



35TH ANNUAL **AHA RURAL
HEALTH CARE
LEADERSHIP
CONFERENCE**

FEBRUARY 6-9, 2022
ARIZONA GRAND RESORT & SPA

Improving Health Outcomes and Reducing the Societal Burden Resulting from Non-Management of Chronic Conditions and Misuse of Emergency Services

Ashley Ballah, Director North Central EMS

Matt Mattner, Chief Operations Officer Fisher Titus Health



Fisher-Titus Health

- Fully integrated health system in North Central Ohio
 - Medical Center - 99 beds
 - Nursing Home – 69 beds
 - Assisted Living Facility – 48 units
 - Home Health
 - Primary and Specialty Care Practices
 - EMS ambulance company

North Central EMS

- Private non-profit ambulance company
 - 60 Employees
- 530 square mile 911 service area
 - 7 EMS Stations
 - 7000 911 Runs/Year
- Non-emergent transport services
 - Wheelchair van
 - Hospital transfers
- Behavioral health transport services



Programs



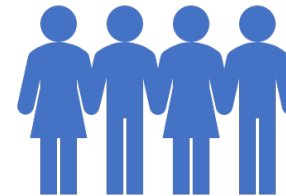
Emergency Treatment, Triage and Transportation Model (ET3)

Overview of 5 Year Payment Model

Benefits of ET3

Challenges

Outcomes



Community Paramedicine

What is Community Paramedicine?

Examples of Care & Target Population

How to Get Started

Challenges

Outcomes

Emergency Triage, Treat and Transport (ET3) Model



What is ET3?

- Emergency Triage, Treat and Transport (ET3)
 - Centers for Medicare & Medicaid
 - Voluntary, five-year payment model
 - 184 Agencies in 36 States
 - Provides greater flexibility to emergency care providers on a 911 scene

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document.

How ET3 Works



Triage

- NCEMS Developed ET3 Triage Guidelines with Medical Direction
 - Participants develop their own guidelines
- Triage Guidelines Determine if Patient is Candidate for ET3

Treat

- Treatment in Place
 - ET3 telehealth encounter with a physician is initiated
 - 2-Way video interaction is required
 - Physician advises
 - Can patient be safely treated in the home by paramedics?
 - Should patient seek additional care?

Transport

- If patient needs transport, can they be safely cared for at a lower acuity facility?
 - Alternate Destination Partners
 - Convenient Care
 - Urgent Care
 - Mental Health Facility
 - Detox Center
 - Family Physician
- If not, proceed with transport to an Emergency Department

**Crews must abide by patient preference*

Multi-Payor Strategy



CMS Makes Medicare Fee-for-Service payments through ET3 Model



Other payors recognize value and are reimbursing for TIP (Treatment in Place) & Telehealth

Benefits of ET3

For Patient

- Beneficiaries safely receive appropriate level of care at the right time and place
- Greater control of their healthcare through availability of more options

For EMS

- Increase efficiency
- Ability to bill for services already being provided

For Emergency Departments

- Increase efficiency
- Can focus on higher-acuity cases

For Payors

- Save money when care is provided at an appropriate setting for lower acuity conditions

Challenges

A hand is shown from the bottom left, reaching up to grasp a red wooden ladder. The ladder is positioned diagonally, extending from the bottom left towards the top right. The background is a bright blue sky with scattered white clouds. The overall image conveys a sense of reaching for a goal or overcoming a challenge.

- Crew Buy-In/Resistance to Change
- Patient Buy-In/Resistance to Change
 - Specifically 911/ED high utilizers
- Patient Capacity
 - Intoxication, Altered Mental Status, In Police Custody
- Wireless Connection in Rural Service Areas

Outcomes

- Program Launched January 25, 2021
- 2021 Volume
 - 586 ET3 Interactions
 - 78 ET3 Interactions Resulting in Transport
 - 0 Alternate Destination Transports
 - Limited options in rural setting
- \$51,883.10 Additional Revenue Generated (claims pending)
- 13 other payors reimburse for ET3 services

Community PARAMEDICINE



Community Paramedicine

- AKA Mobile Integrated Healthcare
- US Department of Health and Human Services, Health Resources and Services Administration (HRSA)
 - Organized system of services, based on local need
 - Provided by EMTs and paramedics
 - Integrated into the local or regional health system
 - Addresses gaps in primary care services
 - Enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities.

Goals of Paramedicine



Improve health outcomes among medically vulnerable populations

Save healthcare dollars by preventing unnecessary ambulance transports, ED visits, and hospital readmissions

Why Start a Paramedicine Program?

