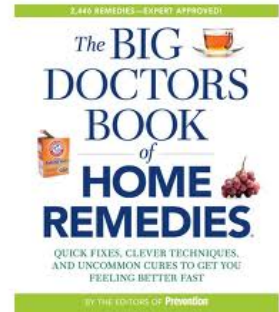




# *Home Remedies:* Recidivism and the Affordable Care Act



*Marc Eckstein, MD, MPH*

Medical Director- LAFD

Professor of Emergency Medicine

Keck School of Medicine of USC





# EMS Super-Users (*aka Frequent Flyers*)

- Top 20 EMS users accounted for 2,100 medical incidents and 1,900 transports (1% of total)
- The median age of these super-users was 51 years old, and only one individual was >65 years of age
- Each patient was transported to an average of *10 different hospitals* (range 3-22 hospitals)



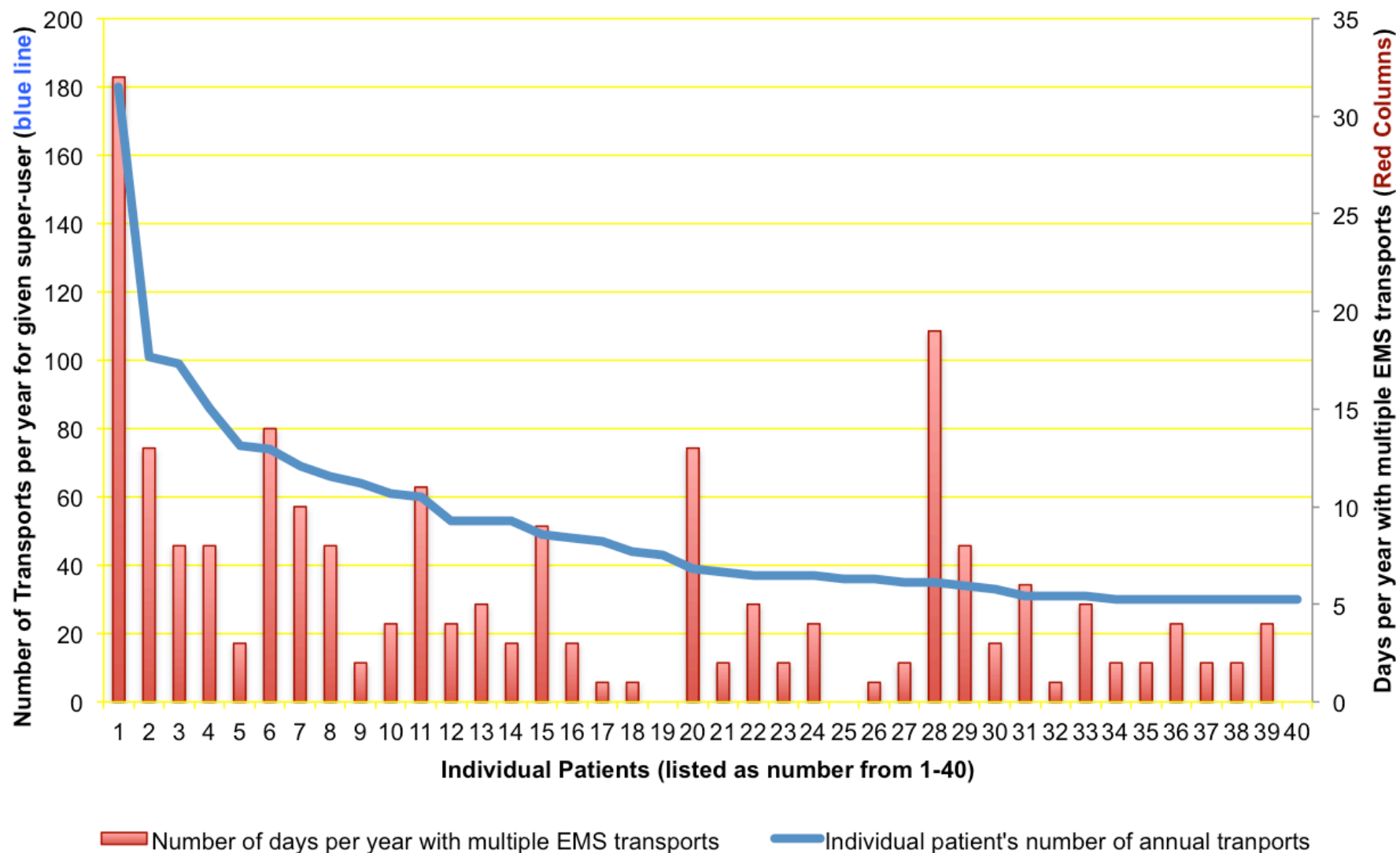
THE OFFICIAL  
**Frequent  
Flyer**  
GUIDEBOOK



