"EMS" in the New Healthcare Environment

Matt Zavadsky, MS-HSA, EMT
Public Affairs Director
MedStar Mobile Healthcare
Adjunct Faculty
University of Central Florida
College of Health and Public Affairs

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Welcome to Norfolk!

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

About MedStar…

- Governmental agency (PUM) serving Ft. Worth and 14 Cities
  - Self-Operated
  - 880,000 residents, 421 Sq. miles
  - Exclusive provider - emergency and non emergency
- 117,000 responses annually
- 350 employees
- $36 million budget
  - No tax subsidy
- Fully deployed system status management
- Medical Control from 14 member Emergency Physician's Advisory Board (EPAB)
  - Physician Medical Directors from all emergency departments in service area + 5 Tarrant County Medical Society reps

MEDSTAR MOBILE HEALTHCARE

CAAS ACCREDITED

ACE

TEXAS EMS PROVIDER OF THE YEAR

JEMS EMERGENCY MEDICAL SERVICES

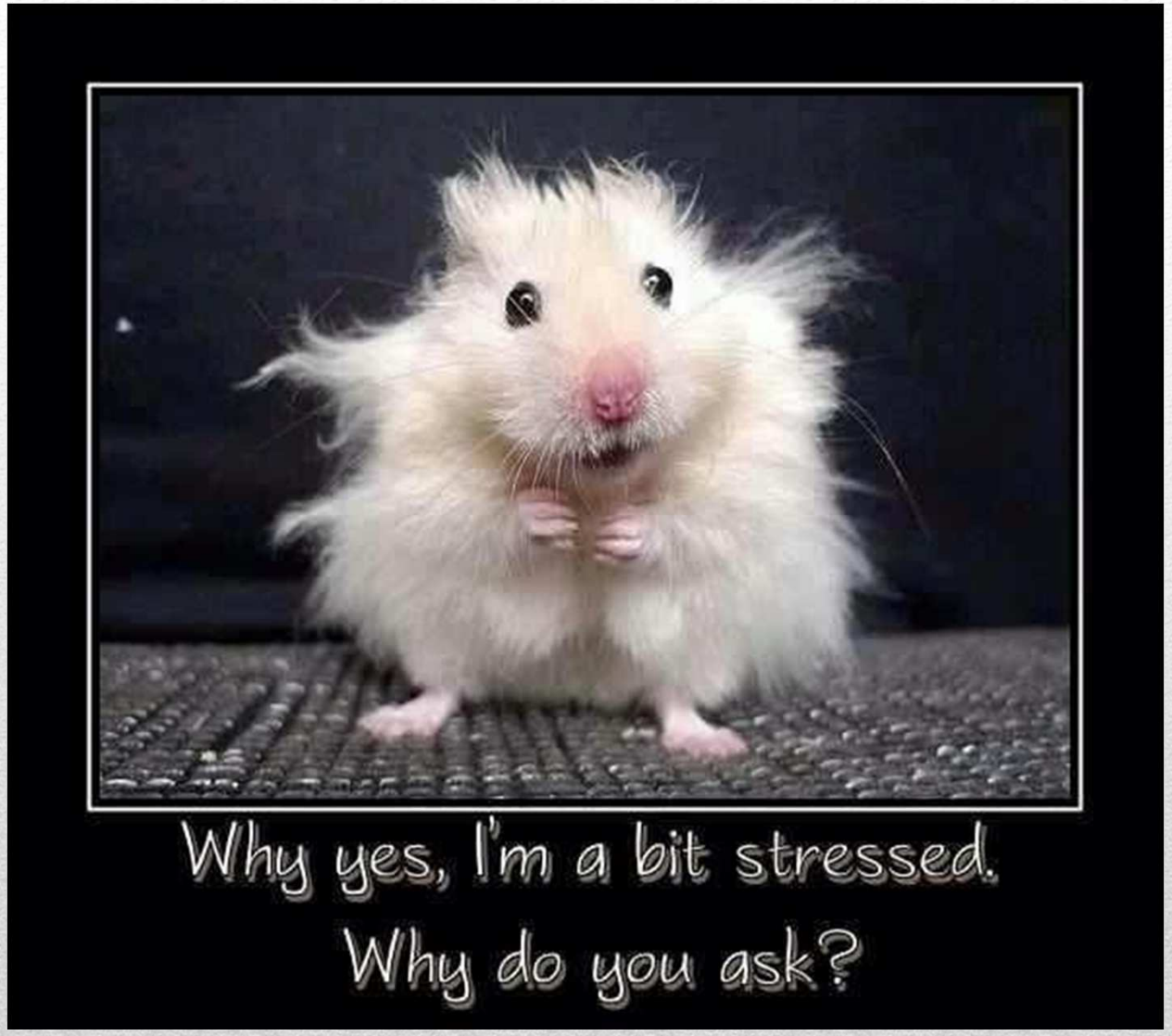
EMS 10 The top 10 innovators in EMS who drove the EMS practice forward in 2012!

NATIONAL EMS AWARDS OF Excellence

EMSWORLD

NAEMT

Protecting You and Your Environment

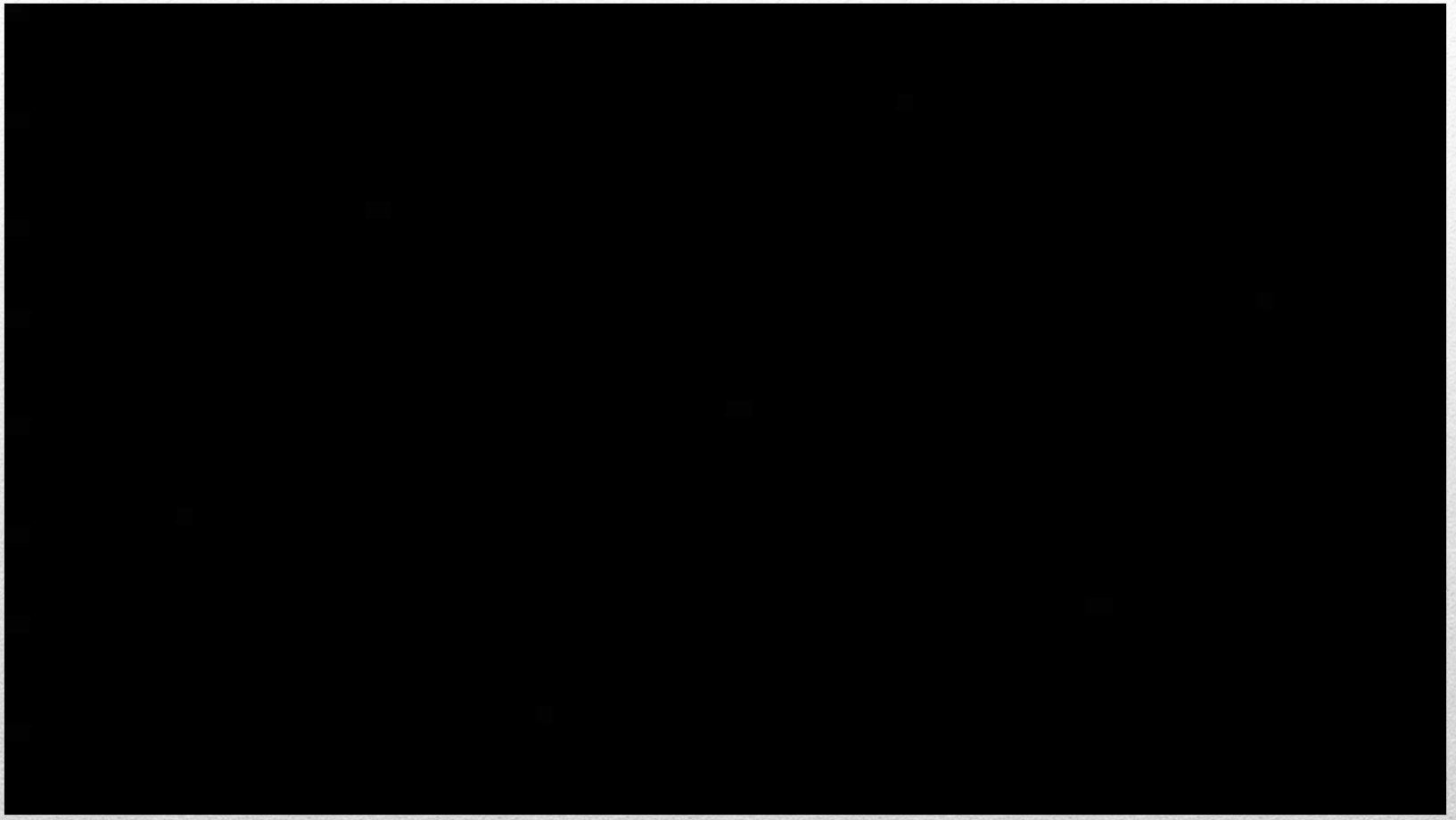


MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


insurance
health
care
people
system
companies
need
healthcare
medical
One
coverage
pay
many
Get
doctors
make
money
Government
costs
much
work
cost
Medicare
years
time
patients
just
like
also
afford
doctor
country
ago
good
even
take
profit
way
New
better
go
long
believe
private
food
services
benefits
without
able
job
problem
providers
change
life
provide
every
right
help
high
drug
covered
first
business
World
treatment
universal
public
well
children
patient
hospital
must
needs
paid
part
see
want
current
premiums
things
quality
free
working
access
person
company
Americans
American
year
know
plan
hours
problems
healthy
cover
find
affordable
day
family
another
dollars
pharmaceutical
countries
program
based
enough
really
NOW
EVERYONE
less
drugs
sick
America
National
industry
medicine
expensive
single
think
best
since
keep Obama
paying
may
hospitals
making
something

Imagine….



MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Emergency Medical Services?

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

"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 (P3) / 102,601 (Total)*
- 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

2012 NASEMSO Report

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

"EMS?"

10-year % change of overall call volume…

Call Type	% Increase
Interfacility	**11.32%**
Sick Person	**10.37%**
Falls	5.87%
Unc Person	5.20%
Assault	4.21%
Convulsions	4.16%
Psyc.	3.76%

Call Type	% Decrease
Abd Pain	2.83%
Traum Inj.	3.71%
Chest Pain	7.97%
MVA	**10.38%**
Breath. Prob.	**10.48%**

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


A FEW MORE FRIVOLOUS TRIPS TO THE E.R. AND I'LL EARN A FREE CAT SCAN
9-1-1

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Unscheduled

Medical Services!

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Conundrum…

- Misaligned Incentives
  - Only paid to transport
  - "EMS" is a ***transportation*** benefit
  - NOT a *medical benefit*

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

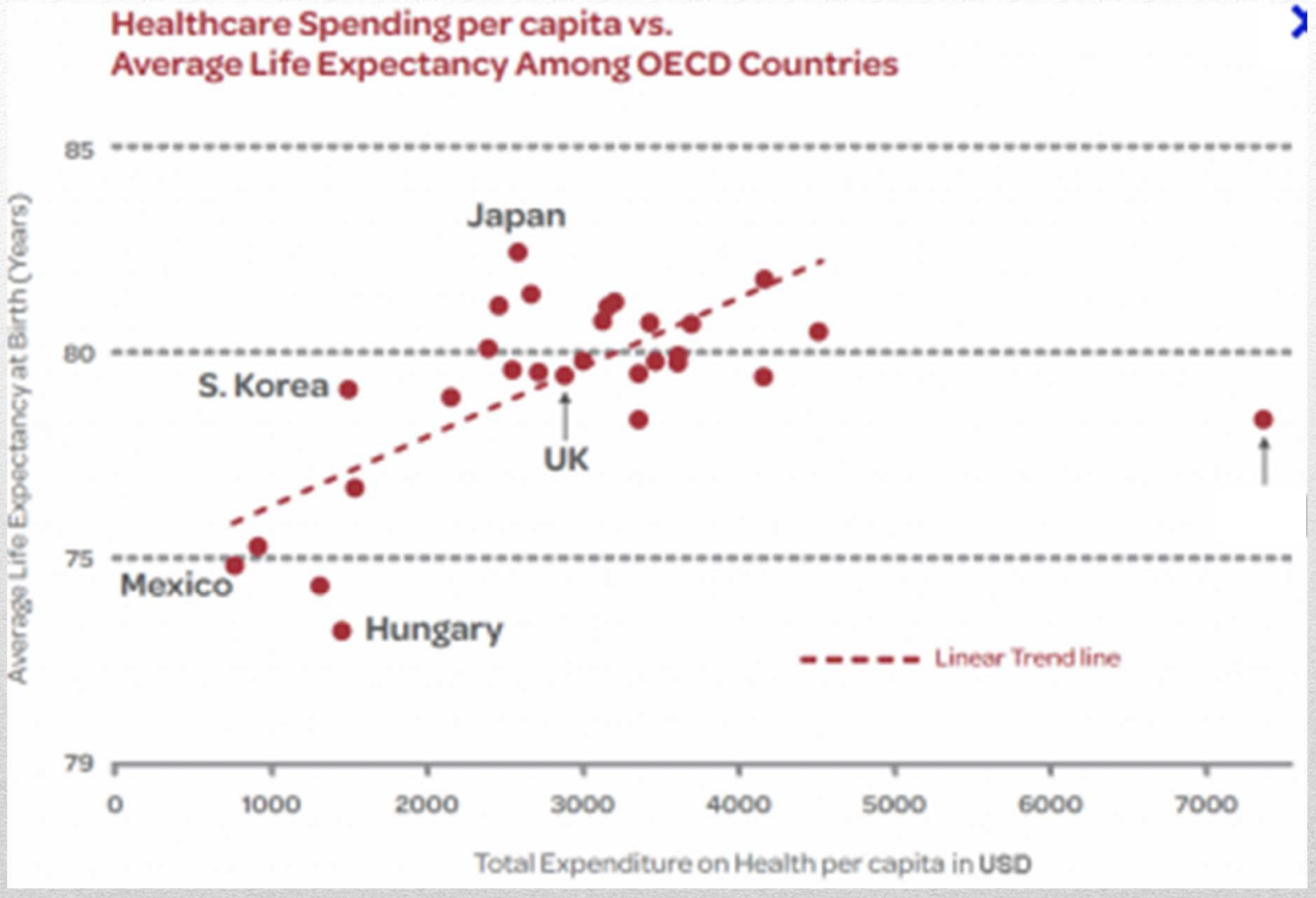
Our World is Changing:

Attention Please!

- Debt ceiling on 1/15/14 (again)
- $8,600 per capita health expenditures!!
  - Due in large part to **quantity-based** payments

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


Healthcare Spending per capita vs.
Average Life Expectancy Among OECD Countries
Average Life Expectancy at Birth (Years)
85
80
75
79
Japan
S. Korea
UK
Mexico
Hungary
Linear Trend line
0
1000
2000
3000
4000
5000
6000
7000
Total Expenditure on Health per capita in USD

Our New Environment:

- ACA tipped the 1st domino
- New partnerships/New opportunities
  - ACOs
    - Aligned incentives & risk sharing
    - Payment based on ***OUTCOMES***
  - Bundled payments based on episode of care
  - Push to Managed Medicare/Medicaid

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Our New Environment:

- ***<u>Satisfaction-based reimbursement</u>***
- Up to 30% of hospital bonus payments
- New "C-Suite" member
  - CXO – Chief Experience Officer
  - Responsible for maximizing satisfaction

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Our New Environment:

- Current major payers will not be in the future
  - ACOs
  - Drive to Managed Medicare/Caid
- New IDS
  - Highmark BC/BS weds Allegheny Health System
    - Divorces UPMC

Our New Environment:

- CMS Bonuses/Penalties
  - Value Based Purchasing & Readmissions
    - Applied to every Medicare admission
    - Pool from penalties used to pay bonuses
  - Based on quality measures
    - 2013 = 2% Max
    - 2014 = 3% Max

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Our New Environment:

- There are 4.6 million Medicare beneficiaries with CHF
  - 14% of beneficiaries have HF
    - 43% of Medicare spending on HF
  - One CHF admission cost CMS $17,500
  - 30-day readmission rate for CHF = 24.7%
  - 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***

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Spectrum Health is saving money by avoiding preventable readmissions. "We understand where the world is going," Dickinson says. "**We're not going to be able to continue to make money in acute care by hospitalizing people**. We need to shift to take care of them.

Mitchell Saltzberg, M.D., Medical Director – HF Program
Christiana Care Health System - Delaware

H&HN HOSPITALS & HEALTH NETWORKS
MAY 2013

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

A recent report from ratings agency Moody's Investors Service describes how ***declining patient volume is driving down the debt ratings of many nonprofit hospitals and health systems at a time when the changes taking place in health care are discouraging patient admissions***.

"The most common contributor to admission declines continues to be a shift to observation stays from inpatient admissions,"

