

Practical Issues in Medical Direction

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ANNUAL
MEETING

Specialty
Workshops,
Scientific
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Trade Show

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• **SPEAKER DISCLOSURE / COI STATEMENT**

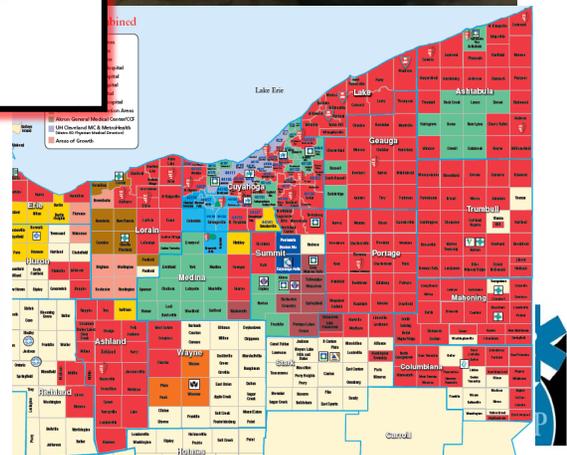
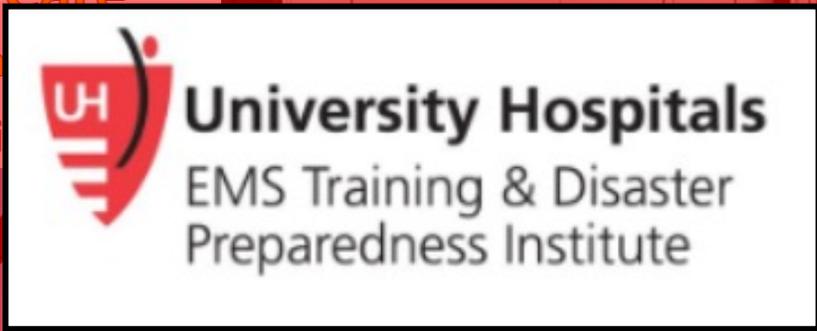
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- I, Paul Hinchey, have the following commercial relationship(s) to disclose:
- **Crosswalk Health - Advisor**





Prehospital Care
Protocol and
Treatment Guide



Topics

- The importance of creating value
- Practical tips to help you be successful
- The changing healthcare environment and evolving your role



Recurring theme...Value

- People don't engage in projects...
- People don't support things...
- People don't promote things...
- People don't pay for things...

$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$

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...without value



If you take nothing else away from this talk...

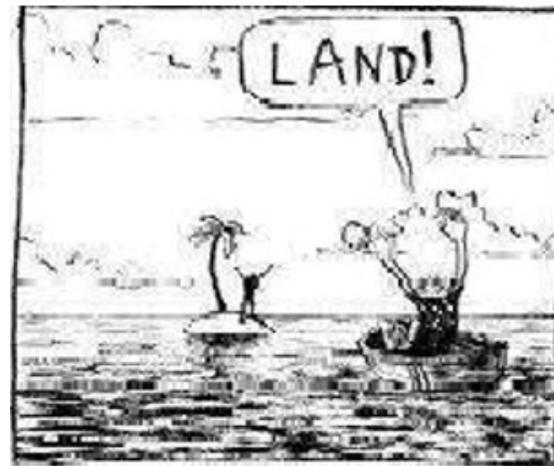
Be Valuable!



Value is in the eye of the beholder

- It is easy to identify what you perceive to be valuable
- Then rationalize its value to others
- Remember...You don't control what others value

NB-It doesn't mean you can't teach and persuade them



Your job is political – choose to have influence



- Never intentionally burn a bridge
- Recognize perspective, constituencies and motivation
- Embrace the idea of compromise and seek common ground
- Know what you stand for, be honest, transparent, and consistent
- Try not to take it personally

The road to change is littered with the bodies of the **absolutely** right.



