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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total emergency responses requested through “9-1-1” during fiscal year 2018 (July 1, 2017 through June 20, 2018)</td>
<td>18,356</td>
</tr>
<tr>
<td>Percentage of responses to scene considered an “emergency response”</td>
<td>88%</td>
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<td>Percentage of transports from scene to hospital considered “urgent” or “emergent”</td>
<td>32%</td>
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<tr>
<td>Percentage of emergency responses to scene that resulted in patient contact, but “no transport” of patient</td>
<td>29%</td>
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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