

THE CHALLENGE OF FREQUENT USERS TO ATLANTA EMS

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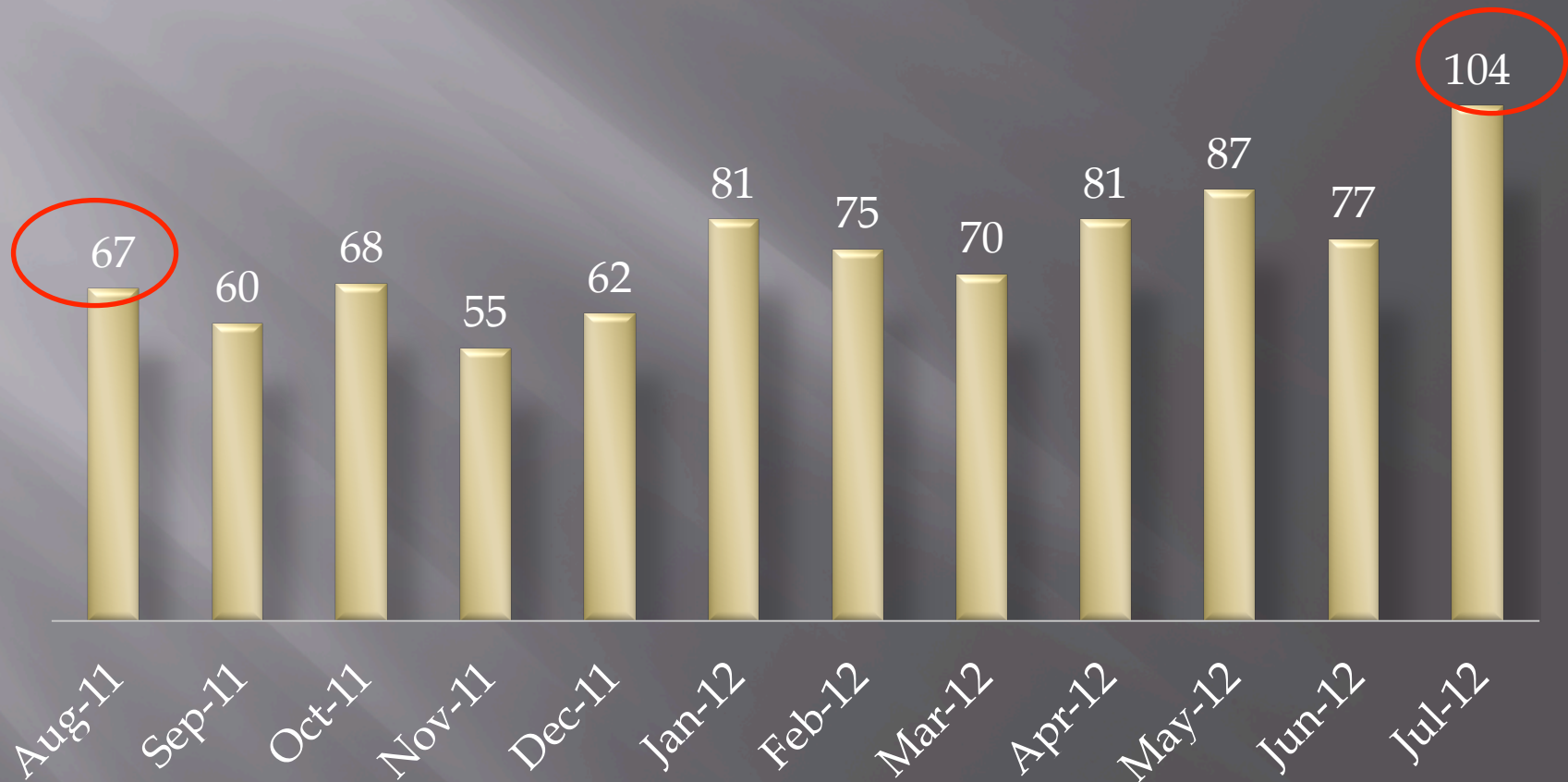
▣ THE SETTING

