

## Building a Partnership for Community Health Care

### Introduction

On April 28, 2000 an unprecedented event took place which promises to have far reaching implications for health care. For the first time, representatives of national emergency medical services (EMS) and public health organizations came together to discuss strategies for joining forces to improve community health.

The meeting was the first step in a series of planned discussions between EMS and public health officials intended to lay out a strategy for combining the strengths of these dissimilar, but complementary services. The goal is to document the best thinking of a group of national experts so that their advice might be used to guide the actions of community health care providers across the country.

This milestone effort is being jointly sponsored by the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) and led by the American Public Health Association (APHA) and the National Association of EMS Physicians (NAEMSP). A series of four meetings is planned with the outcome of each discussion documented and distributed for consideration by local care providers.

### Background

Communities struggle continuously to provide their population with the very best health care. Federal, state, and local programs are balanced with privately-supported delivery systems in an attempt to pro-

vide a healthy community environment, comprehensive illness and injury prevention, quality medical services, and fast and effective emergency care.

These components of our community health care system developed independently and in most cases remain isolated from one another in management and operation. As health care resources become more scarce and community health expectations continue to increase, health care administrators and providers are searching for opportunities to eliminate redundancies, extend the value of services, and target delivery efforts for greater cost effectiveness. One such opportunity may be closer collaboration between community public health and EMS.

EMS and public health approach a similar challenge from different directions. Public health traditionally seeks to improve community health by monitoring population trends and manipulating environmental factors to prevent the spread of illness or injury agents. Public health provides proactive, population-based services. In contrast, EMS delivers reactive, individual-based health care. Where public health seeks to prevent the spread of illness or injury among the population, EMS is configured to deliver a fast response to individual victims.

Along with their differences in approach, EMS and public health services have developed very dissimilar operational structures, with public health emphasizing data collection, centralized health monitoring, and population-based interventions, and EMS stressing individual emergency access and one-on-one intervention.

Recently, EMS and public health professionals have recognized the potential benefit of integrating these services to improve the delivery of community health care. Far-sighted professionals from both disciplines began to envision how a collaboration between these complementary services could result not only in improved efficiency for their traditional functions, but also in increased opportunities for reaching underserved segments of the community. Several initiatives were undertaken to define the nature of this partnership and build interest and commitment among the public health and EMS professions.

### The EMS Agenda for the Future

In 1996, the EMS professional community laid out a vision for the future of emergency medical services, the *EMS Agenda for the Future*. The vision was the result of extensive deliberation and consensus building within the profession and defined an expanded role for EMS in the community. A key element in this projection focused on the integration of EMS services with other community health care systems, especially public health. The EMS Agenda proposed that this collaboration would extend the effectiveness of both services, multiplying the influence of EMS through the adoption of population-based intervention strategies, and empowering public health with new community outreach potential.

### The Medicine and Public Health Initiative

Recognizing the potential benefits of a collaboration between medicine and public health, in 1994 the APHA and the American Medical Association (AMA) established a working alliance to develop innovative solutions to deal with the health needs of the people of the United States.



The Medicine and Public Health Initiative has since promoted joint strategic planning and stimulated collaborative efforts at the national, state and local levels.

The Initiative focuses on engaging leading medicine and public health organizations and individuals in efforts to reshape health education, research and practice. The seven primary goals of the initiative are as follows:

**Engaging the Community** in an effort to change existing thinking within academic health centers, health oriented community organizations, health care delivery systems and providers, and among health care purchasers to focus them on improving the health of the community.

**Changing the Education Process** by expanding public health's understanding of medicine and medicine's understanding of public health.

**Creating Joint Research Efforts** by educating clinical and public health researchers, focusing on significant health issues, and promoting public and private funding of research supporting conceptual and institutional linkages between public health and medicine.

**Devising a Shared View of Health and Illness** that provides a conceptual framework for collaboration between the professions.

**Working Together in Health Care Provision** by developing a framework, including standards and strategies, for integrating health promotion and prevention services and activities into both clinical and community settings.

**Jointly Developing Health Care Assessment Measures** to improve the quality, effectiveness, and outcome measures of health care.

**Creating Networks to Translate Ideas into Actions** by outlining processes for translating and implementing proposals from the Medicine/Public Health Initiative.

