

Morhaim, Dan Delegate

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Sent: Thursday, February 05, 2009 7:02 AM
To: Morhaim, Dan Delegate; Dan MorhaimGmail
Subject: Print out on stationary and send

Robert Sumwalt, NTSB
fax 202-314-6090

Dear Chair Sumwalt and NTSB,

Thank you for holding hearings on HEMS operations.

My perspective is as a career, working, front-line emergency medicine physician with the last 15 years of practice at a level 2 trauma center in Baltimore. I am board-certified in Emergency Medicine and Internal Medicine and am on the faculty at the Johns Hopkins School of Public Health. As you can see from this stationary, I am also an elected Delegate in the Maryland General Assembly.

I offer these comments for consideration as you consider these complex issues.

Before any HEMS transport is made, the first task is to define the mission. That means being sure medical protocols are appropriate and meet national standards and local circumstances.

In Maryland, two recent protocol changes, long overdue in my estimation, have reduced the annualized number of HEMS flights from 4200 to 1800. The two protocol changes were simple and straightforward. One, initiated before the recent crash here, allows that patients may be taken by ground transportation to a trauma center when transport time is under 30 minutes. The other, initiated after the crash, allows that the field paramedic can consult via radio with a trauma center for category C and D patients. These radio consults are routine for medical patients and happen hundreds of time per day throughout our state.

With these new protocols, the number of flights have decreased, and there have been no untoward incidents reported, although final outcome data is not in. A national expert panel agreed, noting, "...there is a high likelihood that opportunities exist for reductions in Maryland HEMS transports of trauma patients without compromising patient outcomes or quality of care."

Given the risks of HEMS, we ought to be sure that each flight is taken for the right reasons and then be sure that each flight is as safe and effective as possible.

The entire question of when to fly and when not as well as the overall benefit of HEMS transport should be carefully analyzed. Most of the data (I can send you articles from peer-reviewed journals, but I expect that you and your staff have access to these) suggests that the benefit of HEMS transport has been over-rated. Clearly, it has a role in saving lives, but it is important to define that role first, especially given the risks of flying.

It's also important to look at HEMS in the larger context of health care. The numbers in Maryland are as follows: annually, now about 1800 HEMS flights; 500,000 ambulance runs; 2.5 million ER visits. These ratios are typical for any state. Our goal should be to get all patients to the proper place for care. For many reasons, HEMS gets a great deal of attention, though the number of patients involved is relatively

small.

In these times of economic stress, the fiscal implications are significant. In Maryland, the current posture is buy 12 new helicopters at \$20 million each, \$240 million in capital costs. Each helicopter costs about \$2 million/year to operate or \$24 million annually. However, there are vital programs in Maryland that are not funded: \$3.5 million to provide pre-natal care; \$3 million for breast and cervical cancer screening; \$3 million for mental health crisis care; to name a few. Each life is important and of equal value. How do we reconcile having too many state-of-the-art helicopters when a child spends 2 months in a NICU that could have been avoided? When a woman presents with metastatic cancer that might have been detected earlier? When a young man died of an untreated toothache, as happened in Maryland last year?

There are other issues as well. Should some or all of an HEMS be serviced by private companies or by government? Should HEMS and law enforcement missions be handled by one type of helicopter, or should each mission be handled by a helicopter designed for that specific purpose?

But, it all goes back to defining the mission.

Thank you in advance for your consideration and for your efforts as you deliberate and analyze this issue. Please call on me if I can be of service.

Sincerely,

Delegate Dan Morhaim, M.D., F.A.C.E.P.