Moody's

H&HN HOSPITALS & HEALTH NETWORKS®

November 06, 2013

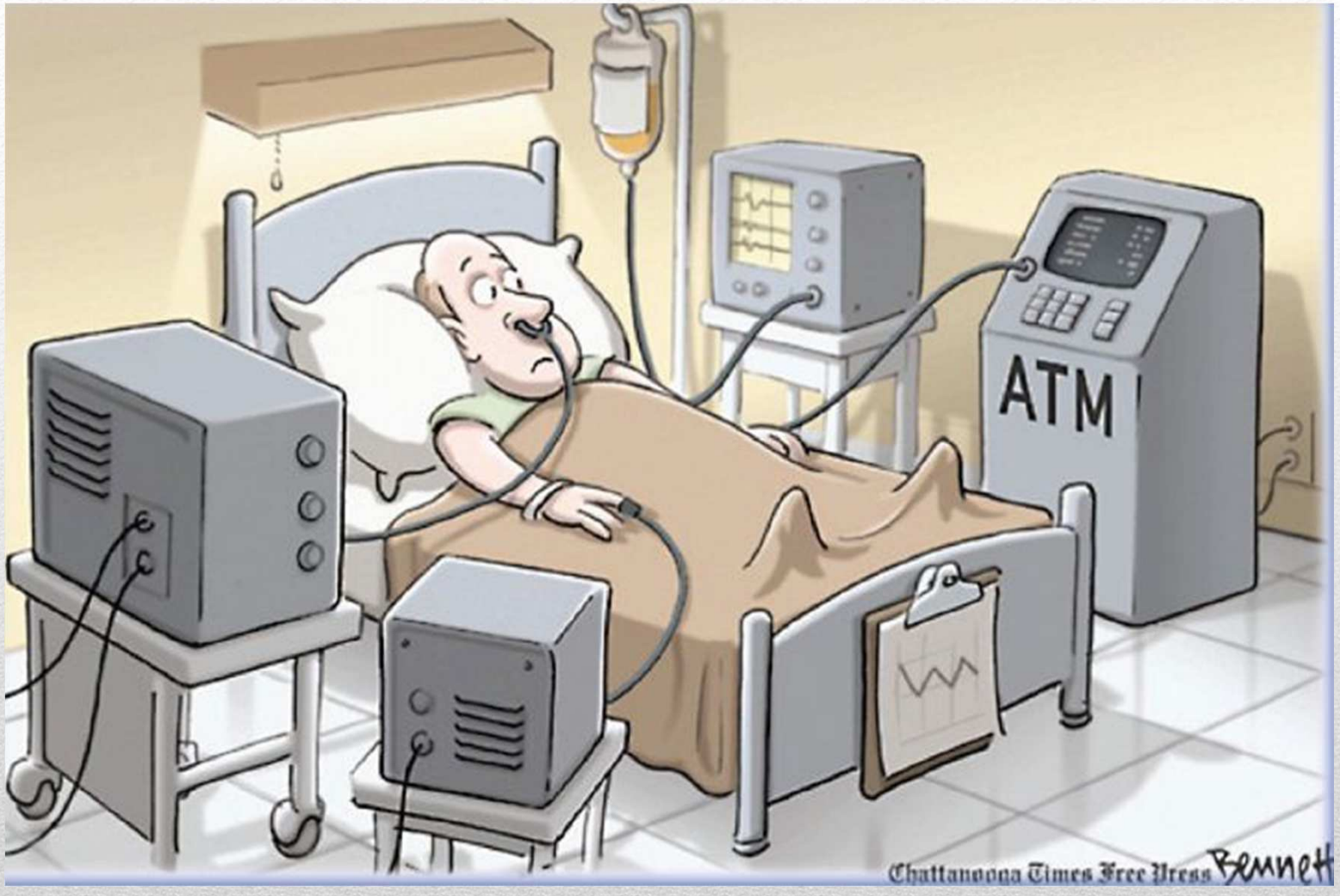
MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

"***Inpatient admissions continue to shift to outpatient settings in an industry wide effort to reduce hospitalizations and lower costs***," the authors wrote.

"Hospitals are also increasingly reclassifying inpatient admissions to outpatient 'observations stays' to avoid penalties under Medicare recovery audit contractor audits for medically unnecessary admissions."

Another financial trend that Moody's says is hurting hospital revenue is increased patient responsibility for co-payments and deductibles. Patients spend less if it costs more; that's basic economics.



MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

New Partnerships…

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Transformational Leadership

To survive in the next iteration of American health care, ***executives will need to embrace delivery system transformation***. But don't take my word for it; listen to those who are already out there driving the change, like Charles Kennedy, CEO of Accountable Care Solutions at Aetna.

"***We are selecting partners with executive leadership that sees the same type of change that we think is possible. Much like venture capitalists, we are investing in the leadership team***," he says. "***We are looking for leadership that is committed to following through.***"

H&HN HOSPITALS & HEALTH NETWORKS
AUGUST 2013

A Health Provider Finds Success in Keeping Hospital Beds Empty

By ANNIE LOWREY
Published: **April 23, 2013**

Chicago - On a stormy evening this spring, nurses at Dr. Gary Stuck's family practice were **on the phone with patients with heart ailments, asking them not to shovel snow**. **The idea was to keep them out of the hospital**, and that effort — combined with dozens more like it — is starting to make a difference: across the city, doctors are providing less, but not worse, health care.

Under the agreement, **hospital admissions are down 6 percent. Days spent in the hospital are down nearly 9 percent**. The average length of a stay has declined, and many other measures show doctors providing less care, too.

The New York Times

MEDSTAR MOBILE HEALTHCARE

OF HEALTH
Protecting You and Your Environment

Value-Based Purchasing…

Clinical Process of Care Measures	
Measure ID	**Measure Description**
Acute Myocardial Infarction (AMI)	
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival
Heart Failure (HF)	
HF-1	Discharge Instructions
Survey Measures	
Measure ID	**Measure Description**
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Hospitals face reimbursement penalties over readmission rates

By Jay Greene, Crain's Detroit Business

December 10, 2012

ASHPE Winner! Gold Award Best News Article | Silver Award Best Website 2013 ModernHealthcare.com

http://www.modernhealthcare.com/article/20121210/INFO/312109979

In 2013, Henry Ford Health System projects to lose $2.2 million from readmissions with $1 million of those losses coming from Henry Ford Hospital.

Those cuts for the Henry Ford system will increase in 2014 to $4.3 million, including $2 million at Henry Ford Hospital, because the penalties will increase to 2 percent in 2014 and 3 percent in 2015.

Despite reducing actual readmission rates, **Detroit Medical Center expects to lose $1.7 million**, or 0.8 percent of Medicare payments, by not meeting the strict readmission standards, said Dee Prosi, DMC's senior vice president of marketing and business development.

Dearborn-based **Oakwood Hospital and Medical Center stands to lose $1.2 million in 2013**, or 0.82 percent of base Medicare reimbursement, according to an Oakwood statement.

St. John Providence Health System expects to lose $2.3 million in fiscal 2013, despite making progress in reducing readmissions, CFO Pat McGuire said.

2013-2014 Penalties:

Hospital	City	VBP %	2014 Admit %	Total %
SENTARA NORFOLK GENERAL HOSPITAL	NORFOLK	-0.01%	-0.15%	-0.16%
MED COLL OF VIRG	RICHMOND	-0.05%	-0.36%	-0.41%
MARY WASHINGTON HOSP	FREDERICKSBURG	-0.09%	-0.72%	-0.81%
SOUTHERN VIRG REG MED CNTR	EMPORIA	-0.31%	-1.70%	-2.01%
JOHNSTON MEMORIAL HOSPITAL	ABINGDON	-0.24%	-1.08%	-1.32%
BON SECOURS MARYVIEW MED CNTR	PORTSMOUTH	0.35%	-0.22%	0.13%
CHESAPEAKE REGIONAL MED CNTR	CHESAPEAKE	-0.36%	-0.26%	-0.62%

MEDSTAR MOBILE HEALTHCARE

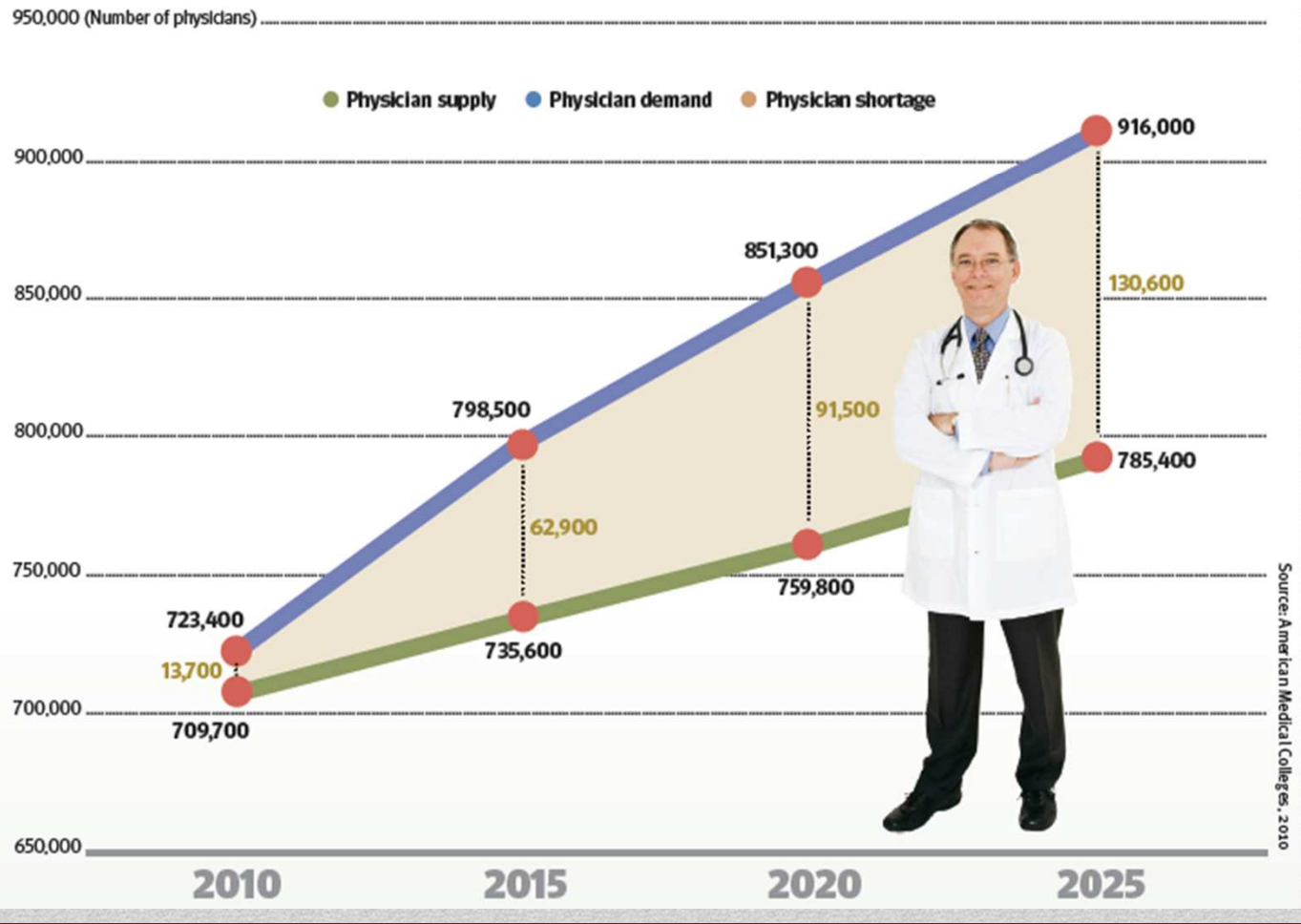
VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Our New Environment:

- CMS Observation admissions up
  - 69% in 5 years (1.6 million annually)
    - > 24 hour stays doubled between 2006 & 2011
  - Medicare inpatient admissions down
  - Obs admit is a Part B benefit
    - Higher costs to patient & higher fees to hospital
  - No admission = no readmission penalty
  - No admission = no SNF benefit

The gap between physician shortage vs. demand grows ...

There's a growing shortage of physicians that's only expected to get worse after full implementation of the Affordable Care Act. The Association of American Medical Colleges anticipates that the shortage in all specialties will grow from 7,400 in 2008 to 130,600 by 2025 (65,800 in primary care alone).



We have an answer for this challenge!

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Our New Environment:

- Catalyst for Payment Reform
  - Coalition of employers (Wal-Mart, Walt Disney, Boeing, Intel, GE, Delta Airlines, FedEx, 3M,)
  - Pushing for ***value oriented payments*** to providers (20% by 2020)
    - Aetna – Now paying the same for c-section or vaginal birth – eliminate incentive for c-section (H&HN)
    - $1,250 for screening colonoscopies – regardless of in or out of the hospital (H&HN)

Premium $ to employees –
they get their own insurance

Sears

Walgreens
The Pharmacy America Trusts

DARDEN
RESTAURANTS
Red Lobster
Olive Garden
LONGHORN
THE CAPITAL GRILLE
Bahama Breeze ISLAND GRILLE
Seasons 52 FRESH GRILL

UPS

No longer providing
insurance for spouses

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

DealWell
Compare, Bid, Save

Sign up for our email newsletter

Get our deals before anyone else!

Submit

HOME | HOW IT WORKS | FREE CONSULTS | ABOUT US | REFER & GET $10 | LOG IN

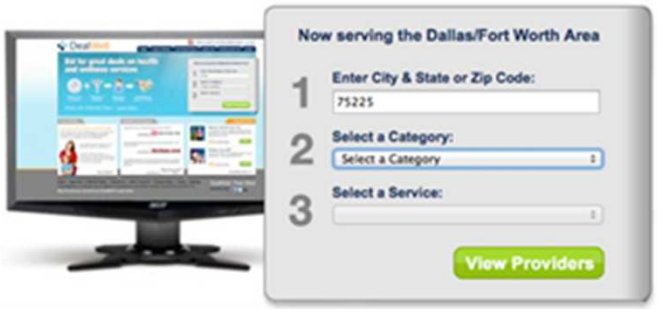
How It Works

DealWell is your go-to website to shop for health and wellness services and, of course, get great deals.

Unlike "daily deal" sites, on Dealwell you always have a broad array of providers to choose from. Our deals are here all the time, whenever you need them. And we only focus on health and wellness services. Like you, we take health and wellness seriously!

Here's how easy it is to get a great deal:

1 Enter Your City or Zip, then choose a Category and Service. We currently have more than 900 Dental/Orthodontic, Eye Exam & LASIK, Massage, Med Spa/Day Spa, Cosmetic Surgery, Weight Loss/Management, Chiropractic, Hormone Therapy and Medical Imaging offers to choose from.



2 Choose a Provider. DealWell gives you a list of providers offering your desired service, sorted by proximity or by price. With one click you can get information on the provider's location, read about their specialties and credentials, and read reviews from other users.

3 Buy Now or Bid For Even More Savings. We show the retail price and average discount DealWell users have been receiving. Every offer has a Buy Now price and an option to bid for even bigger savings. You'll find out in seconds if a bid is accepted, and if it is

4 Print your certificate and Schedule your appointment. Once your purchase is complete, print out your DealWell Certificate and contact the provider to schedule an appointment. Be sure to bring the Certificate with you to the appointment -- it's your proof of

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


DealWell
Compare, Bid, Save
THE TOWER
SALON AND SPA
New Massage and Spa Deals - View Offers
HOME
HOW IT WORKS
FREE CONSULTS
ABOUT US
REFER & GET $10
LOG IN
Dallas, TX > Medical Imaging > X-Ray > Preferred Imaging - Plano
Looking for something else?
New Search
Preferred Imaging - Plano - X-Ray of One Area
Purchase this Deal
$40
Buy Now
Or, Bid for even more savings
$ .00
Submit Offer
You'll find out right away!
WANT MORE THAN ONE?
8
5
6
4 Reviews
Retail Price
$100
Average Discount
70%
Includes:

Charges & Satisfaction…

Inpatient Prospective Payment System (IPPS) Provider Level Charges and Medicare Payments for the Top 100 Diagnosis-Related Groups (DRG)

	Sentara		Med Coll of VA		Mary Washington	
DRG-Definition	Charge	PMT	Charge	PMT	Charge	PMT
189 - PULMONARY EDEMA	$ 22,912	$ 7,259	$ 46,524	$ 13,739	$ 51,110	$ 10,317
638 - DIABETES W CC	$ 11,537	$ 4,477	$ 20,432	$ 9,100	$ 21,754	$ 5,263

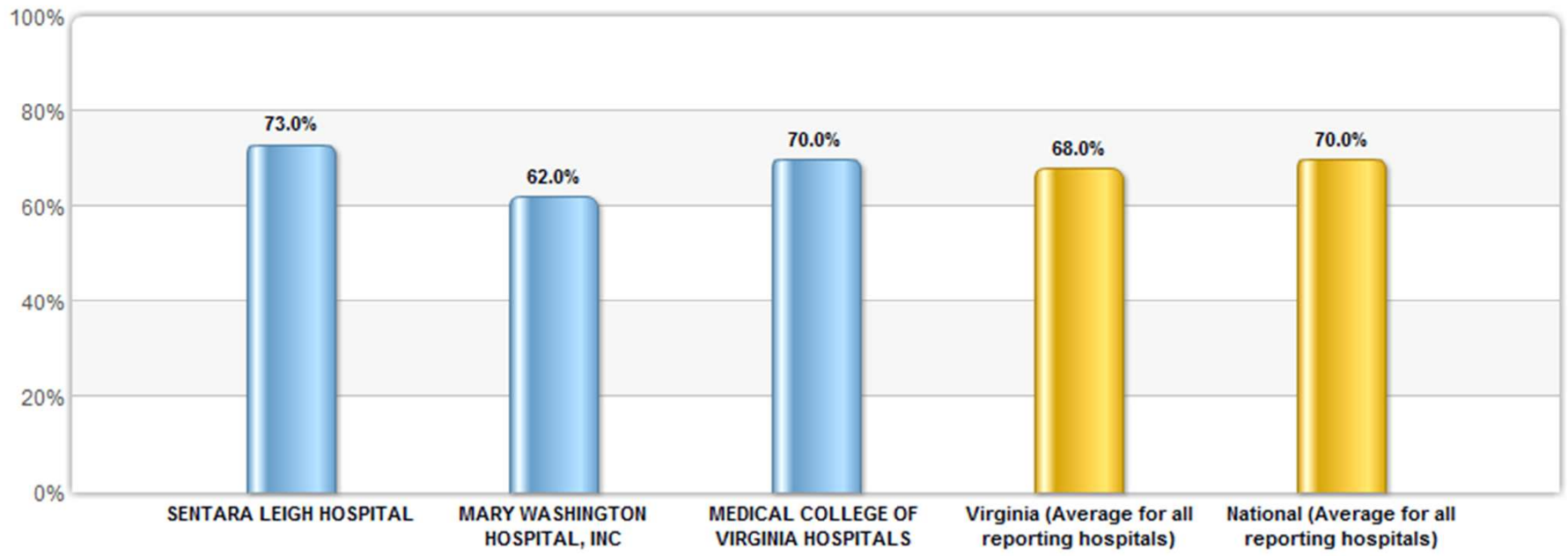
MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).

Why is this important?

