

Public Safety Commission

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Mark E. Escott, MD, MPH, FACEP, NRP

Medical Director, City of Austin-Travis County EMS System

First of all, I would like to recognize the incredible work of this community in response to the devastation caused by Hurricane Harvey. Austin and Travis County have deployed City and County Fire Apparatus, Water Rescue Teams, Ambulances and Ambus resources, and numerous personnel to aid our fellow Texans in the wake of unprecedented destruction. This coordinated effort transcends city and county boundaries and is evidence that we can unite for a common cause.

Over the past year, I have had the opportunity to meet with Austin/Travis County EMS, the Austin Fire Department, and all of the Chiefs of the ESDs. I have also met with stakeholders throughout the community including the St. David's Healthcare System, The Seton Healthcare System, the Capital Area Fire Chiefs Association, and the Travis County Medical Society. I have also been able to experience the system first-hand responding to calls in the field in many jurisdictions within this EMS System.

Over the past year, I have also come to realize that despite the fact that approximately 85-90% of the function of the system, including the EMS and Fire Departments involves the delivery of clinical care, we lack a focus on the clinical mission. Because of this lack of focus and concerns regarding effective staffing to provide the functions of clinical education, medical oversight, and clinical quality improvement, I approached the Travis County Medical Society to engage in a discussion regarding development of a resolution to help fill this gap. I am happy to report that earlier this summer the ED/EMS Advisory Board which is composed of EMS Physicians, Emergency Department Medical Directors from around the city and county, and Medical Directors of Trauma and Cardiovascular Service lines, unanimously passed the proposed resolution. On August 9<sup>th</sup>, the Executive Board of the Medical Society which represents 4,000 physicians throughout our community, also unanimously passed the resolution which

recommends 1 Physician FTE for every 500 BLS providers, 1 Physician FTE for every 300 ILS Providers, and 1 Physician FTE for every 100 ALS Providers in the Austin-Travis County EMS System. The resolution also recommends 2 non-physician staff for every Physician FTE to support a focus on clinical quality improvement. In this action, the TCMS became the First Medical Society in the State of Texas to provide specific recommendations regarding appropriate oversight of EMS. The action of the Medical Society displays a common understanding across the medical community that EMS in the State of Texas is a Medical Practice and that EMTs and Paramedics provide care under the delegated practice of a physician in a similar manner as a Nurse Practitioner or Physician Assistant and that clinical quality is critically important.

In addition to our engagement of the Medical Society, we have engaged in discussion with the Dell Medical School to create an EMS Fellowship program to eventually provide two EMS Fellows each year to help meet these oversight ratio recommendations. We continue dialogue with the City, County and other stakeholders to identify funding and personnel resources so that we can fully meet these recommendations over the next 3-4 years in order to meet the needs of our City and County programs.

The goal of this initiative is not designed to in any way diminish the role of our EMS and Fire based providers who do great work every day in our community. It is designed to create a population based clinical focus addressing the needs of our community, improvement of patient safety, and development the workforce so that we can enhance their function. Over the past 5 decades of EMS we have experienced a dramatic transition in the expectations from the community. In the early 1990's when I started in EMS as a Firefighter/EMT and then Paramedic, patients generally expected that they would go to the hospital when an ambulance showed up at their door. It seems more and more that the expectation from the community is to have someone show up at their door, assess them, and then determine what type of care is needed for them. The expectation is that EMS will help patients navigate this complex healthcare system, particularly as we have experienced more and more patients with complex medical and psychiatric needs being managed outside of the hospital. Because of this shift in expectations from the community, we must re-orient our EMS Providers and provide development opportunities to meet these needs. We need to create capabilities in our EMS System to transition some providers to the level of Paramedic Practitioner which is a Paramedic who is also

a Nurse Practitioner or PA similar to what Los Angeles, Anaheim, and Mesa, Arizona has done over the past several years. These Paramedic Practitioners are capable of dispositioning patients at the point of contact instead of transporting them to the Emergency Room to see someone who has that capability. This is particularly important for our underserved in the community who struggle financially day-to-day. For them, the prospect of an ambulance bill and an ER bill leading to medical bankruptcy is a powerful deterrent against transport.

We also need to enhance our capabilities to include telemedicine for some patients at the time of the 9-1-1 call. If we had a safe and effective way to provide enhanced triage and management through telemedicine, we may be able to avoid sending any units to some low-threat calls which would return unit hours to focus on those life-threatening emergencies. Improving physician support and enhancing focus on the clinical mission establishes and strengthens the base on which we can transition this EMS Medical Practice.

Over the past year, I have also realized that the Austin-Travis County EMS System of the past, is going to be different from the system of the future. Over the past several decades, we have experienced incredible growth in our city and throughout Travis County. It is understandable that with this growth in the suburbs, that ESDs want to make changes to better meet the needs of their individual communities. It is absolutely their right to do so. My hope, however, is that in the process, we can avoid fracturing the system into more than a dozen separate EMS programs. It is not my role to tell ESDs what they can or can not do when it comes to how they choose to staff and who they choose to utilize as a transport entity. My job is to ensure consistency in the medical practice. That includes consistency in education, consistency in credentialing, consistency in the standard of care through unified clinical guidelines, and consistency in oversight. Unfortunately, in the EMS System today, we no longer have that consistency. My hope is that the city and county can come together to create unified medical direction, unified clinical guidelines, unified medical records, and unified dispatch. This not only works to ensure seamless, high quality care across jurisdictions, it also allows us to realize efficiencies through shared resources. In a moment in time where we struggle as a nation to embrace the importance of a unified healthcare system, it would be a shame to dismantle the one that we have in Austin and Travis County.