EMS AGENDA 2050

Envision the Future

DRAFT FOR PUBLIC COMMENT

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About EMS Agenda 2050

More than 20 years ago, pioneers and leaders in the Emergency Medical Services (EMS) industry described a vision of data-driven and evidence-based systems in the EMS Agenda for the Future. Since then, the profession has worked tirelessly to fulfill the vision set out in that landmark document.

Throughout 2017 and 2018, the EMS community has come together to build on this foundational work and advance the vision for the future of EMS. EMS Agenda 2050 is a collaborative and inclusive, two-year project, to create a bold plan for the next several decades. EMS community members, stakeholder organizations, and the public, are all encouraged to get involved in writing a new Agenda for the Future that will set forth a vision for the next thirty years of EMS system advancement.

This draft comes as the culmination of more than two years of input from the public and the EMS community, through the National EMS Advisory Council, a Federal Request for Information (RFI), public meetings, conference sessions, website submissions and more. Now comes another chance for you to share your thoughts on the vision for the nation's EMS systems. **Please submit your comments by May 30, 2018, by visiting EMSAgenda2050.org.**

Table of Contents

A Glimpse into 2050 **3**
The Vision **5**
Why 2050? **7**
The Guiding Principles:
- **Inherently Safe and Effective** **8**
- **Integrated and Seamless** **12**
- **Reliable and Prepared** **16**
- **Socially Equitable** **22**
- **Sustainable and Efficient** **25**
- **Adaptable and Innovative** **29**

Appendices
- **The Process** **33**
- **Who's Involved** **34**

A Glimpse into 2050

It's Sunday, May 23, 2050, and nine-year-old Carla Hernandez walks into the backyard, taking care not to step on the tomato plants just beginning to grow. As she kneels to begin pulling weeds, she feels a sharp pain in her leg and reflexively swings for the bug that might be biting her. A minute later, she suddenly feels lightheaded and sick to her stomach. The wooziness scares her, and the panic is evident in her voice when she calls out to her grandmother for help.

Carla's grandmother hurries outside and finds her granddaughter lying on the grass, pale and gasping for air. Carla's earring beeps—wearable devices come in almost any shape nowadays—and then a recorded voice speaks: "Carla, we have detected some abnormalities in your health monitoring. We are notifying the Medical Communication System. Please stand-by."

"Carla, Hi, it's Abdi, a Telemedic with emergency services. We received an alert that there might be a problem with your heart rate and other vital signs. Are you feeling okay?"

Pressing a button on her mobile device, Carla's grandmother activates the emergency program and Abdi's face appears on her screen.

"I see her eyes are open," Abdi says. "Is she responding to you?"

"No, and her breathing doesn't sound good either. Please help! I don't know what to do."

Abdi continues to speak to Carla's grandmother while monitoring the young girl's vital signs. Soon, a familiar voice calls out that he's here to help, and Carla's grandmother recognizes one of her neighbors as he walks around the corner of the house to the backyard. A retired respiratory therapist, he is a registered community medical volunteer and received a notification at home that a serious medical emergency was occurring nearby. Carla's grandmother waves him over, just as an emergency medical kit drone lands safely a few yards away. She feels her heart pounding in her chest as she watches her neighbor talk to Abdi and quickly access the medication administrator from the drone. He programs the device to epinephrine and sticks it on Carla's arm. It quickly reassesses her vital signs, weight and other parameters and administers the calculated appropriate dose.

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Jana Nguyen sits in the back of an ambulance watching live video of the stroke specialists treating the patient she brought to the neurology clinic just 15 minutes earlier. Before reaching the station, a voice interrupts as the dispatch system notifies Jana and her partner, Chip, that they are responding to a call for a sick child. Another voice requests that they secure themselves in their seats. They hear the quiet hum as the engine starts, the restraint systems click in, and the screen on the wall displays information about their new patient. Jana begins reading about Carla's medical history—other than being born 6 weeks premature, she's been healthy—and sees her current vital signs. Based on information collected on the scene, the AIM—artificial intelligence medic—states that there is an 82% probability the patient is having an allergic reaction.

A Glimpse into 2050

The ambulance accelerates onto the interstate and a few miles later exits onto Highway 133. Traffic is light in this semi-rural community, and a few self-driving vehicles automatically get out of the way. Jana finishes reviewing the most recent allergic reaction evidence-based update, looks at Carla's latest vital signs and steps out of the ambulance.

A quick respiratory and cardiac scan with a monitor confirms that Carla has some constriction in her airways. Her perfusion levels have improved, though, and she's beginning to regain color in her skin. "How are you feeling?" Jana asks, putting her hand on Carla's shoulder. Still groggy, Carla says she's starting to feel better. Over the next several minutes, Jana explains to her what has happened, while also continually assessing her comfort.

After a few minutes, Jana contacts Abdi again, and asks him for a connection to the EMS physician on call. The physician talks to Carla and her grandmother, reviews the assessment findings, and asks the paramedics what they think. They discuss their findings and agree that leaving Carla at home with her grandmother is the best plan. Carla breathes a sigh of relief and smiles, squeezing her grandmother's hand.

"If it's okay with you, our telemedics will be monitoring your granddaughter and will call to check in shortly," Jana says. "You should get a notification later today about scheduling a visit with an allergist, and the complete report will be available in just a few minutes in Carla's health portal."

The paramedics help Carla inside and make sure she and her grandmother are comfortable with the plan. They quickly do a home health assessment before heading outside to the ambulance. Heading back to the station, Jana reviews the information in her report, which was created based on voice recordings and data transmitted from the Telemedic Center and the medics' diagnostic equipment.

Meanwhile, Carla rests at home but soon feels better. Her grandmother is too nervous to let her play outside, but they find an old movie to watch—an old 2D classic that she remembers from her childhood in the 1990s. The next day, Carla follows up with an allergy specialist who is able to identify what she reacted to and prescribe a vaccine to prevent future reactions.

To be continued…

The Vision

In 2050, EMS systems are people-centered.

A people-centered EMS system includes processes, protocols, technology, policies and practices designed to provide the best possible outcome for individuals and communities—every day and during major disasters. EMS is a versatile and mobile community healthcare resource, integral to regional systems of care that prevent and treat acute illness and injury, as well as chronic ailments.

The people-centered EMS system serves as the front line of a region's healthcare system and plays a core role in supporting the well-being of community residents and visitors through data-driven, evidence-based and safe approaches to prevention, response and clinical care. EMS organizations collaborate with their community partners and have access to the resources they need, including up-to-date technology and a highly trained, healthy workforce.

In a people-centered EMS system:

- People will receive comprehensive care in the place that is most convenient and comfortable for them.
- Clinical care will be driven by methodologically sound research, with patients receiving interventions that are proven to produce the outcomes they desire.
- If people would benefit from being transported, they will be moved efficiently and safely using technology that minimizes the risk of injury to both patients and providers. The ambulance will not require lights and sirens, but will take advantage of other advances that expedite transit and prevent collisions.
- People will not only receive lifesaving and disease-treating care, they will also receive care that reduces physical, emotional and psychological suffering; care providers will be given the education and training that adequately prepares them to meet the needs of the people they are called to help.
- EMS providers will have access to, and contribute to, a person's comprehensive medical record; the same one that is used by all other aspects of the healthcare system.
- Diagnosis and treatment will be supported by comprehensive expert systems that are continuously updated in real-time as new scientific advancements emerge.