## The First Meeting

Nearly forty health care professionals representing a range of EMS and public health specialties gathered on April 28 at the Washington, D.C. offices of the American Public Health Association. Following a welcome by hosts Dr. Mohammad Akhter, Executive Director of the APHA and Dr. Jon Krohmer, President of the NAEMSP, the group took a step toward partnership by sharing thoughts on opportunities and benefits anticipated as a result of an EMS and public health collaboration.

*"Coming from a background of both EMS and public health, I can clearly see the need – and benefit – of adding to one another's activities. I am sure that we all here agree on this. It will be our responsibility as stewards of this movement to take the word from this roundtable and carry it to our constituencies."*

– Mohammad Akhter, MD, MPH

*"EMS is changing every day to meet the needs of our growing communities. Like other areas of health care, we are facing escalating demands for service without commensurate increases in system resources. We need to find better ways of doing things to stretch our community value. A collaboration with public health will be key to doing more with less."*

– Jon Krohmer, MD

## Mutual Commitment

One of the first accomplishments of the roundtable was to confirm a sense of mutual commitment among the representatives of the two disciplines. Participants were quick to emphasize the obvious advantages of combining strengths.

*"It is essential that this group create a model for the future integration of EMS and public health. We will be building a new matrix of health care delivery and we need to define our respective roles – first among ourselves and then among our peers."*

– EMS Participant

In his keynote address at the first roundtable, Dr. Ricardo Martinez, Senior Vice President for Health Affairs at Healtheon WebMD, reminded the group:

*"EMS and public health each have strong histories of community service and well developed methods for delivering health care. Public expectations are changing and our health care systems need to keep pace. It makes sense now to combine our community resources in the right way to provide the best care. Linking the strengths of public health with those of EMS is the right way."*

– Ricardo Martinez, MD

Both EMS and public health representatives emphatically pointed out the potential value of a collaboration of EMS and public health. While acknowledging the challenges to be faced in changing the traditions of these professions, the experts expressed confidence in the ultimate success of this movement.

*"This will be a profound shift for each system, but no one system can improve the health of the people. We need to look carefully at how we can bring EMS and public health together and design a single health care delivery system with shared responsibility and shared accountability."*

– Public Health Participant

Convinced of the benefit of integrating EMS and public health, roundtable participants eagerly accepted the challenge of developing guidelines to shape the collaboration. To structure their deliberations, the experts chose to first consider the specific advantages that a community would realize from this change, then identify the



types of challenges which must be overcome to implement the change. Finally, they will develop strategies for overcoming these barriers and propose an action plan for mobilizing communities.

## Anticipated Benefits

Discussion of the specific benefits of EMS and public health integration began with the EMS representatives offering their perspective, which led to a reciprocal viewpoint from the public health professionals, and finally to a joint statement concerning the value to the community.

### How Will Integration Help EMS With Its Mission?

**Increased Professionalism** – a partnership with public health will enhance the professionalism of EMS, expanding the knowledge base of EMS providers and facilitating linkages with academic institutions.

**More Analytic Approach** – EMS will benefit from experience with the data-driven problem identification and evaluation methods utilized by public health professionals, using data to identify and manage EMS patient safety issues.

**Use of Public Health Data for EMS Purposes** – public health data will enable EMS to target resources and evaluate interventions.

**New Funding Opportunities** – EMS can expand funding possibilities by contributing to public health priorities.

**More Satisfaction From Issue Resolution** – by adopting the public health approach, EMS providers will have opportunities to become more proactive in community injury and illness control.

**Strong Leadership** – public health will provide leadership and coordination for EMS and other agencies involved in community health issues and at the same time increase the recognition of EMS as a community health resource.

**Broader Community Perspective** – linkage with public health will broaden the outlook

and approach of EMS systems from an individual focus to a community perspective.

**Expertise** – affiliation with public health will offer EMS access to specific technical expertise such as epidemiology and disease management.

**Access to Career Ladder** – linkage with public health opens a range of career possibilities for EMS providers who otherwise have limited opportunities.

**Greater Coverage** – localized problems and high risk populations identified through public health data can help EMS target services and expand community coverage.

### How Will Integration Help Public Health Fulfill Its Mission?

**Prevention** – EMS providers offer a uniquely credible voice and a ready, mobile workforce for delivering injury or illness prevention messages.

**Visibility** – public health agencies will benefit from the high level of recognition and exposure that EMS enjoys in the community.

**Response Capability** – EMS offers a well developed access and response system that could be used to extend the outreach of public health services.