Structure and Financing of the Medical Director Role



Reporting Structure

- Create an Office – even in name only
 - In multi-agency system defines your service to all
 - Vehicle for interaction with other non-public safety groups
- Retain independent authority
 - Ideally you want to report to same person the chiefs do
- Consider expanding supervision to other types of agencies
 - Makes it clear your office is multi-dimensional therefore logical that it is an independent “Office”

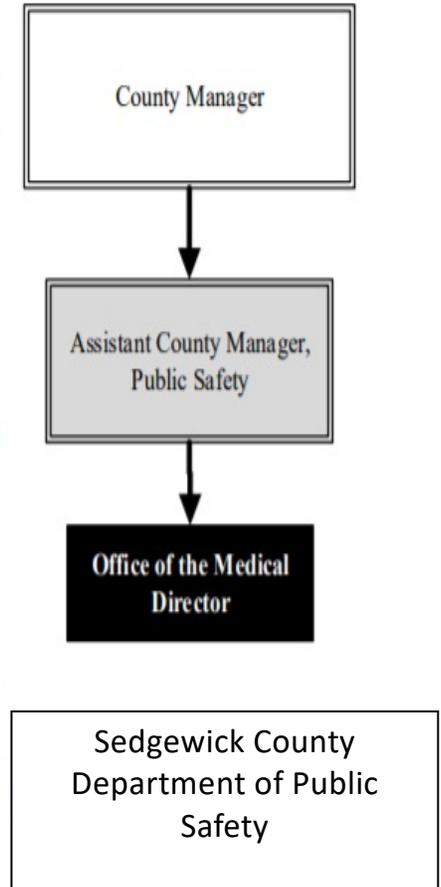
Overview

The Office of the Medical Director (OMD) provides the clinical leadership to all medical providers and agencies throughout the Emergency Medical Service System (EMSS).

The OMD provides physician-led, patient centered, and team-based oversight for all aspects of pre-hospital patient care.

Within the OMD are the programs of Clinical Practice Management and Program Management.

The OMD's foremost priority is to ensure excellence in pre-hospital patient care, accomplished via the credentialing program, which requires all pre-hospital providers to complete a structured competency assessment before being allowed to provide independent patient care.



Key Functions Your Office Should Control

- **Education**

- CE is your best mechanism to build your practice
- Lack of control education \$s puts that at risk in budget cuts

- **Performance Improvement**

- Informs education, drives clinical effectiveness and accountability
- Control process and culture of PI

- **Credentialing**

- What types and what minimum standards are critical to your practice
- Lack of control risks lowered standards or limited provider options

- **Medical Control (on-line)**

- Best way to assure your standards of care are met



Create an Advisory Board



Don't carry the coffin alone!

- You want accountability to the larger medical community
- Do not relinquish your decision making authority
- **Goal: Engage the larger medical community to support your clinical duty – they can be powerful advocates**

NB: Some state laws may define this for you!



Financing – Have a Separate Budget

Why

- Allows control of funding critical functions of CE, PI, Credentialing
- Provides opportunity to defend your portion of budget against operational cuts
- Provides opportunity for additional funding streams (health system, payers, grants, etc)

How

- Straight budget line item
 - Cost plus annual increase
 - % of Public Safety/Org budget
- Per call rate (tax)
 - \$/Response or transport
- Per supervised provider
 - Level agnostic bulk charge
 - Level specific oversight
- Pros and Cons to each



Policy Pearls



Beg, borrow and steal... and then refine

- Policies often have an incident that created it
 - **It is always best to learn from OTHERS**
 - If non-clinical assure they match HR, company, departmental, state rules
- Ask for help and build a network
 - NAEMSP / Eagles / ACEP EMS Committee
 - Your challenges are seldom unique...there is strength in numbers
- Share generously
 - Make your resources and efforts available to others
 - Collective wisdom accelerates our development

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/ TRAVIS COUNTY EMS SYSTEM

Clinical Standards Table of Contents

Clinical Standard Documents.....	Page
Atypical Protocol Utilization and Online Medical Direction	CS 1
Cancellation or Alteration of Response	CS 2
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Read yours- all of them. Then follow them or eliminate them.