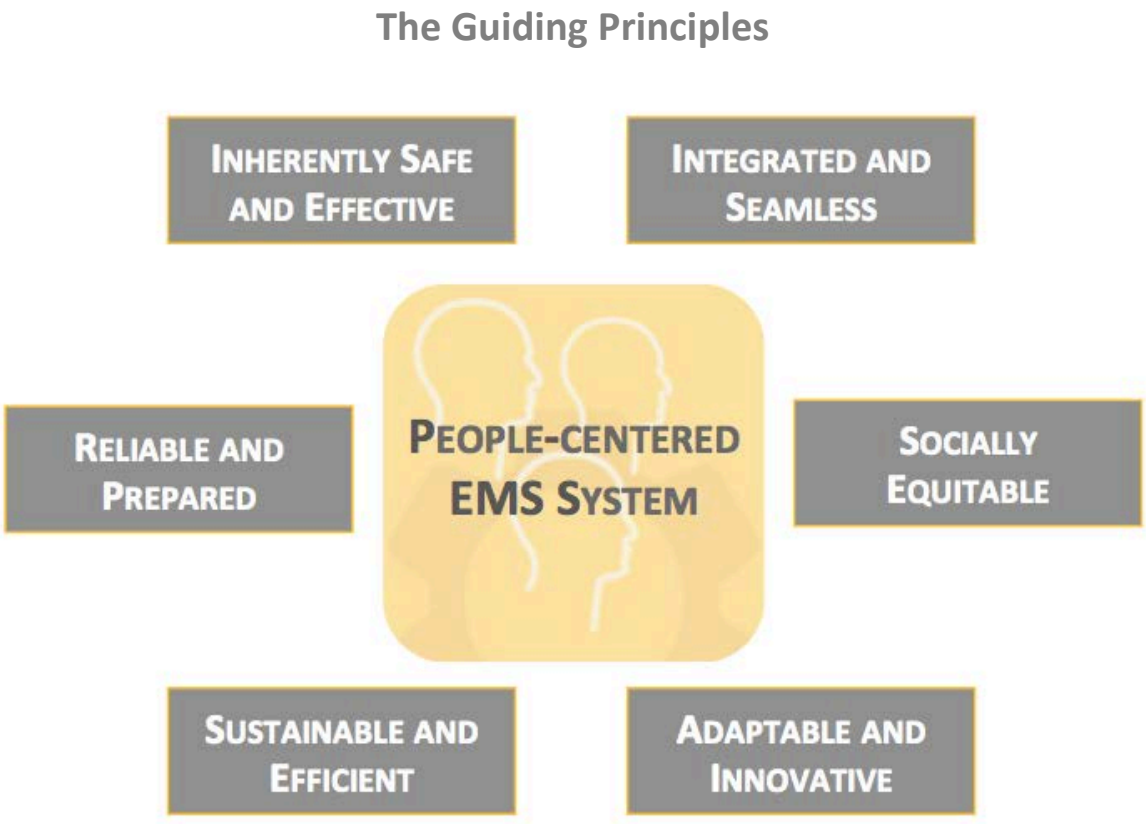
Why people-centered?

Because while caring for patients is our top priority, we must strive to meet the needs of patients' loved ones and communities, as well as the practitioners who provide care.

Effecting this change will require deliberateness; a conscious, collective and courageous effort to design EMS systems focused on the needs of all persons: patients, families, caregivers and the broader community.

To achieve this vision, EMS systems in 2050 will be designed around six guiding principles.

These principles provide a framework for addressing the most critical aspects of developing a people-centered EMS system. By considering the future of EMS through the lens of these principles, the EMS profession can imagine how the individual attributes of an EMS system—from education to medical oversight, clinical care to quality improvement and much more—fit together to create a people-centered system.



Why 2050?

To some readers, 2050 sounds like some futuristic time, a date we associate with the science fiction books and movies of our youth. In just over three decades, so much can change. Where were we in 1986? The first mobile phones in the United States had been introduced to the market three years earlier—for $4000 each, an equivalent to about $10,000 in 2018. Approximately 10% of American households owned a personal computer. Fox had just launched a TV network, the first major broadcast network to compete with the "Big 3," and cable was in its infancy.

What did EMS look like in 1986? In some ways, very similar to where we are now. People called for help, and ambulances responded, often with two people trained as emergency medical technicians (EMT) or paramedics. They communicated with dispatchers and the hospital using radios and took most of their patients to hospital-based emergency rooms. Many of the basics of clinical care looked the same as well, from defibrillation for cardiac arrests, to epinephrine for anaphylaxis.

EMS has also changed quite a bit since the mid-1980s. We now not only take trauma patients to specialty centers, but regularly bypass hospitals to get stroke and STEMI patients the care they need. Many systems are now taking patients directly to mental health facilities—or leaving some patients at home. Technology has changed, with automated external defibrillators (AED) bringing defibrillation first to basic life support (BLS) providers, and then to the public. Almost every ambulance has at least one computer, if not two or more, displaying critical information and allowing for real-time data entry and transfer. Clinical care has evolved based on research and evidence, with many once-heralded treatments now known to be ineffective or even harmful. And EMS is now recognized as a physician medical subspecialty, with hundreds of board-certified EMS physicians practicing across the country.

History shows us that while change can occur rapidly, many systemic and cultural shifts take a generation. EMS Agenda 2050 looks to create a vision for what EMS should become, free from many of the constraints of today's environment—trying to think that far ahead is a challenge, but also allows us to imagine a world where we are no longer debating the specifics of Medicare reimbursement or the nature of our uniform. Some of the ideas presented here will be feasible immediately, while others may take decades to achieve. Many aspects of society, including healthcare, technology and politics, will evolve between now and 2050 in ways that we cannot imagine. But no matter what the future brings us, the principles described in EMS Agenda 2050 are intended to serve as a guide to help us create systems that truly allow EMS to fulfill its mission.

What's in a Name?
The profession continues to debate how well the term "emergency medical services" describes the full scope of services provided by EMS organizations and the EMS workforce. The EMS Agenda 2050 Technical Expert Panel considered this debate and chose to use "EMS," as the profession has not yet agreed on another way to refer to the many important services it provides to communities, or the individuals who deliver those services.

Inherently Safe and Effective

After returning to the community health center where she and her partner are based, Jana heads to the training room to quickly complete the afternoon fatigue assessment and ensure she's safe to continue her shift. Taking advantage of a few minutes of down time, she initiates a training scenario. The walls of the training room suddenly change, now appearing like a restaurant. She puts on her safety goggles, which automatically activates a heads-up display and 3D virtual scenario. A woman frantically waves her toward what appears to be a middle-aged man—he can't be over 70—lying on the ground near the door. She quickly scans him and finds that he is not breathing and his heart is in ventricular fibrillation. Her goggles immediately remind her to place a *Defib* patch on the man's chest, which administers an electric shock and medication to remove any clots in his blood vessels.

Before Jana can initiate a teleconsult with the EMS physician, the walls turn white and she's back in the training room as she's alerted by her watch that there's a real call. An antique 2018 electric sports car struck a deer—vehicle collisions are rare, but occasionally still occur.

In the ambulance, the screen displays the views from a police cruiser and officer's body camera. There's a little bit of damage to the vehicle, which is pulled over on the side of the road. It looks like another car has stopped in front of the damaged one and a bystander is talking to the car's driver and the police officer. Other traffic has been diverted so no vehicles are on the road near the scene of the crash. Jana and her partner also review the video and data transmitted from the car and confirm that it does not present any hazards to anyone on the scene.

Jana introduces herself to the driver of the car, who is holding his left arm and wincing in pain. Liam, who is 57 years old, thinks his arm is just bruised and he'll be fine. Jana puts a small sticker on his wrist to check his vital signs. The sticker turns green, indicating no immediate life threats have been detected—the actual vital signs soon appear on her watch. Liam's arm is extremely tender and starting to bruise, so Chip puts the imaging gloves on his hands and holds them over the spot of the injury. The display on the glove indicates no fracture was found and there is less than 0.5% chance of any vascular injury. It also indicates that based on his vital signs and the injury, it is safe to treat his pain if he has any. Jana puts a non-addictive pain patch on the site of the injury to provide some localized relief tailored to him specifically.

The Vision: The entire EMS system, from how care is accessed, to how it is delivered, is designed to be inherently safe and minimize exposure of people to injury, infections, illness, or stress. Decisions are made with the safety of patients, bystanders, the public, and practitioners as a priority, from how people are moved to hygiene practices in the field and in the ambulance. Clinical care, operations and other aspects of the system are based on the best evidence in order to deliver the most effective service, with a focus on outcomes determined not only by the EMS service but by the entire community and the individuals receiving care.