Hide Graph



Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Friends/Enemies

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

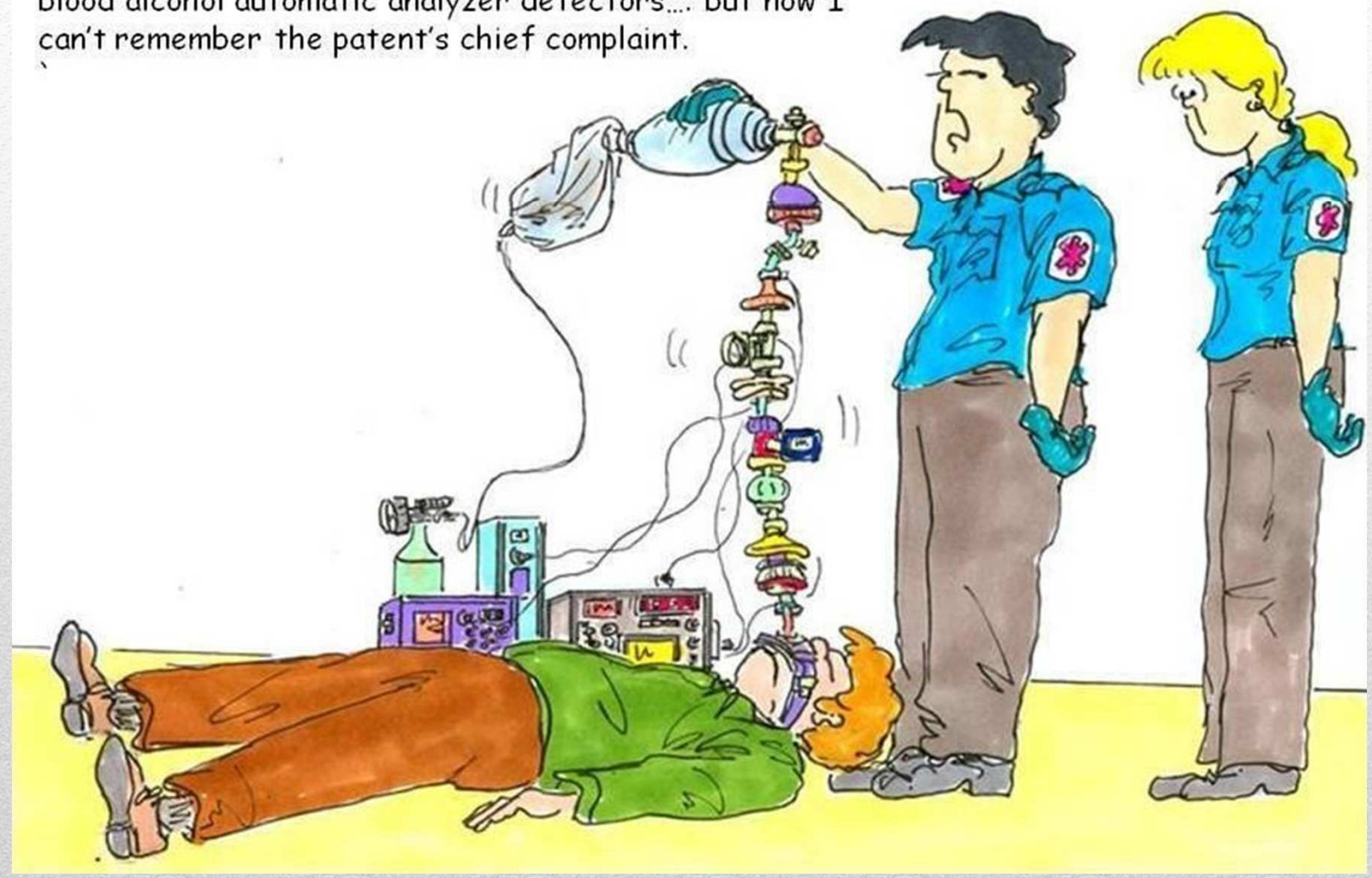
Question??

- How has "**EMS**" done in proving ***value***?

MEDSTAR MOBILE HEALTHCARE

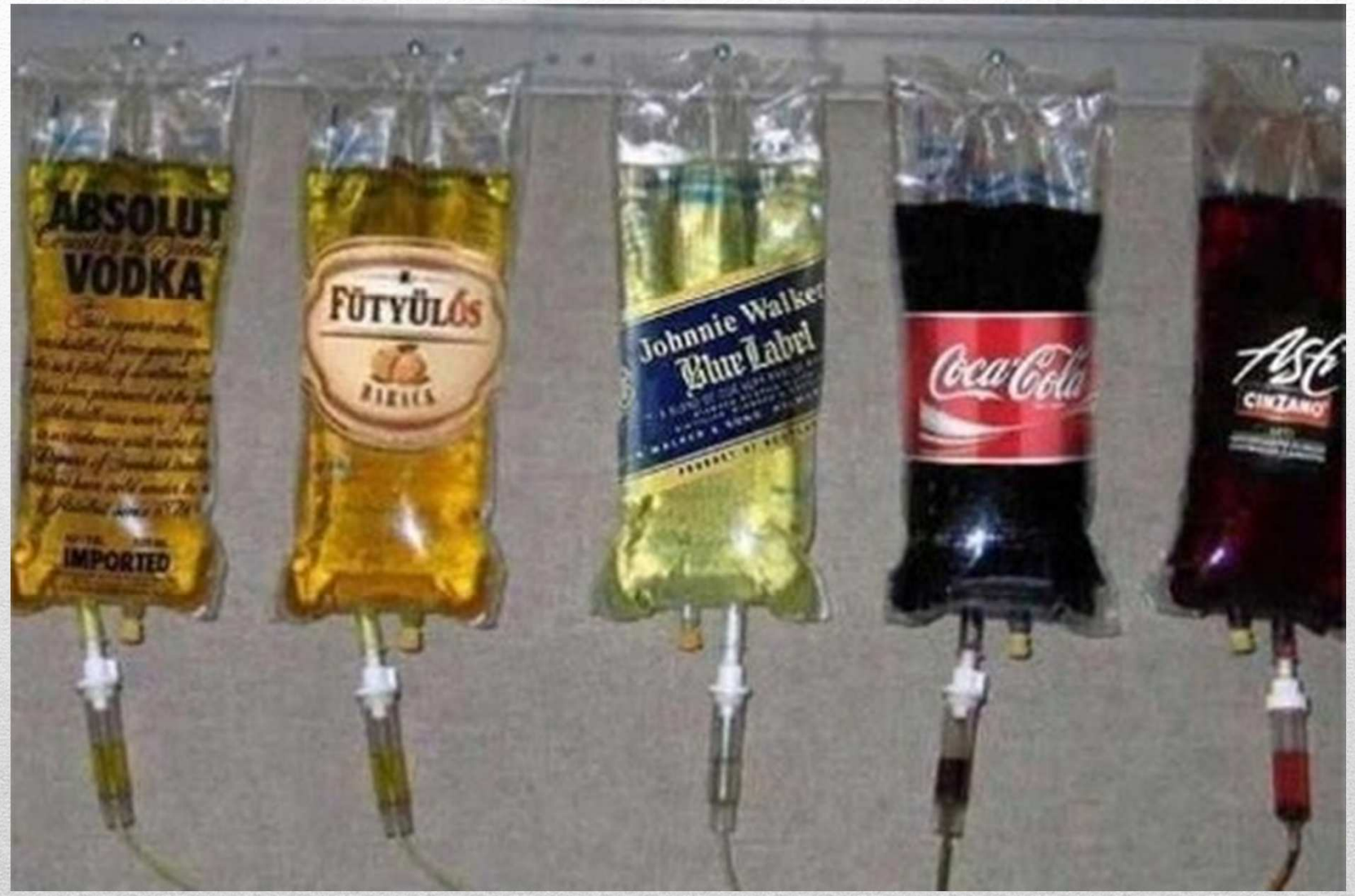
VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

I've secured the impedance threshold, end-tidal volume, dead space, vesicular excursion, rate/depth, tic tack dispenser, ketone, akalotic/acidotic, alveolar elastic, and blood alcohol automatic analyzer detectors.... but now I can't remember the patent's chief complaint.



MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


ABSOLUT
VODKA
IMPORTED
FÜTYÜLÖS
Johnnie Walker
Blue Label
Coca-Cola
CINZANO

CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

City of San José
Operations Efficiency Diagnostic

PUBLIC SECTOR IBM GLOBAL BUSINESS SERVICES

Final Report
Fire and Emergency Medical Services

Las Vegas, Nevada
November 2012

CENTER FOR PUBLIC SAFETY MANAGEMENT

Submitted by and reply to:
ICMA Center for Public Safety Management
International City/County Management Association
777 North Capitol Street NE, Suite 500
Washington, DC 20002
PublicSafety@icma.org
202-962-3607

ICMA
Leaders at the Core of Better Communities

Final Report
Fire Operations

City of Grand Rapids, Michigan
August 2012

ICMA CENTER FOR PUBLIC SAFETY MANAGEMENT

Submitted by:
ICMA *Center for Public Safety Management*
International City/County Management Association
777 North Capitol Street NE, Suite 500
Washington, DC 20002

ICMA
Leaders at the Core of Better Communities

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


Breaking News
LIVE Hundreds affected in recent Firefighter Strike
TVN
EXCLUSIVE

OPPORTUNITY!!

