Georgia Department of Community Health

Mobile Healthcare Access & Integration Pilot Study Sub-Committee Report

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SORH Pilot Study

Overview of Pilot Study

- *This pilot study will evaluate the actual cost, benefit, and value of including EMS in care coordination for rural residents*
  - **Three Year Study Period**
    - Fiscal Years 2018 (study designed), 2019, 2020 (implementation)
  - **Program Divided into Two Phases**
    - ***Phase One (FY19)***
      - Implementation of Mobile Integrated Healthcare/Community Paramedicine Program (MIH/CP)
    - ***Phase Two (FY20)***
      - Implementation of Transport to Alternate Destination and Treat Without Transport

Phase One Goals

- Closely evaluate every aspect of the MIH/CP Service
  - Exact Cost of Service Delivery
  - Define Measurable Savings to Hospitals and Patients
  - Determine Benefit to Patients and Providers
- Performance Measures to Determine Cost and Value
  - Accountants from Draffin Tucker will guide collection, evaluation, and reporting of financial measures
- Performance Measures to Determine Benefit
  - Medical Directors and Project Managers will oversee collection, evaluation, and reporting of measures to determine benefits to patients and providers

Phase One Implementation

- Began July 1, 2018
  - Four Pilot Sites

    Habersham, Washington, Effingham, Miller Counties
  - Two Models
    - EMS Based
    - Hospital Based
  - Two part-time programs
    - Washington & Miller
  - Two full-time programs
    - Habersham & Effingham
- Total of 64 patients enrolled in program
  - 8 have successfully met goals/graduated
  - 37 patients still enrolled
  - 4 patients deceased
  - 15 patients discharged from program for other reasons
    - Moved, transferred to other care, voluntarily resigned, non-compliance

Financial Analysis

- Evaluation of charges (per enrolled patient) associated with EMS, emergency department, and hospital admissions
  - "Look-Back" period one year prior to enrollment in program
  - During enrollment period
  - One year after graduation from program
- FY 19 final data will be available in December 2019