Getting from here to there

The field of EMS in 2018 has made long strides since the Institute of Medicine described prehospital emergency care as a "stark example of how standards of care and clinical protocols can take root despite an almost total lack of evidence to support their use."[1] With a growing research base and more attention being paid to evidence and outcomes, most EMS providers are now using clinical care guidelines rooted in science, but much work remains.

Despite the improvements, EMS systems across the country, both large and small, rural and urban, sometimes fall short of providing safe and effective care. Best practices, based on evidence and patient-centered outcomes, frequently take years, or decades, to become broadly implemented across the country. Many organizations lack the resources needed to implement meaningful performance measurement and quality improvement systems, leaving them in the dark as to whether the care they are providing is truly safe or effective.

Creating a safer EMS system has been a priority of many EMS leaders, as evidenced by the development of the *Strategy of the National EMS Culture of Safety* and creation of the *National EMS Safety Council*, as well as other efforts. Local EMS systems must adopt a culture of safety that retains existing initiatives to improve driving and patient lifting techniques and also addresses other areas of patient, public and provider safety, including diagnostic and treatment errors, hygiene practices, and much more.

A people-centered approach to a safe and effective EMS system will focus on interventions that have demonstrated benefit and prevent further injury and illness, while avoiding those that are ineffective or harmful.

What 2050 looks like

EMS care and operations across the country focus on practices that yield good outcomes and reduce harm.

> "The entire system design should be refocused on producing good outcomes."
>
> - Member of EMS Agenda 2050 Technical Expert Panel

EMS medical care in every community is based on the best available evidence and best practices, with a focus on outcomes determined by the community and the patients, including patient-reported outcome measures. These outcomes, as well as the evidence-based processes involved in achieving them, are measured and publicly reported.

[1] Institute of Medicine. Emergency Medical Services at the Crossroads. Washington, DC: National Academies Press; 2006.

EMS physicians, leaders and field providers take ownership and responsibility for ensuring the care delivered by EMS providers in the system adheres to evidence-based practices.

Community and regional quality improvement systems measure, analyze and work to improve outcomes for patients, providers and members of the broader community. These systems cut across organizational boundaries and include input from across the care continuum, including, but not limited to, first responders and EMS providers, hospitals and medical specialists, and patients.

EMS systems at local, regional and state levels embrace a culture of safety.

Education and training for the EMS workforce covers all aspects of provider and patient safety with a focus on evidence-based methods of harm reduction.

EMS systems across the country use a standardized method of collecting and reporting data on medical errors, injuries to patients, provider injuries and illnesses, near-hits, and other safety issues in order to evaluate improvement efforts, facilitate research and develop evidence-based safety training and procedures.

Funding and regulatory mechanisms promote safe and evidence-based practices, with a focus on improving outcomes and reducing harm rather than rewarding specific procedures or services.

Integrated technology and artificial intelligence provide situational awareness and decision support.

Real-time and predictive information is delivered to emergency medical telecommunicators and first responders prior to their arrival on the scene, including video and sensor data provided by patients, bystanders or devices such as drones. With this information, responders are better able to assess the safety of a scene and determine what resources might be needed early in the response.

Wearable devices alert providers to any potential safety hazard, from threats including nuclear, chemical or biological contamination to personal health issues that might impede their performance, such as heat exhaustion or excessive fatigue.

Real-time, automated artificial intelligence supports provider decision-making by analyzing information instantaneously, including data from patient records, diagnostic equipment and other inputs.

EMS systems prioritize technology, equipment and policies that use proven methods to limit the safety risk to providers and patients.

EMS professionals only lift and move patients in extremely rare circumstances, instead using technologies and mechanized equipment, avoiding injuries to both providers and patients.

Responders no longer use lights and sirens to race to a scene or transport patients to a hospital. Instead, bystanders or EMS providers on the scene deliver time-sensitive interventions, taking advantage of telemedicine technologies when consultation with other providers is beneficial to patients. In rare situations when rapid movement is required, urban planning and integrated technologies allow for more efficient and safer response and transportation of patients.

Medication delivery systems use real-time and historical data from health records to deliver appropriate and correctly-dosed medications specific to each patient. Providers never calculate or measure out a drug dose, eliminating medication-dosing errors completely. Instead, providers can focus on clinical decision-making and compassionately communicating with patients about their condition.

Evidence-based methods prevent EMS personnel fatigue from impacting the safety of the workforce, their patients or the public. These methods may include, but are not limited to, regulations to limit the number of consecutive hours worked by EMS personnel; adequate breaks and rest during shifts; sufficient pay and staffing to avoid the need for extensive overtime and providers working multiple jobs; physiological or other types of testing to objectively measure an EMS worker's level of fatigue before, during and after shifts.

EMS data systems securely protect patient information and privacy.

Patient health information is owned by patients, but relevant information is readily accessed by EMS providers and other personnel, as appropriate.

EMS systems invest in the equipment and expertise necessary to maintain and adequately secure data systems, which use the most advanced methods of protecting patient privacy.

An Inherently Safe and Effective future

Although the last several decades have seen improvements, EMS systems remain far too often based on unproven processes, outdated medical interventions and outcomes determined by the organizations and providers. Operational and clinical practices often continue for far too long despite evidence suggesting they lack effectiveness or even cause harm. A people-centered EMS system must be based on a foundation of people-centered goals, focused on achieving patient- and community-determined outcomes.

Integrated and Seamless

> With the patch helping to manage the pain in his arm, Liam is feeling much better. As Jana reviews the relevant information in Liam's medical record to make sure he has no major risk factors, an alert appears—Liam's blood sugar is a little outside his normal range. She's surprised—her teachers had taught her that these alerts happened so rarely now that most people monitored their own vitals regularly at home and received immediate treatments.
>
> She tells him what she found, and says that while it's urgent, it doesn't need immediate treatment—but she tells him to continue to wear the vitals monitor for a few days to track his blood sugar. "Your primary medical team will contact you if they notice anything that needs attention," she explains. "They'll also follow-up with you to make sure your arm is feeling better."
>
> The self-driving transit vehicle, automatically sent by a Telemedic, arrives and Liam gets in, headed home. Jana and Chip return to the ambulance. They listen to the automated report, compiled by the computer through data transmission and voice recognition. It sounds good, so Jana verbally confirms her authorization to complete the report and send it to Liam and his medical team.

The Vision: Healthcare systems, including EMS, are fully integrated with each other and with the communities in which they operate. Additionally, local EMS providers collaborate frequently with their community partners, including public safety agencies, social services and public works. Communication and coordination between different parts of the care continuum are seamless, leaving people with a feeling that one system, comprised of many integrated parts, is caring for them and their families.

Getting from here to there

EMS cannot adequately serve members of the community without being better integrated with its partners. While the healthcare industry has made some progress breaking down barriers and removing silos, much work remains—and EMS has often struggled to find a "seat at the table."

And it's not just healthcare—EMS must also collaborate closely with public safety and emergency communications systems, as well as public health, mental health and social service resources, and many other public and private organizations. At any given time, EMS providers may need to integrate with these agencies while responding to a major disaster, work with them to create an individual care plan for a patient, or share data in order to plan for future events.

The potential to improve information sharing already exists, but has yet to be realized. Technology has made it possible for EMS to provide and receive real-time data that can help with decision-making, from patient's health records to safety information about a response location. In some ways, the inability to fully integrate data and technology is a proxy for EMS's inability to integrate with healthcare at a higher level. EMS agencies trying to convince healthcare and hospital systems to share data, frequently report difficulty demonstrating the value of that information

exchange. A concerted effort to show how integration of information, communication and care will improve outcomes needs to be undertaken to help bring EMS and its partners in healthcare closer together.

Integrated and seamless goes well beyond technology platforms, though. In a seamless system, jurisdictional borders matter less than getting the right care to the right patient; and the entire team—first responders, healthcare providers, social services, and many more—shares unified goals and objectives. Technology can serve to facilitate the system, but education, communication and collaboration will serve as its foundation.