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

VIEWPOINT

JAMA®
The Journal of the American Medical Association

Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care

Kevin Munjal, MD, MPH

Brendan Carr, MD, MS

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Financing Out-of-Hospital Care

National EMS expenditures from Medicare are approximately $5.2 billion per year.[4] Although this is less than 1% of total Medicare expenditures, there are considerable downstream health care costs associated with patients transported to emergency departments.[2] An average EMS agency receives 42% of its operating budget from Medicare fees, 19% from commercial insurers, 12% from Medicaid, and 4% from private pay; it requires approximately 23% in additional subsidization, most often provided by local taxes.[2] Thus, more than three-fourths of EMS revenue is generated from fee-for-service reimbursement, the service being transportation, not necessarily medical care.

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Conclusions

Current Medicare reimbursement policies for out-of-hospital care link payment to transport to an emergency department. This provides a disincentive for EMS agencies to work to reduce avoidable visits to emergency departments, limits the role of prehospital care in the US health system, is not responsive to patients' needs, and generates downstream health care costs. Financial and delivery model reforms that address EMS payment policy may allow out-of-hospital care systems to deliver higher-quality, patient-centered, coordinated health care that could improve the public health and lower costs.

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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"

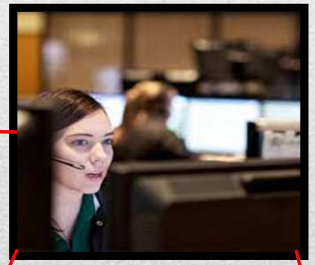
MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Innovative Partnerships Better Care – Reduced Cost

- Right Resource
- Right Time
- Right Patient
- Right Outcome
- Right Cost







MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Texas is 'Different'

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Community Health Program

- "EMS Loyalty Program"
  - Proactive home visits
  - Educated on health care and alternate resources
  - Enrolled in available programs = PCMH
  - 10-digit access number 24/7
  - Flagged in computer-aided dispatch system
    - Co-response on 9-1-1 calls
    - Ambulance and MHP
- Non-Compliant enrollees moved to "system abuser" status
  - No home visits
  - Patient destination determined by Medical Director

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Community Health Program

- Total **CHP** Enrollment = **242**
- 50 graduated patients with 12 month data pre and post enrollment as of July 31, 2013…
  - ***During enrollment***
    - 48.2% reduction in 9-1-1 use to the emergency department
  - ***Post Graduation***
    - 85.9% reduction in 9-1-1 use to the emergency department

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Expenditure Savings Analysis (1) — Community Health Program

Based on Medicare Rates

Analysis Dates: **July 1, 2012 - July 31, 2013**

Number of Patients (2): **50**

	CHP 9-1-1 Transports to ED		
Category	**Base**	**Avoided**	**Savings**
Ambulance Charge	$1,668	989	$1,649,652
Ambulance Payment (3)	$421	989	$416,369
ED Charges	$904	989	$894,056
ED Payment (4)	$774	989	$765,486
ED Bed Hours (5)	6	989	5,934

Total Charge Avoidance	**$2,543,708**
Total Payment Avoidance	**$1,181,855**

Per Patient Enrolled	**CHP**
Charge Avoidance	**$50,874**
Payment Avoidance	**$23,637**

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

9-1-1 Nurse Triage

- Navigate low-acuity 9-1-1 calls to most appropriate resource
- Low acuity 9-1-1 calls (ALPHA & OMEGA)
  - Warm handoff to specially trained in-house RN
- Uses RN education and experience
  - With Clinical Decision Support software
- Referral eligibility determined by:
  - IAED Physician Board
  - Local Medical Control Authority

IAED International Academies of Emergency Dispatch

LOWCODE SOFTWARE

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH Protecting You and Your Environment

9-1-1 Nurse Triage

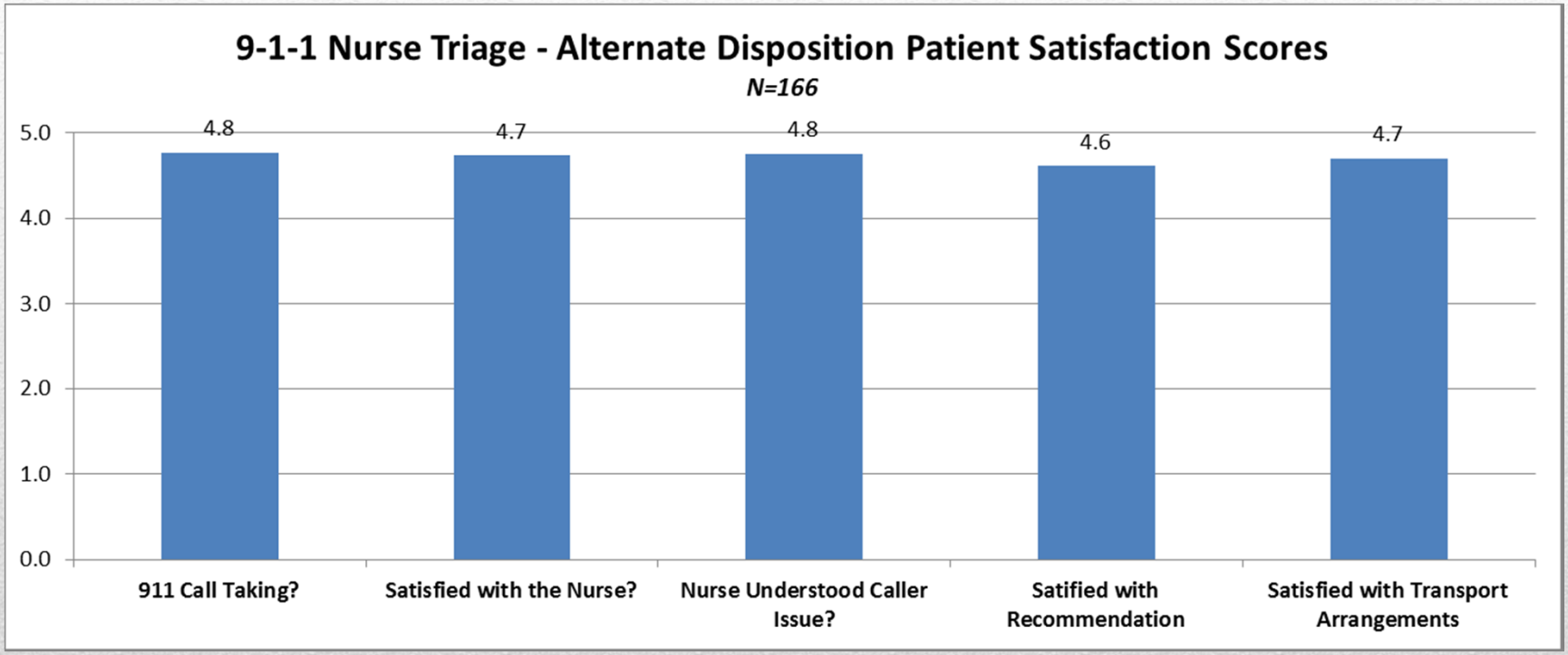
- Key = Referral Network
- Engaged hospital & community partners
  - Funding from hospitals
    - Know your stakeholder value proposition
- 42.9% of referred patients to alternate dispositions
  - 54.9% in June ‘13
- Future?
  - Physician/Hospital call services
  - Telehealth/patient monitoring
  - Rx compliance/reminders
  - Connect with payer databases?

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

9-1-1 Nurse Triage Satisfaction Scores

As of: 8/31/2013



Did Your Condition Get Better?	Talking with Nurse Helped
90.4%	93.4%

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Expenditure Savings Analysis (1) 9-1-1 Nurse Triage Program

Based on Medicare Rates

Analysis Dates: **June 1, 2012 - October 31, 2013**

Number of Calls Referred: **1063**

% of Calls Alternatively Disposed: **42.8%**

	9-1-1 Transports to ED		
Category	**Base**	**Avoided**	**Savings**
Ambulance Charge	$1,668	455	$758,940
Ambulance Payment (2)	$421	455	$191,555
ED Charges	$904	455	$411,320
ED Payment (3)	$774	455	$352,170
ED Bed Hours (4)	6	455	2,730

Total Charge Avoidance	**$1,170,260**
Total Payment Avoidance	**$543,725**

Per Patient Enrolled	**ECNS**
Charge Avoidance	**$2,572**
Payment Avoidance	**$1,195**

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Expenditure Savings Analysis (1) — CHF Program

Based on Medicare Rates

Analysis Dates: **July 1, 2012 - July 31, 2013**

Number of Patients (2): **24**

Category	CHF 9-1-1 Transports to ED Base	Avoided	Savings
Ambulance Charge	$ 1,668	14	$ 23,352
Ambulance Payment (3)	$ 421	14	$ 5,894
ED Charges (4)	$ 904	14	$ 12,656
ED Payment (4)	$ 774	14	$ 10,836
ED Bed Hours (5)	6	14	84
Inpatient Charge (4)	$ 25,000	14	$ 350,000
Inpatient Payment (4)	$ 17,500	14	$ 245,000

Total Charge Avoidance	**$386,008**
Total Payment Avoidance	**$261,730**

Per Patient Enrolled	**CHF**
Charge Avoidance	**$16,084**
Payment Avoidance	**$10,905**

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Assessment of Health Status: CHF Patients

	MOBILITY	SELF-CARE	USUAL ACTIVITIES	PAIN / DISCOMFORT	ANXIETY / DEPRESSION	HEALTH STATUS
Enrollment	2.36	2.43	2.21	2.14	2.18	5.21
Graduation	2.59	2.67	2.48	2.44	2.37	7.19
% Change	**10.0%**	**9.8%**	**12.1%**	**14.1%**	**8.8%**	**37.8%**

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Goal!

