Bringing EMS Into Care Coordination: Building Relationships with Non-Traditional Partners

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Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.
Let’s Start with the End in Mind!

Frame The Conversation

Plan for Group Discussion
My Background...

- EMT 1979; Paramedic 1982;
  - maintain active licensure
- Held positions as field medic, training officer, supervisor, EMS Educator, EMS Director
- Credentialed as EMS Educator 1986
  - Taught actively between 1986 & 2013
- Program Manager at Georgia Public Safety Training Center
- Regional Program Director with State Office of EMS/Trauma
- Project Manager for Georgia EMS Association
• 2014 Georgia State Office of Rural Health
  – “Eye Opening Experience!”
  – Realized how little I knew about health care industry *in general*
  – Began to understand the negative effects of “working in silos”
  – Recognized the importance of a “patient-centered approach” to managing the long-term needs of our patients
Georgia’s Response to Rural Hospital Closures
The Changing Role of EMS...
Where Does EMS Belong?

• Emergency Medical Services
  – By appearance
    • Considered “Public Safety”
  – By performance
    • Medical Provider
      – Provides medical care
      – Significant skill-set & broad scope of practice
      – Designed for emergencies
    • Bills for “services”
      – Traditionally only got reimbursed for tx to ED
Two Sides to the EMS Family
We Built Strong Relationships with Public Safety Family Members

Law Enforcement

- Traditional role
- And then..
  - CPR
  - First Aid
  - AEDs
  - Blood Clotting Agents
  - Behavioral Health Patients
  - Overdose Reversals

Fire Services

- Traditional role
- And then…
  - Rescue/extrication
  - MVCs/trauma patients
  - Cardiac arrests
  - Other medical calls
  - Fire based EMS
We’ve Always Had Strong Relationships with ED Family Members

• This is our comfort zone!
Time to Get to Know Those “Other” Family Members!

I think it’s time to discuss these frequent E.R. trips, Mrs. Johnson.
Today...

• EMS/EMS personnel are being used differently than original design...prepared or not
  – Accept the metamorphosis & prepare for the transition
  – Accept our role on the health care team
  – Participate in Care Coordination Initiatives
But...EMS Providers *Want* to Manage Emergencies
Good News Is…We Can! (change is voluntary right now, not mandatory)
We Need to Take a WHOLISTIC Approach

• Business As Usual…
Also Address Non-Urgent/Emergent Patient Needs

- **Emergency Response Component**
  - Additional options for those responding to “9-1-1” calls
  - Physician Oversight
  - Requires addition of new protocols
    - Treat Without Transport
    - Transport to Alternate Destinations
  - Additional training required

- **Non-Emergency Component**
  - Mobile Integrated Healthcare/Community Paramedicine
  - Requires trained, dedicated CP staff
  - Requires coordination with hospital & others
  - Requires scheduling of appointments and home visits
EMS & Care Coordination...Ain’t No Disrespect Intended!

- **Care coordination** is “the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of healthcare services.”
  - **EMS = Knowledge**
  - **EMS = Skill**
Georgia Prepares for Change...

“What if we don’t change at all ... and something magical just happens?”
March 2017: SORH Surveys

FQHC & RHC Leadership
- Survey Monkey
- 5 questions
- Multiple Choice & Comments
- 10% sampling

EMS Directors & Medical Directors
- Survey Monkey
- 15 questions
- Multiple Choice & Comments
- 10% sampling
Benefits/Needs
- Interested!
- Want to be involved in design
- MOUs
- Physician oversight/protocols important
- Phone consultation before receiving patient
- Transportation arrangements after clinic visit

Concerns/Barriers
- Concerns
  - Potential for abuse by patients
  - Increased liability for providers
  - No incentive for providers
- Barriers
  - Poor or unestablished relationships with EMS
EMS Survey Findings (MIH/TNT/AD)

Benefits/Needs
- Yes; willing to explore
- Use current Medical Director
- Acknowledged benefit to patients & hospitals
- Supportive of new protocols and additional training
- Good use for mobile telemedicine

Concerns/Barriers
- Reimbursement!
- Create additional burden on EMS
- Expressed some concern about treat without transport
- Did **NOT** feel that these options would incentivize medics to screen inappropriately or leave patients behind who actually needed transport to an ED
Do Something New? Will I Get PAID???
Proposals To Georgia Medicaid

• August 2015
  – proposal for *Telemedicine* reimbursement

• April 2016
  – Telemedicine reimbursement approved

• Requested consideration to approve reimbursement to EMS as a “presentation site”

• 911 responders determine patient can be presented via telemedicine & not transported; Ga. Medicaid will reimburse for the presentation of the patient
Proposals To Georgia Medicaid

• February 2017
  – Began dialog with Medicaid regarding reimbursement to EMS for Treat Without Transport
  – Conservative approach

• April 2018
  – Approved for refusals when patients were given medication but didn’t want transport to ED

• January 2018
  – Anthem Blue Cross began reimbursing for Treat Without Transport
  – Other commercial payors are considering cost savings benefit for treating on scene without transport to ED for non urgent needs
Proposals To Georgia Medicaid

- **February 2017**
  - Began dialog with Medicaid regarding reimbursement to EMS for *Transport to Alternate Destinations*

- **February 2019**
  - Approved

- **July 2019**
  - Will begin reimbursement at BLS rate for transport to alternate destinations
Presentations to Non-Traditional Partners

• Between 2016-2019

Over 40 presentations around the state including:

Georgia Primary Care Association, FQHC leadership, Georgia Rural Health Associations Conferences, Hospital Associations and Conferences, Georgia Health Facilities Regulatory Division, Georgia Policy Tour groups, Rural Health boards and committees, Area Health Education Center webinars, MIH/CP Summit, EMS meetings and conferences
Georgia Mobile Healthcare Access & Integration Pilot Study

• **Access:**
  – *verb*
  • Approach or enter (a place).

• **Integrate:**
  – *verb*
  • combine (one thing) with another so that they become a whole.
Overview of Georgia Pilot Study

• *This pilot study will evaluate the actual clinical, financial and operational effectiveness of integrated initiatives through controlled implementation and data collection for a specified period of time.*

  – **Purpose:** evaluate effectiveness of combining findings from previous efforts directed toward care coordination into one integrated project.

  – **Program:** combine MIH/CP, mobile telemedicine, EMS transport to alternate destinations, treat w/out transport, and proactive care coordination initiatives by partnering with multiple stakeholders through specific common goals/desired outcomes.

  – **Benefit:** expanding EMS services through partnerships with non-traditional local providers, resulting in overall improvement of patients’ health and across-the-board cost savings by connecting patients with local resources instead of transporting every patient to and ED, and/or outside of the community.
Rural Community Care Coordination Toolkit for EMS

- To prepare EMS to be “part of the solution”
- Guidelines, templates for EMS to use when developing community specific programs designed to enhance access
  - Attorney specializing in EMS
  - Seasoned EMS Medical Director
  - District Public Health Director
  - Draffin & Tucker Accounting Firm
- Toolkit includes medico-legally sound guidance for new service line development
Tools in the Toolkit

• Guides to Alternate Destinations
  – Alternate Sites, EMS Directors
• Patient Education Guides and promotional material
• MOU Templates
• Consent Forms
• Protocol recommendations
• Patient Care Documents
  – Complete records vs. run reports
Two decades ago, the EMS Agenda for the Future described 14 attributes essential to an effective EMS system. The attributes were:

1. Integration of Health Services
2. EMS Research
3. Legislation and Regulation
4. System Finance
5. Human Resources
6. Medical Direction
7. Education Systems
8. Public Education
9. Prevention
10. Public Access
11. Communication Systems
12. Clinical Care
13. Information Systems
14. Evaluation
EMS 3.0, EMS 2050, ET3…

Emergency Triage, Treat, and Transport (ET3) Model

People-centered EMS system

Envision the Future
Where are We Going? How Will We Get There?

- RN / Case Managers
- Primary Care PCMH
- Home Monitoring
- Second Opinion Network
- Physician Specialist
- Health Information Exchange
- Healthcare Hub / Spoke Clients

Experience of Care

Health of a Population

Per Capita Cost

IHI Triple Aim
Quality Measures, Data Collection, & Patient Satisfaction

• Common/currently
  – Response times
  – Cardiac arrest survival rates
  – Other state-specific/service-specific

• Prepare for a new set of quality metrics
  – Focus on patient care outcomes
  – Compliance & accountability

• Patient Satisfaction Scores
Partnerships!
Giving Credit Where Credit Is Due

• Would not be possible without strong support!
  – State of Georgia
  – Department of Community Health
  – State Office of Rural Health
    • Patsy Whaley, Executive Director
  – Georgia Medicaid
  – State Office of EMS/Trauma
    • Keith Wages, Director
Commitment of State Office of EMS/T

SOEMS:10 position openings for Regional Training Coordinators

**Job Responsibilities Are Specific to MIH/CP**

- “Conduct community needs analysis…”
- “Research existing programs…”
- “Develop education programs that are tailored to community needs…”
- “Assist the Department in recruiting one or more local primary care physicians…”
- “Recruit community subject matter experts…”
- “Coordinate EMS Mobile Integrated Healthcare education programs…”
- “Develop a validation tool…”
Training A New Generation: Becoming A Care Coordination Team Member

"Pull Up a Chair"
Discovering How To Belong

...AND THAT IS WHY WE LIFT ON THREE...

COMMUNICATION

clarity of direction
Time for Discussion!

- What are your thoughts…?
  - The expanding role of EMS?
  - Involving EMS in care coordination?
  - EMS field providers “buy-in”?
  - Getting to know & working with primary care providers in your communities?
  - Expanding EMS quality measures?
  - Patient satisfaction surveys?
  - Other thoughts and comments?