ACCESS TO AIR MEDICAL SERVICES
IN A MANAGED HEALTH CARE ENVIRONMENT

A Position Statement of the National Flight Paramedics Association

Introduction

The National Flight Paramedics Association is an internationally recognized organization for Flight Paramedics working as professional health care providers in the air medical industry. Flight Paramedics may be employed by services utilizing rotor wing aircraft (helicopters), fixed wing aircraft, and ground ambulances. The National Flight Paramedics Association was formed as a non-profit organization in 1986 to coordinate and further the goals of Flight Paramedics.

Current membership consists of Flight Paramedics world wide with a membership of approximately 650 paramedics.

The National Flight Paramedics Association is dedicated to promoting the global growth and development of the paramedic profession.

The National Flight Paramedics Association will evolve with the changing health care environment and ensure that Flight Paramedics continue to perform a primary role in the critical care transport setting.

"Access to Air Medical Services in a Managed Health Care Environment" is a position paper written proactively in response to potential constraints that managed care organizations could place on the utilization of air medical services. The paper takes a look at the evolution of managed health care and the evolution of air medical transport. It highlights the position of the NFPA regarding access to air medical services and financial reimbursement for such services, while emphasizing that air medical transport is an integral part of modern day critical care transport. Our position stresses the role of the Flight Paramedic, inclusive of reducing system entry, advocacy for the patient, and professional education.

Managed Health Care Evolution

This period of time in the United States will be noted for the national debate over health care. Over the past ten years, health care costs have continued to increase and the number of non-insured or under insured citizens continues to grow. This imbalance in the health care system has become a focus of the federal government and the public, as they have recognized the need to develop a system which will lower the cost of health care. Lowering costs would provide a means for both insured and non-insured individuals to obtain health care at a reasonable cost.

Corporate control of the health care industry has been increasing since 1965, when Congress passed the Medicare and Medicaid laws. This corporate control was further supported by the passage of the HMO Act in 1973.[1] Current proposals for reform are moving the industry more toward a managed care system.

Evolution of Air Medical Transport

Helicopters debuted in emergency medical care during the Korean conflict and their use for medevac missions was further developed during the Vietnam war. The utilization of helicopters for medevac missions during the Korean conflict was a major factor in decreasing the mortality rate from 4.5 deaths per 100 casualties to 2.5 deaths per 100 casualties.[2] This rate decreased further in the Vietnam war when the mortality rate fell to less than 1 death per 100 casualties.[3]

Historically, one factor that could explain the decreased mortality rate is the evolution of prehospital helicopter transport. Rotorwing aircraft had not been developed nor utilized for medivac missions during World War II. During the Korean conflict, casualties were transported rapidly from the battlefield to definitive care using rotorwing aircraft. The rapid transport of casualties was to front line hospitals for surgical intervention. Helicopters of this time period were not configured for transport of patients inside of the aircraft, nor would they facilitate treatment en route. Helicopters had been further developed during the Vietnam War and facilitated transport and treatment of causalities inside of the aircraft en route to definitive care.

In the late 1960s, helicopter utilization in the civilian sector was predominately law enforcement. However, there were limited situations where patient care transports did occur.[4] The use of rotorwing aircraft dedicated specifically for patient care began in Europe in the mid 1960s.[5,6] The early 1970s saw the evolution of emergency medical services (EMS) in the United States. The development of emergency medical services led to many advances in prehospital care, including the addition of rotorwing aircraft dedicated specifically to patient care. With emergency medical services being in its infancy, experience, knowledge, and care were very basic for this time period. When a helicopter was requested to respond to an accident scene or transferring hospital it carried a physician and nurse. Helicopters that responded directly to accident scenes or to transferring institutions allowed medications, advanced procedures, and higher level of medical expertise to be delivered rapidly at the site of injury or illness. This level of care was routinely found in the hospital setting and now was available to patients in a prehospital environment. Helicopters allowed for the expedient transport and treatment of patients from remote and broad geographic areas once available only by ground ambulance.

From the time helicopters were first dedicated to air medical missions, numerous programs have emerged. These programs not only provide transport from the scene of accidents, but also allow the expedient transfer of patients from one facility to another. This is often necessary when a patient requires a higher level of care than that provided by the originating facility. The use of an air medical service for such a transfer allows a continuity in the level of care during transport. In many instances, this continuity of care cannot be provided by a ground ambulance transfer service.

Evolution of Air Medical Transport Cont.

The benefit of air medical transport on the outcome of patients who suffered traumatic injury was documented in 1983 by Baxt and Moody. In their study:

> *... The mortality of 150 consecutive trauma patients treated at the site of injury and transported to a trauma center by standard land prehospital care services was compared with that of 150 consecutive trauma patients treated at the site of injury and transported to the same trauma center by a rotorwing (helicopter) aeromedical service staffed by a physician and nurse. A statistical analysis designed to predict mortality based on injury severity revealed that the mortality of the land group was statistically no different from that of a large index trauma patient population treated at a major trauma center. There was a 52% reduction in predicted mortality of the aeromedical group, which was highly significant."*

It is the position of the NFPA:

- That Managed Health Care Organizations should support the EMS's decision of the appropriate facility and mode of transportation for the critically ill and/or injured patient.
- That the decision of the appropriate facility and mode of transportation should be based on clinical diagnoses and off-line or on-line medical direction.
- That the patient should be transported to the appropriate facility based on patient condition. This decision should be regardless of the presence or absence of a managed care contract with the receiving facility.
- That the financial reimbursement for air medical services of emergent patients should not be denied based on retrospective review of diagnosis.
- That a physician directed pre-hospital EMS can insure expedient, medically appropriate, cost effective care.
- That this system includes the transfer of the patient to facilities contracted with the managed care provider following the emergent phase.
- That air medical transport is an integral component of modern day critical care transport capable of maintaining or elevating the level of care as needed.
- That the utilization of air medical services can provide rapid transport of the critical care patient to an appropriate facility contracted with a managed care organization.
- That should the transfer of a critical care patient become necessary, the patient should have access to air medical services.
- That patient transfer via air medical services is consistent with the following goals of managed care organizations:
  - Cost reduction through rapid access to definitive care.
  - Transport into the managed care organization network regardless of distance.
  - Adherence to legislation such as the Consolidated Budget Reconciliation Act (COBRA) and the Omnibus Budget Reconciliation Act (OBRA).

Role of The Flight Paramedic

It is the position of the NFPA:

- That the role of the Flight Paramedic includes community involvement in prevention efforts to reduce the need for system entry.
  Examples include, but are not limited to:
  - Driving under the influence of drugs and alcohol, prevention and education
  - Violence prevention and education
  - Wellness programs

- That once the patient enters the EMS system the Flight Paramedics' responsibility is the care and advocacy of the patient.
  This includes:
  - The appropriate care for the patient's condition.
  - The transfer of the patient to an appropriate facility.
  - The education of other health care professionals in the capabilities of and indications for air medical transport.
  - The education of the general public and their representatives.
  - Working with managed care organizations to ensure access to air medical services for their subscribers when appropriate.
  - Initiating and participating in scientific research to evaluate the safety and efficacy of air medical transportation of specific patient groups.
  - Participating in the development and implementation of new technology for the care of patients in the air medical environment.

References

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National Flight Paramedics Association

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