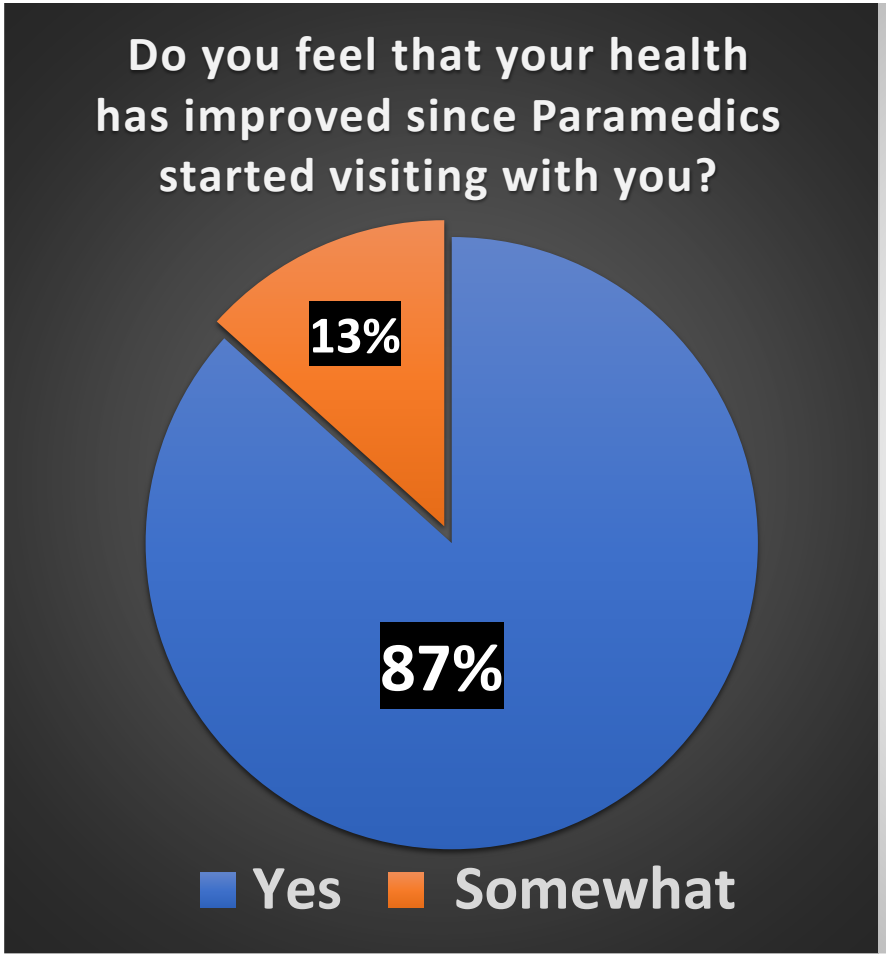
Other Data Collected

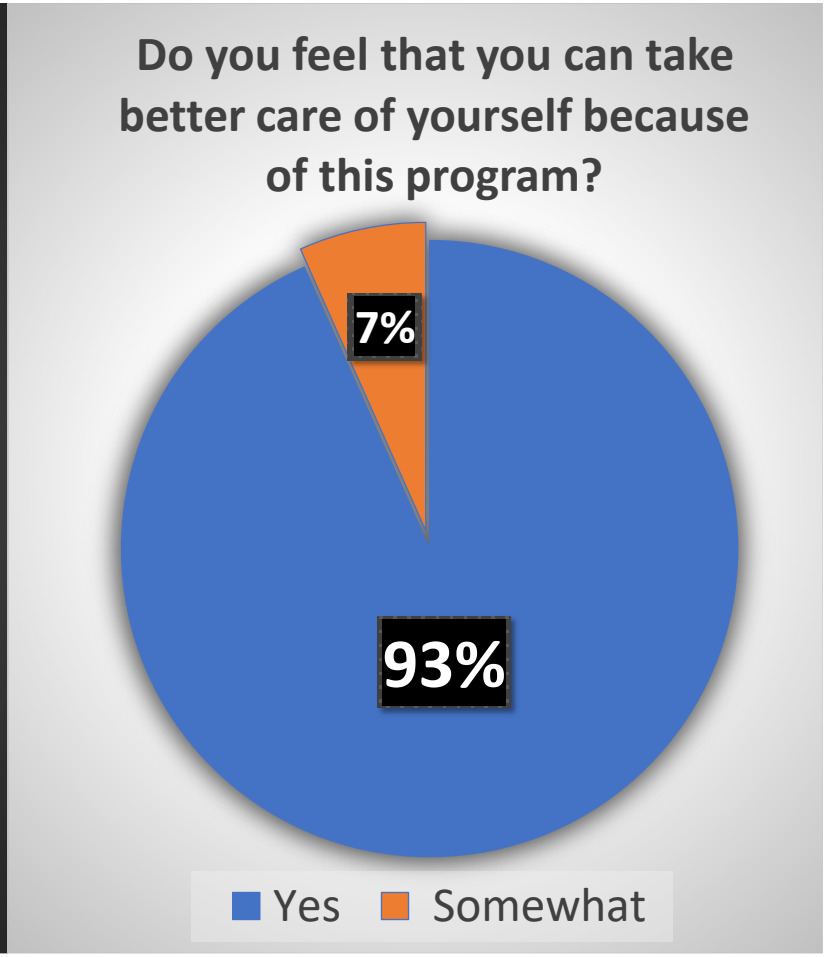
- Number of visits per patient
- Time on Task
  - Patient contact
  - Patient support
- Reason for visit/clinical services provided
  - Level “A”, “B”, C” services
- Supplies used
- Mileage
- All data translates to actual cost of services provided

