

INTRODUCTION

Policy Forum: *The North Carolina System of Emergency Medical Services*

Running on adrenaline and altruistic motives, nearly a million first responders, emergency medical technicians (EMTs), and paramedics across the US perform life-saving procedures every day. They do this under stressful and dangerous work conditions, for very little pay, and with little recognition. Funding and support for maintaining readiness is limited. Reimbursement for services rendered is often below actual costs. Low patient volumes, limited billing capacity, high turnover, and reliance on volunteers force many rural-based emergency medical services (EMS) systems, including some in North Carolina, to close or convert to a different type of EMS model.

Current research and policy reviews indicate that we possess very little knowledge and understanding of EMS; how it works today, how it is supported, how the personnel are trained and educated, what professional issues emergency responders face, and what operational and political obstacles prevent timely and high quality EMS care.

The public's visibility of the current status of EMS was raised recently by the Institute of Medicine of the National Academies (IOM) report on the status of EMS. The report pointed to inefficiencies, workforce problems, and other systems-level challenges. The overarching recommendation from the IOM was for the establishment of a permanent federal lead agency within the US Department of Health and Human Services dedicated to EMS. This issue of the *North Carolina Medical Journal* follows the IOM's footsteps by focusing attention to the challenges and needs of North Carolina's EMS system.

Lifelong EMS professionals in North Carolina feel the state has been on the forefront of the EMS evolution. Many national and internationally recognized EMS leaders live in North Carolina and have contributed to this issue of the Journal. Groundbreaking ideas and advances in EMS research and education are incubated and cultivated in North Carolina institutions of higher learning. State officials are tackling the most pressing challenges—recruitment and retention—by describing the extent of the problem and offering alternative solutions.

All of health care delivery is under scrutiny as we seek ways to provide the best possible care at a reasonable cost. However, we often don't look at this problem in a fully systematic way—largely because we do not have a uniform system of care. A uniform health care system would link and coordinate its many parts, including the emergency services components that have immediate and important roles to play in keeping our citizens healthy and bringing them quickly to definitive care.

This issue of the Journal seeks to highlight this part of the system by describing its origins and development and outlining the future organization and operation of EMS. There are decisions to be made at the local and state levels regarding how we can keep this important part of health care delivery functioning effectively for the citizens of North Carolina and the nation.

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