Dallas Fire-Rescue

- 1,887 uniformed personnel
- 58 stations
  - 57 engines
  - 21 trucks
  - 40 front line Rescues, 3 Peak Demand
- 380 square miles, 1.2 million population
- Fire-based EMS system that occasionally fights fires
- Will exceed 200,000 EMS calls this year
Changing EMS Landscape

- Decreasing percentage of critical calls
- Increasing call volumes
- Social service calls
- Fraud, waste and abuse
- Healthcare reforms
  - Not just for hospitals
  - No more fee-for-service
  - Performance metrics based
- Gaining recognition as an integral component of the larger healthcare system
Mobile Community Healthcare Program (MCHP): Overview

- Phase I officially started March 2014
- Proactive service delivery model
- Identifies high utilizers of the system and seeks to reduce their dependence on the 911 system
- 88 unique patients seen to date
- Intensive case management process that involves a network of community organizations all working for the good of each individual patient
Demographics

• Enrolled clients: 88
• First client contact: March 19, 2014
• Who are these clients/patients?
  – Average age: 57
  – Racially and geographically diverse
  – Multiple medical conditions
  – Medication issues
  – Mental health and substance abuse issues
  – Fall in the gaps of the existing healthcare system
Education

- High School/GED: 60%
- Less than High School: 30%
- Illiterate: 3%
- Some College, no degree: 7%
Income

- $0 - $12,950 (10%)
- $12,951 - $49,400 (15%)

90%
Insurance Coverage

- Public Insured: 82%
- Private Insured: 8%
- Self-Pay: 10%
Patient Dispositions

- Active in Program
- No Longer Active in Program: Monitoring x 1 yr
  - Graduated
  - Removed from Program – non-adherent
  - Deceased
  - Incarcerated
  - Relocated
  - Unable to locate or determine status
**Cost/Call Avoidance**

- **1 year pre-enrollment: 2,242 calls**
  - 1,089 transports x $1,578 = $1,718,442
  - 1,153 non-transports x $835 = $962,755
  - Total service cost: $2,681,197

- **During enrollment: 847 calls**
  - 384 transports x $1,578 = $605,952
  - 463 non-transports x $835 = $386,605
  - Total service cost: $992,557

- **Post graduation: 214 calls**
  - 34 transports x $1,578 = $53,652
  - 180 non-transports x $835 = $150,300

- **Cost avoidance of $2,530,897 (94%)**
- **Call avoidance of 2,028**
- **Average 80% reduction to the end of enrollment –all dispositions**
- **97% reduction in 911 utilization post-graduation**
Cost Avoidance

- 1 Year Pre: $962,755
- Enrollment: $386,605
- Post-enrollment: $53,652

- Non-transports
- Transports

$53,652
$150,300
Call avoidance

1 yr pre: 1153
Enrollment: 1089
Graduated: 180

Non-Transports
Transports
Mobile Community Healthcare Program: Overview

• Phase II involves contracts with area hospitals
• MCHP will provide services to hospital program patients:
  – Readmission avoidance
  – High utilization patients
  – Accountable Care Organization (ACO)/Managed Care Program patients
  – Many possibilities
• A great deal of interest in this program has been shown by our area hospital partners
Mobile Community Healthcare Program: Contracts

- Contracts approved on August 12 Council Agenda
  - Children’s Medical Center, Pediatric Asthma Program
    - Budgeted amount not defined, will depend on program success
    - Two year contract with one two-year extension
  - UTSW
    - Network Access Improvement Program (NAIP)
      - $340,000 per year
      - One year contract with three one-year extension
    - Clements Hospital Emergency Department
      - $225,000 per year
      - One year contract with 3 one-year extensions
Future

• Increase number of contracts
• 300-400 visits per week by next year
• Data management solution
• $1.9m revenue expected
• Increase staffing of team
  – 1 Lieutenant and 5 medics now
  – Will add 7 more by end of year
• Eventually will be its own division in EMS bureau
• Would like to add social service worker, mental health and substance abuse components
QUESTIONS?

Norman Seals, Assistant Chief
Emergency Medical Service Bureau
norman.seals@dallascityhall.com