

Kids 'R' Us? Researchers Call for Special Protocols for Pediatric EMS

Analysis of market reform effects on children's emergency services

SUMMARY

From 1997 to 2001, staff from the Emergency Medical Services for Children National Resource Center, which is housed in Children's National Medical Center, developed a series of white papers on critical issues regarding emergency medical services for children that have surfaced under managed care.

Key Results

- The National Resource Center developed 10 white papers in topic areas such as:
 - 24-Hour Access to Emergency Care
 - Quality and Accountability
 - Reimbursement Issues
 - Injury Prevention

Key Recommendations

- Encourage the development, dissemination and evaluation of nationally recognized pediatric emergency care guidelines.
- Encourage the development of nationally recognized performance measures (process, structure and outcome).
- Coordinate care with the online "medical home" containing patient information
 essential for the primary care provider responsible for coordinating care and all other
 providers rendering care.
- Ensure reimbursement for emergency medical services for children.
- Explore issues around the definition of medical necessity.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project through a grant of \$149,972.

THE PROJECT

The Children's National Medical Center developed a series of white papers on critical issues regarding emergency medical services for children that have surfaced under managed care. RWJF provided a \$149,972 grant in partial support of the effort.

Emergency medical service for children requires special training and equipment, and using protocols developed for adults may put children at risk. For example, measures designed to reduce nonessential emergency room visits (preauthorization, triaging patients to other settings) may be inappropriate for pediatric emergencies.

The Emergency Medical Services for Children National Resource Center housed at the Children's National Medical Center assumed leadership of the project. The center offers technical assistance to state-based, regional pediatric emergency networks and other organizations concerned with children's emergency care.

The federal Maternal and Child Health Bureau of the Health Resources and Services Administration, and the National Highway Traffic and Safety Administration jointly administered this project. Both agencies provided additional funding.

The National Emergency Medical Services for Children Managed Care Task Force, formed by the Maternal and Child Health Bureau and the National Highway Traffic and Safety Administration, recommended the series and oversaw its development. (See Appendix 1 for task force members and affiliations.)

The Maternal and Child Health Bureau awarded a grant of \$160,000 to complete the white papers post-RWJF funding, and has allocated funds for their dissemination. The bureau has coordinated with the National Resource Center to produce an additional white paper on Emergency Medical Services for Children and Children with Special Health Care Needs.

The white papers were intended to provide expert guidance to the managed care industry, to private and public payers and insurers, and to health plan enrollees on how to develop safe and satisfactory emergency medical services system for children under managed care. To develop the series, the National Resource Center selected panels of experts to discuss the content and identify relevant materials and research in seven topic areas.

The National Resource Center subcontracted the work on three additional papers to the medical centers at the University of New Hampshire, the George Washington University

and the University of Boston. The resource center convened 12 workshops for panelists and, based on the meetings' discussions, developed draft white papers for panelists to review. Outside experts in a variety of disciplines also reviewed each paper while in draft form. (See Appendix 2 for a list of expert panel members and affiliations and for information about project subcontractors.)

RESULTS

The National Resource Center developed 10 white papers in these topic areas:

- 24-Hour Access to Emergency Care
- Quality and Accountability
- Reimbursement Issues
- Injury Prevention
- Pediatric Practice Guidelines and Performance Measures
- Continuity Between Primary Care Providers and the Emergency Medical Services for Children System
- Education and Training Considerations
- Managed Care Contracts of State Medicaid and Federal Employee Health Benefit Plans (with University of New Hampshire and George Washington University)
- A Critical Analysis of the Definitions of a Medical Emergency (with University of New Hampshire and George Washington University)
- Cultural Competency (with University of Boston)

Recommendations

The white papers contained more than 68 recommendations to ensure access to quality pediatric emergency services. From these, task force members selected 11 priorities for continued work, including:

- Encourage the development, dissemination and evaluation of nationally recognized pediatric emergency care guidelines.
- Encourage the development of nationally recognized performance measures (process, structure and outcome).
- Coordinate care with the online "medical home" containing patient information
 essential for the primary care provider responsible for coordinating care and all other
 providers rendering care.

