Utstein, Kaiser, and Scrooge

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An unusual grouping of names highlights a puzzling dilemma for emergency medical services (EMS). Utstein is the name of an ancient abbey off the Norwegian coast, Henry Kaiser is the famous American industrialist who founded Kaiser Steel and Aluminum. Scrooge is the protagonist of the famous Christmas story by Charles Dickens. It is the name applied to the perennial miser who hoards his riches for the mere pleasure of having, despite the poverty surrounding him.

In 1990, the "Utstein Consensus" was an international attempt to determine consensus definition, reporting, and review of cardiac arrest data.[1] Kaiser Permanente is the name of the largest and most successful health maintenance organization (HMO) operating on a national scale. Scrooge is Scrooge. Whether he represents the government, the insurance industry, the patients, or the care provider, there is a bit of him in all of us, and his influence is expanding.

Utstein, Kaiser, and Scrooge are related by the message they have for emergency medical services. We must recognize the economic dilemma of the medical profession and accept it as our own. And, we must learn to communicate with our colleagues as well as with those non-physician entities which have acquired a legitimate stake in medical policy decision-making.

Case in Point

In Colorado, the state legislature recently enacted legislation requiring HMOs to promote the use of the 9-1-1 system. The legislation effectively curtails the ability of the HMOs to restrict access to emergency medical services by giving the patient direct access. This would not seem to be a controversial issue. Clearly, the idea of call screening is inconsistent with the concept of emergency medical dispatch. The EMS systems were designed to provide rapid response, quality care, and resource integration for each and every citizen. The EMS system is the epitome of a sophisticated medical delivery system. Where else can dialing three digits boot-up sophisticated computer technology, initiate myriad tracking activities, launch two or three vehicles (fire and ambulance), and mobilize multiple personnel in the prehospital and hospital arena? Nothing is too good for our Patients. Spare no expense. We are the guardians of all citizens at risk of serious injury and illness.

One of the sponsors of the Colorado legislation told me that "the citizens of this state are paying through the nose for this [9-1-1] system, and by God, they are going to get it."

The most vocal proponents of this legislation are members of the fire service community, who are the traditional responders to medical 9-1-1 events in this state. They are strongly supported by the majority of the emergency medical community. How can anyone argue against the very definition of quality medical care?

The antagonist in this drama are the HMOs that the legislation seeks to regulate, the largest of which is Kaiser. Which arguments can they possibly raise? How can they possibly determine what is best for their clients in time of medical crisis? The HMOs must accept that their clients are our patients! Sound familiar?

It stands to reason that anything less than quality care is less than acceptable. But are there other concepts of value? Is the motive of the HMO purely economic greed, or is there some virtue to providing health care alternatives within a burdened economic environment? Is it possible that economic considerations motivate EMS agencies and/or emergency physicians as well?

The HMO had set up an alternative

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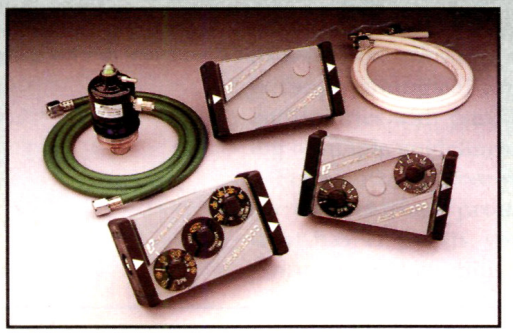

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system that responded to its clients and offered ambulance transport when indicated. While the HMO did not prohibit the use of 9-1-1, its literature certainly seemed to discourage it. In fact, the alternative system provided a different, comprehensive service including ambulance dispatch for the HMO clientele. The real question is, how much of a disservice did it cause?

The majority of the EMS community argued that patients were harmed because they were not allowed to use the 9-1-1 system for fear that they would incur large bills for non-covered medical services. Some fire departments suggested that HMO dispatch irregularities did not allow the closest responders to get to patients in time of need.

These allegations largely were supported by anecdote. The prevailing view among EMS providers was that these allegations were supported by Truth, Justice, and the American Way.

Yet, other truths exist and other questions arise. In a sane world, can cost-containment and universal access to emergency care coexist? Can all parties, in good faith, promote the 9-1-1 system? Should all parties be held responsible to promote the 9-1-1 system? How do we defend universal access to quality emergency medical care within the current economic environment, especially when our physician peers are being forced at the same time to make hard decisions regarding access and quality of all medical care services?

We Are They

The Utstein Consensus reminds us that EMS physicians are not the sole shepherds of resuscitation and emergency medical care. Our patients belong to other physicians as well. Even in the prehospital setting, many active, responsible physician advisors are not emergency physicians. Furthermore, physicians do not always agree on methods and outcome.

Drs. Cummins and Chamberlain, Co-Chairmen of the Utstein Consensus Conference, reported that the conference participants recognized that there is no consensus regarding best outcome measures. The Utstein style contains specific recommendations regarding data collection which then can be used to support a number of objectives. In addition to improved research and system comparisons, the data could "help determine which outcomes are due to intervention differences and which are due to EMS system differences." They see the road to the future paved with the bricks of interdisciplinary cooperation.[2]

We must cooperate with the specialists and the provider organizations which have a legitimate stake in the health care of the patients we share. It is difficult (and self-defeating) for the Emergency Medicine community to claim sole possession of the right to determine utilization and compensation for resources in any setting outside of the hospital environment. If the EMS community is to defend itself, its principles, and "its" patients, it must be able to communicate effectively with other members of the medical community. We have lots to discuss.

We should keep in mind that the language of medical communication is the scientific method. The current explosion of prehospital research is a welcome effort to enhance our ability to communicate. It behooves us to support this endeavor.

Finally, as the Scrooges of the world tighten the purse strings, we need to be able to justify our perspective and promote cost-effective decision-making in the prehospital setting. To do this, we must critically evaluate all of our activities. We must demonstrate our social consciousness. We must participate in ongoing discussions regarding universal access, cost-containment, and preventive health care services.

I have attended many meetings in which an individual or agency has promoted an equipment request. I often have heard them say, "If we save one life, it will have been worth the cost." This used to be quite an effective argument. How can you argue against saving a human life? Only a Scrooge would do that.

But the audience has become more sophisticated. They want to know how you determine the "cost" in terms of capital, personnel, and maintenance. They want to know how you define "saving a life" in terms of appropriate resource allocation and quality of life.

These difficult questions will require complex answers. The good news is that we can make a significant contribution. Universal access to quality medical care is what we are. We also are inexpensive. On a national scale, EMS activity would have to be considered a low-cost portion of the health care industry. But we lose our effectiveness if we only rally behind motherhood and apple pie issues as we see them. We no longer can pretend that every patient has a right to every conceivable medical modality. Scrooge has had a major impact on the delivery of health care in this country. We are competing against fellow health care professionals for health care dollars. Patients themselves are looking for means to communicate their wishes regarding limiting interventions on their behalf.

The EMS physicians have a unique perspective of health care delivery. We have the ability to obtain valuable data. We communicate with our physician colleagues about patient care issues on a daily basis. We clearly are in a position to influence the discussions which will determine the future of health care. Let's not blow it!

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