

# Acute Care Delivery for Complex Patients



**EASCARE**  
Ambulance Service

## Outline:

- Overview of Patient Populations: Scope of Problem
- Gap Analysis
- Patient Scenario: Ms. "O"
- Program Outline
- Outcomes Data
- Replication of System: PCORI
- Patient Survey Results



## Scope of Problem:

- Our patients are "Duel Eligible"
  - Nationally: 25% Medicare & 46% Medicaid (\$250 Billion)
- High acuity patients with multiple co morbid factors
  - Behavioral health, Quadriplegia, Muscular Dystrophy
- State and Federal funding for Managed Care
  - 10% of population uses 40% of Healthcare dollars
- CCA's has 17,000 patient (2,200 in our program)
  - \$750,000,000 annual bundled payment

## Scope of Problem:

- Patient and Provider concerns with using ED
  - Disruption of care plan
  - 60% of Complex Patients are admitted to hospital
    - 40% of these are reported to be unnecessary
  - Risk of exposure to pathogens
  - Depersonalization of Hospital
  - Cost to system
  - Cost to care givers (family or Personal Care Attendants)

## Gap Analysis:

- CCA's system provides the following:
  - Managed care in the home (MD, NP, PA)
    - Seven days a week 8 a.m. to 5 p.m.
  - On call NP 24/7
  - Tightly wrapped patients
    - All providers play a role in care delivery
    - Weekly team meetings
  - Hospitalist programs for in patient care delivery
  - Palliative Care Team for End of Life care

## Gap Analysis:

- CCA's gap in care delivery:
  - No in house coverage for evenings & weekends
  - Urgent care needs take away from scheduled appointments
  - Patient's unwilling to go to Emergency Department
    - High acuity patients with multiple co morbid factors
  - High utilizer population group
  - Significant cost to care for patient population

## Critical Components:

- Partnership Building
  - Develop trust between Primary Care team and CP
  - Medical Oversight
    - Primary Care team oversight
    - CP Medical Director with EMS background
  - Extensive CQI System
    - Every call reviewed
  - Access to Patient Electronic Medical Records (EMR)

## Patient Scenario:

- Ms. "O"
  - Significant cardiac disease with CHF; DM; HTN....
  - Many hospitalizations over one year period
  - Dislikes being in the Hospital
    - Does not seek assistance at beginning of crisis
    - Signs out Against Medical Advice from ED & Inpatient
  - 5 Hospital & 1 NH Admission in previous 6 months
- How do you manage her care?

## System Review:

- Patient access to NP on call after hours
  - NP Triage patient into 3 categories
    - Emergent: access EMS (911) system
    - Non-Emergent: Set up follow up care the next day with staff
    - Urgent Care: Send CP to treat on scene
- NP dispatches CP to render care
  - Initial discussion of scenario
  - CP access the patient's EMR
    - Review history and care plans

## System Review:

- CP arrives at patient's home
  - Initial assessment of patient: Care on Scene or EMS
  - Conference call with NP, MD and CP
    - Develop specific care plan and goals of care for visit
    - Implement care plan
    - Follow up phone conference as necessary
    - Document interaction and care delivery in Pt's EMR



## Examples of Patient Care:

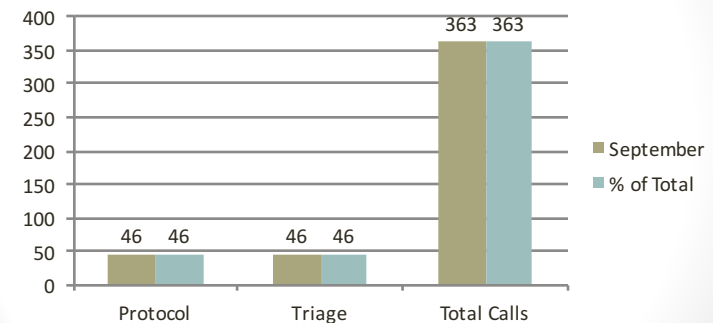
- Point of care testing: iStat Chem 8 Panel
- Ultrasound Guided IV Insertion
- Culture & Lab acquisitions
- Antibiotic therapy & Medication Administration
- Behavioral Health Intervention (Direct Admit)
- End Of Life Care with Palliative Care team
- VNA & Hospice support



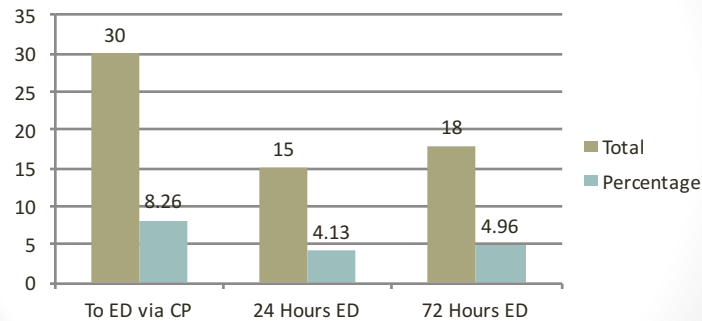
## Patient Scenario:

- Ms. "O" care management:
  - Multiple in home visits
    - Primary Care Team by day and CP in the evenings
  - Assistance with CHF management
    - Lasix, labs, weight
- Outcome:
  - Patient condition is stabilized
  - Patient was reeducated in real time
    - Better monitoring, diet and compliance
    - Coached to call for help prior to reaching crisis point
- 3 Hospital & 0 NH Admissions in post 6 months
  - Cost Reduction: 20% in post six months

## Program Data:



## Admission to ED/Hospital:



## Savings to the System:

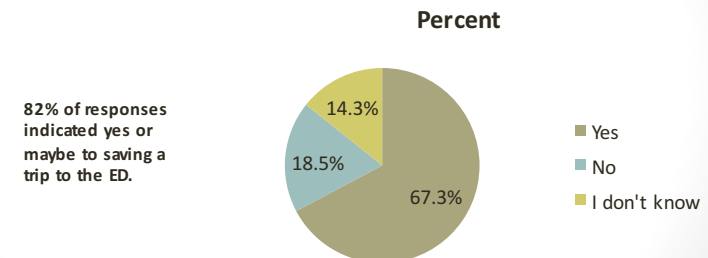
- National Average ED visit Cost = \$2000
- National Average Hospital Admit is 4.8 days at \$2000
- Projected Cost Savings in less than 11 months:
  - Emergency Admission (172 x \$2000) = \$344,000.00
  - Hospital Admission (47 x \$9600) = \$451,200.00
  - Ambulance (172 x \$350) = \$ 60,200.00
  - Return Ambulance (172 x \$350) = \$ 60,200.00

## Savings to the System:

- Projected Savings to System = \$915,600.00
  - \$2,522.31 per patient interaction
- Validity of the data??
  - Difficult data analysis
  - Needs to be validated to justify assumptions

## Patient Response:

Did the visit save you a trip to the emergency room?

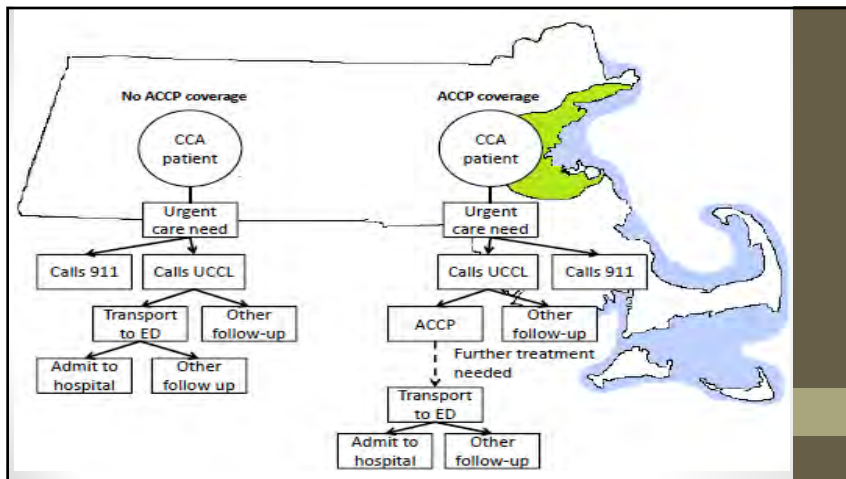


## PCORI Grant:

- **Patient Centered Outcomes Research Institute**
  - Massachusetts General Hospital (MGH) Mongan Institute of Health Policy
    - EasCare Ambulance Service & Commonwealth Care Alliance
    - Boston University and University of Massachusetts
    - Disability Policy Consortium
- **Three Year funded study of data**
  - Determine outcomes
  - Financial impact

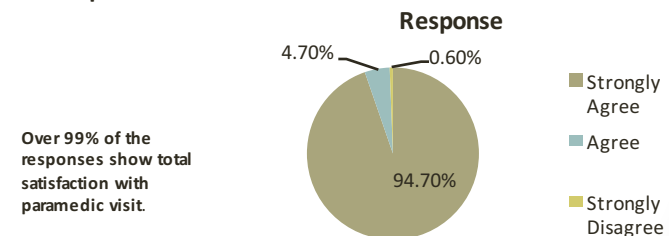
## PCORI Grant:

- **Goals:**
  - Determine true cost savings for this vulnerable population
  - Create a scalable model for implementation nationally
  - Internationally?



## Patient Satisfaction Scores:

Overall I was satisfied with the quality of service provided by the paramedic visit?



## Patient Satisfaction Survey:

**“This is an excellent program! The last time I called 911 they brought me to the hospital and I got an infection while I was hospitalized. I am much more comfortable being treated in my home. Keep up the great work!”**

## Patient Satisfaction Survey:

**“Another great visit. Joe gave me some fluids and antibiotics and I felt much better. Thank you!”**

**“Good visit and Alex was able to schedule an appointment with my orthopedic surgeon the next day. Definitely saved me a visit to the Emergency Room.”**

# Questions?

