Fire Service 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
- 350 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

MEDSTAR MOBILE HEALTHCARE

CAAS ACCREDITED

ACE

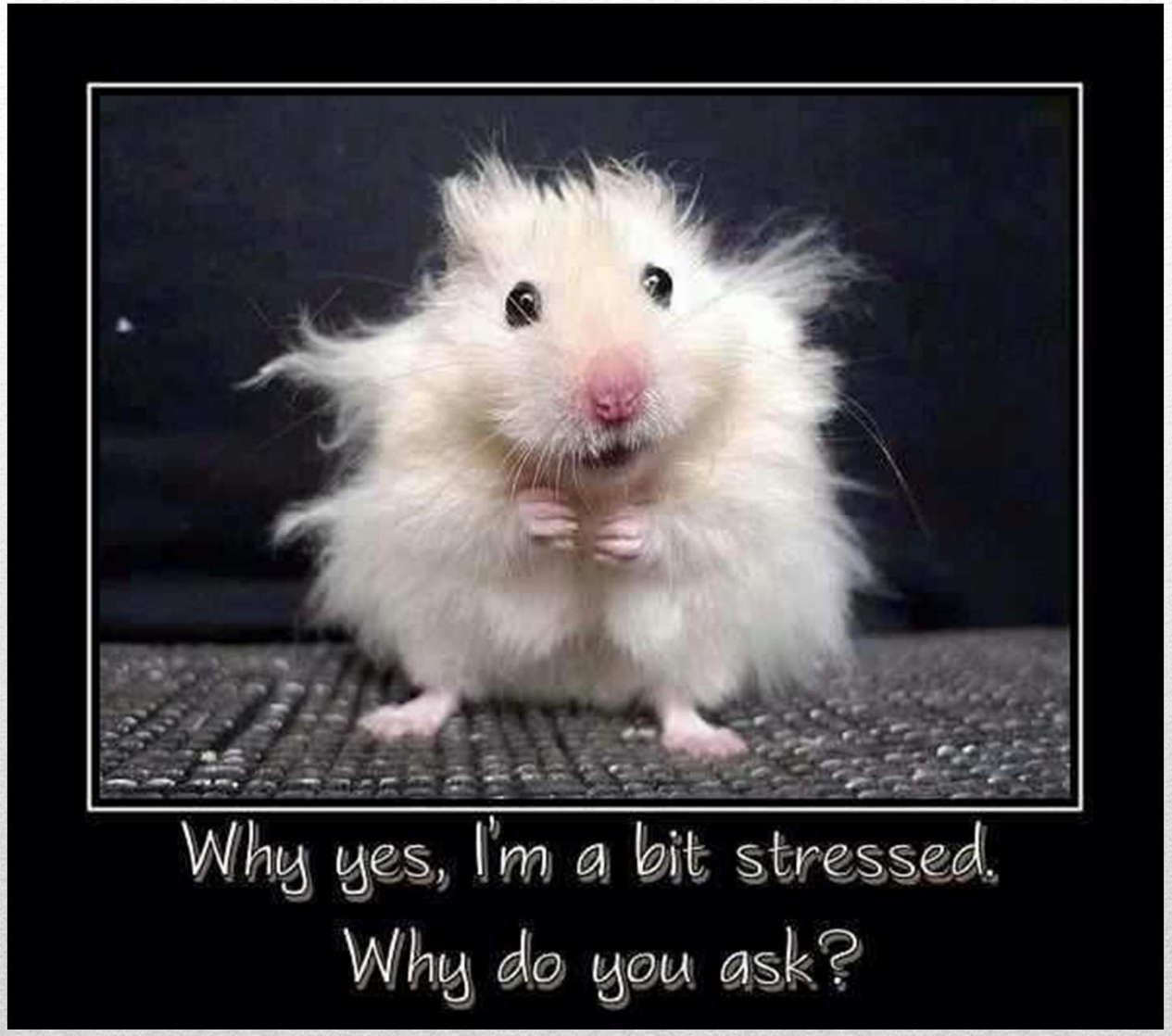
NATIONAL EMS AWARDS OF Excellence

EMSWORLD

NAEMT

JEMS EMERGENCY MEDICAL SERVICES

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


Why yes, I'm a bit stressed.
Why do you ask?

Emergency Medical Services?


health
insurance
care
system
people
need
One
healthcare
medical
Get
companies
coverage
pay
many
doctors
Government
country
costs
make
ago
even
also
money
doctor
like
know
years
Medicare
cost
time
plan
patients
just
work
much
well
children
patient
hospital
must
see
want
current
premiums
quality
free
working
part
paid
needs
treatment
disease
universal
public
etc
service
first
business
World
good
provide
afford
every
change
life
drug
covered
state
conditions
available
providers
paying
may
go
hospitals
problem
long
better
New
way
believe
making
food
private
something
profit
job
able
still
without
hope
services
benefits
take
industry
medicine
payer
physicians
person
access
company
Americans
American
year
sick
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education
going
done
really
cover
healthy
find
affordable
day
family
single
expensive
since
best
think
keep
Obama
getting
big
made
things
never
another
dollars
pharmaceutical
countries
problems
hours
program
based
enough
Bill
National
use
America
less
EVERYONE
NOW
illness
back

"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

"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%**


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


Emergency
Medical
Service

Unscheduled

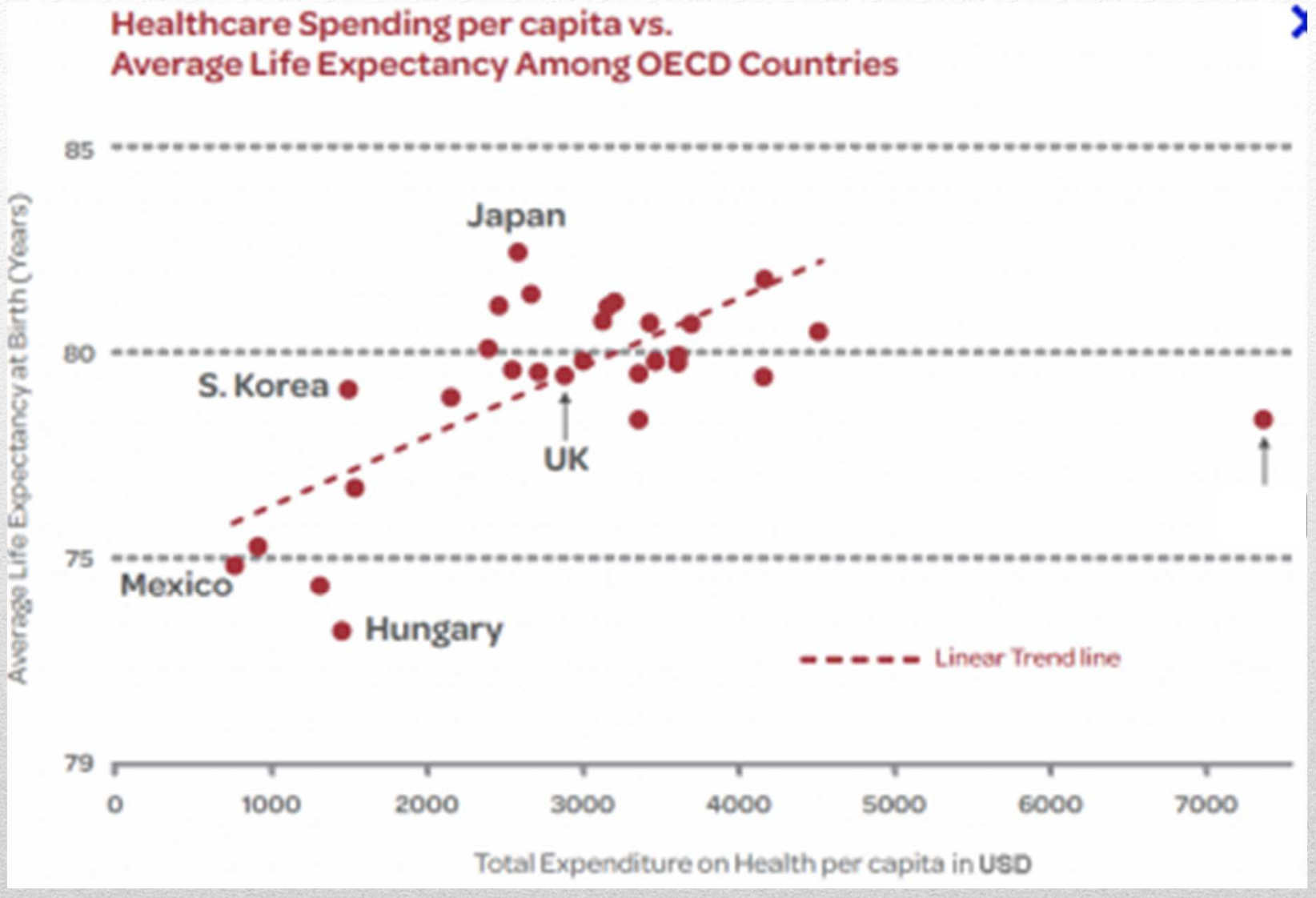
Medical Services!