- Ensure reimbursement for emergency medical services for children.
- Explore issues around the definition of medical necessity.

Communications

The peer-reviewed journal *Annals of Emergency Medicine* (circulation approximately 26,000) published three of the white papers (24-Hour Access, Quality and Accountability, and Injury Prevention), plus an introduction about the white paper series. These articles are also available from the National Resource Center on CD-ROM. Internally, the center published the articles on Managed Care Contracts and Definitions of a Medical Emergency. It has disseminated approximately 2,000 copies of each of these five published white papers; the articles also are available as downloads through the National Resource Center website. The *Pediatric Emergency Medicine Journal* has accepted the white paper on Cultural Competency for publication. The remaining papers are at various stages in the editing process. Project staff has given seven presentations about the white paper findings at national meetings and/or federal agency briefings. (See the Bibliography for details.)

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Program area: Disparities

APPENDIX 1

Maternal and Child Health Bureau: Emergency Medical Services for Children Managed Care Task Force Members

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

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APPENDIX 2

Members of Expert Panels on Emergency Medical Services for Children and Managed Care

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

24-Hour Access to Emergency Care

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Definitions of Emergency Care

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Cultural Competency in Emergency Medical Services for Children and Managed Care

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Governmental Agency Co-Partners

Emergency Medical Services for Children and Managed Care for Children with Special Health Care Needs

Maternal and Child Health Bureau

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Moody-Williams JD, Linzer J, Stem A, Wilkinson J and Athey J. "Twenty-Four-Hour Access to Emergency Care for Children in Managed Care." *Annals of Emergency Medicine*, 34(6): 761–767, 1999.

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Moody-Williams JD, Krug S, O'Connor R, Shook JE, Athey JL and Holleran RS. "Practice Guidelines and Performance Measures in Emergency Medical Services for Children." *Annals of Emergency Medicine*, 39(4): 404–412, 2002.

Solloway M and Markham Smith B. "The Impact of Managed Care on Access to Emergency Services: An Analysis of Managed Care Contracts of State Medicaid and Federal Employee Health Benefit Plans." Washington: EMSC National Resource Center, December 2000. Reprints available from jmwilliams@emscnrc.com.

Solloway M. In the Eye of the Beholder: A Critical Analysis of the Definitions of a Medical Emergency and the Prudent Layperson Standard. Washington: Material and Child Health Bureau, 1999.

Sponsored Conferences

"EMSC White Paper Briefing," March 26, 2000, Washington. Attended by approximately 300 participants, including emergency medical services for children grantees, state EMS directors, federal and state government representatives and parent advocates. Five presentations.

Presentations

- Peter Van Dyck, associate administrator of Maternal and Child Health, Health Resources and Services Administration (Washington), "The Maternal and Child Health's Bureau in Ensuring Access to Care."
- Lisa Gladden, Maryland state delegate from the 41st District, (Baltimore), "Ensuring Access to Care Through Legislation."
- Jean D. Moody-Williams, EMSC National Resource Center (Washington), "EMSC and Managed Care."
- Drew Dawson, Montana Department of Health (Helena, MT), "Twenty-Four-Hour Access to Emergency Care for Children in Managed Care."
- Lenore Olson, Director, Intermountain Injury Control Center (Salt Lake City, UT), "Injury Prevention and Managed Care in EMSC."

"EMSC White Paper Briefing," March 28, 2000, Washington. Attended by 75 leaders in Pediatric Emergency Medicine. One presentation.

Presentations

 Jean D. Moody-Williams, EMSC National Resource Center (Washington) "EMSC and Managed Care: Making a Difference for Children."

Audio-Visuals and Computer Software

Giving America's Children Our Best. Silver Spring, MD: National Resource Center, 2000. Video clip and educational resources on CD-ROM. 2000 copies distributed.

Body Systems and Patient Care, Computer-Assisted Learning Lessons Project. Fairbanks, AK: University of Alaska, 1997. An interactive computer program on CD-ROM. 450 copies distributed.