- Over-utilization of 911 Services and Emergency Departments
 - Many 911 Calls are NOT Emergencies
 - Uninsured
 - Social services are limited, specifically for mental health
 - Extreme weather
 - Don't understand/follow discharge instructions
 - Wait too long to seek medical attention
 - Do not take medication or take incorrectly
 - Prevent Readmissions
 - Improved Preventative Care
 - Improve Patient Satisfaction

Anti-Kickback Statute

- OIG determined the benefits outweigh the risk
 - Patient has the right to choose any provider for services
 - Paramedicine would not increase costs of federal healthcare programs because it is not reimbursed at the federal level
 - Any increase in utilization of other healthcare services would only reflect appropriate utilization and patient receiving medically necessary care
 - Hospitals do not advertise/market

Medicare and State Health Care Programs: Fraud and Abuse, Request for Information Regarding the Anti-Kickback Statute and Beneficiary Inducements

- CMP, 83 Fed Reg. 43,607, 43,608 (August 27, 2018)

Department of Health and Human Services, Office of Inspector General, OIG Advisory Opinion No. 19-03 (March 1, 2019)

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2019/AdvOpn19-03.pdf>



Examples of Care

- Vital Signs
- Glucose Levels
- Medication Compliance and Reconciliation
- Wound Care
- Assessment of Chief Complaint
- Home Safety Check
- Assess Need for Social Services or other Community Resource
- Immunizations
- Blood draws
- Reinforce Discharge Instructions
- Provide Telemedicine Services
- Arrange Medical Appointments and Transportation

Telehealth Assist

EMS provides technology needed for a Telehealth visit

- Patients without Internet
- Patients without technology needed
- Patients not proficient in technology use
- Patients with transportation issues

Increases compliance of needed medical care

- Well Visits
- Follow Up Visits
- COVID+ patients

Target Population

Chronically ill with limited transportation resources to get to medical provider appointments

Patients recently hospitalized to prevent complications

Patients that do not qualify for home health services

Patients that need social services who frequently call 9-1-1

Patients with chronic conditions that are high risk for ED utilization

- Diabetes, Heart Disease, COPD

Stakeholders

- EMS
- Hospitals
- Physicians
- Home Health Agencies
- Health Departments

How To Get Started

- Community Health Needs Assessment
 - Leading causes of preventable morbidity and mortality
 - Gaps in health care services
 - Demographics of the populations affected by the gaps
 - Characteristics of those who most frequently use 9-1-1
 - Most frequent conditions requiring hospital readmission
 - Greatest healthcare needs as seen by local providers
- Determine Scope of Program
 - Services to be offered

Resources Needed

- Paramedics
- Vehicles
- Medical Equipment
- Medical Director
- Referral Criteria/Protocol
- Service Protocols
- Reporting System
 - Hospital vs. EMS Software



Policies and Procedures

- Outline new role of paramedic
- Define Program Services and Operational Policies
- Referral Process
- Scheduling
- Protocols – approved by EMS Medical Director
- Documentation
- Protocol for when a physician is needed during care
 - Call primary physician vs. call 9-1-1
- QA Process
- Program Evaluation Plan
 - Decrease in non-emergency transports, hospital readmissions, etc.

Program Referrals



Physicians Offices



Hospital Discharges



Social Workers



Health Department



Home Health Agencies



Hospice



Develop referral criteria based on needs assessment



Patient Referral Form

| | | |
|--------------------|---|----------|
| Referral Date | <i>Please fax completed form and facesheet to 419-499-2216</i> | |
| Patient Name: Last | First | MI |
| Date of Birth | Gender: ? M ? F | |
| Address | | |
| City | State | Zip Code |
| Phone Number | | |

| | |
|--|---|
| REFERRAL TYPE | |
| <input type="checkbox"/> Community Paramedic <u>Required:</u> <input type="checkbox"/> Post-Discharge Follow-Up <input type="checkbox"/> PCP Referral <input type="checkbox"/> High Risk for Readmission (i.e. CHF, COPD) Reason _____ <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Other _____ | <input type="checkbox"/> Telehealth Assist (<i>No patient care needed, technology assistance only</i>) <i>Please send telehealth visit links to telehealth@northcentralems.com</i> Appt Date/Time: _____ <u>Required:</u> <input type="checkbox"/> Barriers to Medical Care (i.e. lack of Internet access) <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Other _____ |

| |
|---|
| LABORATORY SPECIMEN COLLECTION |
| <input type="checkbox"/> Blood Draw Requested Labs/Blood Tubes: _____ <input type="checkbox"/> Urine Collection |

| | |
|---|--|
| ADDITIONAL SERVICES | |
| <input type="checkbox"/> Weight Check <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> EKG | <input type="checkbox"/> Home Safety Inspection <input type="checkbox"/> Other: _____ |

| | |
|---|---------------------------------------|
| PCP - Required | |
| Primary Care Provider: _____ Fax Number: _____ <i>Community Paramedic Patient Care Report will be faxed to this number.</i> | Form Completed By (if not PCP): _____ |

All visits will be accomplished as soon as possible but generally within 24 hours. All services provided must be within the scope of practice of a paramedic as described in ORC 476517-03. Paramedics will verify that orders fall within this scope of practice and will contact you if orders need clarification or further instruction.