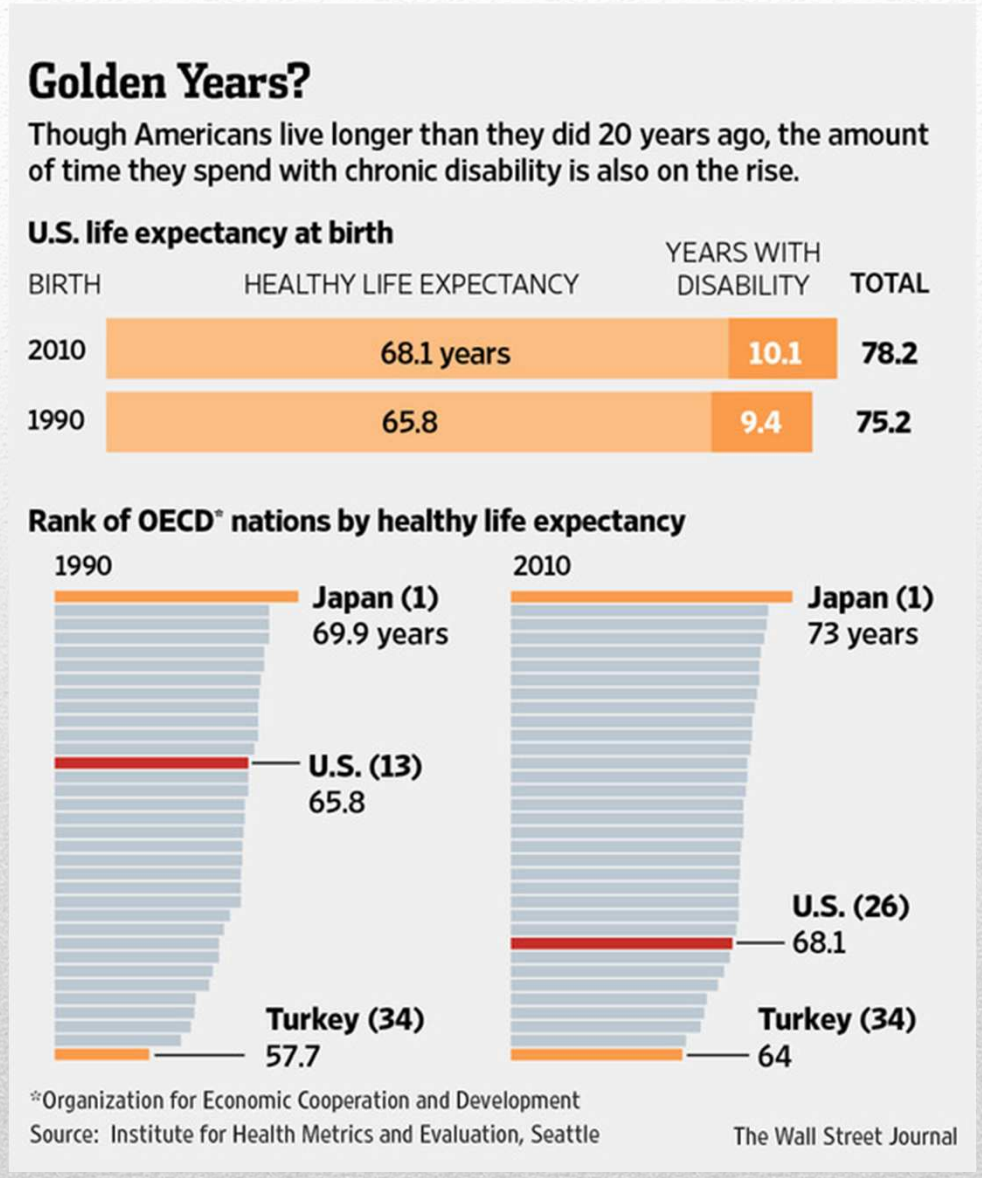
Conundrum…

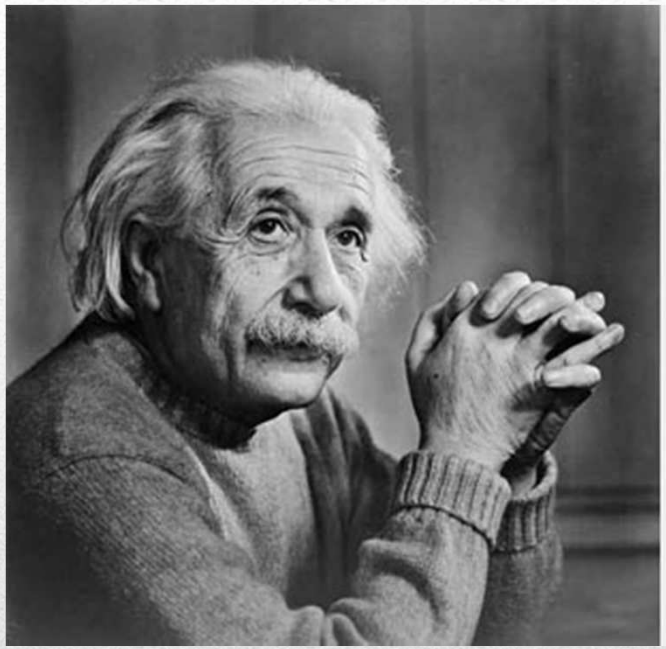
- Misaligned Incentives
  - Only paid to transport
  - "EMS" is a ***transportation*** benefit
  - NOT a *medical benefit*

Attention Please!

- Debt ceiling on 10/1/13 (again)
- $8,600 per capita health expenditures!!
  - Due in large part to **quantity-based** payments


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


Golden Years?
Though Americans live longer than they did 20 years ago, the amount of time they spend with chronic disability is also on the rise.
U.S. life expectancy at birth
BIRTH
HEALTHY LIFE EXPECTANCY
YEARS WITH DISABILITY
TOTAL
2010
68.1 years
10.1
78.2
1990
65.8
9.4
75.2
Rank of OECD* nations by healthy life expectancy
1990
Japan (1)
69.9 years
U.S. (13)
65.8
Turkey (34)
57.7
2010
Japan (1)
73 years
U.S. (26)
68.1
Turkey (34)
64
*Organization for Economic Cooperation and Development
Source: Institute for Health Metrics and Evaluation, Seattle
The Wall Street Journal



The definition of insanity is repeating the same behaviors and expecting a different outcome.