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Observation Admission Avoidance

- Partnership with ACO
  - ED Physician (*Case Manager*) identifies eligible patient
    - Refer to MedStar Community Health Program
    - Non-emergency contact number for episodic care given to patient
  - In-home care coordination with referring physician
  - Assure attendance at PCP follow-up next business day
  - Initiated August 1, 2012
    - 52 patients enrolled
    - 1 patient revisited prior to PCP follow-up

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Summary Results *6/1/12 to 4/30/13*	*Harris Methodist Fort Worth ED Project*					*5/15/2013*
D/C from ER to SNF	25	8,046	(3,883)	80%	(77,659)	(84,718)
D/C from ER to LTACH	-	8,046	16,461	80%	0	0
D/C from ER to Home Health	8	8,046	(6,566)	80%	(42,025)	(45,845)
D/C from ER to Hospice	4	8,046	(4,842)	100%	(19,367)	(21,127)
D/C from ER to Psych	1	8,046	0	50%	0	0
D/C from ER to Rehab Facility	-	8,046	4,918	50%	0	0
MEDSTAR Referral	10	8,046	(7,846)	100%	(78,460)	(85,593)
MEDSTAR Referral to HH	1	8,046	(6,566)	100%	(6,566)	(7,163)

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

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***

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Hospice Revocation Avoidance

- 99 patients referred
- 43 patients successful in the end
- 11 revocations
- 10 calls to 9-1-1
  - 5 transports
    - 3 unrelated to hospice status
    - 2 direct admits to in-hospital hospice bed
      - No revocation
  - 32 still enrolled

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

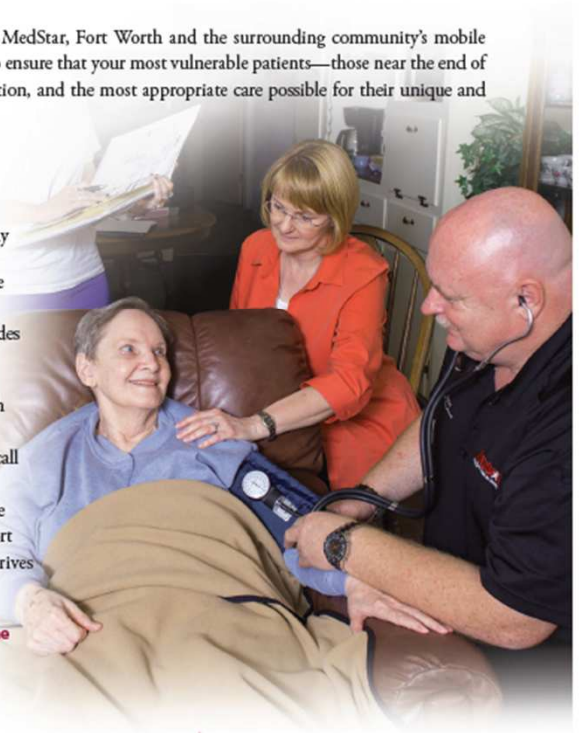
Innovation Breaks the Cycle of Rehospitalization

VITAS and MedStar Mobile Healthcare give a routine problem an outside-of-the-box response

When hospice patients and their loved ones call 9-1-1, they are likely frightened, symptomatic or alone and are not necessarily looking to go back to the hospital. They are simply in search of additional support.

VITAS and MedStar are on the way.

VITAS Innovative Hospice Care and MedStar, Fort Worth and the surrounding community's mobile healthcare provider, have teamed up to ensure that your most vulnerable patients—those near the end of life—get the in-home support, evaluation, and the most appropriate care possible for their unique and sensitive conditions.



Upon VITAS admission, we provide

- Directions to call VITAS for every question and concern, 24 hours a day
- A home visit from a MedStar Mobile Health Practitioner to reinforce the message that the hospice team provides an alternative to 9-1-1
- Referral into the Community Health Program, if necessary, that is free to the patient (or you). When a 9-1-1 call comes in from that address, VITAS is contacted and the MedStar Mobile Health Practitioner arrives to support the patient until the VITAS nurse arrives

Teamwork keeps your most fragile patients comfortably at home for the duration of their illness.

Innovative Hospice Care®
VITAS®

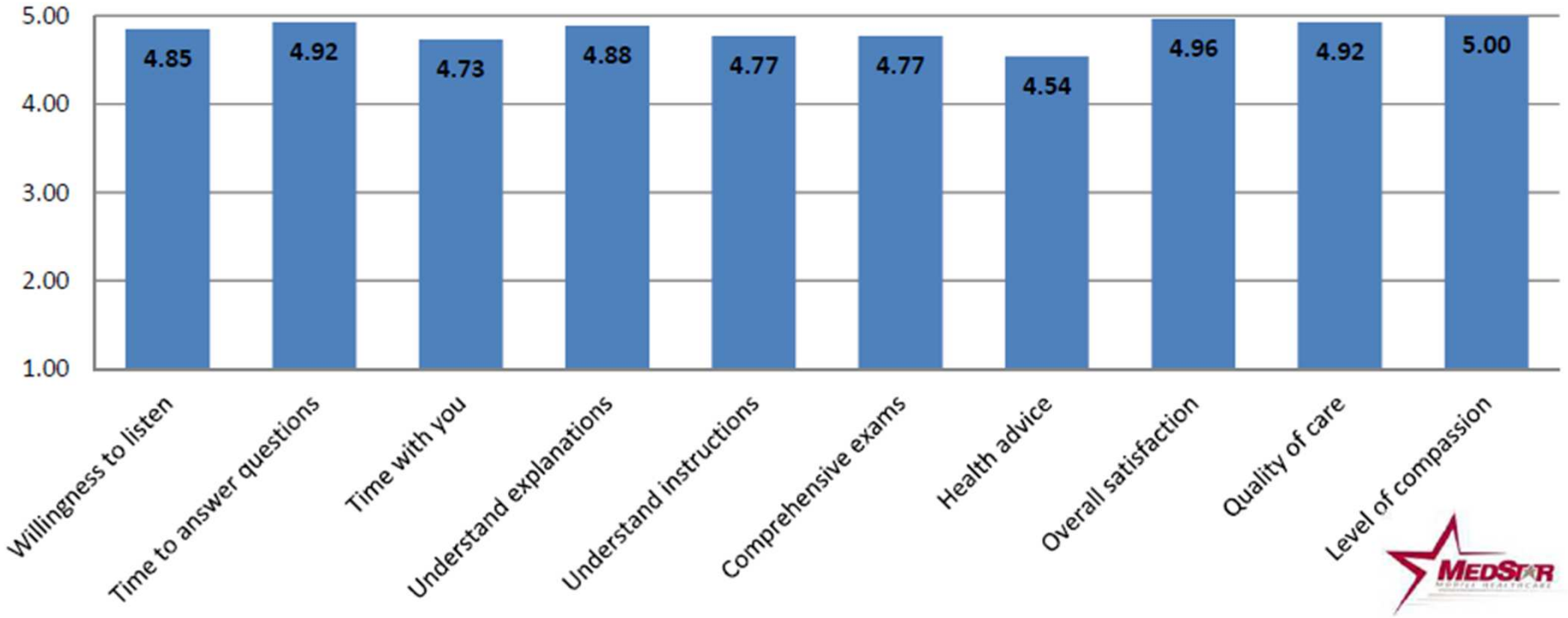
MEDSTAR MOBILE HEALTHCARE

Learn about your alternatives to rehospitalization. Call 817.870.7000.

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Patient Satisfaction - Community Health Patients



MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Additional Partnerships…

- **D**elivery **S**ystem **R**eform **I**ncentive **P**ayments
  - 1115a waiver - Regional Health Partnership
    - IGT Based
  - New process for ***D***isproportionate ***S***hare ***H***ospitals
  - Paid for programs that meet:

  - How can EMS change the landscape of healthcare?

