"EMS" in the New Healthcare Environment

"Welcome to the Real World"
About MedStar...

- Governmental agency (PUM) serving Ft. Worth and 14 Cities
  - 880,000 residents, 421 Sq. miles
  - Exclusive provider for all emergency and non emergency EMS
  - Self-Operated
- 112,000 responses annually
- 380 employees
- Medical Control from 14 member Emergency Physician’s Advisory Board (EPAB)
  - Physician Medical Directors from all emergency departments in service area + Tarrant County Medical Society
- $34 million budget
  - No tax subsidy
- Fully deployed system status management
“EMS?”

- 9-1-1 safety net access for non-emergent healthcare
  - 36.6% of 9-1-1 requests
    - 12 months Priority 3 calls (37,508/102,601)
- Reasons people use emergency services
  - To see if they needed to
  - It’s what we’ve taught them to do
  - Because their doctors tell them to
  - It’s the only option
- 37 million house calls/year
  - 30% of these patients don’t go with us to the hospital
OF COURSE THIS IS AN EMERGENCY!
THE HOSPITAL SERVES BRISKET ON TUESDAYS.
- Better Patient Experience
- Better Population Health
- Reduce Cost
Our New Environment:

• ACA tipped the 1st domino
• New partnerships/New opportunities
  o ACOs
    • Aligned incentives & risk sharing
    • Bundled payments based on episode of care
    • Performance-based payments
    • Payment based on OUTCOMES
Question??

• How has “EMS” done in proving *value*?
Our New Environment:

• There are 4.6 million Medicare beneficiaries with CHF
  o 14% of beneficiaries have HF
  • 43% of Medicare spending on HF
  o One CHF admission cost CMS $17,500
  o 30-day readmission rate for CHF = 24.7%
  o 52% of CHF patients readmitted within 30 days did not see their doc between discharge and readmit (NEJM)
• MedPAC = $12 billion CMS expenditures for Potentially Preventable Readmissions
Patient Navigation

- 9-1-1 Nurse Triage
- Community Health Program
- System Abusers
- CHF/High Risk Dx Readmissions
- Observational Admission Avoidance
- Hospice Revocation Avoidance

“Mobile Integrated Healthcare Practice”? 

Local Needs!
Innovative Partnerships
Better Care – Reduced Cost

• Right Resource
• Right Time
• Right Patient
• Right Outcome
• Right Cost
Why did we do this?
Nurse Triage

• Take low-acuity 9-1-1 calls out of the system
  o 42.2% of referred patients to alternate dispositions
    • 54.9% in June ‘13
  o Help unclog EDs
    • Improve throughput
    • Improve patient:revenue ratio
    • Improved Press Ganey scores?
• Physician/Hospital call services
• Telehealth/patient monitoring
  o Rx compliance/reminders
• Connect with payer databases?
Building the Case...

- Hospital partnerships – Value!?  
  - Know your customer’s needs
9-1-1 Nurse Triage Patient Satisfaction Scores

Alternate Disposition Outcomes

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.78</td>
<td>911 Call Taking Process</td>
</tr>
<tr>
<td>4.67</td>
<td>Satisfied with Triage Nurse</td>
</tr>
<tr>
<td>4.67</td>
<td>Satisfied with Recommendation?</td>
</tr>
<tr>
<td>4.55</td>
<td>Nurse Understood Medical Complaint</td>
</tr>
<tr>
<td>4.60</td>
<td>Satisfied with Transportation?</td>
</tr>
</tbody>
</table>
Expenditure Savings Analysis (1)  
9-1-1 Nurse Triage Program  
Based on Medicare Rates

Analysis Dates: **June 1, 2012 - June 30, 2013**  
Number of Calls Referred: **838**

<table>
<thead>
<tr>
<th>Category</th>
<th>Base</th>
<th>Avoided</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Charge</td>
<td>$1,668</td>
<td>354</td>
<td>$590,472</td>
</tr>
<tr>
<td>Ambulance Payment (2)</td>
<td>$421</td>
<td>354</td>
<td>$149,034</td>
</tr>
<tr>
<td>ED Charges</td>
<td>$904</td>
<td>354</td>
<td>$320,016</td>
</tr>
<tr>
<td>ED Payment (3)</td>
<td>$774</td>
<td>354</td>
<td>$273,996</td>
</tr>
<tr>
<td>ED Bed Hours (4)</td>
<td>6</td>
<td>354</td>
<td>2,124</td>
</tr>
</tbody>
</table>