**Rapid Communication** – the emergency communications system utilized by EMS could be of great value to public health, particularly during critical community health emergencies.

**Data Collection** – EMS run reports can provide nearly instantaneous data input for public health purposes such as assessing the spread of illness symptoms.

**Referrals** – EMS providers could refer appropriate patients to public health facilities for care or follow-up.

**Cost Effectiveness** – integrating services and sharing resources will offer opportunities for both public health and EMS to reduce costs and improve the effectiveness of services.

**Access to Populations** – through the EMS system, public health can take advantage of routine access to a variety of high risk community populations.

### How Will Integration Help the Community?

**Reduced Health Care Costs** – a collaboration between EMS and public health will provide each service with a greater range of resources and options for delivery of services, offering improvements in efficiency and reduced costs.

**Greater Accountability** – combining responsibilities will reduce uncertainty about roles and improve accountability for community health.

**Education** – with a simplified delivery system and improved community outreach, consumers will have a better understanding of methods of access and proper use of the health care system.

**Coverage** – combining the unique surveillance and access resources of EMS and public health will allow each service to extend its reach in the community, improving reach into underserved areas and populations.

**Security and Stability** – by combining resources and responsibilities, EMS and public health can assess the relative value of health services and allocate health care funding to provide the greatest value to the community, ensuring the continued availability of a balanced community health care system.

**Access** – utilizing public health information to extend the reach of EMS and the mobility of EMS to enhance the delivery of public health services will improve overall community health care access.

**Adaptability** – with improved surveillance and delivery, a combined EMS and public health system will be capable of quickly detecting and responding to community health needs.

**Improved Health** – with improved responsiveness, greater efficiency, and enhanced effectiveness, the bottom line is that a collaboration of EMS and public health will lead to improved health in the community.



## Challenges to Integration

While convinced of the far-ranging benefits of integration, roundtable participants acknowledged that there will be challenges to achieving widespread collaboration of EMS and public health. The group characterized these barriers as follows:

**Potential for New Roles** – a greater collaboration between EMS and public health may significantly change existing health care roles and responsibilities and could result in resistance from those who perceive a threat to their job or security.

**Traditional Roles and Cultures** – overcoming traditions and long-held perceptions may be difficult, especially considering the vast differences in professional environments between EMS and public health providers.

**Traditional Performance Measures** – combining professions may mean combining very different performance measures and benchmarks, population-based for public health and response-based for EMS.

**Limited Funds** – scarce resources for traditional core services for both EMS and public health may limit interest or ability to adopt roles which are viewed as expanded scope.

**EMS Industry Turmoil** – with the rate of change brought on by managed care and the new HCFA reimbursement policies, EMS agencies may not be able to devote attention to new ideas.

**Lack of Cross Training** – EMS personnel receive little education concerning the theories or practice of public health – and vice versa – so a collaboration will require a period of learning.

**Legislative Support** – state or local statutes and regulations may prevent an effective integration of EMS and public health, such as those that would prevent EMS personnel from administering vacci-

nations or limit EMS reimbursement to patient transport.

**Communication** – EMS and public health have few established mechanisms to share information or ideas, such as common forums and organizations, data systems, or operational protocols that bring the two groups together.

**Range of Community Needs** – the specific nature of a local EMS and public health collaboration will likely be shaped by community needs, complicating efforts to produce models for integration.

**Awareness of the Need for Collaboration** – to date, there has been little call for collaboration of EMS and public health from within either profession or from the community.

## Next Steps

Encouraged by the enthusiasm from both EMS and public health representatives, roundtable participants laid out a plan for a series of meetings to systematically consider strategies for fostering a collaboration of the two professions. The group determined that the end result of these meetings should be a set of guidelines or recommendations for use by local health care providers.

Three additional meetings were planned with the next to take place in conjunction with the APHA Annual Conference in Boston in mid-November. The third meeting will be conducted as part of the NAEMSP Annual Conference in Sanibel Island, Florida in January 2001, and the final meeting is tentatively planned for Washington, D.C. in the spring of 2001.

As a strategy for working through these issues, the group decided to turn its attention to the challenges listed during the first roundtable discussion. Consequently, the November meeting will focus on these barriers to collaboration and consider methods for overcoming resistance and fostering a productive collaboration between EMS and public health.

## Participants in the First EMS and Public Health Roundtable

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Les Becker, PhD  
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