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Policy and Process Fundamentals

*"A leader is one
who knows the
way, goes the way,
and shows the
way."*

-John Maxwell

Have Guiding Principals

Vision, Mission and Values Statements

Choose 3-5 values and **live them**

Make them public

Be consistent in your application

You will never make everyone happy

If you are consistent... you are reliable,
predictable, and trustworthy



Invest in YOU and your education on leadership

- Leadership is a learned skill
- Complete a leadership program
 - Certified Physician Executive (**CPE**) from American Association for Physician Leadership
 - Fellow of American College of Health Care Executives (**FACHE**)
- You will make mistakes – be sure to give yourself a break

“Leadership and learning
are indispensable to
each other.”

- John F. Kennedy



Creating Value in a
Changing Healthcare Environment
(think existential change)



Know the latest world GDP ranking 2025 list from the below table:

Sl No	Country Name	GDP (USD)	GDP Per Capita (Current Prices) (USD)
1	United States (US)	\$30.50 trillion	\$89,105
2	China	\$19.23 trillion	\$13,657
3	Germany	\$4.74 trillion	\$55,911
4	India	\$4.19 trillion	\$2,934

Worldwide value of healthcare market : ~ \$10-11 TRILLION

Nearly \$2T is spent on health initiatives with minimal health outcomes



Regardless of your politics the biggest risk
right now is that change is coming from
outside the industry...



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Financial Management

756 hospitals at risk of closure, state by state

Tennessee

16 hospitals at risk of closing (31%)
 14 at immediate risk of closing in next 2-3 years (27%)

Texas

82 hospitals at risk of closing (53%)
 21 at immediate risk of closing in next 2-3 years (14%)

New York

24 hospitals at risk of closing (48%)
 15 at immediate risk of closing in next 2-3 years (30%)

North Carolina

10 hospitals at risk of closing (18%)
 6 at immediate risk of closing in next 2-3 years (11%)

Arkansas

30 hospitals at risk of closing (64%)
 12 at immediate risk of closing in next 2-3 years (26%)

California

18 hospitals at risk of closing (31%)
 5 at immediate risk of closing in next 2-3 years (8%)

Colorado

11 hospitals at risk of closing (26%)
 2 at immediate risk of closing in next 2-3 years (5%)

Oklahoma

48 hospitals at risk of closing (64%)
 22 at immediate risk of closing in next 2-3 years (29%)

Mississippi

36 hospitals at risk of closing (54%)
 23 at immediate risk of closing in next 2-3 years (34%)

Missouri

29 hospitals at risk of closing (50%)
 12 at immediate risk of closing in next 2-3 years (21%)

Montana

16 hospitals at risk of closing (30%)
 4 at immediate risk of closing in next 2-3 years (8%)

Iowa

19 hospitals at risk of closing (20%)
 4 at immediate risk of closing in next 2-3 years (4%)

Kansas

68 hospitals at risk of closing (68%)
 30 at immediate risk of closing in next 2-3 years (30%)

Kentucky

17 hospitals at risk of closing (25%)
 2 at immediate risk of closing in next 2-3 years (3%)

Louisiana

27 hospitals at risk of closing (48%)
 9 at immediate risk of closing in next 2-3 years (16%)



This generation of EMS leaders will define the role
EMS plays in healthcare of the future...
(think value)



Selected health system financial metrics (nationally)



Median hospital operating margin



Of hospitals are operating in the red



Of rural hospitals are at risk of closing



Ratio of **S&P downgrades** to upgrades of nonprofit hospitals

Financial performance is playing a significant role in driving healthcare redesign

Sources: Swanson E. [National Hospital Flash Report June 2024](#). Kaufman Hall. August 5, 2024; Swanson E. [National Hospital Flash Report May 2024](#). Kaufman Hall. July 9, 2024; [Rural hospitals at risk of closure](#). Center for Healthcare Quality and Payment Reform. Accessed July 9, 2024; Desai S, et al. [Preliminary 2023 medians for U.S. acute health care providers indicate continued operating pressures for many](#). S&P Global. April 30, 2024.