**Total Charge Avoidance**  
$910,488

**Total Payment Avoidance**  
$423,030

<table>
<thead>
<tr>
<th>Per Patient Enrolled</th>
<th>ECNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Avoidance</td>
<td>$2,572</td>
</tr>
<tr>
<td>Payment Avoidance</td>
<td>$1,195</td>
</tr>
</tbody>
</table>
Community Health Program

• “EMS Loyalty Program”
  o Proactive home visits
  o Educated on health care and alternate resources
  o Enrolled in available programs = PCMH
  o Flagged in computer-aided dispatch system
    • Co-response on 9-1-1 calls
    • Ambulance and CHP medic

• Non-Compliant enrollees moved to “system abuser” status
  o No home visits
  o Transport may be denied by Medical Director in consult with on-scene CHP medic
6/5/2013 04:26
Mr. XXXXXX called this evening concerned about his blood sugar being elevated. He called his physician's office this evening and spoke to the on call PA. She told Mr. XXXXXX to go the ED, but he did not want to do that, so he called us.

On my arrival on scene I found Mr. XXXXXX sitting in his wheelchair comfortably. He reported he has started Insulin since he was graduated from the CHP program, and his PCP's office is actively working with him to control his glucose level. He is currently taking 10 units of Novolog with his largest meal each day, and also taking 45 units of Lantus at 2100 each evening. He relays tonight he has not taken his Lantus yet, but his sugar read over 500 mg/dL on his machine.
There has not been a log kept of the recent blood glucose readings, but I was able to review them on Mr. XXXXXX's home glucometer. For at least the last 7-10 days of records reviewed, the readings have ranged from the mid 200's to over 600 mg/dL.

I spoke briefly with Dr. Beeson regarding Mr. XXXXXX's condition. He relayed he was comfortable with Mr. XXXXXX waiting until in the morning to make an appointment with his PCP as long as he was not symptomatic, and was not exhibiting any signs of DKA. I relayed this to Mr. XXXXXX, and he prefers that option to going to the ED tonight.
I stayed a bit longer and talked to Mr. XXXXXXX regarding his diet. His wife told me he has been eating almost a full 12 oz box of Special K cereal with strawberries every day, and has not been wanting to eat anything else. He is also still drinking an occasional wine cooler and soda, but that has greatly decreased.

On review of the nutritional information on the cereal it was found to be fairly high in carbohydrates and sugar in each serving. This information was passed on to Mr. XXXXXXX, and I recommended when he set up his next PCP visit he talk to them about receiving some dietary advice from a nutritionist due to the complexity of managing a diet that was balanced properly for his CHF, diabetes, and renal failure. He agreed that would be a good idea. He will be calling his PCP in the morning, and he would also like the on-duty MHP to call him when they come on duty tomorrow. I will schedule a phone visit for Mr. XXXXXXX for tomorrow and notify the MHP medics by email regarding this request. I have updated Mr. XXXXXXX medication list with his insulin information, and I told him to call again if he needed anything.
Community Health Program

• Total CHP Enrollment = 215
• 44 graduated patients with 12 month data pre and post enrollment as of March 31, 2013...
  o During enrollment
    • 48.2% reduction in 9-1-1 use to the emergency department
  o Post Graduation
    • 85.9% reduction in 9-1-1 use to the emergency department
Expenditure Savings Analysis (1)  
Community Health Program  
*Based on Medicare Rates*

**Analysis Dates:** January 1, 2012 – March 31, 2013  
Number of Patients (2): 44

<table>
<thead>
<tr>
<th>Category</th>
<th>Base (3)</th>
<th>Avoided</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Charge</td>
<td>$1,668</td>
<td>961</td>
<td>$1,602,948</td>
</tr>
<tr>
<td>Ambulance Payment (3)</td>
<td>$421</td>
<td>961</td>
<td>$404,581</td>
</tr>
<tr>
<td>ED Charges</td>
<td>$904</td>
<td>961</td>
<td>$868,744</td>
</tr>
<tr>
<td>ED Payment (4)</td>
<td>$774</td>
<td>961</td>
<td>$743,814</td>
</tr>
<tr>
<td>ED Bed Hours (5)</td>
<td>6</td>
<td>961</td>
<td>5,766</td>
</tr>
</tbody>
</table>