What 2050 looks like

EMS personnel have immediate access to any resources they need for their patients, including other healthcare providers, social services and community resources.

EMS providers know what resources are available and are able to connect patients to the appropriate organization or person who will provide the care or service they need.

Information and communication systems are connected and continuously updated and improved to ensure immediate access to the right resource for the right patient.

Medical communication centers, integrated with public safety answering points, serve as hubs for acute and non-acute unscheduled healthcare, using evidence-based methods to triage potential patients and provide the appropriate resource or referral, including telemedicine care.

EMS and its partners coordinate to provide the most appropriate care to the patient, with transport to a healthcare facility being just one option.

Hospitals, skilled care facilities, medical offices and EMS communicate and collaborate to ensure smooth transitions of care for patients and their families.

All EMS assets in a region, including air medical resources, public and private systems, response agencies and inter-facility transport agencies, are part of a regional system of care that takes advantage of each partner's strengths to deliver the optimal, efficient and effective services needed at any moment.

> "As EMS becomes more integrated into the broader healthcare delivery model, the need for collaboration and stakeholder engagement is going to be vital."
>
> - Respondent to Request For Information

EMS personnel can access and contribute to a fully integrated, patient-centered medical record that is owned by the patient.

A real-time healthcare data system that can be accessed remotely by both patients and providers through a safe and secure authentication process delivers pertinent patient health information to EMS personnel in the field. The information is easily digestible and relevant to the care and treatment decisions being made in the field.

EMS professionals are part of the patient's medical team, with access to their care plans and providers. Patient medical information is updated in near real-time, so the entire care team is aware of what other providers are doing as they are doing it.

Rapid feedback is delivered to EMS providers, including patient outcome information and other patient data from the healthcare continuum, in order to improve performance measurement, quality improvement and education.

EMS data inform decisions made not only in EMS, but also in other areas of the community and to support population health and preparedness.

EMS data systems deliver real-time knowledge about patterns of disease, injury and access to care. Information collected and shared in these systems informs decisions made related to healthcare operations, public health and interventions related to social determinants of health.

EMS and public health data are integrated in ways that help identify emerging outbreaks or demographic trends in injury and illness patterns.

The education of EMS and other healthcare professionals promotes and supports an integrated system of care.

Interprofessional and interdisciplinary education systems prepare EMS providers and their healthcare colleagues to work collaboratively together. Students learn early on in their education about the roles and responsibilities of other providers on the healthcare team and also spend time with those providers in both the clinical and educational environments.

Education of advanced EMS providers includes a comprehensive orientation to public health, social services, mental health and social determinants of health in a way that truly empowers them to provide integrated care. Curricula also ensure that EMS providers are prepared to collect, share, analyze and use the data available to them.

EMS physicians provide medical oversight and direction for a system that also draws on other providers' expertise, when needed.

EMS physicians' education and training prepares them to be leaders and patient advocates who lead the medical oversight of regional systems for acute and non-acute unscheduled healthcare, with expertise in the clinical aspects of care, as well as disaster management, telemedicine, care coordination, patient navigation and the social determinants of health.

EMS medical oversight for specific patients and/or populations includes close collaboration with the physician(s) who make up the patients' medical home. Care plans are developed in conjunction with EMS physicians to ensure the most appropriate use of EMS resources to care for the patient.

Input from other specialists, including but not limited to, pediatricians, psychiatrists and other behavioral health experts, pain specialists, cardiologists, neurologists and pharmacists, is a key part of EMS care—from overall system development to real-time decisions for individual patients.

Technology connects EMS providers with EMS physicians, patients' physicians or specialists when direct consultation adds value and improves outcomes.

EMS and its public safety partners learn together, train together and prepare together in order to respond as a unified team.

EMS systems incorporate public safety to provide first response when evidence shows it will improve outcomes. This includes the delivery of life-saving interventions and sharing of important information to improve situational awareness for other responders.

EMS education systems include public safety partners to ensure every member of the team is aware of each other's roles and limitations and works together to coordinate operations and patient care.

Interoperability of communications and data systems ensures that organizational and jurisdictional differences do not inhibit sharing of critical information before, during or after any incident.

An Integrated and Seamless future

A truly integrated system will go beyond sharing data and communicating during or after a specific incident or episode of patient care. To create a seamless system, EMS professionals and their community partners must commit to the same shared objectives and find ways to achieve them together. A people-centered EMS system takes advantages of the strengths and resources brought by each organization and provider to protect the health and wellness of individuals and communities.

Reliable and Prepared

The ambulance has just started heading south when an alert flashes in front of Jana. An explosion has occurred across the river just outside of Council Bluffs, Iowa. She knows the area—she received her paramedic education and was initially licensed in Iowa. To pay for her degree in paramedicine, she signed up for a national service program, which assigned her for two years to her current area outside of Omaha. Her next deployment could be anywhere, although she would request a remote location out west; she loved the chance to see new places, expand her skills and help ensure paramedic coverage for communities that needed it.

The explosion occurred three minutes ago and Chip and Jana are one of dozens of units on the initial response, but they are several minutes away. First responders and EMS personnel are arriving on scene, as are additional driverless vehicles to help transport seriously injured patients. The video feeds show Jana and Chip a tremendous fire and large amounts of smoke—it's hard to see how many people are hurt or what else is happening on the scene. They receive notifications that several patients are being taken to the burn center in Omaha. At the same time, a mobile burn unit is en route to one of the local trauma centers to augment its capabilities and other patients are being transported there.

A few minutes later, an alert sounds indicating the next message is directly for them. "Rerouting to Council Bluffs Hospital for triage and decon assignment." Jana knows that probably means most of the patients have already been transported. Chip has special training in hazardous materials medicine; he will be assisting the emergency team at the hospital, while Jana will be assigned to help triage the patients arriving.

They arrive and immediately go to work. Although she's never been to this particular hospital before, she easily follows the directions of her heads-up display and reports to her post, near the entrance. Vehicles are arriving—some ambulances, some smaller cars with just a patient, others with a patient and a paramedic or a trained civilian responder. With the hospital staff now overwhelmed treating patients, paramedics like Jana take over initial triage and intake. She also records brief audio messages about each patient for the hospital staff.

After about 30 minutes, the last patient has been triaged. She finds Chip, and they head inside the hospital to attend an initial debriefing. Members of the Provider Mental Health Response Team speak with the EMS and hospital staff, assessing each one individually. Chip and Jana are given the okay to return back to the station, where they will get a chance for a short rest before finishing their shift.

The Vision: In 2050, patients receive reliable EMS care that is consistently compassionate, and guided by evidence—no matter when or where they need help or who the agency or individual provider is. EMS systems are prepared for anything by being scalable and able to respond to fluctuations in day-to-day demand, as well as major events, both planned and unplanned.

Getting from here to there

Since the birth of modern EMS, the profession has transformed from a patchwork of responders, who may or may not have shown up on the scene of an emergency, to a system that most Americans can rely on to respond, provide medical care and take them to the hospital. With the possible exception of some extreme frontier environments, the public generally expects that when they call 911 for a medical emergency, someone will come—day or night, rain or shine, for an individual or a mass casualty incident.

Yet in many ways, EMS systems still struggle to be reliable and prepared. Inconsistencies abound, with levels of service varying based on location, time of day or other factors. In many urban settings, EMS systems find it difficult to keep up with increasing demand. In rural communities, a lack of personnel and other critical EMS resources compounds the overall crumbling healthcare infrastructure. Across the country, those responsible for training and education of EMS providers at all levels are challenged to keep up with changing needs of the workforce, the evolution of the practice of out-of-hospital medicine and a high turnover rate. Threats from domestic terrorism to natural disasters strain the capabilities and capacity of local systems, which have to plan for worst-case scenarios while continuing to respond to daily events and remaining fiscally responsible and efficient.