- ▣ Popul., City of Atlanta (COA) in Fulton Co.: 600,000
- ▣ COA 9-1-1 Medical Calls
 - August, 2011- July, 2012: 100,875
 - Monthly average: 8,406 calls
- ▣ COA 9-1-1 EMS Transports
 - August, 2011- July, 2012: 73,799
 - Monthly average: 6,150 transports

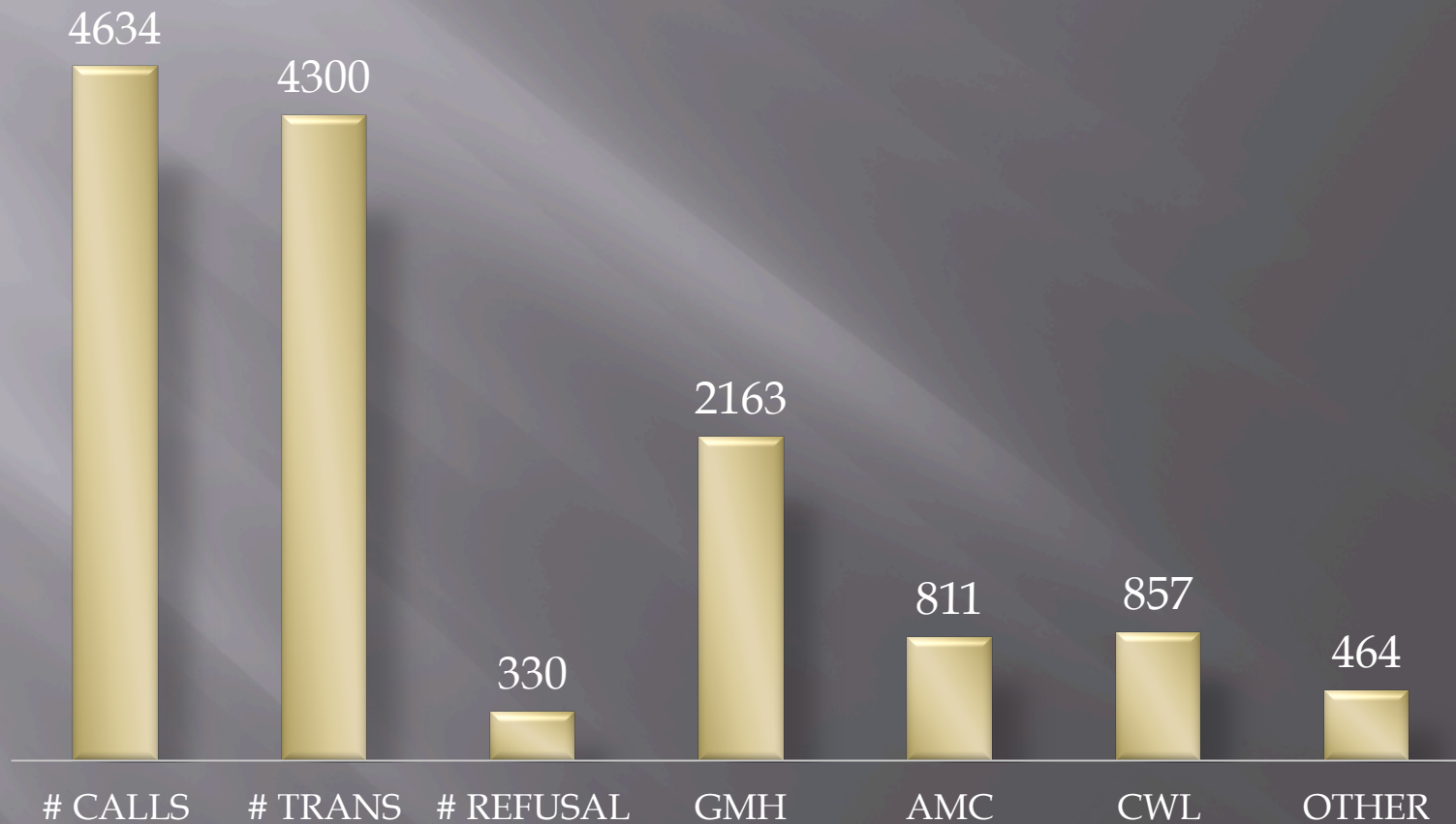
