treat people who call with minor medical needs right there at the scene, rather than schlepping them to the hospital — thus saving millions of dollars each year on ambulance rides and hospital admissions.

Nurse practitioners are able to do more than paramedics, including writing prescriptions and performing minor procedures. Between calls, this nurse practitioner unit would reach out to "superusers" — people who call 911 more than 50 times a year — to help them find services and resources before they pick up the phone again.

If the program worked as intended, there would be more firetrucks available to respond quickly to serious emergencies. Many of the people stuck in an expensive home-to-hospital cycle would be dealt with at home, more effectively and efficiently. That's what happened in Mesa, Ariz.

Two years ago, that city of about 450,000 people tried a similar program with two teams to take low-urgency 911 calls. The trial was so successful — with about $3 million in savings on ambulance transports and hospital admissions in 2013 alone and, anecdotally at least, many stories of improved care — that Mesa rolled out an expanded version in February. L.A. would use just one team, deployed in an as-yet-unidentified part of the city, for its yearlong pilot program. This is the type of innovation to better understand who our clients really are, and how we can work with other community partners to more effectively match our collective response to each client.
Why not use Community Practice Paramedics?

• Train highly trained medical professionals (NPs and PAs) who are expert in urgent/chronic medical care to safely operate in the prehospital setting, OR
• Train experts in resuscitation/critical patients (paramedics) in urgent care?
• Very limited data showing safety of allowing CPPs determine alternative transport in lieu of an ED
• Financial considerations
• Fierce opposition in California by CAL-ACEP and CAN
• Cost: Salaries are comparable, long term costs less for Advanced Providers
Nurse Practitioner Response Unit

TREAT and RELEASE low-acuity 911 patients
Advanced Equipment and Procedures

• Blood testing
• Portable ultrasound
• Eye and ear evaluation

• Suturing
• Prescriptions
• Over-the-counter medications
• Prescription medications
EMS Super Users (aka “frequent flyers”)

- *Partners in Care collaboration*
- 24 hours home-follow up by specially trained social worker
Minor trauma patients

• Triage out “minor” patients at MCIs
• Treat and release on scene
ALTERNATIVE DESTINATIONS: Mental Health Patients

• Paramedics must transport pts with mental health emergencies to the nearest ED, not the nearest psychiatric ED (mean time to MHP = 21 hours)

• Development of psychiatric urgent care facilities

• Advanced Providers can medically clear mental health pts and transport directly to psych UCC

• Mean Time To Mental Health Provider = 21 Min
Successes and challenges

• Sustainability
  • Funding
  • Billing

• Public-private partnerships
  • Cedars-Sinai Medical Center
  • Kaiser Permanente
  • Providence Health
  • Dignity Health
There is no such thing as an *inappropriate request*... But there is such thing as an inappropriate *response* to that request.
Thank you

Thank you

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