

POSITION PAPER

NATIONAL ASSOCIATION OF EMS PHYSICIANS

SYSTEMS OF SPECIALTY CARE

Following the model of trauma centers and burn centers, the number and variety of specialty care centers are expanding. Pediatric, neonatal, and obstetric specialty centers are now commonplace, and the development of stroke and cardiac specialty centers has gained significant attention. The scientific literature increasingly demonstrates the clinical benefit of certain interventions that may best be delivered at specialty centers, e.g., percutaneous coronary intervention at cardiac centers. While the evidence to support specialty centers in some areas of medicine may be less convincing, ongoing research, as well as political and economic pressures, will likely maintain the

momentum for the development of such centers.

Many of these constructs do not take into consideration the role of out-of-hospital emergency medical services (EMS). The potential public health impact of a system of specialty care depends on the successful integration of a number of community resources, and not only on the capabilities of the specialty centers. It is vital to recognize during the development of definitions, standards, and verification criteria for specialty centers that there are EMS components that must be prospectively integrated. Some key components are:

1. Proactive integration of EMS clinicians and resources into a systemwide plan.
2. Evidence-based assessment and triage protocols, developed by EMS physicians in conjunction with other specialists, that can

be applied rapidly and accurately by EMS personnel in the field to guide destination decisions.

3. Coordination and oversight of local specialty care systems must address both the number and types of centers needed, as must track real-time availability. In a given community, these factors will determine whether and to what extent EMS protocols can support transportation of appropriate patients directly to specialty centers.
4. Quality-based monitoring of process compliance and of institutional and community (population-based) outcomes.
5. Verification of specialty center compliance with nationally accepted standards (once developed and validated for that specialty), conducted by external and preferably national organizations.

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