Georgia Department of Community Health

Bringing EMS Into Care Coordination: Mobile Healthcare Access & Integration Pilot Study

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Pilot Study Relation to Rural Hospital Stabilization Grant Program

- When hospitals were challenged to ID community partners & access points, EMS was identified as ***both***

- Based on this and RHS Project outcomes, SORH designed a study looking specifically at non-traditional utilization of existing EMS resources

"the right care, at the right time, in the right setting, for the right cost"

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
    - ***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 & 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
- Only 1 Quarter Progress Reported to Date
  - July through September
  - Attachment “A” details progress reported during this period
- Quarterly Reports Will Be Available Throughout Study Period

Baseline Information:

*This is a **collective summary** combining the information from all four sites.*

Total emergency responses requested through "9-1-1" during fiscal year 2018 (July 1, 2017 through June 20, 2018)	***18,356***
Percentage of responses to scene considered an "emergency response"	***88%***
Percentage of transports from scene to hospital considered "urgent" or "emergent"	***32%***
Percentage of emergency responses to scene that resulted in patient contact, but "no transport" of patient	***29%***

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

Pilot Study Leadership Team & Pilot Sites (See Attachment "B")

Leadership Team

- Principal Investigator
  - Nita Ham, Director SORH Program
- Medical Consultants
  - Becky Abell, MD
  - Stephen Goggans, MD
- Legal Consultant
  - Chris Kelly, Esq.
- Financial Consultants
  - Sarah Detukowski, CPA
  - Robert Cook, CPA

Pilot Site Selection Criteria

- Hospital had been previous recipient of RHS Grant
- Hospital & EMS Leadership agreed to participate/comply with study
- Local Medical Directors involved
- Various Geographical/Public Health Districts
- Engagement of Medical Community

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