80% of super-users had some form of insurance,  
though only *10% of transports resulted  
in any payments*

<b>Super-user Financial Findings</b>	<b>US Dollars</b>
<b>Total Group Charges</b>	<b>\$2,421,007</b>
<b>Total Group Payments</b>	<b>\$231,100</b>
<b>Unpaid Balance</b>	<b>\$2,189,907</b>

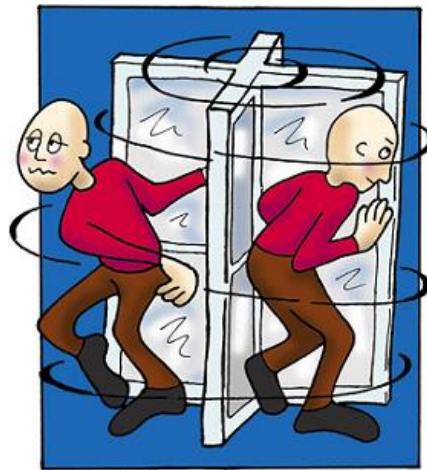
## EMS Super-user Transports and Multi-transport days



# EMS:

## We don't want repeat customers!

- Get these patients the help that they need
- Decrease call load
- Free up emergency resources
- *Stop the bleeding*



# Impact on current challenges

- Supply and demand
- ↑ call load
- ↓ # ERs
- ↓ # in-patient beds
- ↑ turnaround time



# Ambulance Patient Offload Delays

- Becoming a very significant issue for the LAFD
- LAFD has been tracking “wall time” since 2001
- Given ↑ call load and ↓ # of EDs, wall time is increasing
- 2001 – equivalent of 2 ambulances out of service per day





# Data trending

## 2012

- Total EMS incidents = 333,333
- Total transports = 204,735
- Total hrs NAV Beds = 28,239
- Avg hrs NAV Beds daily = 77

## 2013

- 339,379 (↑ 2%)
- 208,553 (↑ 2%)
- 36,627 (↑ 30%)
- 100



1983 MARENGO ST X LA COUNTY USC HOSPITAL

OCD=04 TAC=  
(INVESTM)-

22:08

RA814 WAITING FOR BED FOR 2 HOURS

\* 1983 MARENGO ST

515.2784 P=RA814

1302 INVESTM FS2 02/17 22:07



Print



Clear



Delete



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Next

Acknowledgement

Qtr 200

ILU

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SUNDAY | VALLEY  
**Los Angeles Times**

FINAL

4th The Forecast 5AM-12PM EST

JUNE 23, 2002

Overcast 20-24 (55-74) 51.58 Designated

## Crowded ERs Put Patients on Hold

**L.A. County:** Paramedics say long waits, which can stretch up to five hours, endanger lives. Officials contend the critically ill are seen immediately.

By CHARLES ORNSTEIN  
TIMES STAFF WRITER

Overcrowding in Los Angeles County emergency rooms is forcing patients brought by ambulance to wait up to five hours in hospital hallways and lobbies, cared for by paramedics rather than doctors or nurses.

Paramedics and ambulance workers with six months or less of formal training often are the only ones watching over patients who are seriously ill or even dying—a task many say is far beyond their ability.

"People call 911 and they think if we bring them in, they'll get seen by the doctor faster," said Los Angeles Fire Department paramedic Orville Wright, who waited more than two hours last week with a respiratory patient at Martin Luther King Jr./Drew Medical Center. "That's not the case."