At the same time, even in communities with reliable EMS service, the level of care delivered can be inconsistent. Protocols and guidelines differ not just based on the needs of the community, but also on the opinions of local and state officials. Local practices can sometimes lag significantly behind national best practices and evidence-based medicine. One community may have EMS physicians actively engaged in the delivery of quality care and service while a nearby community does not. Simply crossing from one jurisdiction to another, for example, may result in receiving a different dose of the same medication for the same condition.[2]

The future will hold an abundance of promise. Innovative organizations have used EMS to fill healthcare gaps, recognizing the potential of a mobile, highly trained and organized workforce. Technology is making it possible for healthcare providers to interact with patients in new ways, bridging divides created by geography and cost. Many barriers to providing unscheduled healthcare today will likely no longer exist in 2050.

[2] Rostykus P, Kennel J, Adair K, et al. Variability in the treatment of prehospital hypoglycemia: a structured review of EMS protocols in the United States. Prehospital Emergency Care. 2016; 20(4):524–530.

What 2050 looks like

Adequate staffing for EMS exists across the nation.

Communities are served by fully-staffed EMS systems that provide reliable and consistent service. Local communities prioritize the provision of out-of-hospital, unscheduled care by ensuring the availability of safe, educated and highly capable field providers, supervisors and EMS physicians. In most communities, this entails the use of paid EMS providers functioning under adequately resourced medical oversight provided by appropriately credentialed and compensated EMS physicians.

The use of first responders and community volunteers in EMS systems is critical to quickly treating time-sensitive emergencies, scalability and mitigating large-scale events and disasters. Community volunteers continue to function as licensed EMS providers; but volunteers also play significant new roles in EMS systems, including:

- Primary and secondary education programs train civilian bystanders to recognize and react to emergency situations. As they respond, they are augmented by real-time decision-support and training technologies that assist in their response.
- Response systems activate community volunteers to respond to nearby medical incidents when their assistance would improve outcomes.

Programs ensure EMS coverage in rural communities and for underserved populations, such as tuition reimbursement for working in these areas.

Career opportunities encourage members of the EMS workforce to pursue further education while remaining clinical providers, through the creation of EMS subspecialty and leadership education programs, as well as the further integration of EMS with other healthcare professions.

Expanded bridge programs take advantage of and supplement veterans' military medical training and experience, ensuring that veterans are adequately prepared to work in non-military EMS environments.

Care delivered in communities is consistent with best practices, flexible to meet specific needs of the communities, and continuously innovative to foster improvement.

EMS practitioners at all levels deliver care guided by best practices and evidence as established through peer-reviewed research led by trained investigators. A minimum standard establishes a baseline for care throughout the country. Variations from the standard are made only to improve outcomes, including the patient experience, or to reduce costs without negatively impacting outcomes, based on the specific characteristics of the community and under the oversight of credentialed EMS physicians.

Licensed EMS practitioners are granted the privilege to practice across the country, with all providers able to practice at the level that their education prepares them for.

The education of EMS providers reflects practice in the field and prepares them to take care of patients in any environment.

The education of all EMS professionals occurs in an academic setting, with a focus on clinical and operational problem-solving and decision-making. EMS educational programs are led by qualified teams of EMS physicians and educators who themselves have been carefully selected, groomed and educated to prepare future EMS providers to deliver people-centered care. These teams include experts in the design and delivery of educational programs.

Clinical education includes realistic simulation and time in patient-care settings, with opportunities to perform hands-on assessments and technical procedures and develop critical communication skills while under the supervision of trained clinical educators.

> "In the future I hope EMS will embrace continual learning that is timely, targeted and evidence based."
> - EMS Agenda 2050 Regional Meeting Participant

National standards and certification ensures consistent baseline education and competency of all EMS personnel, assuring communities, employers and the public that every certified EMS provider is qualified and capable.

Continuing education is tailored to the needs of patients, communities and EMS providers, taking advantage of technology and data to deliver education that fills gaps and supplements previous education to ensure continued competency and further growth of providers. Technology facilitates "just-in-time" asynchronous training focused on the current and emerging health needs of the community.

Opportunities exist for EMS providers of all levels to receive specialty education and certifications. These specialists provide education in their areas of expertise and are also used when their services are needed in the field. Personnel information systems maintain accurate records of providers' specialty training to ensure the right resources can be utilized at the right time based on the needs of patients and communities.

EMS systems prioritize leadership development and succession planning, supported by EMS higher education programs.

Educational programs prepare all EMS providers to take on leadership roles, helping EMS systems develop leaders who can fill roles ranging from field supervisors to executives.

The delivery of high-quality EMS is a multi-disciplinary endeavor that includes well trained and educated paramedics, nurses, advanced practice providers and physicians. Aspiring EMS leaders are recognized and encouraged early in their careers through proven methods of identifying those with the potential and desire to lead. They are given opportunities to take on new challenges that broaden and deepen their experiences and provide them a pathway to take on more responsibility and leadership throughout their careers.

Regional systems of disaster medical care ensure appropriate resource allocation and organization of resources during a major incident.

Regional Communication Centers ensure that every American has immediate access to a trained professional via voice, video, text or other means of communication. Whether during an average day or a surge in demand or a major disaster, these centers use the combination of technology and educated personnel to quickly determine the resources needed and how to either deliver those resources to the patient, or the patient to those resources.

Allowing flexibility in the practice settings of healthcare providers, especially during disasters and other major events, strengthens the resilience and preparedness of the overall healthcare system. For example, hospital-based providers receive training and are credentialed to practice in out-of-hospital settings when disasters are declared, and field EMS personnel are utilized in hospitals or other facilities when large numbers of sick or injured people exceed their capabilities.

With fewer patients receiving in-hospital care, EMS providers are trained and fully prepared to treat, evacuate and care for “hospital at home” patients and other residents of the community with special needs during a disaster.

Real-time and historic data are used to predict or immediately respond to emergencies from cardiac arrest to mass casualty incidents.

Healthcare and other information systems are used to help identify members of the community in need of special assistance before, during and after disasters. Community disaster planning takes this information into account, with EMS at the table serving as a critical leader and collaborative partner.

A Reliable and Prepared future

From managing large incidents with only a small number of personnel to improvising equipment, members of the EMS profession have long taken pride in their ability to overcome challenges related to inadequate staffing, resources and preparation. A people-centered EMS system is prepared to reliably provide the right care at the right time for the right patients—through planning, education, leadership and communication that ensure the entire nation is protected.

The EMS Provider of the Future

EMS providers of the future will likely differ significantly than today's emergency medical responders, EMTs, paramedics and other professionals. Already in 2018, organizations and some states have developed certifications or credentials for critical care, community or advanced practice paramedics, whose training and sometimes scope of practice extend beyond the traditional paramedic's. Other services have given roles to behavioral health specialists, physician assistants, nurses and nurse practitioners, among others. In addition, the critical role of EMS physicians has evolved from one who establishes protocols to an integral part of the leadership team, often not only overseeing clinical care, education and other aspects of EMS delivery, but also playing a proactive role in direct patient care, whether through telemedicine or in person.

A future EMS system will rely on a strong backbone of responders with training to provide immediate life-saving care. These caregivers may include bystanders, trained volunteers, and first responders. Supplementing and overseeing that level of response will be a highly educated EMS professional providing more advanced care. The deployment of all of these providers will be based on providing the best care, with the best outcomes, in the most efficient way possible, while providing joy in work for the practitioners.

In today's terms, one might see this as a large network of trained emergency medical responders and emergency medical technicians, with the basic tools and training to stabilize an incident, supported by a much smaller group of paramedics, with more extensive education allowing them to be true medical providers in the field and work hand-in-hand with other medical professionals, including EMS physicians.

Whether these future EMS providers evolve from today's paramedics, with additional clinical and public health education, or from offering specific education and residency programs in out-of-hospital care to physician assistant or nurse practitioners—or some blending of those and other paths—depends on many factors. No matter how exactly their education is delivered, or what the patch on their shoulders might say, these providers must be prepared to play a much larger role in managing the health of the patient and the community.