Patient Satisfaction Surveys

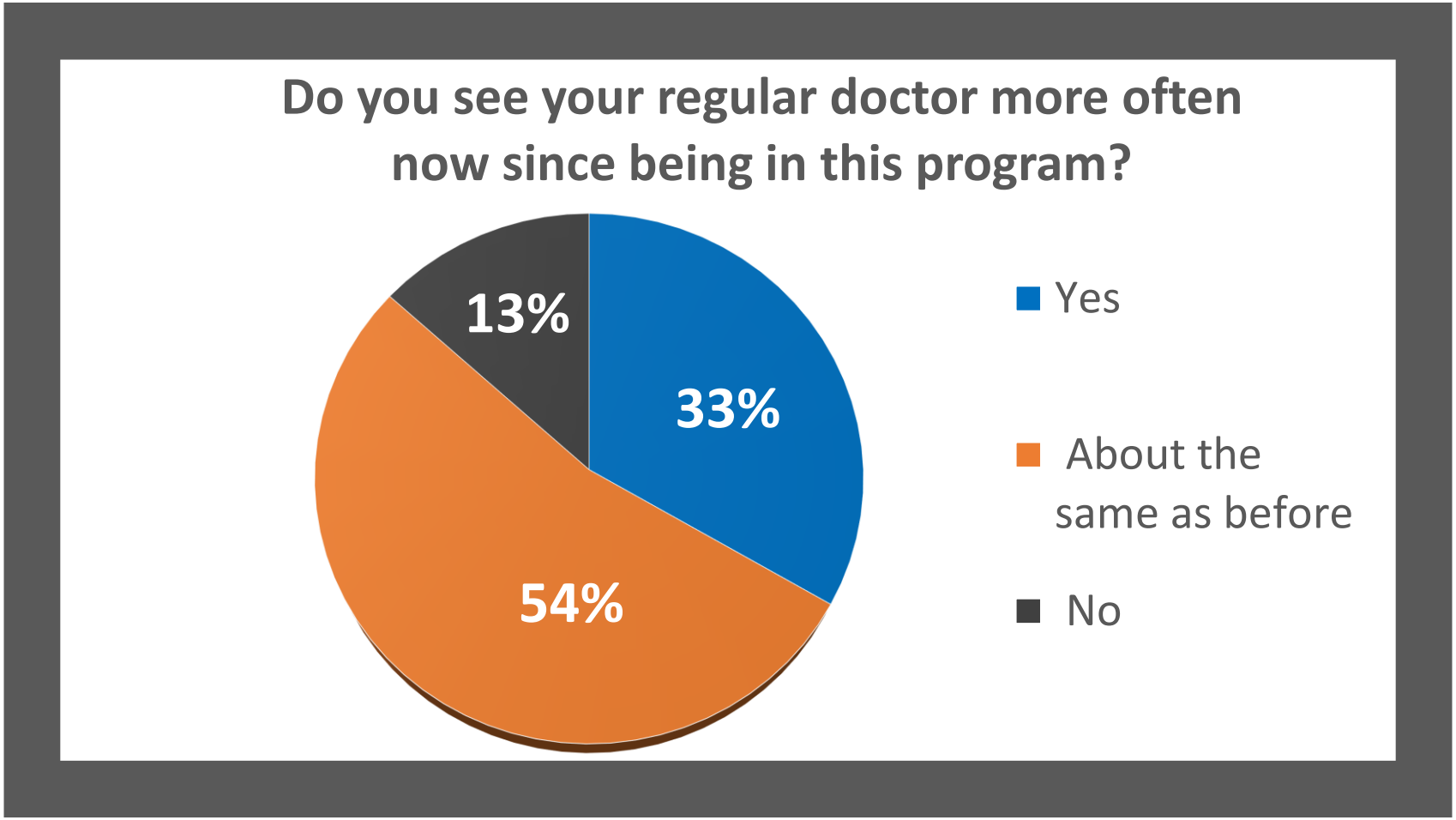
- Patient satisfaction surveys are presented to patients (through a 3rd party) during and upon graduation from the program.
- Questions are simple and use a rating scale
- Patients are also given the opportunity provide comments
- Surveys are mailed directly back to the State Office of Rural Health

Patient Satisfaction Surveys





Patient Satisfaction Surveys



Phase Two Goals (Implementation 2019)

- Include EMS Providers Responding to “9-1-1” Calls in Care Coordination
- Includes Close Medical Director Oversight
- Protocol Driven
- Requires Additional Training for EMS Providers
  - Transport to Alternate Destination
    - Option for “9-1-1” providers to transport appropriately screened patients to locations other than emergency departments
  - Treat Without Transport
    - Option for “9-1-1” providers to treat appropriately screened patients on site without immediate transport to a medical facility

CMS "ET3" Program

What is the ET3 Model?

Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

Additional Information About ET3

https://innovation.cms.gov/initiatives/et3/faq.html

Implementation Delayed: CMS ET3 Program

- Final version of Pilot Study protocols were delayed to allow opportunity to meet CMS program requirements.
- Pilot Study Attorney Chris Kelly has been instrumental in editing current documents to ensure alignment with CMS
  - Pilot sites may submit application for program if desired
- Study may be extended through FY21

Conclusion

- SORH *Anticipates* Outcomes of Study Will:
  - Provide publishable information and data not currently available
  - Define “billable” services provided through MIH/CP programs
  - Guide conversations with payors to change reimbursement for EMS
  - Improve health and well-being of rural residents through better self-management of chronic conditions
  - Encourage EMS leaders to become more engaged in their medical communities and consider including care coordination initiatives in daily operations
- “Thank You!” to the *Many* Partners Associated with this Study

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.