**Total Charge Avoidance**  $2,471,692  
**Total Payment Avoidance**  $743,814

<table>
<thead>
<tr>
<th>Per Patient Enrolled</th>
<th></th>
<th>CHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Avoidance</td>
<td></td>
<td>$56,175</td>
</tr>
<tr>
<td>Payment Avoidance</td>
<td></td>
<td>$16,905</td>
</tr>
</tbody>
</table>
**CHF Readmission Reduction**

- At-Risk for readmission
  - Referred by cardiac case managers
  - Routine home visits
    - *In-home education!*
    - Overall assessment, vital signs, weights, ‘environment’ check, baseline 12L ECG, diet compliance, med compliance
    - *Feedback to primary care physician (PCP)*
  - Non-emergency access number for episodic care
  - Decompensating?
    - Refer to PCP early
    - In-home diuresis
## Expenditure Savings Analysis (1)

### Congestive Heart Failure - Diuretic Protocol Eligible

**Based on Medicare Rates**

**Analysis Dates:**
- June 1, 2012 – March 31, 2013

**Number of Patients:**
- 18

<table>
<thead>
<tr>
<th>Category</th>
<th>Base</th>
<th>30-Day Readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Charge</td>
<td>$1,668</td>
<td>31</td>
</tr>
<tr>
<td>Ambulance Payment (2)</td>
<td>$421</td>
<td>31</td>
</tr>
<tr>
<td>ED Charges</td>
<td>$904</td>
<td>31</td>
</tr>
<tr>
<td>ED Payment (3)</td>
<td>$774</td>
<td>31</td>
</tr>
<tr>
<td>ED Bed Hours (4)</td>
<td>6</td>
<td>31</td>
</tr>
<tr>
<td>Admission Charge</td>
<td>$28,000</td>
<td>31</td>
</tr>
<tr>
<td>Admission Payment (3)</td>
<td>$17,500</td>
<td>31</td>
</tr>
</tbody>
</table>

### Charge Avoidance

<table>
<thead>
<tr>
<th>Category</th>
<th>Base</th>
<th>30-Day Readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Charge</td>
<td>$1,668</td>
<td>31</td>
</tr>
<tr>
<td>Ambulance Payment (2)</td>
<td>$421</td>
<td>31</td>
</tr>
<tr>
<td>ED Charges</td>
<td>$904</td>
<td>31</td>
</tr>
<tr>
<td>ED Payment (3)</td>
<td>$774</td>
<td>31</td>
</tr>
<tr>
<td>ED Bed Hours (4)</td>
<td>6</td>
<td>31</td>
</tr>
<tr>
<td>Admission Charge</td>
<td>$28,000</td>
<td>31</td>
</tr>
<tr>
<td>Admission Payment (3)</td>
<td>$17,500</td>
<td>31</td>
</tr>
</tbody>
</table>

### Total Charge Avoidance

- $947,732

### Total Payment Avoidance

- $579,545

### Per Patient Enrolled

<table>
<thead>
<tr>
<th>Category</th>
<th>CHF-P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Avoidance</td>
<td>$30,052</td>
</tr>
<tr>
<td>Payment Avoidance</td>
<td>$18,695</td>
</tr>
</tbody>
</table>
### CHF Program Summary

**Referral Source:** Texas Health Resources

**Revised protocols implemented 10/1/2012:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Referral Date</th>
<th>30 Day</th>
<th>60 Day</th>
<th>90 Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas</td>
<td></td>
<td>10/17/2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lorinda</td>
<td></td>
<td>10/21/2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Frederick</td>
<td></td>
<td>11/13/2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Keith</td>
<td></td>
<td>12/22/2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charles</td>
<td></td>
<td>12/16/2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Audrey</td>
<td></td>
<td>1/16/2013</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Carol Ann</td>
<td></td>
<td>2/9/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Donna</td>
<td></td>
<td>2/20/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jonathan</td>
<td></td>
<td>2/22/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Melvin K.</td>
<td></td>
<td>3/2/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Louise C.</td>
<td></td>
<td>3/12/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jesse</td>
<td></td>
<td>5/5/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jayman</td>
<td></td>
<td>8/1/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Natalie</td>
<td></td>
<td>10/17/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charles</td>
<td></td>
<td>12/16/2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Audrey</td>
<td></td>
<td>1/16/2013</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Margal</td>
<td></td>
<td>9/26/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Joyce</td>
<td></td>
<td>6/30/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Observation Admission Avoidance