Funding

- Conventional Billing
 - Fee For Service Model
 - Managed Care Capitation Model
 - Health Systems, Home Health Agencies, Hospice Agencies
 - Patient Enrollment Fee covers designated time period, ex: 30 days
 - Bonus for Positive Outcomes
- Grants
- Public Funding
- Future – Medicare and Medicaid
 - Minnesota Medicaid reimburses
 - ET3

Challenges

- Staffing During Growth Phase
- Buy-In/Referrals from Physicians
- Contacting Patients to Schedule Visits
- Patient Willingness for Visits
 - High cancellation rate once patients start to feel better



NCEMS Community Paramedicine Program

- 3 Year ODH Grant
 - Community Paramedicine Rural Pilot Program 2020-2022
- CP Program Launched March 22, 2020

| | 2020 | 2021 |
|---|-------------|-------------|
| Community Paramedicine Referrals | 209 | 300 |
| Community Paramedicine Visits Completed | 162 | 228 |

Hospital Outcomes

| | 2019 | 2021 (Dec data being collected) |
|----------------------------|-------|---------------------------------|
| All Payor Readmission Rate | 9.1% | 8.7% |
| Medicare Readmission Rate | 14.9% | 12.42% |



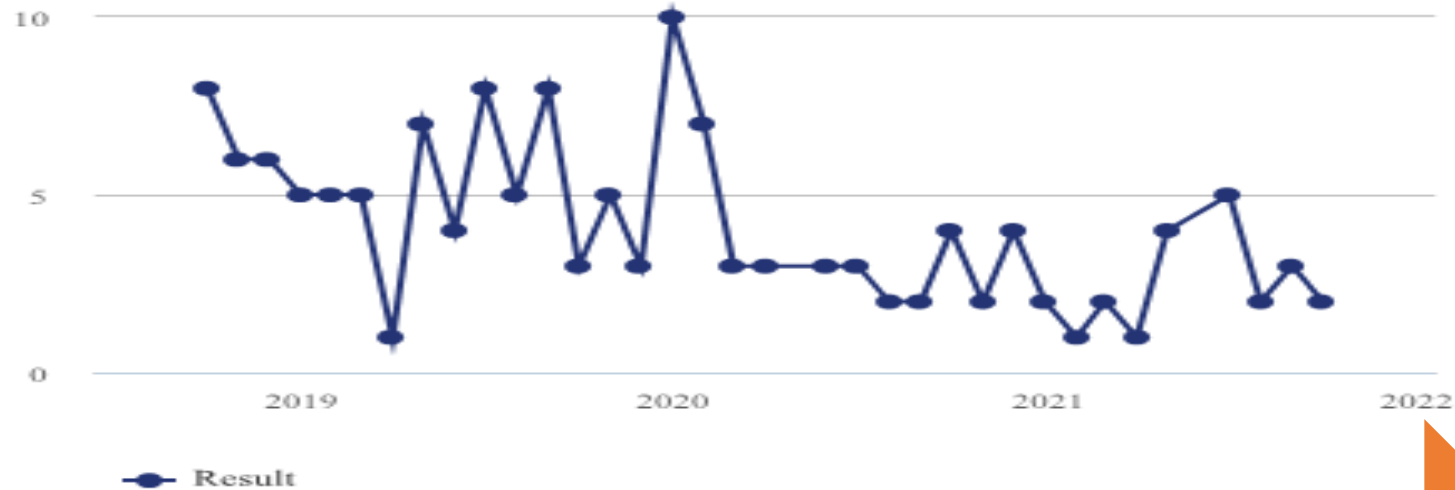
Preventing Readmissions & ED Visits

following Hospital Admission for COVID-19

- All COVID discharges referred to CP
 - Many services these patients return for can be completed as an outpatient
 - 2x/week for 2 weeks
 - 2x/week for 3-4 weeks for higher risk & elderly patients
 - Visits Include
 - Pulse oximetry reading
 - Respiratory Assessment
 - Homan's Assessment

Fisher-Titus Medical Center COPD Readmissions

- Mid 2021 - Spike in readmissions
- Decrease after CP referrals



Success Stories

- High rate of medication reconciliation issues resolved
 - Not taking properly
 - No transportation to pick up important Rx
 - New medications not working as intended – call PCP to adjust during CP visit
- Pts overwhelmed with discharge instructions
- New insulin utilizers
- High 911/ED utilizers due to mental health
- COVID+ hospital discharges
- Pts. refusing to follow up with PCP
 - Scared of COVID-19
 - No Transportation
 - No Insurance
- Pt. didn't show for scheduled visit
 - Medic completes well check resulting in urgent transport to ED for procedure

Lessons Learned



- Community Paramedicine is not the only solution
- Multiple visits are required
- Managing chronic conditions is a team effort



Questions?