Grady EMS



NUMBER OF FREQUENT CALLERS



Frequent Caller Breakdown

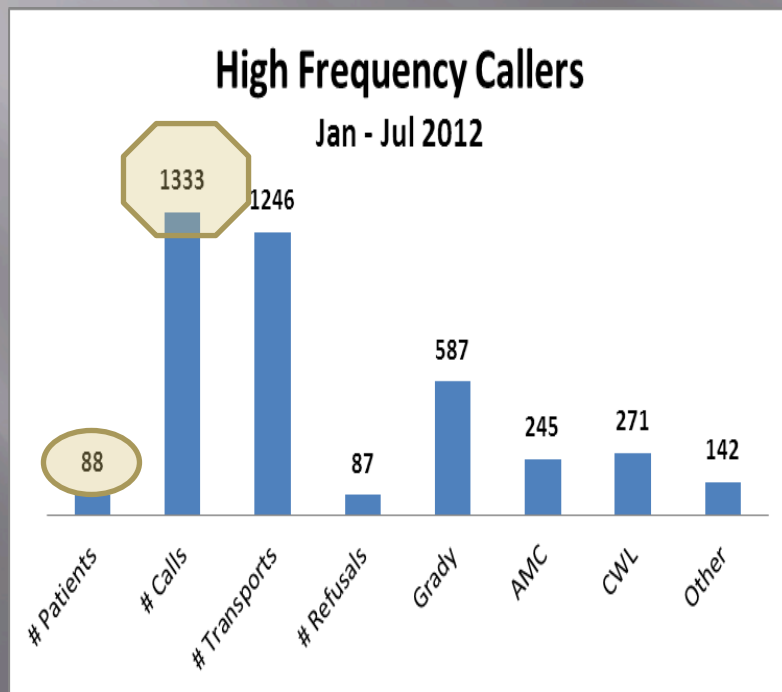


August 2011 - July 2012

Caller Comparison

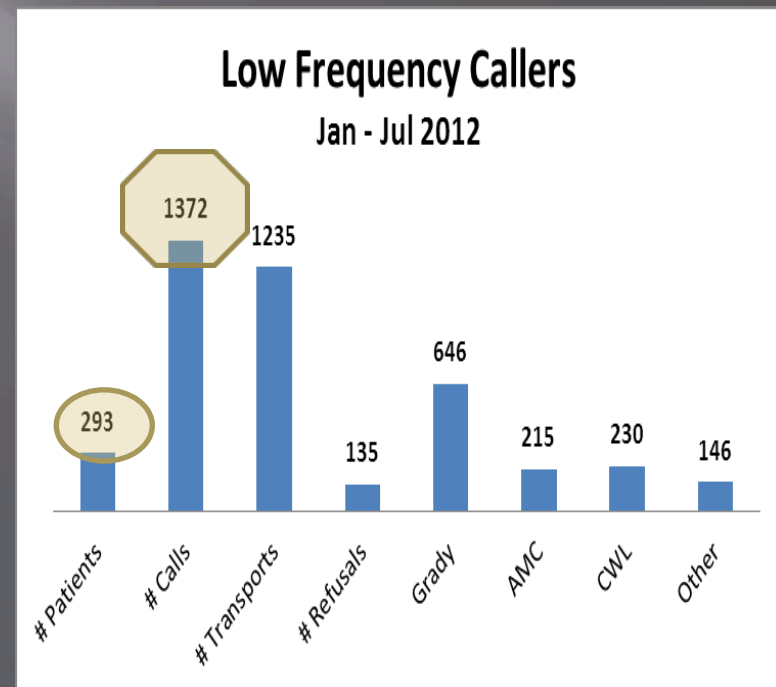
HIGH VOLUME CALLERS

- Appear in 3 or more months with 4+ calls.