• Partnership with ACO
  o ED Physician (*Case Manager*) identifies eligible patient
    • Refer to MedStar Community Health Program
    • Non-emergency contact number for episodic care given to patient
  o In-home care coordination with referring physician
  o Assure attendance at PCP follow-up next business day
  o Initiated August 1, 2012
    • 36 patients enrolled
    • 1 patient revisited prior to PCP follow-up
## Summary Results
**6/1/12 to 4/30/13**

**Harris Methodist Fort Worth**
**ED Project**

### Cost Avoidance Estimates

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Case Count</th>
<th>IP Per Case Cost Avg</th>
<th>Avoided cost Per Case</th>
<th>Model Adjustment Factor</th>
<th>11 mo. Total</th>
<th>Annualized</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Admit to IP</td>
<td>493</td>
<td>8,046</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ER Only- DC to Home</td>
<td>380</td>
<td>8,046</td>
<td>(7,527)</td>
<td>27%</td>
<td>(772,314)</td>
<td>(842,525)</td>
</tr>
<tr>
<td>ER to OBS</td>
<td>69</td>
<td>8,046</td>
<td>(7,527)</td>
<td>100%</td>
<td>(519,393)</td>
<td>(566,610)</td>
</tr>
<tr>
<td>D/C from ER to SNF</td>
<td>25</td>
<td>8,046</td>
<td>(3,883)</td>
<td>80%</td>
<td>(77,659)</td>
<td>(84,718)</td>
</tr>
<tr>
<td>D/C from ER to LTACH</td>
<td>-</td>
<td>8,046</td>
<td>16,461</td>
<td>80%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D/C from ER to Home Health</td>
<td>8</td>
<td>8,046</td>
<td>(6,566)</td>
<td>80%</td>
<td>(42,025)</td>
<td>(45,845)</td>
</tr>
<tr>
<td>D/C from ER to Hospice</td>
<td>4</td>
<td>8,046</td>
<td>(4,842)</td>
<td>100%</td>
<td>(19,367)</td>
<td>(21,127)</td>
</tr>
<tr>
<td>D/C from ER to Psych</td>
<td>1</td>
<td>8,046</td>
<td>0</td>
<td>50%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D/C from ER to Rehab Facility</td>
<td>-</td>
<td>8,046</td>
<td>4,918</td>
<td>50%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MEDSTAR Referral</td>
<td>10</td>
<td>8,046</td>
<td>(7,846)</td>
<td>100%</td>
<td>(78,460)</td>
<td>(85,593)</td>
</tr>
<tr>
<td>MEDSTAR Referral to HH</td>
<td>1</td>
<td>8,046</td>
<td>(6,566)</td>
<td>100%</td>
<td>(6,566)</td>
<td>(7,163)</td>
</tr>
<tr>
<td>Expired</td>
<td>10</td>
<td>8,046</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,001</td>
<td></td>
<td></td>
<td></td>
<td>(1,515,783)</td>
<td>(1,653,582)</td>
</tr>
<tr>
<td><strong>Avoided</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>498</td>
<td></td>
</tr>
</tbody>
</table>
Hospice Revocation Avoidance

- Enroll patients “at risk” for revocation
- Visit at home
  - Counsel – instruct – 10 digit access
  - “Register” patient in CAD
    - Co-respond with a “9-1-1” call
    - Help family through process
      - While awaiting hospice RN
Hospice Revocation Avoidance

• 88 patients enrolled
• 33 patients successful in the end
• 4 revocation
• 10 calls to 9-1-1
  o 5 transports
    • 3 unrelated to hospice status
    • 2 direct admits to in-hospital hospice bed
      ▪ No revocation
  o 31 still enrolled
Patient/Provider Satisfaction