Socially Equitable

Jana's alarm ends her brief nap--she and Chip have been assigned to conduct a few follow-up visits. While the telemedics conduct many follow-ups virtually, sometimes paramedics are sent to do them in person. On the way, Jana tells Chip she will look through the patient's record, so he reclines his seat and closes his eyes.

When she taps the screen, a physician's image appears. While Jana has never met this physician before, she recognizes her from previous patient's charts. Jana taps her earpiece so the sound will come through it, rather than the main speakers. The doctor is explaining that the patient, Abigail Maina, is scheduled to receive an artificial heart any day now. She's been a little short of breath the last few days, and her monitors indicated she has some fluid overload.

"Does she live alone?" Jana asks. As the doctor responds—the answer is yes—Jana has to remind herself that the doctor is an avatar, not a live video, programmed to respond as Ms. Maina's actual primary physician would. Jana continues asking questions and learning more about Ms. Maina until they arrive in front of a small home with a yard in need of a mow.

Ms. Maina opens the door. She does not speak English very well, but wears a hearing aid that translates into her native language. Jana's earpiece will translate into English so she can understand what Ms. Maina says.

It's clear to Jana that Ms. Maina feels extremely anxious. She says her breathing has improved over the last few hours since her medication patch adjusted the dose in response to her fluid levels, but she's nervous that it could still get worse again and she won't be able to have her surgery. Jana talks to her for a few minutes and realizes her anxiety is worse than she initially thought. She offers reassurance that her medical condition is being controlled, but also sends a quick voice message to a counselor, who responds that she is available to help. Jana explains to Ms. Maina that it might be better for her to speak to a trained counselor, rather than Jana, and Ms. Maina agrees.

The Vision: In a socially equitable system, access to care, quality of care, and outcomes will not be determined by age, socioeconomic status, gender, ethnicity, whether they live in a rural or urban community, or other social determinants. In every community in the nation, EMS systems will be able to provide any resident or visitor the best possible care and services, in order to maintain the health of individuals and populations. Caregivers will feel confident and prepared when caring for children, people who speak different languages, persons with disabilities, or other populations that they may not interact with frequently.

Getting from here to there

For several decades, EMS has considered itself part of the "safety net" of the healthcare system. Nearly anywhere in the country, if you call 911, someone will respond, no matter who you are. EMS professionals often take pride in responding to, treating and transporting anyone who needs help, regardless of socioeconomic or insurance status, race or ethnicity or any other factors.

Even the best efforts of EMS providers around the country haven't prevented disparities in care. Research shows that in EMS, like the rest of healthcare, what a person looks like or where she lives can impact the level of care she receives, at the system level and the individual level.[3,4] The cause of these disparities is not explicit bias against people in rural communities or endemic racism, but rather systemic and complex issues such as inadequate funding, a lack of cultural competencies, and implicit bias—the unconscious prejudices we all harbor. EMS professionals must recognize that these problems exist and seek to measure them and improve.

Socially equitable care in a people-centered EMS system does not mean every patient receives the exact same care—but it does mean differences in care are based on evidence and the desires of patients and their families. Some reasons for inequity in healthcare may seem beyond the scope of EMS, as they are not the result only of our actions but also of inequities at a much higher level. Those inequities likely will remain in 2050, including disparities in income, wealth and access to healthcare. There are ways EMS can help address even these larger socioeconomic disparities, though—such as offering patients more appropriate options for care and taking advantage of technology to bring resources to communities that may not have them.

When people suffer a medical emergency, the emergency telecommunicators and EMS professionals who care for them are often some of their greatest advocates. On the phone and in the ambulance, those caregivers usually have only one patient, and they focus all of their energies on that person regardless of who he is, where he was picked up or what insurance he has. The EMS profession has a great opportunity to build on that one-to-one relationship during the time of care and become a strong advocate for reducing disparities and ensuring that everyone gets exceptional care.

What 2050 looks like

The setting where a person receives care, whether urban, rural, or in between, has little impact on the quality of care they receive or patient outcomes.

Every community has access to EMS technologies and treatments that have been shown to have a significant positive impact on outcomes.

Using virtual technologies and telemedicine, rural communities have access to specialty care and resources, avoiding the need to transport patients long distances and separate them from their homes and families.

Incentives, including subsidized education, encourage EMS providers to work in underserved communities.

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[3] Hewes HA, Dai M, Mann NC, Baca T, Taillac P. Prehospital pain management: disparity by age and race. Prehospital Emergency Care. 2018; 22(2):189-97.
[4] Govindarajan P, Friedman BT, Delgadillo JQ, et al. Race and sex disparities in prehospital recognition of acute stroke. Academic Emergency Medicine. 2015; 22(3):264-72.

People of all ages, including pediatric and geriatric patients, receive consistent, high-quality care.

EMS initial and continuing education, as well as access to specialists and other resources, ensure that providers are comfortable treating populations they encounter less frequently in the field, including infants and children.

EMS systems have access to equipment that allows them to safely and effectively care for patients of all ages; equipment and medical devices are designed to easily adapt to patients of different sizes and ages without compromising patient safety.

> "EMS training might be enhanced to create more awareness of social issues. Well-rounded individuals well-versed in broader societal issues could approach care differently."
>
> - Comment from member of EMS community

EMS research includes investigations into the safety and effectiveness of interventions on patients of all ages.

The most effective and efficient care is available to individuals regardless of their health status, race, ethnicity, gender, socioeconomic status or other social factors.

EMS providers receive education on how implicit bias impacts patient care and methods to recognize and overcome their own biases.

EMS education for all providers includes extensive discussions of behavioral health issues, making providers capable of and comfortable treating people who suffer from both acute behavioral health episodes and chronic mental illness.

Compensation for the EMS workforce enables EMS providers to live in the communities they serve, and local EMS leadership, educators and field providers reflect the diversity of their communities.

Technology has eliminated the impact of language barriers on EMS care.

EMS providers are well educated about end-of-life care and have immediate access to advanced directives and other ways of ensuring that patients' and their families' wishes are known and met.

A Socially Equitable future

An EMS system can only be socially equitable if EMS providers recognize the potential and actual disparities and embrace methods of eliminating them. In a people-centered system, potential disparities are measured at local, regional, state and national levels, and performance improvement efforts are undertaken to address them through education, technology and other methods.

Sustainable and Efficient

> Back at the community health center where she is stationed, Jana makes sure to print a pain patch and vitals sticker from the 3D printer so the next crew will have the supplies they need. With her shift about to end, she changes out of her uniform and throws it in the disinfection chute. Before leaving, she heads into the office to say goodbye to the paramedic staffing the clinic.
>
> The monitor on the wall is displaying the public performance measures that she learned about in school. The screen tells her that 12% of people who contacted the medical communications center in the last week had been transported by an ambulance, a slight increase over the norm. She slides her hand across the screen and looks at a chart showing years-of-life saved per dollar spent on the community's emergency care system in the last month. She doesn't know the specifics of these calculations, but she does know how critical it is to provide effective and cost-efficient care in order to demonstrate to payers the value of the EMS system. After all, employers, insurers and taxpayers are all paying for her equipment, her training and her salary so that she would keep members of the community safe and healthy.

The Vision: EMS systems across the country have the resources they require to provide care in a fiscally responsible, sustainable framework that compensates caregivers with a living wage and allows them to find joy in their work. Efficient EMS systems provide value to the community, minimize waste and operate with transparency and accountability.

Getting from here to there

One of EMS's biggest challenges today is making systems sustainable and efficient despite outdated funding and reimbursement models that often encourage providers to deliver unnecessary, costly care options. Many EMS systems struggle to stay afloat, unable to pay for infrastructure, education and other necessary investments in the future.

Current funding mechanisms for EMS vary from community to community. Many communities subsidize EMS with tax dollars, some organizations rely on donations, and other agencies are funded entirely through reimbursement for services. Most depend on a combination of several different revenue sources. And some communities do not adequately fund high-quality EMS services, sometimes because of insufficient funding, but often because systems are designed inefficiently.

The key to sustaining a people-centered EMS system will be partnerships between providers and payers, including individual patients, insurers, employers, government entities and more. Providers need to find ways to measure, calculate and share the value of the services they provide to communities. As some communities are demonstrating across the country, when EMS systems demonstrate that their services can improve health and lower costs, payers will fund their efforts. While many of these projects have been limited to "mobile integrated healthcare" programs aimed at reducing hospital admissions, EMS will need to take these same concepts and demonstrate value to patients and payers for

every service it provides: from the response to mass casualty incidents to acute cardiac problems.

A key to sustainable EMS will be achieving the other guiding principles laid out in this vision. Systems that remain siloed and not integrated, ineffective, unsafe, unreliable and stagnant will struggle to sustain themselves, as patients and communities look for ways to do better. In the past, many EMS systems could rely on funding first, and then worry about performance. In 2050, sustainability will be achieved by EMS systems with leaders and providers who dedicate themselves to finding effective and efficient ways to deliver people-centered services.

What 2050 looks like

Regional Medical Communication Systems, in collaboration with emergency communication centers, triage, assess and allocate resources based on patient need and desire.

Medical Communication Systems are staffed with medical telecommunicators trained to triage medical emergencies and provide emergent and non-emergent care instructions, taking advantage of artificial intelligence technology and evidence-based protocols to assist them in making accurate and appropriate decisions. They quickly send any resources, including bystanders, equipment, the appropriate responders or transportation services to any patient requiring immediate, life-saving care. For non-emergent patients, the telecommunicators connect them to the most appropriate resources, including immediate teleconsults, referrals to other healthcare or social service providers, or delayed EMS responses.

Medical telecommunicators inform patients about the reasons they are receiving the response that has been determined for them, as well as the potential costs. Decisions are made in coordination with the patient and their families.

The education of EMS physicians prepares them to provide indirect and direct medical oversight of these Medical Communication Systems, including communication with patients and field providers when physician consultation adds value and improves outcomes.

System design, equipment needs and treatment protocols provide value to the community by focusing on improving patient outcomes for the lowest cost.

Funding and payment models are in alignment with the delivery of the most effective and safest care, from the moment an individual accesses the EMS system, including decisions about which resources to send, or not send, in response. Reimbursement policies only incentivize EMS providers to provide the most appropriate, safest and cost-effective care.

Clinical, operational and financial outcomes are measured and reported publicly at the local, regional, state and national levels, ensuring transparency and allowing communities and policymakers to make informed decisions.

EMS systems have the ability to take a long-term approach to planning and budgeting, making it easy to invest in technologies, people and other resources that add value down the road.

Transport decisions, including the mode and destination, are made judiciously. Patients and their families are included in the decision-making process and are informed about the benefits, risks and costs of treatment and transport decisions.

EMS is supported as an essential service in communities across the nation.

Community leaders, elected officials and other key stakeholders understand how EMS systems operate and the value they bring to communities. EMS systems actively and honestly engage with their communities to educate the public about what EMS providers do and how it improves the population's health on a day-to-day basis and during disasters and major events.

Innovators, manufacturers and EMS systems work together to ensure critical, life-saving equipment and medications are available and affordable for EMS organizations without stifling innovation and entrepreneurship.

Funding supports the education and development of a highly professional, capable workforce.

EMS systems and payers collaborate and communicate frequently in order to partner in ways that benefit communities and patients.

Payers of healthcare services understand the unique value that EMS systems bring to communities and partner with them to practice out-of-hospital medicine in ways that take advantage of EMS providers knowledge and skills in order to best serve patients.

> "Payers establish reimbursement and financing policies which support sustainable delivery of evidence-based medically necessary services."
>
> - One EMS leader's input on EMS Agenda 2050

EMS leaders are educated in healthcare finance and maintain relationships with peers at payer organizations.

Large payer systems, such as the federal government, understand the capabilities of EMS providers and how they can improve the health of their members while also reducing the need for more expensive services.

A Sustainable and Efficient Future

Healthcare financing in 2050 likely will be no simpler than it is in 2018. But whether funding for EMS is coming from municipal budgets, health insurers, or organizations yet to be developed, it must align with the most appropriate, safe and effective patient care. In addition, payers and EMS systems must collaborate to incorporate EMS professionals' unique knowledge and skills and the role they can play in reducing illness and injury and associated costs.

Adaptable and Innovative

Before heading home, Jana checks a few messages that she received during the shift. The chief has passed along a message from the state EMS innovation officer. The memo describes the results of a recent test of a new patient movement device—according to the data, after only three months of use across the state, the number of injuries reported by paramedics has already significantly declined.

The next message is a personal one from the agency director herself, asking Jana to stop by her office next week to meet with her and the agency medical director to discuss joining the Research, Innovation and Performance Improvement Team—two spots on the committee are reserved for providers in their first three years, and Jana already told her supervisor that she's interested. In school, she took elective courses in EMS Innovation Management and Clinical Research, so she's excited to get involved. The idea of meeting with the director is intimidating. Twenty-seven years ago, as an economics graduate student, Director Rodgers, developed a model for EMS systems that fundamentally changed how medical care was provided outside the hospital. Since then, she spent time in academia and also launched a start-up that revolutionized mental health care. Two years ago, the regional EMS system convinced her to lead the system.

Jana grabs her bag and heads for the door. On her way out, a voice reminds her that she hasn't completed her post-shift survey and fatigue screening.

She quickly answers a few questions about some of the new equipment being used on the ambulance, including the new imaging gloves she and Chip used on the guy who'd been in the car crash earlier in the day. Her department was one of seven in the country currently testing the device. Based on analysis of the patient care data and the provider satisfaction survey, they will probably know in a few months if the sleeve was an efficient and effective method of assessing patients.

Jana walks a few blocks, enjoying some time outside, and hops on a high-speed train. She lives just a few miles away, and in four minutes she's outside again, walking toward her apartment. She can't believe how lucky she is to be working as a paramedic, in a field that is constantly changing, improving and helping people live better lives.

The Vision: Adaptable EMS systems quickly and effectively meet the evolving needs of the population. EMS continuously and methodically evaluates new technologies, system designs, educational programs and other aspects of the system in order to best meet the needs and desires of the people and communities it serves. Innovative individuals and organizations are encouraged to test new ideas in a safe and systematic way and implement effective new programs.

Getting from here to there

Perhaps the most important principle of an EMS system is that it be innovative—able to adapt and adjust to new evidence, technologies, political structures and

community and individual needs and desires. EMS has often been forced to evolve, but struggles to do so rapidly and effectively. Many systems remain designed to treat every incident as a life-threatening emergency, despite the majority of 911 medical responses not requiring immediate intervention. Incorporating new best practices often takes years, if not decades, even in the face of overwhelming evidence supporting change, or a complete lack of evidence for current practice.

It is not just EMS system design or medical care that evolves at a languid pace. EMS regulations and policies also frequently reflect a lack of adaptability. Federal payment policies date to a time when EMS "scooped and ran." Many EMS professionals cite state regulations as the biggest hindrance to innovation. And local and organizational policies sometimes force innovators to conform, rather than encouraging the development and testing of new ideas.

> "In order to deliver optimal patient care, EMS continuing education needs to ensure that our EMS professionals are actually being taught the latest and most up-to-date evidence."
>
> - Comment from member of EMS community

In order to successfully innovate without endangering the people they serve, EMS professionals must adopt a culture of science and improvement, and not be afraid to challenge themselves and the status quo—especially when the status quo benefits EMS providers and organizations, but not the people they serve. Through quality improvement, rapid program evaluation, and research, systems can learn what works, and what doesn't. Just as critical will be the sharing of that information, through both formal and informal collaborative networks.

In order to stay true to the other guiding principles outlined in EMS Agenda 2050, EMS professionals cannot fear or impede change—as long as that changed is based on evidence and doing what is best for patients and communities. Only through innovation and adaptability can the profession become and remain safe and effective, integrated and seamless, reliable and prepared, socially equitable and sustainable and efficient.

