

## **The Emerging Issues Involving HMO's and Managed Care: The Story Behind NENA's Critical Issues Forum and the Collaboration on Health Care**

*By W. Mark Adams, NENA Executive Director*

### **Introduction and Background**

A 1999 *USA Today* article suggested Kaiser Permanente, a large HMO organization, was requiring its clients to call a Kaiser medical assistance line before calling 9-1-1. NENA immediately responded to this article through a press release indicating that any such practice should be immediately stopped, and that Kaiser should abandon such a program. (The original NENA press release appears as a sidebar to this article.)

From all appearances, the sanctity and viability of 9-1-1 was under attack. One could imagine that, if left unchecked, the HMO intervention initiatives could undermine the public's confidence in using 9-1-1. Additionally, it is reasonable to believe there would be significant confusion, and a blurring of the public education messages that have been established over the years regarding the use of 9-1-1.

Equally disturbing, NENA initially was concerned that the technical capabilities, such as ANI and ALI, selective routing and other features unique to the 9-1-1 network, would be circumvented or lost all together.

As 9-1-1's advocate, NENA immediately brought these concerns forward and attempted to make our concerns known to Kaiser and the news media. Immediately, Kaiser responded and attempted to discuss NENA's concerns regarding the Kaiser program, and the larger HMO practice of call screening.

NENA is convinced the future of this issue is important to all of public safety. After discussing the *actual* practices of Kaiser, NENA realized that the organization's practices were inaccurately reported to a degree by the press. More importantly, NENA recognized the magnitude of the issue of "who pays," and the policy ramifications and importance this determination will have with respect to the integrity and future of 9-1-1.

Emergency health care costs are estimated to approach \$1 trillion annually. Given the scope of the problem, it is inevitable that vested parties (that is, the "payers") are going to continue to introduce methods and practices that attempt to manage the costs of providing emergency health care. Far from surrendering to these efforts, NENA has chosen to enter the debate, and shape the it around our mission of promoting an effective 9-1-1, and to address our concerns over the various policies and practices introduced.

The Los Angeles HMO Critical Issues Forum (CIF) held in February was the first step in NENA's plan for resolving many of the issues of how 9-1-1 and managed care providers will

address their mutual concerns. The following are some of the key comments from the two-day CIF.

### **The Forum Panel**

Forum participants included representatives from a variety of interested organizations. They included Bill Munn, Tarrant Cty. 9-1-1 District; Bob Miller, NENA technical issues director; Bill Hinkle, NENA president; Geoff Cady and Brian Dale, National Academy of Emergency Medical Dispatch (NAEMD); Jeff Clet, San Hose Fire Department; Kevin White, International Association of Fire Fighters (IAFF); Bob Eisenman, Kaiser Permanente; Dr. Angelo Salvucci, medical director, Ventura Cty.; and Dr. Jay Goldman, Kaiser Permanente.

### **The Level of Priority and Urgency of 9-1-1—The Public Expectation**

Dr. Salvucci indicated during the CIF that the public has a vested interest in a timely response when we call 9-1-1. From the time of the call to the delivery of the emergency medical services, the entire community of interested parties has a responsibility to meet the expectation of swift and effective service. Accepting the dual role of a proponent and honest critic, Dr. Salvucci shared his sampling of certain counties' response times and synchronization.

His research firmly established that time intervals for call processing alone were outside the needs of certain critical care situations. Heart defibrillation, for example, requires a 10-minute or less response to be successful. Beyond call performance measures, his research revealed that NENA standards, such as clock synchronization, are not adequately followed in the "real world."

By analogy, a prominent pizza restaurant can promise a pizza delivery within 30 minutes. From a 9-1-1 perspective, there is no predictive value or time of delivery for our "collective" services. The need for this goes beyond call processing times. It covers the end-to-end emergency service effort.

Bob Eisenman indicated that for Kaiser, the CIF was very illuminating. He echoed that, "Kaiser, like all parties involved in emergency health care, must look beyond their insular piece of the delivery effort." Eisenman noted that exchanges, especially in light of the technical overview presented by NENA's Bob Miller, need to continue in the future.

NENA President William Hinkle noted that the lack of such a baseline, or key performance indicators (KPI), within public safety, is part of the motivation for NENA's Report Card to the Nation Project (RCN). Hinkle explained that, as a part of the RCN, NENA intends to research and report on such key measurements as delivery, public satisfaction with 9-1-1 services, time intervals of call processing, and more. As an industry, NENA believes 9-1-1 must have these key baselines a beginning point.