Albert Einstein

Institute for Healthcare Improvement

IHI TripleAim

IHI Triple Aim Initiative

Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs

- Better Patient Experience
- Better Population Health
- Reduce Cost

MEDSTAR MOBILE HEALTHCARE

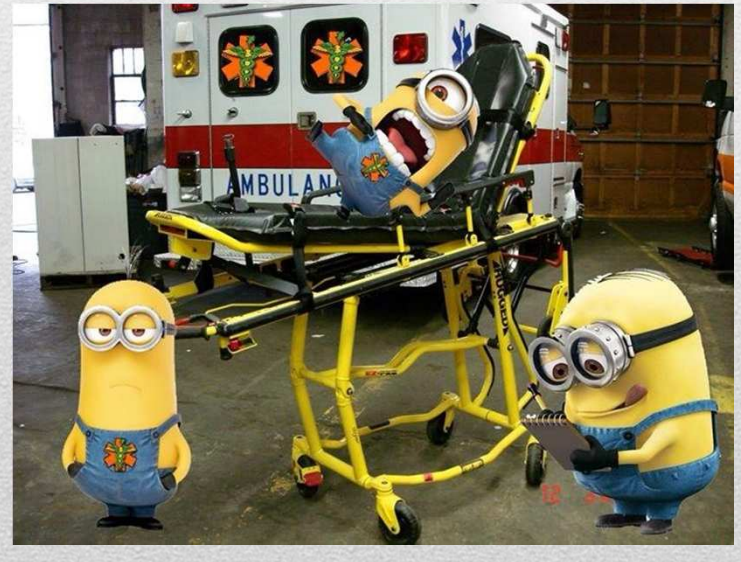
CALIFORNIA FIRE CHIEFS ASSOC.

Our New Environment:

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

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
  - Current up to 2%
    - Up to 3% by 2014



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***

Our New Environment:

Hospital Name	City	VBP Percent	Readmission Percent	Total Bonus/Penalty Percent
UNIV OF CALIF SAN DIEGO	SAN DIEGO	-0.15%	-0.21%	-0.36%
GOOD SAMARITAN HOSPITAL	LOS ANGELES	-0.28%	-0.70%	-0.98%
GLENDALE MEM HOSPITAL	GLENDALE	-0.32%	-1.00%	-1.32%
CHINESE HOSPITAL	SAN FRAN	-0.06%	-0.72%	-0.78%
CAL PAC MED CTR-DAVIES	SAN FRAN	-0.42%	-0.05%	-0.47%
SAINT FRANCIS MEMORIAL	SAN FRAN	-0.24%	-0.18%	-0.42%
CAL PAC MED CTR-PACIFIC	SAN FRAN	-0.12%	-0.27%	-0.39%
SAN FRANCISCO GENERAL	SAN FRAN	-0.22%	-0.16%	-0.38%
METHODIST HOSP	SACRAMENTO	-0.08%	-0.26%	-0.34%

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.

MEDSTAR MOBILE HEALTHCARE

CALIFORNIA FIRE CHIEFS ASSOC.

Friends/Enemies

Our New Environment:

- Since Dec '07 - 1.3 million healthcare jobs created
  - vs. 5.8 million jobs ***lost*** in non-healthcare (H&HN)
  - 5.6 million health care jobs will be created by 2020 (University of Georgetown)
- By 2015, 30% of hospital bonus payments will be based on ***patient satisfaction*** (PPACA)
- Today, 40 million people > 65
  - 70 million in next 20 years
- 2012 - 25,000 docs short
  - By 2020 = 40,000 short

Association of American Medical Colleges

We have an answer for this challenge!

Our New Environment:

- Catalyst for Payment Reform
  - Coalition of employers (Wal-Mart, Walt Disney, 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

No longer providing
insurance for spouses


U.S.A. HEALTHCO
86 SOUTH MAIN
BILLING, ME 32109
****
SERVICES ESTIMATE:
OFFICE VISIT: $40
OUTPATIENT SURGERY: SURPRISE
X-RAYS: SECRET
1 MO/MEDICATIONS: UNCLEAR
LAB WORK: UNKNOWN
WHO KNOWS

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

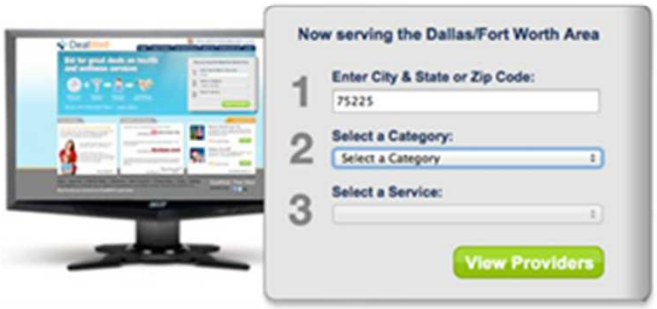
How It Works

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

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CALIFORNIA FIRE CHIEFS ASSOC.

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

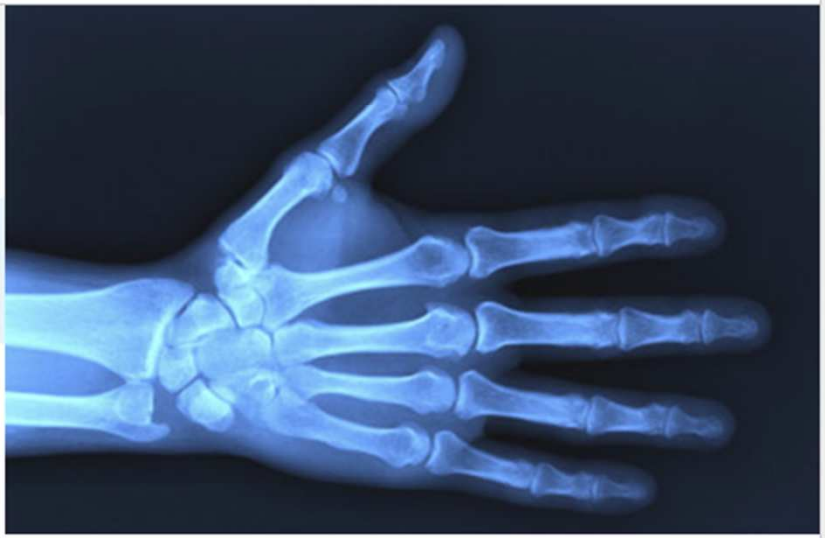
You'll find out right away!

WANT MORE THAN ONE?