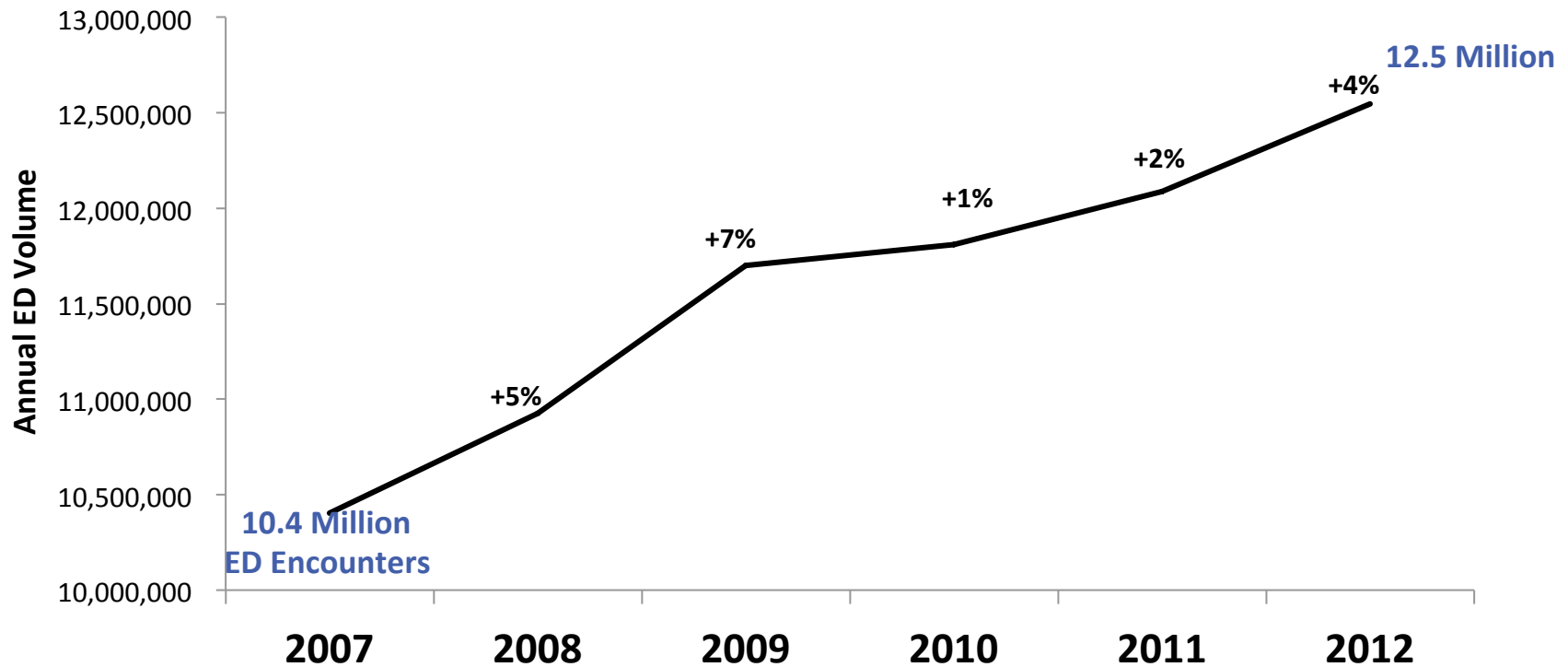
Hospital officials say the most critically ill patients are treated immediately. But paramedics and some emergency physicians say the congestion is endangering patients' lives.

The danger extends beyond the ER. While paramedics are waiting for a bed to open up in the emergency room, ambulance responses are often delayed in the communities they cover. If an ambulance is taken out of commission, response times in its service area increase by four to five minutes on average, fire officials say.