What 2050 looks like

EMS education provides a solid foundation of medical, operational and other knowledge, but focuses on critical thinking and the ability to incorporate new science and tools into one's practice.

EMS professionals at every level learn how research and evidence can impact the standard of care and do not associate their profession with specific skills or medications that may or may not continue to be a part of their practice as the evidence base evolves.

Innovation techniques, including performance improvement, prototyping and rapid implementation, testing and evaluation, are taught in initial and continuing education.

Leadership development in EMS includes learning and practicing methods of fostering innovation in organizations.

Education and experience prepares EMS leaders to lead high-reliability organizations that are always seeking ways to improve, with a focus on safely innovating to enhance outcomes for patients. Leadership development that emphasizes these qualities is ingrained in the culture of every EMS organization.

The EMS profession looks to other industries not only for ideas and best practices, but also for talented individuals who can provide leadership and facilitate innovation. Whether as CEOs, consultants or in other roles, these people bring a new, fresh perspective to EMS systems and help spur creativity and originality.

EMS organizations engage in rapid and safe innovation cycles and share their findings in order to encourage replication and improvement nationwide.

Leaders in EMS at all levels, from the c-suite to field supervisors, promote "psychological safety"—an environment where providers can question current practices and take risks without fear of punishment or criticism. EMS professionals are encouraged to collaborate to develop new solutions to old and new problems, and to test, measure and evaluate their ideas.

Regional, state and national organizations, including military and other federal EMS organizations, maintain systems for promoting the rapid testing and evaluation of processes, training and equipment and for disseminating the results widely throughout the profession and beyond. Collaborative learning networks allow local systems to learn what has worked and what hasn't worked in other systems.

Governmental and non-governmental entities support innovative pilot projects with the potential to improve outcomes, using rigorous measurement and evaluation protocols. Regulations allow state officials more flexibility in supporting innovation while also protecting the public's safety.

The federal government, academic institutions, national EMS organizations, local EMS services and other partners prioritize funding EMS research that promotes more effective and safer patient care.

EMS researchers partner with colleagues in other fields, such as other medical specialties, social services and public health to conduct scientifically rigorous clinical and operational research to validate and advance EMS practice.

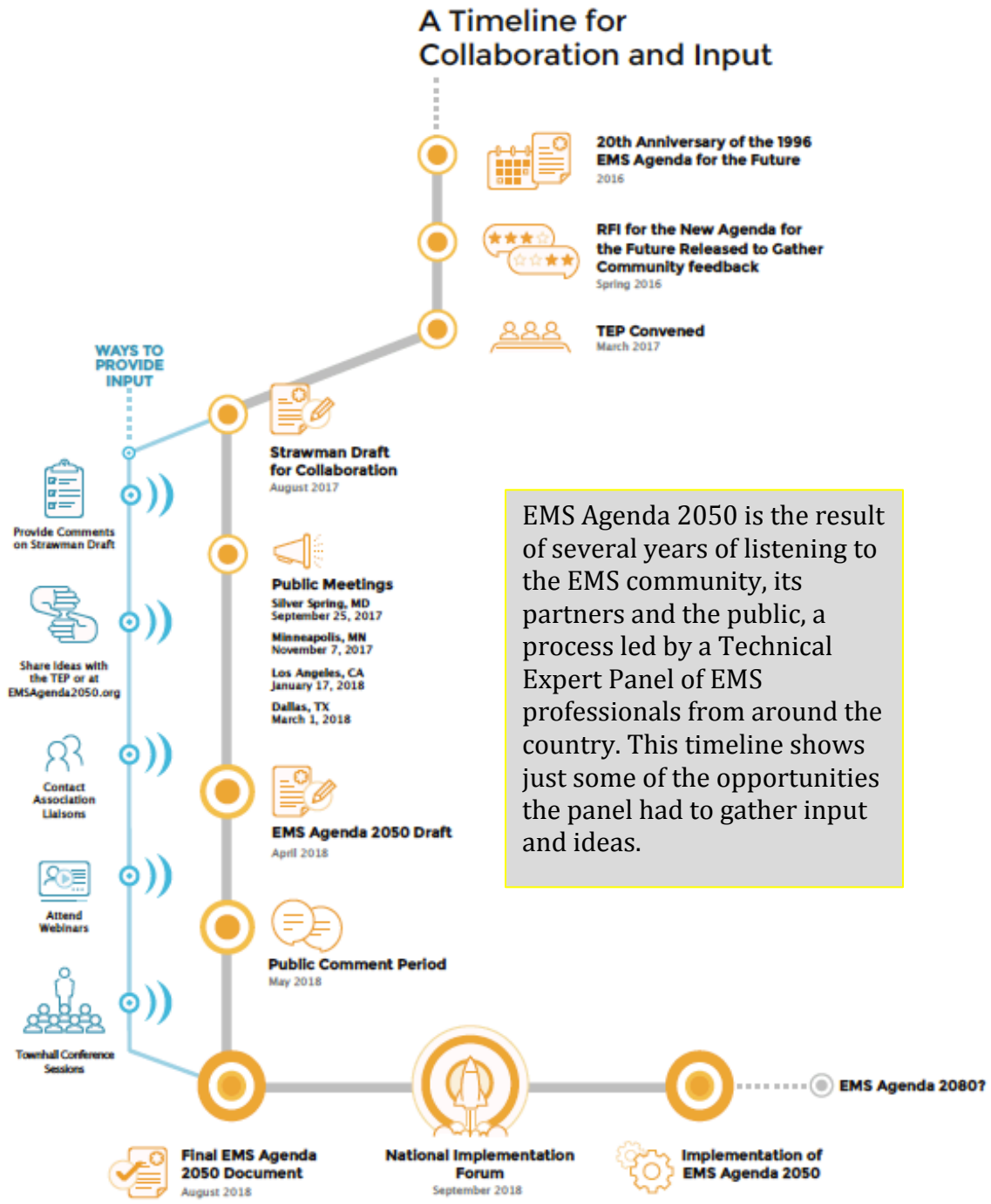
Education of EMS providers at all levels prepares them to understand and evaluate research and also to participate in research projects at the local level. EMS organizations prioritize providing access to relevant published research to EMS professionals. Specialty training is available for providers who wish to become research scientists. These providers are encouraged, supported and actively recruited to this role.

Regulations to protect patients' health and privacy do not inhibit the conduction of clinical research and trials in EMS but still protect patients, taking into account the difficulties of getting informed consent in emergency situations. Rigorous oversight and transparency in the community maintain patient safety during these investigations.

An Adaptable and Innovative future

Without innovation, none of this vision is possible. While we often associate innovation with technology or clinical care, it can occur in any area of EMS: in how we educate, how we lead, how we communicate. In order to adapt, members of the EMS profession must be willing to leave behind ideas and concepts that are no longer supported by evidence or the needs of patients and communities. The pace of change in society continues to accelerate, and EMS professionals at all levels must take deliberate steps to facilitate, encourage and support innovation.

The Process



EMS Agenda 2050 is the result of several years of listening to the EMS community, its partners and the public, a process led by a Technical Expert Panel of EMS professionals from around the country. This timeline shows just some of the opportunities the panel had to gather input and ideas.

Who's Involved

Technical Expert Panel

The Technical Expert Panel (TEP) is tasked with listening to community input and gathering evidence to craft a vision for the future of EMS. Its members bring diverse competencies and backgrounds in public safety and healthcare and a history of innovative thinking and a passion for making a difference in the lives of patients and providers. Facilitating the work of this group is Mike Taigman, Improvement Guide for FirstWatch, performance improvement facilitator, and former paramedic. Meet the EMS Agenda 2050 TEP*:

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The TEP would also like to acknowledge the contribution of **Grace Mandel, MPH, EMT, who served as a member of the panel during the initial phase of EMS Agenda 2050 but resigned after accepting a new position within the Federal government, which made her ineligible to continue serving as a member of the panel.*

Who's Involved

Federal Agency Sponsors

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