8 5 6

★★★★★
4 Reviews

Retail Price	Average Discount
$100	70%

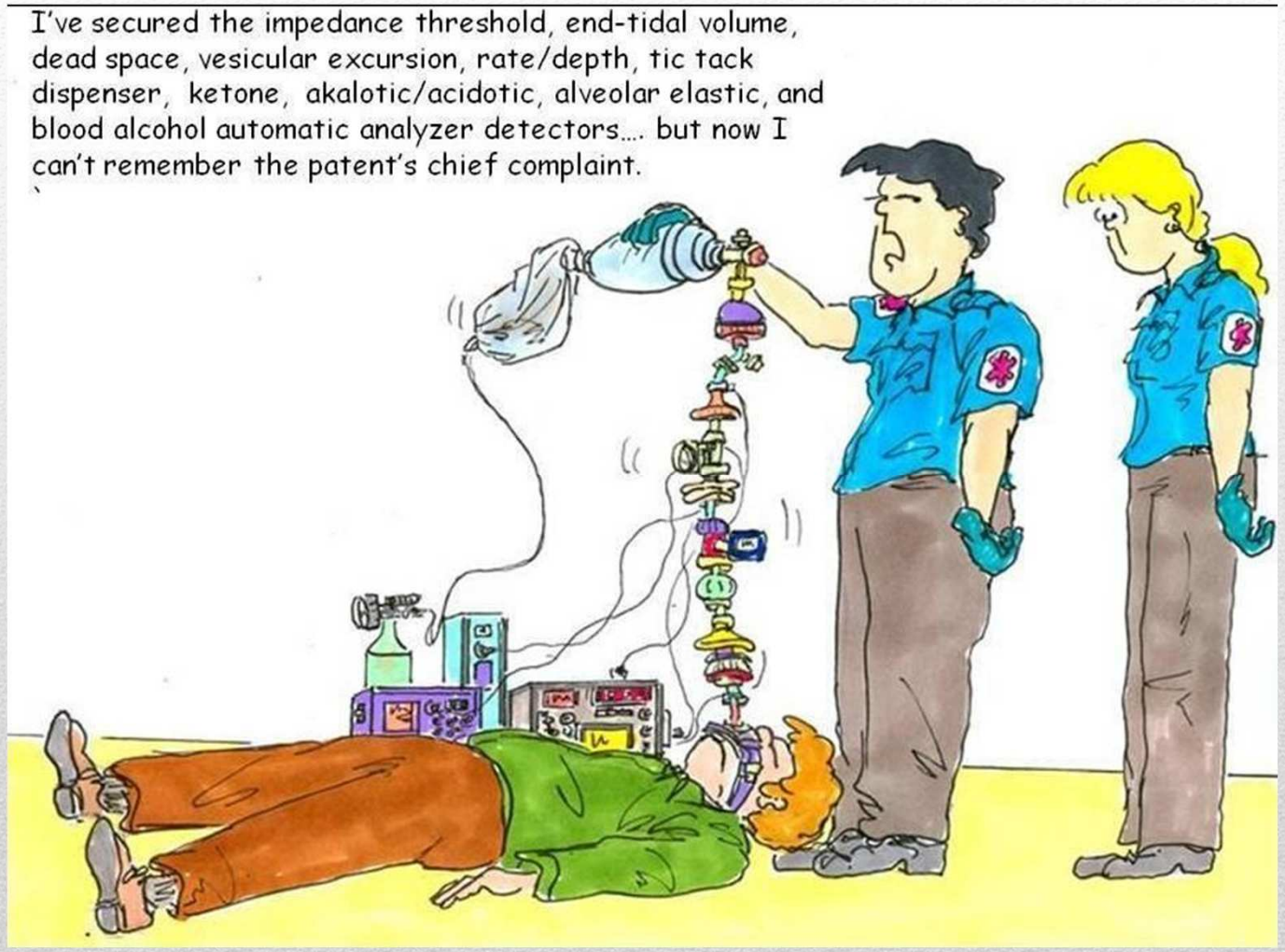


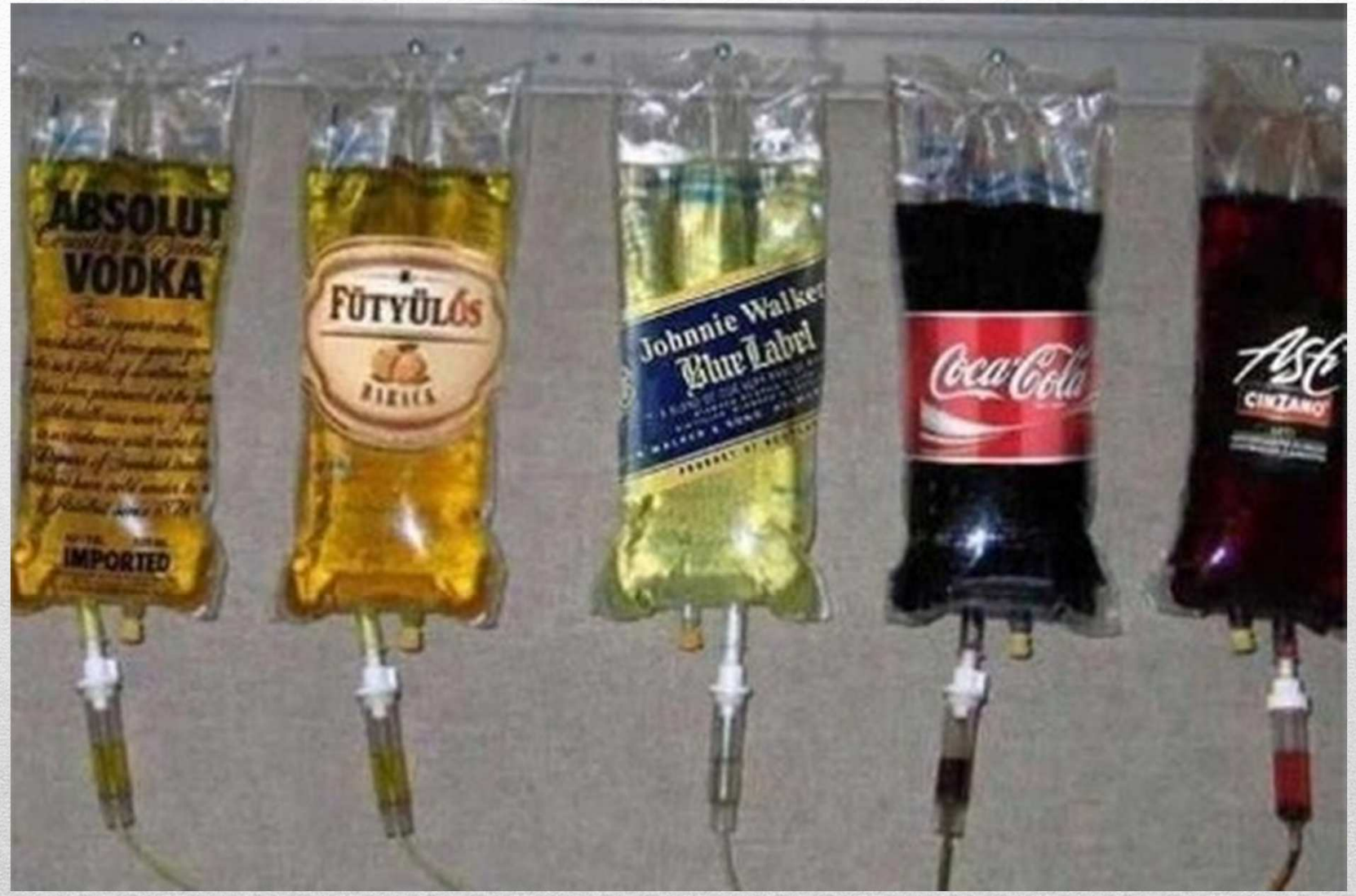
Includes:

Question??

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

Value?


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.


ABSOLUT
VODKA
IMPORTED
FÜTYÜLÖS
PÁLINKA
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

CALIFORNIA FIRE CHIEFS ASSOC.

Envision HEALTHCARE

PIONEERING THE DELIVERY OF CARE

EMSC is now Envision Healthcare

About Envision Healthcare

Envision Healthcare, formerly Emergency Medical Services Corporation, offers an array of healthcare-related services to consumers, hospitals, healthcare systems, health plans and local, state and national government entities.

Founded in 2005, Envision Healthcare is a leading provider of physician-led, outsourced medical services. We provide a broad range of coordinated, clinically-based care solutions across the continuum of care, from medical transportation to hospital encounters to comprehensive care alternatives in various settings.

Envision Healthcare operates American Medical Response, Inc. (AMR), the nation's leading ambulance service provider, EmCare Holdings Inc. (EmCare), the nation's leading provider of outsourced emergency department and facility-based physician services and Evolution Health, which provides comprehensive care to patients across various settings, many of whom suffer from advanced illnesses and chronic diseases.

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CALIFORNIA FIRE CHIEFS ASSOC.

Falck

Access On Time
Language & Logistics

AccessOnTime prides itself on managing a quality transportation network providing all modes of transport including air, rail, motor coach, ambulatory, wheelchair and air ambulance.

Through an established national network of credentialed linguistics specialists, AccessOnTime provides clear, fast and accurate translation and interpretation services in more than 200 languages. Our translators and interpreters are experienced professionals with many competencies, licenses and certifications that will help you eliminate language barriers during the claims process.

MEDSTAR MOBILE HEALTHCARE

CALIFORNIA FIRE CHIEFS ASSOC.