Market Forces Continue to Threaten Status Quo

All Purchasers Looking to Curb Spending



Government

- Medicare doubling down on risk
- Medicare Advantage poised for reform
- Medicaid experimenting with risk, consumerism

Employers

- Private exchanges increasing pricing pressure
- Self-insured employers focusing on utilization control

Consumers

- Continued premium sensitivity on public exchanges
- Price sensitivity increasing at point of care



Creating risk models to drive down cost

Drives payers to seek low cost solutions

Consumers choosing healthcare services like other goods and services



Value Based Care is like climate change...



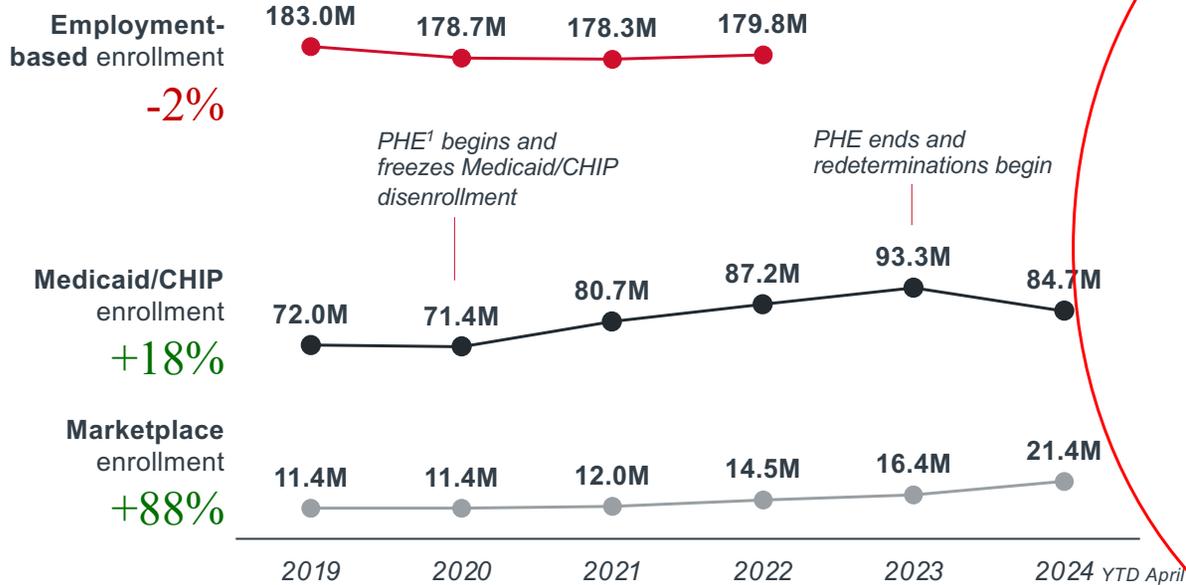
Most agree it is coming... the question is WHEN?



Post-PHE, coverage mix transformed

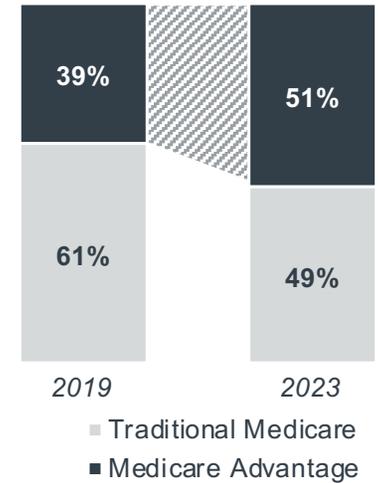
Marketplace enrollment on the rise as Medicaid fluctuates and employer plateaus