### **"Dispatch them All?"**

NENA is committed to the integrity of the 9-1-1 call, and the principle that all emergency calls deserve the same level of priority and access when initialized and received by the call center. The panel discussed at length the long-held practice in many communities to dispatch the highest level of priority for nearly all 9-1-1 calls.

Participants from the panel and members of the audience agreed that the practice of dispatching at all costs could sometimes be an irresponsible use of a community's resources. Dispatching to simple injuries, many Forum participants cited, created a shortage of available resources for calls involving life-critical scenarios.

NENA appreciates the relationship that 9-1-1 services share with the overall response effort of the emergency response "system." Receiving the 9-1-1 call is an integral first element or link in the overall chain of response, echoed Bill McMurray, NENA Western Regional Vice President. NENA sponsored this Forum chiefly to bring these stakeholders together to discuss the varying perspectives and issue-sets for the parties in this effort.

### **Forward**

After the two-day discussion, it became clear that the mix of policy, technology, and economics surrounding this issue requires a uniquely difficult solution process. President Hinkle introduced NENA's plan for bringing this issue to resolution. The issues discussed at the Los Angeles CIF will be duplicated and expanded in the Eastern Region of the US later this year.

In addition, NENA is forming a task force to further explore the issues and resolution of the problem framed by Kaiser and NENA. The task force will include participation from the following constituencies:

- NENA and other 9-1-1 representatives
- Kaiser and other HMO organizations
- Expert firms in Emergency Medical Dispatch
- Labor representatives
- Local health directors
- Default payers such as local hospital districts
- Local political decision makers
- Strategic national groups and associations
- Insurance officials
- Local "payer" stakeholders
- The ComCARE Alliance

NENA's Report Card to the Nation research effort will contain the findings and work of the task force. Interested members may participate in the task force by visiting the NENA web site at [www.nena.org](http://www.nena.org) for more information.

### **Sidebar: (NENA Press Release)**

#### **FOR IMMEDIATE RELEASE**

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## **NENA Task Force to Study 9-1-1 and HMO/Managed Care Relationships**

Columbus, Ohio (February 15, 2000)—The National Emergency Number Association (NENA) will form a task force of health care and 9-1-1 professionals to explore the issues and needs of a coordinated response effort between 9-1-1, HMOs and the emergency medical dispatch community. Through this task force, NENA will provide leadership and help ensure the integrity of 9-1-1 as the vital American resource on which the public has come to rely.

“This task force will examine the number and nature of non-emergency calls to 9-1-1 and the most effective approach to managing non-emergency calls. The group will also study the feasibility of the integration of medical call centers—technically and operationally—with 9-1-1, while preserving the operation and integrity of the Nation’s 9-1-1 system,” said William H. Hinkle, NENA president.

Specific task force objectives may include a determination of whether this practice is appropriate for some, if any, communities; if and how it is technologically and operationally feasible/compatible with 9-1-1; and whether NENA should undertake the development of National standards to be used in implementing the process.

“NENA recognizes that the health care industry is exploring the development of medical call centers to better manage patient care of non-urgent situations,” stated Hinkle. “We also recognize a need to evaluate alternatives to more effectively manage access to emergency services and to respond to the public’s needs and expectations.” The work of this task force will also be a part of NENA’s comprehensive study of 9-1-1 services—the Report Card to the Nation.

NENA, however, as an advocate of “9-1-1 as **the** emergency telephone number” since 1982, maintains its position that 9-1-1 should always be the first number called in the event of an emergency.

NENA’s plans for the task force were put in motion when professionals in the public safety, emergency medical services and managed care industries met to discuss the emerging trend of managed care involvement in emergency medical services response. The forum, sponsored by NENA on February 10-11 in Los Angeles, was attended by 9-1-1 directors and managers, fire chiefs/fire personnel, emergency medical services (EMS) professionals, and interested commercial NENA members. Managed-care

perspectives were represented by Bob Eisenman, Ph.D., and Dr. Jay Goldman of Kaiser Permanente, one of the Nation's leading managed-care providers.

NENA is planning a second forum, to be held in the East Coast region, to further develop the issues and identify potential task force members.

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NENA's Mission is to foster the technological advancement, availability and implementation of a universal emergency telephone number (9-1-1) system. In carrying out its mission, NENA promotes research, planning, training and education. The protection of human life, the preservation of property, and the maintenance of general community security are among NENA's objectives. NENA has more than 7,300 members worldwide.

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