Patient Centred
Community Designed
Team Delivered

Primary Health Care
putting the Patient First

What is primary health care?

Primary health care is the day-to-day care needed to protect, maintain or restore our health. For most people it is both the first point of contact with the health care system and the most frequently used. We are moving towards a system in which everyone has access to a team to meet his or her own unique health care needs.

For more information on Primary Health Care in Saskatchewan, go to:

www.health.gov.sk.ca/primary-health-care

What does Team-Based Care Mean to you?

CREATING RELATIONSHIPS

Government of Saskatchewan
Ministry of Health

Working together:

Paramedics as part of team-based care

I am a Paramedic. As part of a team, I work with the patient, the community, and a team of health professionals to provide patient and family-centred care.

I provide services by responding to routine health care as well as medical emergencies, patient assessment, obtaining medical histories, administering medications, interpreting tests, referring patients to other primary health care providers; and providing education, injury prevention, and health promotion services in the home and community.

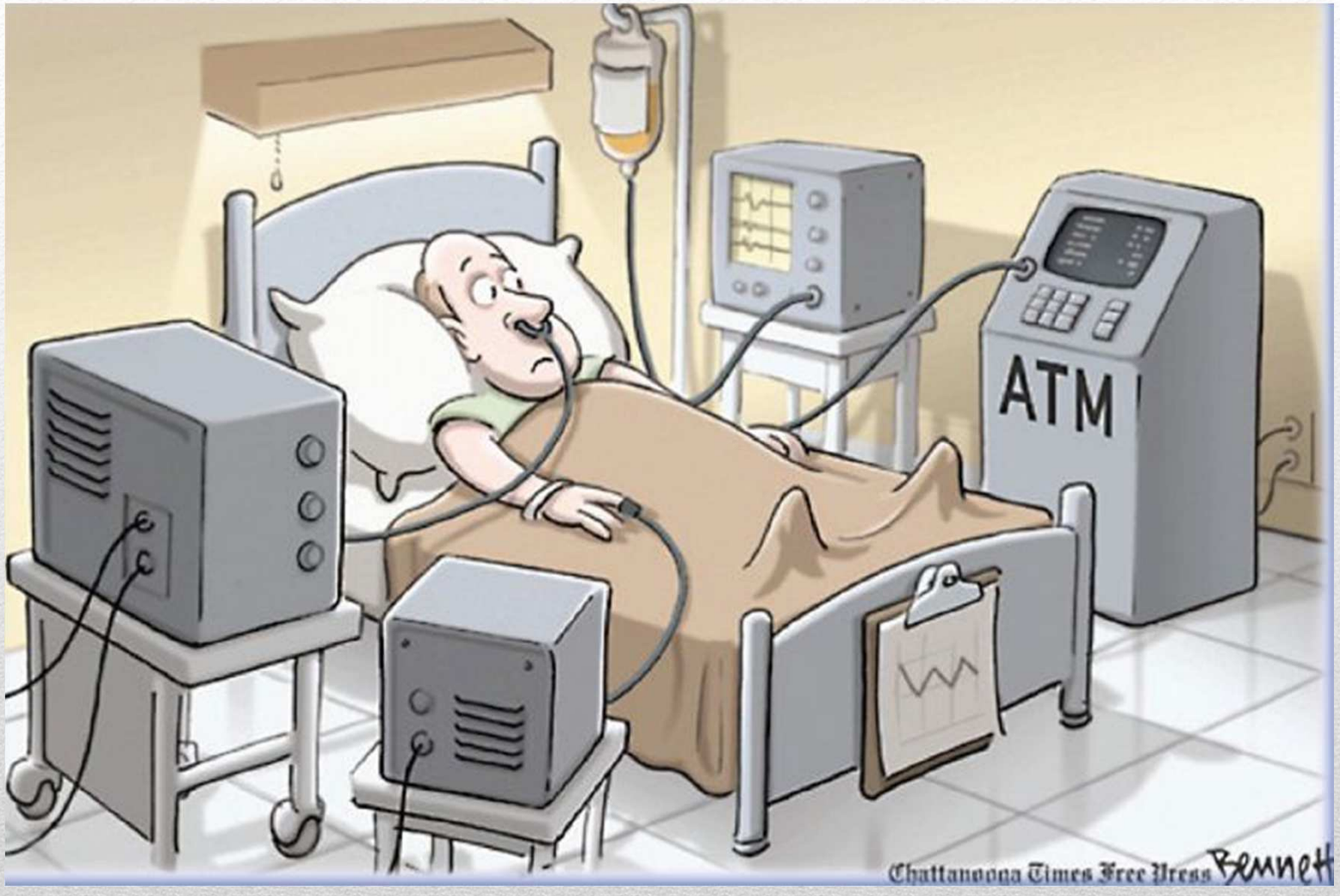
MEDSTAR MOBILE HEALTHCARE

CALIFORNIA FIRE CHIEFS ASSOC.

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


ATM
Chattanooga Times Free Press
Bennett

OPPORTUNITY!!


The Future
NEXT EXIT

Patient Navigation

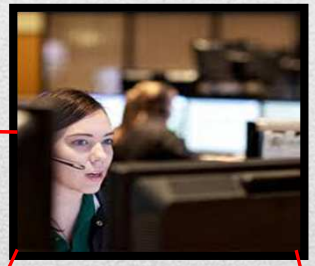
- 9-1-1 Nurse Triage
- Community Health Program
- System Abusers
- CHF/High Risk Dx Readmissions
- Observational Admission Avoidance
- Hospice Revocation Avoidance

Local Needs!

"Mobile Integrated Healthcare Practice"?

Innovative Partnerships Better Care – Reduced Cost

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



Texas is 'Different'

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

668 JAMA, February 20, 2013—Vol 309, No. 7

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.

Conclusions

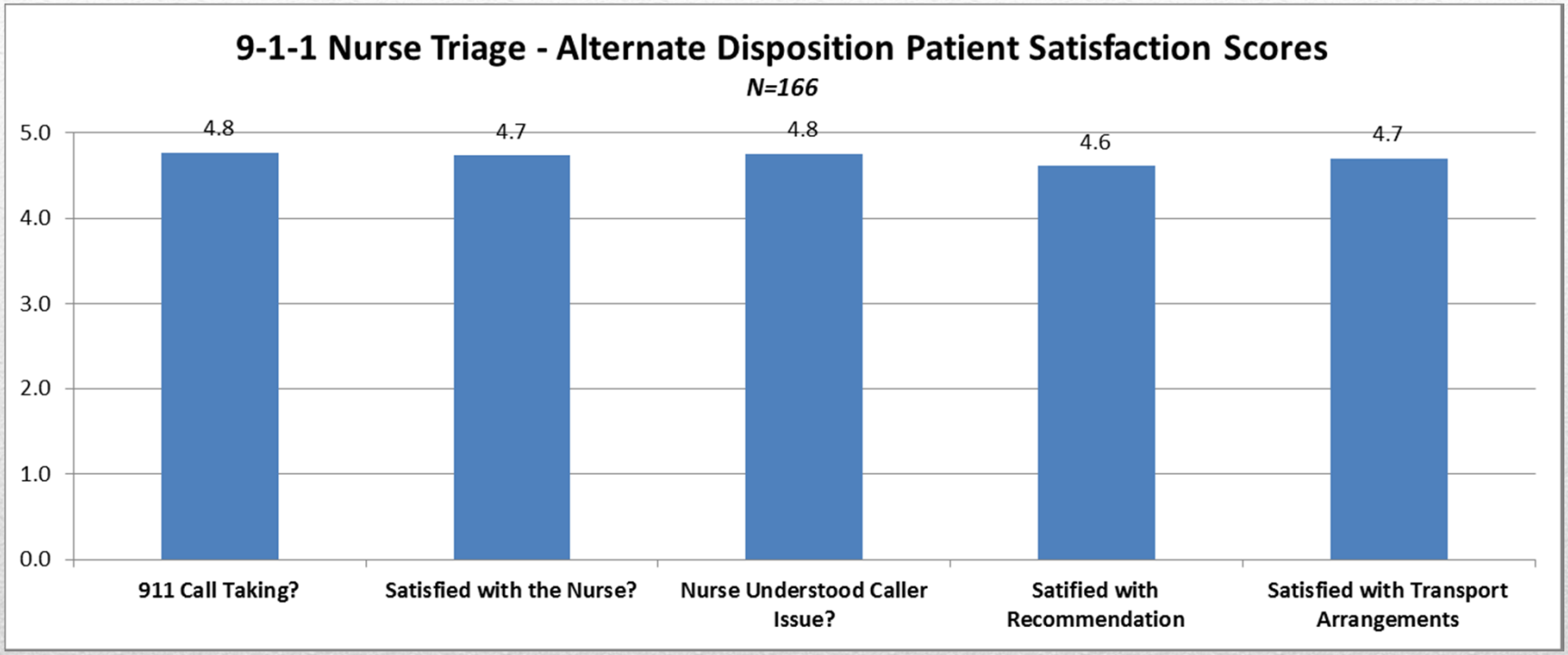
Current Medicare reimbursement policies for out-of-hospital care link payment to transport to an emergency department. This provides a disincentive for EMS agencies to work to reduce avoidable visits to emergency departments, limits the role of prehospital care in the US health system, is not responsive 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.

Nurse Triage

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

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%

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

Based on Medicare Rates

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

Number of Calls Referred: **954**

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

	9-1-1 Transports to ED		
Category	**Base**	**Avoided**	**Savings**
Ambulance Charge	$1,668	408	$680,544
Ambulance Payment (2)	$421	408	$171,768
ED Charges	$904	408	$368,832
ED Payment (3)	$774	408	$315,792
ED Bed Hours (4)	6	408	2,448

Total Charge Avoidance	**$1,049,376**
Total Payment Avoidance	**$487,560**

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


WE DON'T DIAL 911

Community Health Program

- "EMS Loyalty Program"
  - Proactive home visits
  - Educated on health care and alternate resources
  - Enrolled in available programs = PCMH
  - 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
  - No home visits
  - Transport may be denied by Medical Director in consult with on-scene CHP medic

Community Health Program

- Total **CHP** Enrollment = **226**
- 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

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**

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) — 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**

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
    - 47 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*					*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)

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

- 65 patients enrolled
- 29 patients successful in the end
- 7 revocations
- 10 calls to 9-1-1
  - 5 transports
    - 3 unrelated to hospice status
    - 2 direct admits to in-hospital hospice bed
      - No revocation
  - 29 still enrolled

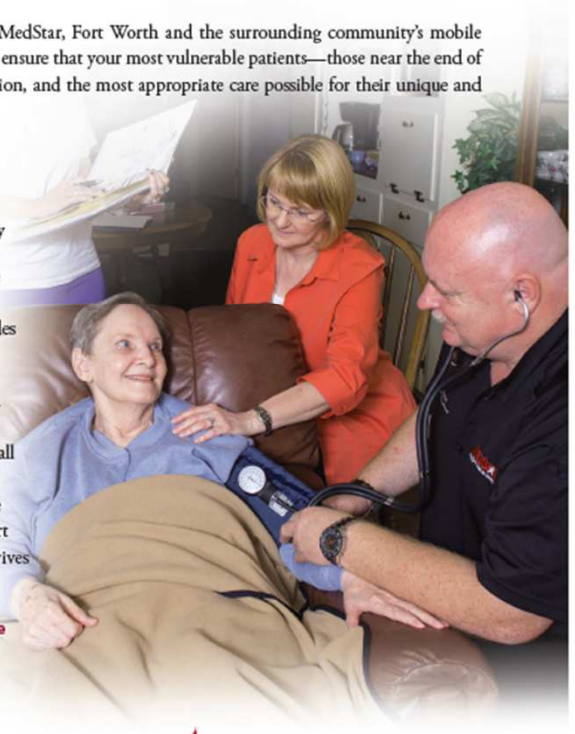
Innovation Breaks the Cycle of Rehospitalization

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®

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Learn about your alternatives to rehospitalization. Call 817.870.7000.

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CALIFORNIA FIRE CHIEFS ASSOC.

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?

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.

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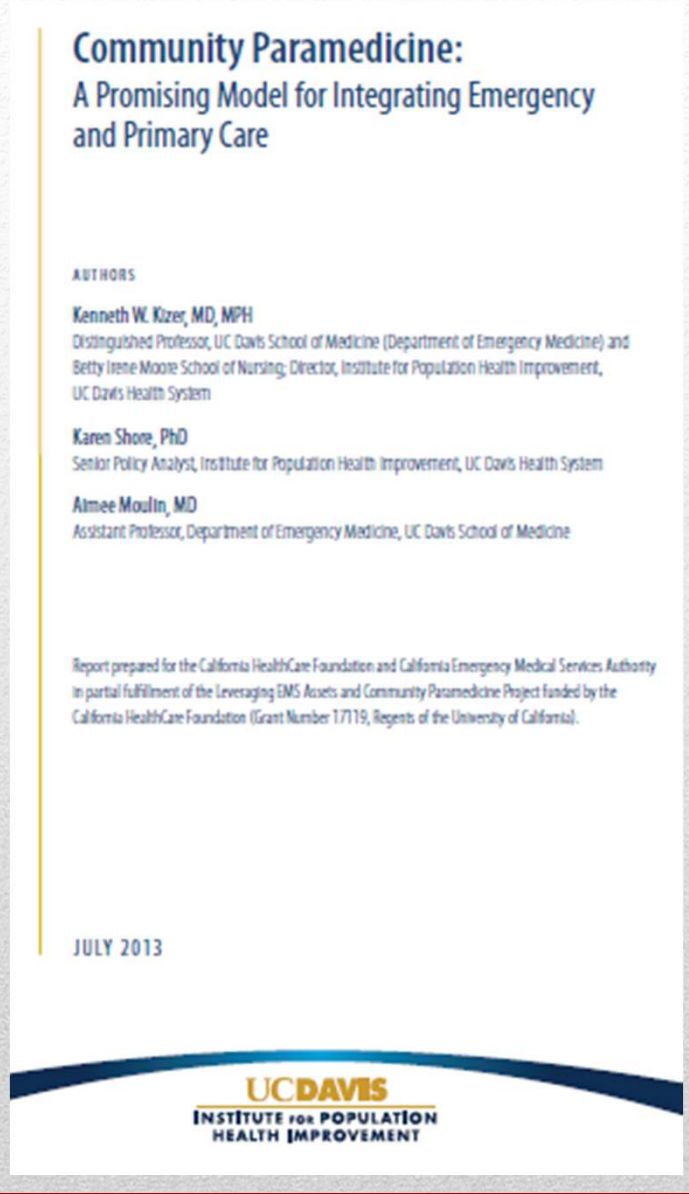
Opportunities **for Fire Agencies**

- Well positioned
  - 1st Response Capacity (usually)
  - Community-minded
  - 9-1-1 provider in most areas
- Desire to decrease reliance on ad valorem revenue
- Communities want more

Opportunities **for Fire Agencies**

- Proactive home visits / checkups
- 9-1-1 Navigation
- Fall assessments
- Immunizations
  - Drive thru!
- Station-based screenings
- Mobile Screenings

California!



Community Paramedicine:
A Promising Model for Integrating Emergency and Primary Care

AUTHORS

Kenneth W. Kizer, MD, MPH
Distinguished Professor, UC Davis School of Medicine (Department of Emergency Medicine) and Betty Irene Moore School of Nursing; Director, Institute for Population Health Improvement, UC Davis Health System

Karen Shore, PhD
Senior Policy Analyst, Institute for Population Health Improvement, UC Davis Health System

Aimee Moulin, MD
Assistant Professor, Department of Emergency Medicine, UC Davis School of Medicine

Report prepared for the California HealthCare Foundation and California Emergency Medical Services Authority in partial fulfillment of the Leveraging EMS Assets and Community Paramedicine Project Funded by the California HealthCare Foundation (Grant Number 17119, Regents of the University of California).