Total employer-based, monthly Medicaid/CHIP, and Marketplace insurance enrollment



Medicare Advantage crosses the 50% threshold

Percentage of Medicare beneficiaries enrolled in traditional Medicare and Medicare Advantage



1. Public health emergency.

Source: [Marketplace Enrollment, 2014-2024](#); KFF, October 23, 2024; [Total Monthly Medicaid & CHIP Enrollment and Pre-ACA Enrollment](#); KFF, November 1, 2024; Freed M, et al. [Medicare Advantage in 2024: Enrollment Update and Key Trends](#); KFF, August 8, 2024; [Health Insurance in the United States, tables for 2021, 2022, and 2023](#); Census.gov.



Anxiety about the unaffordability of health care is driving increased receptivity not only to Medicare for All, but to disruptive solutions writ large.

“Top 15 Things CEOs Need to Know in 2020”

-Health Care Advisory Board Company 2020

This next decade is going to be **DISRUPTIVE** which creates opportunity for you!



EMS Origins in Disruption

- Disruptive innovation of the day
- Patients in extremis need care before they reach the hospital
- Couldn't solve the problem with existing resources
- Who is available and ubiquitous?
- Revolutionized care delivery and created pre-hospital care

Make sure disruption
drives VALUE



EMS system has more value than you know!

- Geographically diverse deployment
- Built in excess capacity in the system
- Sophisticated **low cost** work-force
- Comfortable with algorithm based care
- Comfortable in nearly any setting
- Payor agnostic first contact capability
- Navigation AND transport capability
- Touch every part of pre/post acute care
- Ability to **change OUTCOMES**

Roadblocks preventing continued growth of VBC

Execution of VBC is hard

Most provider organizations don't, by default, have the capabilities necessary to succeed in VBC and FFS culture is hard to shake.

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Advisory Board

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Recap...

- Value based care is here and market forces continue to drive change, but...
- Traditional healthcare lacks the capabilities and disruptive inclination to move from FFS, however...
- EMS Systems have many of the capabilities to solve for VBC as well as a tradition of massive disruption to the delivery model, unfortunately...
- That value is unrecognized because traditional healthcare doesn't know what EMS does, so...
- We need a seat at the healthcare table to create the influence to disrupt the model once again...

That is YOU!



There is growing urgency here.

As an industry we must stop telling people we are relevant...and be relevant.

We want acknowledgement for our contributions to care but don't ask where we can contribute the most.



Medical Director in the hospital, health system, or health plan model does NOT carry the same respect it does in our EMS/ Public Safety world



EM/IF Medical Director

- Ultimate authority/responsibility for care
- Highest clinical leader in organization
- Performance improvement/Regulatory compliance
- Oversight of clinicians
- Establish organizations clinical direction/strategy/policies
- **Key member of c-suite**

Viewed as a critical EXECUTIVE Leader



Why titles matter...

- We are taught the clinical language as part of cultural indoctrination and membership
- If we want our due place in healthcare we have to speak their language.... of business, rank and structure
- Titles matter...they garner respect, grant access, validate opinions, and give you a head start on relevance

This is not about your abilities. It is the psychological framing of your role and influence



Demonstrate Your Value

- Make friends and be persistent
- Get to know – so you can influence
 - CMO and if possible the CEO
 - Chief Pop Health and/or innovation officer
 - Med Staff President
 - Anyone with responsibility for post acute activities
- Start with asking and understanding their pain points
- Offer to be part of the solution
- Get creative - together



Take Away

- Exciting time to be a leader in EMS
- Develop your office to create flexibility and autonomy
- Don't carry the coffin alone – build medical community support
- Leadership is a learning journey – invest in yourself
- EMS systems are an untapped resource – Led by YOU!
- Learn how healthcare is changing and seek ways to share your immense value with the larger universe of healthcare
- Consider a CMO title – at least when dealing with outsiders

You can't go wrong if you create VALUE





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