MEDSTAR CHP PROCESS
PATIENT EVALUATION

YOUR VISIT WITH THE MEDSTAR MEDIC:

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Willingness to listen carefully to you
2. Taking time to answer your questions
3. Amount of time spent with you
4. Explaining things in a way you could understand
5. Instructions regarding medication/follow-up care
6. The thoroughness of the examination
7. Advice given to you on ways to stay healthy

YOUR OVERALL SATISFACTION WITH:

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Our Service
2. The quality of your medical care/evaluation
3. Overall rating of care/compassion from your Medic

WOULD YOU RECOMMEND THE SERVICE TO OTHERS?  Yes  No

IF NO, PLEASE TELL US WHY:

__________________________________________________________________________

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:  NO

ANY ADDITIONAL COMMENTS: I will tell all my friends and family about it. I found everything welcoming and caring.

MEDSTAR CHP PROCESS
PHYSICIAN/CASEWORKER EVALUATION

YOUR VISIT WITH THE MEDSTAR MEDIC:

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Ease of making referral by phone
2. MedStar arrived within promised time frame
3. The efficiency of the referral process
4. Communication with referring case worker/Physician
5. Feedback or follow-up provided in a timely manner
6. The professionalism of the responding medic

YOUR OVERALL SATISFACTION WITH:

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. The needs of the patient being met
2. The referral process
3. Our Service

WOULD YOU RECOMMEND THE SERVICE TO OTHERS?  Yes  No

IF NO, PLEASE TELL US WHY:

__________________________________________________________________________

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICE TO YOU, PLEASE TELL US ABOUT IT:  NO

ANY ADDITIONAL COMMENTS: I was thankful for the follow-up...
**Patient Satisfaction - Community Health Patients**

- Willingness to listen: 4.85
- Time to answer questions: 4.92
- Time with you: 4.73
- Understand explanations: 4.88
- Understand instructions: 4.77
- Comprehensive exams: 4.77
- Health advice: 4.54
- Overall satisfaction: 4.96
- Quality of care: 4.92
- Level of compassion: 5.00
Patient Assessment of Health Status

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

**Mobility**
- I have no problems in walking about [ ]
- I have some problems in walking about [ ]
- I am confined to bed [ ]

**Self-Care**
- I have no problems with self-care [ ]
- I have some problems washing or dressing myself [ ]
- I am unable to wash or dress myself [ ]

**Usual Activities (e.g. work, study, housework, family or leisure activities)**
- I have no problems with performing my usual activities [ ]
- I have some problems with performing my usual activities [ ]
- I am unable to perform my usual activities [ ]

**Pain/Discomfort**
- I have no pain or discomfort [ ]
- I have moderate pain or discomfort [ ]
- I have extreme pain or discomfort [ ]

**Anxiety/Depression**
- I am not anxious or depressed [ ]
- I am moderately anxious or depressed [ ]
- I am extremely anxious or depressed [ ]

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.
Patients with pre and post enrollment data = 14

<table>
<thead>
<tr>
<th>Category</th>
<th>Enroll</th>
<th>Graduate</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility (1-3)</td>
<td>36</td>
<td>37</td>
<td>2.8%</td>
</tr>
<tr>
<td>Self Care (1-3)</td>
<td>37</td>
<td>36</td>
<td>-2.7%</td>
</tr>
<tr>
<td>Usual Activities (1-3)</td>
<td>33</td>
<td>36</td>
<td>9.1%</td>
</tr>
<tr>
<td>Pain/Discomfort (1-3)</td>
<td>35</td>
<td>35</td>
<td>0.0%</td>
</tr>
<tr>
<td>Anxiety Depression (1-3)</td>
<td>33</td>
<td>31</td>
<td>-6.1%</td>
</tr>
<tr>
<td>Overall Perception of Health Status (0-10)</td>
<td>89</td>
<td>101</td>
<td>13.5%</td>
</tr>
</tbody>
</table>
Service Delivery Innovation Profile

Trained Paramedics Provide Ongoing Support to Frequent 911 Callers, Reducing Use of Ambulance and Emergency Department Services