MedStar Patient Navigation

- Partnership with John Peter Smith Health Network to ***<u>expand</u>***:
  - 9-1-1 Nurse Triage
  - High Utilizer Group
  - Obs Admit Avoidance
  - CHF
- And add:
  - Homeless Connect
  - Community Connect
  - ? Asthma program

Centered in Care
Powered by Pride

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Regional Healthcare Partnership

Region 10

Summary of Categories 1-2 Projects

Project Title	Brief Project Description	Related Category 3 Outcome Measure	Estimated Incentive Amount (DSRIP) for DYs 2-5
126675104.2.8 MedStar patient navigation JPS Hospital 126675104	Expand 911 Nurse Triage program and MedStar CHF program	126675104.3.29 IT-3.2 Reduction CHF readmission -126675104.3.52 IT-2.11 Ambulatory care sensitive conditions admission rate	$4,814,232

Year 2 (10/1/2012 – 9/30/2013)	Year 3 (10/1/2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)
Process Milestone 1: (P-1): Conduct a needs assessment to identify the patient population(s) to be targeted with the Patient Navigator program. (Including frequency and costs of episodic care for traditional care model.) Metric 1 (P-1): Provide report identifying the following: •Targeted patient population characteristics (e.g.,, patients with no PCP or medical home, frequent ED utilization, homelessness, insurance status, low health literacy). •Gaps in services and service needs.	**Process Milestone 2: (P-3):** Provide care management/navigation services to targeted patients. (Targeted patients include low acuity 911 callers, patients that are candidates for observation only admissions, frequent ED/EMS users and CHF patients at risk for 30-day readmissions.) Metric 1 [P-3]: Increase in the number or percent of targeted patients enrolled in the program Baseline/Goal: 911 Nurse Triage – Enroll 1500 in the program. Data Source: MedStar 911 Records	**Milestone – 4: (I-8):** -Reduction in ED use by identified ED frequent users receiving navigation services. Metric 1: I-8.1: 911 Nurse Triage- Reduce ED visits (pre and post navigation services) by 35% for the 911 Nurse Triage Program. Goal: 630 patients (35% of the 1,800 DY-4 enrollees) will be navigated away from the ED. Enroll 1800 new patients into the program. Data Source: MedStar 911 Records	**Milestone – 5: (I-8):** -Reduction in ED use by identified ED frequent users receiving navigation services. Metric 1: I-8.1: 911 Nurse Triage- Reduce ED visits (pre and post navigation services) by 40% for the 911 Nurse Triage Program. Goal: 840 patients (40% of the 2,100 DY-5 enrollees) will be navigated away from the ED. Enroll 2,100 new patients into the program. Data Source: MedStar 911 Records

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Regional Healthcare Partnership — Region 10

Year 2 (10/1/2012 – 9/30/2013)	Year 3 (10/1/2013 – 9/30/2014)	Year 4 (10/1/2014 – 9/30/2015)	Year 5 (10/1/2015 – 9/30/2016)
needed to be hired •Available site, state, county and clinical data including flow patients, cases in a given year by race and ethnicity, number of cases lost to follow-up that required medical treatment, percentage of monolingual patients. Baseline/Goal: *For 911 Nurse Triage* – Review 911 call volume records to identify protocol/call types most appropriate for transfer to MedStar Triage Nurse. Data Source: MedStar 911 call records, JPS Health Network and MedStar EMR records.	100 observational admission patients referred for navigation to a PCMH instead of observational admission Data Source: JPS EMRs. CHF In-Home Management – Enroll 50 patients at risk for PPR for CHF are referred to the MedStar program. Data Source: JPS and MedStar EMRs. High Utilization Group – Enroll 100 of the patients identified by JPS as having used the ED for ACSC services 4 or more times in the past 12 months. Patient Count. Data Source: JPS EMRs. Milestone 2 Estimated Incentive Payment (maximum amount): $612,306	High Utilization Group Program– Improvement Target: High Utilization Group (HUG) program Metric: Reduce ED visits for potentially avoidable admissions. Goal: 52 patients (35% of the DY4-150 enrollees) will experience reduced PPA to the ED for 12 months. Enroll 150 of the patients identified by JPS as having used the ED for ACSC services 4 or more times in the past 12 months. Metric: Patient Count. Data Source: JPS EMRs. Milestone 4 Estimated Incentive Payment (maximum amount): $1,310,049	High Utilization Group Program– Improvement Target: High Utilization Group (HUG) program Metric: Reduce ED visits for potentially avoidable admissions. Goal: 80 patients (40% of the DY4-200 enrollees) will experience reduced PPA to the ED for 12 months. Enroll 200 of the patients identified by JPS as having used the ED for ASCS services 4 or more times in the past 12 months. Metric: Patient Count. Data Source: JPS EMRs. Milestone 5 Estimated Incentive Payment (maximum amount): $1,082,215

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

AHRQ HEALTH CARE
INNOVATIONS EXCHANGE
Innovations and Tools to Improve Quality and Reduce Disparities

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.

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

MEDSTAR
EMERGENCY MEDICAL SERVICES

TO

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Community Acceptance

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Community Acceptance

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Short Window…

Hospitals Try House Calls to Cut Costs, Admissions
February 4, 2013, 6:54 p.m. ET
By Laura Landro laura.landro@wsj.com

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.

MEDSTAR MOBILE HEALTHCARE

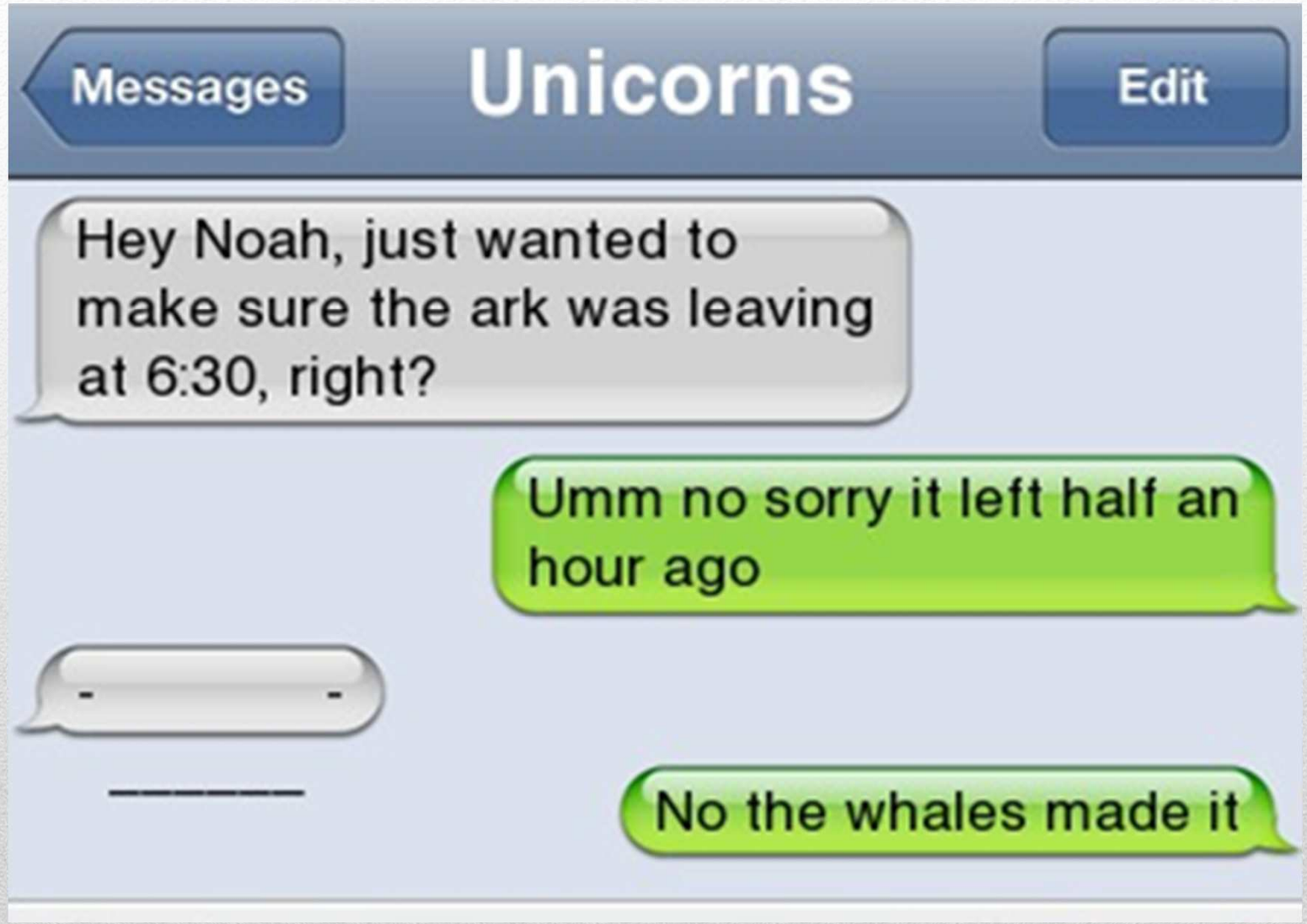
VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

"If you think change is uncomfortable…

Imagine what extinction feels like!"

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment


Messages
Unicorns
Edit
Hey Noah, just wanted to make sure the ark was leaving at 6:30, right?
Umm no sorry it left half an hour ago
No the whales made it

Opportunities in Your Community?

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Additional Resources

- www.medstar911.org/community-health-program
- www.communityparamedic.org/
- www.ircp.info/
- www.hrsa.gov/ruralhealth/pdf/paramedicevaltool.pdf
- www.wecadems.com/cp.html
- www.dhhs.ne.gov/Documents/CommunityParamedicineReport.pdf
- www.nytimes.com/2011/09/19/us/community-paramedics-seek-to-prevent-emergencies-too.html

MEDSTAR MOBILE HEALTHCARE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment