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Topics

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## The Increased Use of Air Medical Services

Air Medical Services (AMS) have become an integral part of the healthcare system in the United States. AMS involves helicopter or airplane transportation of patients to a hospital, or between smaller, less-equipped hospitals and trauma centers or specialty care hospitals.<sup>1</sup>

In recent years, AMS utilization has significantly increased as a patient transport method. This increase may be attributed to financial pressures, insurance issues, changes in federal regulations, and competition within the current market.<sup>2</sup> Similar factors may also drive changes and consolidation of services provided by smaller rural hospitals, resulting in the reduction of certain services provided by many hospitals (e.g., emergency departments, trauma centers, and specialty clinics).<sup>3</sup> Additionally, as technological advancements provide new, time-sensitive care, AMS will likely need to expand and improve. 4 As AMS usage increases, concerns regarding the cost associated with maintaining air ambulance services have arisen.

Maintaining AMS programs is a complex and costly undertaking, with startup and operating capital requirements similar to that of local fire departments and hospital emergency departments.<sup>5</sup> Historically, AMS providers have faced high fixed expenses for equipment and manpower, with relatively low volumes and modest variable costs.<sup>6</sup> Helicopters and fixed wing aircrafts cost millions of dollars to purchase or lease, operate, store and maintain, and keeping trained crews available 24hour/7 days per week basis represents a major expense.<sup>7</sup> In 2003, the General Accounting Office (GOA) estimated that the cost of maintaining even generic ambulances is not supported by reimbursement rates.8 This presents even more of a challenge to AMS, as Medicare has strict reimbursement requirements that limit the number of approved claims.<sup>9</sup>

Inefficiencies surrounding AMS may come from a lack of overall system planning and design to guide the development of AMS across the country. In an effort to improve AMS, The National Association of State EMS Officials (NASEMSO), the Association of Air Medical Services (AAMS), and the National Association of EMS Physicians (NAEMSP) have collaborated to develop national "best practices" guidelines for AMS operation. The American College of Emergency Physicians (ACEP) supports integrating air medicine into healthcare on a local, state, and national level. The aforementioned organizations contend that every state should develop AMS advertising and marketing regulations.

As healthcare costs continue to rise and the availability of healthcare in rural communities decrease, AMS will likely continue to play an increasingly important role in expanding access to healthcare. In recent years, AMS utilization has been crucial in natural disasters emergency response tactics in Hurricane Katrina, the Joplin, MO Tornado, and Hurricane Irene. The need for increased access to specialty and emergency care resources should continue to drive AMS demand and utilization. In order to succeed, AMS providers must find ways to decrease cost and become more closely integrated into a geographically linked regional emergency medical system.

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