Snapshot

Summary
The Area Metropolitan Ambulance Authority (more commonly known as MedStar), an emergency medical service provider serving the Fort Worth, TX, area, uses community health paramedics to provide in-home and telephone-based support to patients who frequently call 911 and to other patient populations who are at risk for potentially preventable admissions or readmissions. Working as part of MedStar's Mobile Integrated Healthcare Practice, these paramedics conduct an indepth medical assessment, develop a customized care plan based on that assessment, and periodically visit or telephone the patient and family to support them in following the plan. Support generally continues until they can manage on their own. Three additional similar programs serve individuals with congestive heart failure, patients who can be managed transitionally at home versus an overnight observational admission in the hospital, and in-home hospice patients who are at risk for hospice revocation. These programs have significantly reduced the number of 911 calls, the number of potentially preventable emergency department visits and hospital admissions, the number of overnight observational admissions, and the number of hospice revocations, leading to declines in emergency medical services and emergency department charges and costs, and freeing up capacity in area emergency departments.

See the Description section for an update on programs, identification of eligible individuals, patient assessment, and special protocols for patients with congestive heart failure; the Patient Population section for a description of patients served; the References section for two new resources; the Results section for updated data on the decline in ambulance and emergency department usage, charges, and costs, as well as results related to congestive heart failure and hospice patient admissions; the Planning and Development section for information about a hospice patient pilot test; the Resources section for updated staffing and cost data; the Funding section for updated information about program funders; and the Use by Other Organizations section for updated data on program adopters (updated January 2013).

Evidence Rating (What is this?)
Moderate: The evidence consists of pre- and post-implementation comparisons of 911 calls from program participants, along with estimates of the cost savings generated and emergency department capacity freed up as a result of the reduction in calls.
To keep patients out of the hospital, health-care providers are bringing back revamped versions of a time-honored practice: the house call.

In addition to a growing number of doctors treating frail patients at home, insurers and health systems are sending teams of doctors, nurses, physician assistants and pharmacists into homes to monitor patients, administer treatments, ensure medications are being taken properly and assess risks for everything from falling in the shower to family care-giver burnout. Some are adopting programs called "Hospital at Home" to provide hospital-level care in the home, including portable lab tests, ultrasounds, X-rays and electrocardiograms.
Fresno ambulance a pricey taxi ride for 'frequent fliers'

By Marc Benjamin

- The Fresno Bee

Sunday, Feb. 12, 2012 | 08:42 AM

In Fort Worth, Texas, paramedics on light duty teach patients to reach service providers and find their own doctors so they don't need to call an ambulance, said Matt Zavadsky, director of operations for MedStar, the community's ambulance service.

"We had one patient who didn't know how to ride the bus, so our guy rode with him and took him to the transfer station, where they rode another bus to his doctor's office," Zavadsky said. "Now he knows which bus to get on and how to get to the doctor's office."

Among its top 54 patients, MedStar saw a 51% drop in calls, Zavadsky said.

In Fort Worth, MedStar's Community Health Program cutting costs, improving patients' well-being
MedStar to Consider Alternatives to Sending Ambulance
New program aimed at reducing needless ambulance transports

MEDSTAR LAUNCHES 9-1-1 NURSE TRIAGE SYSTEM
Thursday, May 17, 2012
Fort Worth, TX — MedStar EMS will launch the new 9-1-1 Nurse Triage system starting at 9:00 Monday, May 21st.

In Fort Worth, MedStar won’t send an ambulance when a taxi will do

BY BUD KENNEDY
bud@star-telegram.com
Every five minutes, a caller dials 911 for MedStar.
But twice every hour, that call isn’t really an emergency.
Beginning Monday, a MedStar nurse will decide by phone which callers need an ambulance and which really just need a doctor’s appointment or a ride. Some callers to 911 will be sent a cab later.

That may sound like some sort of joke, but it’s really a way to get ambulances to those who need them.

“It’s a great idea.” said Susan Pelton, a former paramedic who will take calls and decide whether each is an emergency.

Alternative Ambulance Plan Begins Monday
New program aimed at reducing needless ambulance transports
By Wade Gatby | Monday, May 21, 2012 | Updated 1:41 PM CDT
MedStar is using a registered nurse to help people find appropriate medical care when the 911 call is not an emergency.
Opportunities in Your Community?
Additional Resources

- www.medstar911.org/community-health-program
- www.communityparamedic.org/
- www.ircp.info/
- www.wecadems.com/cp.html