# California hospital's ED volume grew by 20% over five years

## California Hospitals' ED Volume

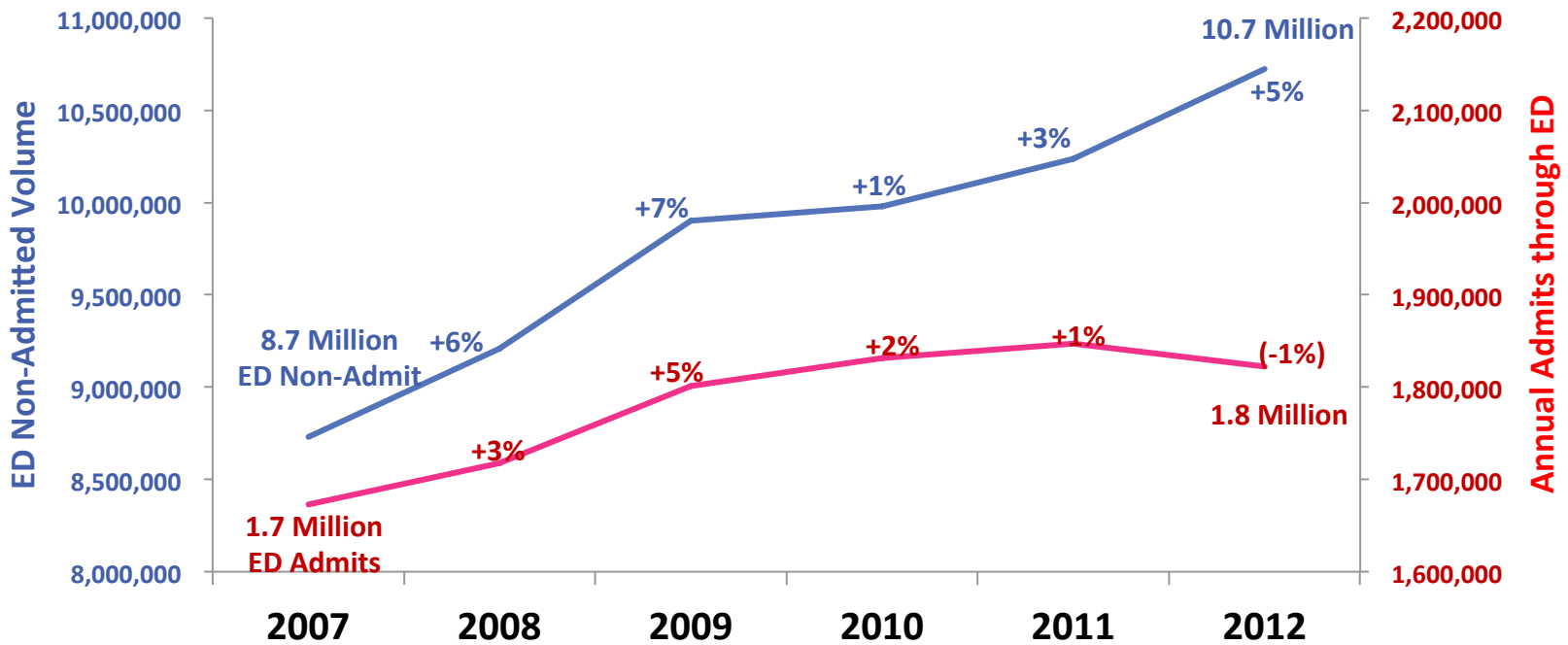


Source: OSHPD EMS Utilization Trends



# Non-Admit ED drives the volume increase and growing at a rate greater than admit ED

## California Hospital ED Volume Non-Admit versus Admit



Source: OSHPD EMS Utilization Trends

# Where does the *Affordable Care Act* fit in?

- Hospitals no longer reimbursed for readmissions within 30 days
- Financial incentive to keep patients out of the hospital
- Agreements with EMS provider agencies to provide *preventive care*



# Approach

- Collaborate with other stakeholders
  - Hospital leaders
  - Mental health
  - Homeless outreach
  - Health services
  - Law enforcement
  - Civic leaders
  - Politicians



# Models

- Community Practice Paramedics
- Preventive care
- Mid-level providers
  - *Treat and release*
  - *Treat and refer*



COMMUNITY  
PARAMEDIC



# Paramedics have replaced physicians making house calls

- Most EMS calls are *not* time-critical
- Paramedic curriculum and training are focused on
  - Resuscitation
  - Stabilization
  - Transport



# What providers are best trained in urgent care?

- Role for mid-level providers in the field?
- Work autonomously
- Training is precisely geared toward *urgent care*
- A *Transport vs. No-Transport*



Mountain Vista NP, fire station join forces to respond to 911 calls

# Realigning reimbursement policy and financial incentives to support patient-centered out of hospital care.

*JAMA Feb 20, 2013*

- Between 7-34% of Medicare patients transported by EMS to an ER *could have been transported to an alternate destination*
- Medicare only allows reimbursement for transport (median \$464) and many private insurers follow Medicare guidelines
- National EMS expenditures on Medicare is \$5.2 billion annually

# EMS must evolve with the changing demand

- Can we dispatch paramedics only for those calls which are likely to be time-critical?
- How accurately can we identify these calls?
- Nurse in dispatch vs. Nurse Practitioner *on scene*





# Paradigm shift

- Re-configure your system
- Are we sending firefighters and paramedics when the patient only needs a social worker?
- Medication refill
- Wellness check for chronic diseases
- Waiting for the bell to ring or can we provide preventive care?



# How responsive is your agency to *change*?

- Healthcare in the US is undergoing radical change
- Innovate or become extinct
- Fire-based EMS
  - Resistance to change
- Tradition-based delivery model
- Dept organization focused on ever-decreasing structure fires



# Summary



- EMS recidivism by super users account for a disproportionate number of EMS responses
- The financial penalties associated with ACA may serve as a catalyst to get these patients the help they need and free up EMS resources
- EMS must partner with multiple stakeholders to innovate and provide the *most appropriate* response rather than the traditional response to their patients



**Thank you**

*[eckstein@usc.edu](mailto:eckstein@usc.edu)*