JULY 2013

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LETTER OF INTENT
FOR COMMUNITY PARAMEDICINE PILOT PROJECT

The California Emergency Medical Services Authority (EMSA) is seeking the interest of local EMS agencies to develop pilot projects that expand the role and practice of the Emergency Medical Technician–Paramedic (EMT-P). Expanded use of paramedic resources to address local health care needs is part of a national trend termed "Community Paramedicine", also known as "Mobile Integrated Healthcare".

This Letter of Intent solicits proposals from healthcare agency's or EMS providers in collaboration with a local EMS Agency (LEMSA) to develop a community paramedicine pilot project designed to test an expanded role for EMT-P's. EMSA will submit an application to the Office of Statewide Planning and Development (OSHPD) for a Health Workforce Pilot Project regarding community paramedicine based upon the selected local pilot project proposals.

California!

Community Paramedicine Letter of Intent
July 18, 2013
Page 8

V. Submission of Letter of Intent

Interested parties are requested to submit a Letter of Intent proposal in electronic format to EMSA:

Lou Meyer
Project Manager
Community Paramedicine - Mobile Integrated Health
Emergency Medical Services Authority
lou.meyer@emsa.ca.gov

All Letters of Intent must be submitted no later than 5:00 p.m. on September 30, 2013 to be considered.

Challenges **for Fire Agencies**

- Willing labor force
- 24/7 civil service staffing models
  - Discussions re-non Civil Service positions
- Jurisdictional boundary limitations
  - vs. Medical Trade Area

Firefighter, nurse practitioner team up for 'urgent care on wheels'

Jan 23, 2013 - MESA, Ariz. - The Mesa Fire Department is getting some national attention for a program that started back in August. It's an idea that may be helping with overcrowded emergency rooms.

For the past six months, a Mesa Fire Captain has been teamed up with a nurse practitioner to respond to low-level emergencies.

Mesa Fire/Medical teamed up with Mountain Vista Hospital, pairing up Fire Captain Brent Burgett and nurse practitioner Tom Morris to respond to low-level emergencies.

Green Bay Hospital Enlists Fire Department To Visit Patients At Home

April 29, 2013

Bellin Health, a major healthcare provider in northeastern Wisconsin, is teaming up with the Green Bay fire department to check up on patients.

Bellin Hospital is paying the city $50 each time firefighters are dispatched at Bellin's request to make house calls on discharged patients.

As a bonus, she says, firefighters found a problem with a smoke detector in one patient's house.

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greenbaypressgazette.com A GANNETT COMPANY

Wisconsin Public Radio NEWS

Not their job? Wisconsin firefighters battle hospital house-call idea

June 25, 2013 - Green Bay firefighters are objecting to an experimental program to check on discharged hospital patients in their homes. City officials began the program with Bellin Hospital earlier this year as a way of minimizing the need for patients to be readmitted to the hospital.

Advocates say the so-called Hook and Ladder program uses firefighters to combat rising health care costs and to improve the level of patient care available in Green Bay.

So far, 14 house calls have been completed, ***most taking between 10 and 30 minutes each.***

But the union for Green Bay firefighters says the initiative forces new job responsibilities on firefighters without the union's approval. In defending the program, **the city could be setting the stage for a grievance arbitration hearing with one of its employee unions for the first time in several years**.

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greenbaypressgazette.com
A GANNETT COMPANY
CALIFORNIA FIRE CHIEFS ASSOC.

Aldermen allow firefighter house-call program to continue

August 14, 2013 - The union for Green Bay firefighters has lodged a complaint that the initiative forces new job responsibilities on firefighters without the union's approval. **The Green Bay Professional Firefighters Association has asked a state arbitrator to decide the labor dispute**.

Assistant Fire Chief Michael Nieft told aldermen Tuesday that the program works well and that it diverts relatively few resources away from other fire department activities.

“It is an extension of what we do,” Nieft said. “These are our citizens.”

Some proponents believe the public-private partnership, if successful, could become a prototype that other hospitals will want to duplicate.

The Expanded Role for Emergency Medical Services under Health Care Reform

April 30, 2013

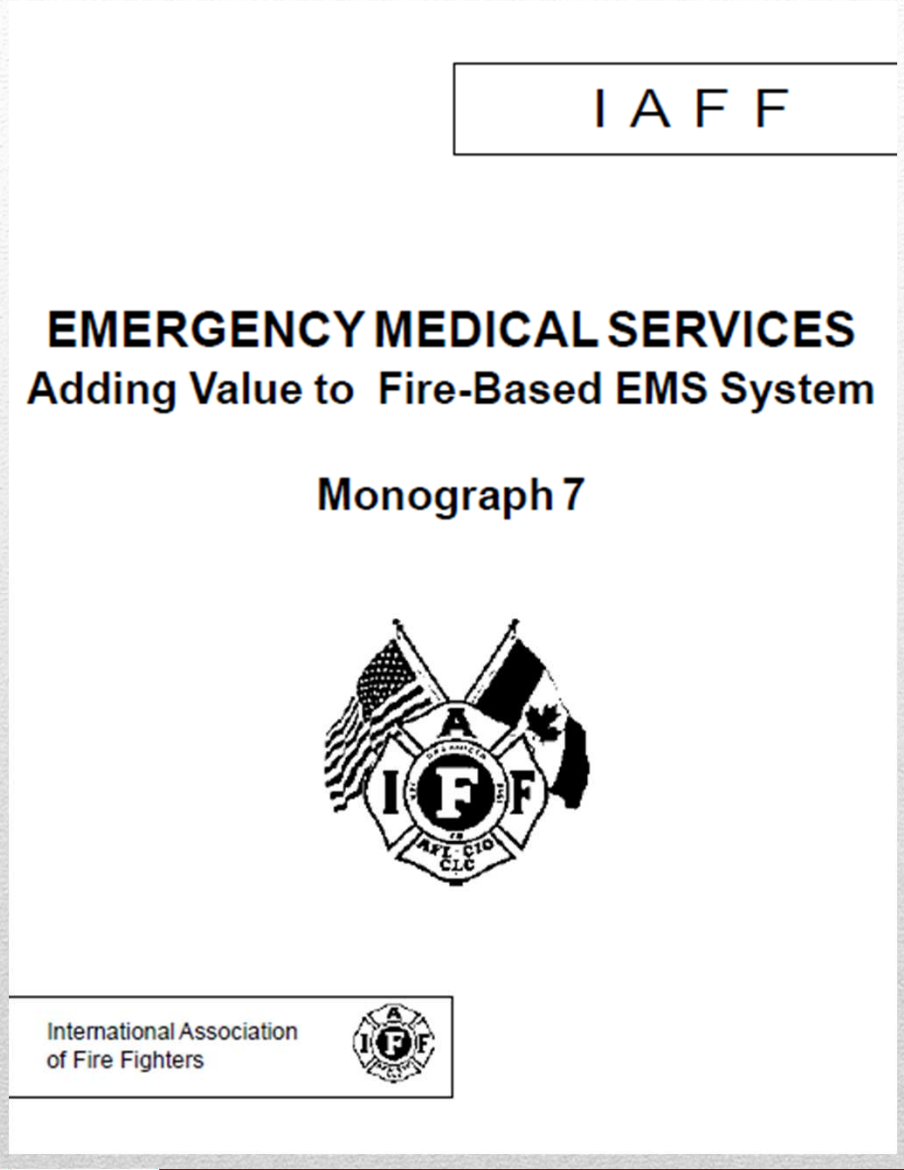
Prepared by Bill Lindsay and Leo Tokar, Lockton Companies

This white paper was prepared at the request of and for use by the International Association of Fire Fighters to address the greater and expanded role for Emergency Medical Services under the Patient Protection and Affordable Care Act and the implications for local fire departments. It has been written to apply to employers in general; specific organizations may have situations that require special consideration.

"Since the concept of "global payment" is so prevalent among hospitals today, they may desire to pay for emergency services by using a flat fee versus a charge per service.

There are other services, besides emergency treatment and transportation, which local EMS resources may be able to provide on a cost effective basis. ***These services may include post-discharge patient consultation and care management services for patients with chronic conditions.***

Although this opportunity may be enticing as a way to broaden the scope of services, departments should consider whether these services can be offered within the current resource deployment model or whether a new resource deployment configuration is necessary."



"However, as we look into the future of pre-hospital emergency medical care, ***we are called upon to evaluate our role and the possible need for change in the context of a rapidly evolving medical care system****.*

It must address public education, prevention, and the possible expansion of the scope of practice for paramedics.

This vision must consider the effects of managed care organizations on pre-hospital EMS, as well as revenue recovery for the services fire fighters perform."

"Additional services should be considered for fire departments that consistently meet the community's needs in the delivery of core emergency components.

Value added services can include injury prevention programs, ***elderly patient follow-up***, inter-facility transport, teaching CPR classes, and ***perhaps primary health care***.

Most fire-based EMS systems, however, are not designed to provide additional health care services. Adjustments, however, can be made to integrate other health services.

Patient care follow-up and patient advocates are services which fire-based systems can integrate with existing duties."

Fresno ambulance a pricey taxi ride for 'frequent fliers'

By Marc Benjamin

- The Fresno Bee

Sunday, Feb. 12, 2012 | 06:42 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.

Star-Telegram

In Fort Worth, MedStar's Community Health Program cutting costs, improving patients' well-being

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NBCDFW.com

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MedStar to Consider Alternatives to Sending Ambulance

New program aimed at reducing needless ambulance transports

JEMS
JOURNAL OF EMERGENCY MEDICAL SERVICES

jems.com

Published on *jems.com* (http://www.jems.com)

Home > Industry News > MEDSTAR LAUNCHES 9-1-1 NURSE TRIAGE SYSTEM > MEDSTAR LAUNCHES 9-1-1 NURSE TRIAGE SYSTEM

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.

Star-Telegram

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

Posted Saturday, May. 19, 2012

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.

CBS DFW

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LOCAL

MedStar Rolling Out System To Weed Out Non-Emergency 911 Calls

May 18, 2012 5:59 PM

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Reporting Robbie Owens

Filed Under
Local, News, Syndicated Local, Syndication

Related Tags
911, 911 Call, Emergency department, Fort Worth,

FORT WORTH (CBSDFW.COM) – Starting next week, calling 911 in Tarrant County may not necessarily mean that an ambulance is on the way. MedStar is rolling out a new triage system to screen non-emergency calls and get patients to the right provider.

"Not everyone needs to go to an emergency room," says Tammy Moore, MedStar's Communications Manager. "There are some patients that will go to the ER and have to wait for hours and there are some that have waited in the ER for days. With this program in place, with us being able to triage these patients over the phone and ask these protocol questions, it's going to alleviate that for them, too. It's a win-win situation for both us and the patient."

NBCDFW.com

HOME > NEWS > HEALTH

Alternative Ambulance Plan Begins Monday

New program aimed at reducing needless ambulance transports

By Kevin Cokely | Monday, May 21, 2012 | Updated 7:51 PM CDT

Kevin Cokely, NBC 5 News

Medstar is using a registered nurse to help people find appropriate medical care when the 911 call is not a real emergency.

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EMS 2020: COMMUNITY CARE PARTNERS P. 55
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Short Window…

THE WALL STREET JOURNAL.
U.S. EDITION ▾ Monday, February 4, 2013 As of 6:54 PM EST

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.

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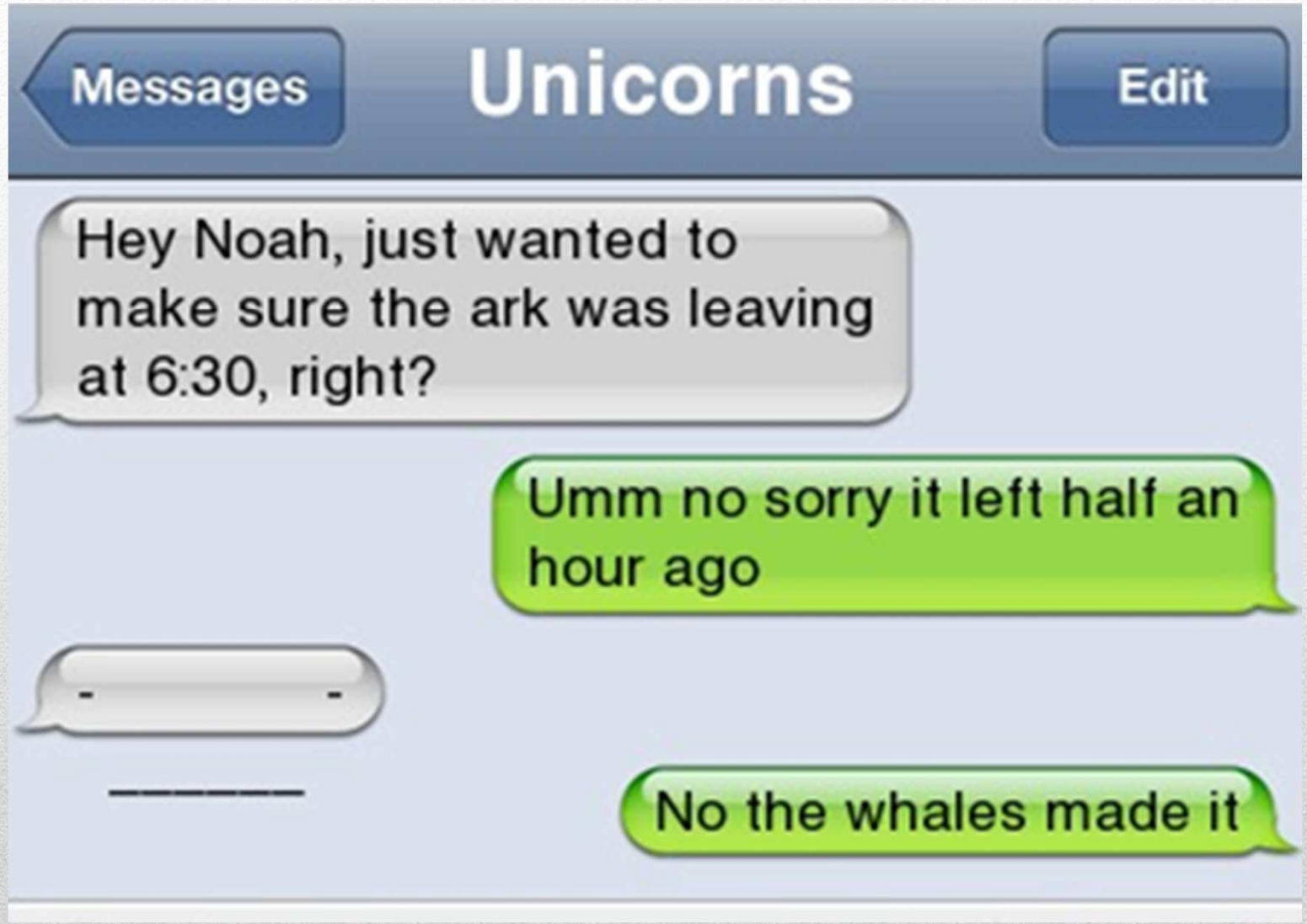
Messages
Unicorns
Edit
Hey Noah, just wanted to make sure the ark was leaving at 6:30, right?
Umm no sorry it left half an hour ago
No the whales made it

Opportunities in Your Community?

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