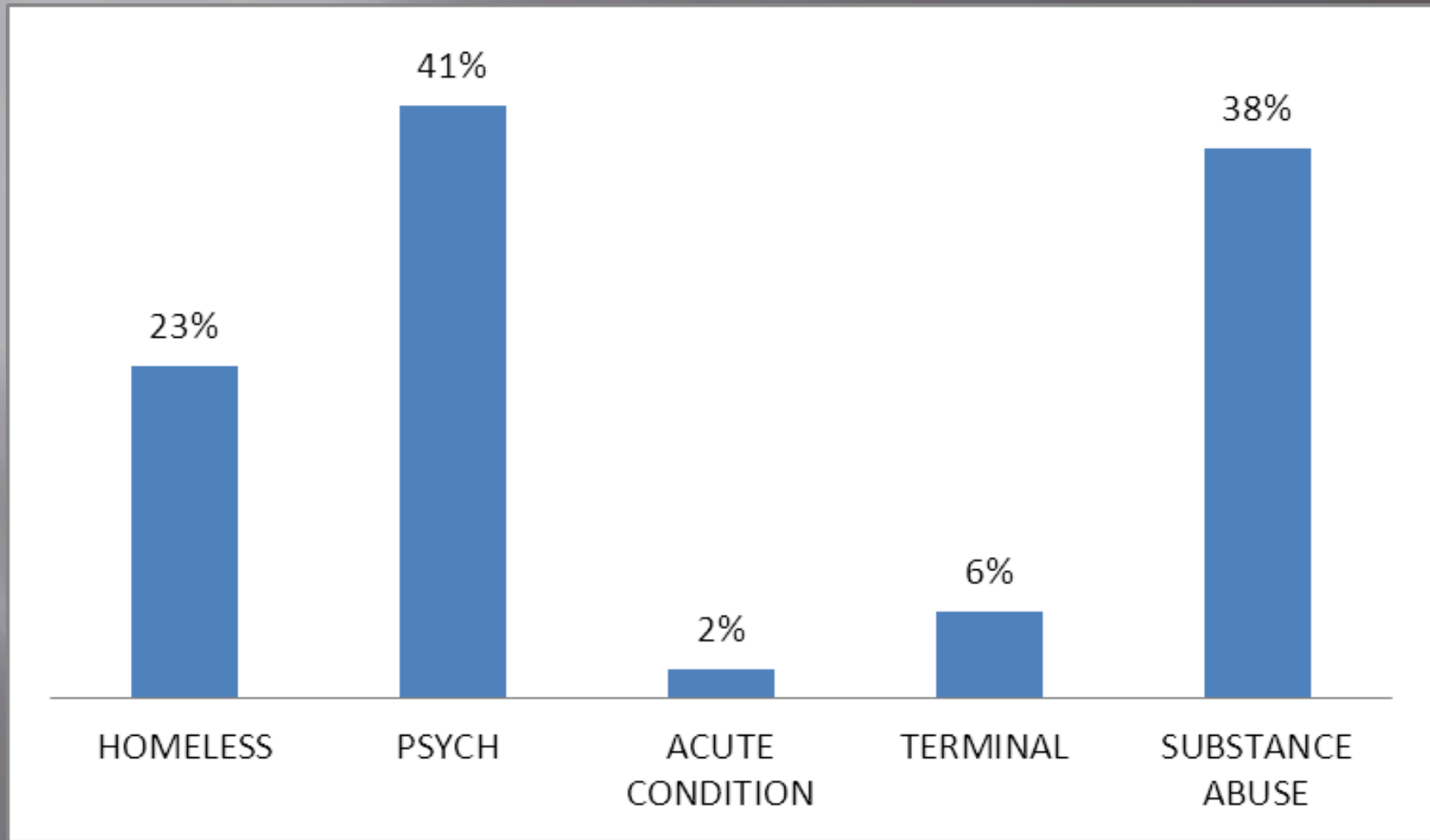


LOW VOLUME CALLERS

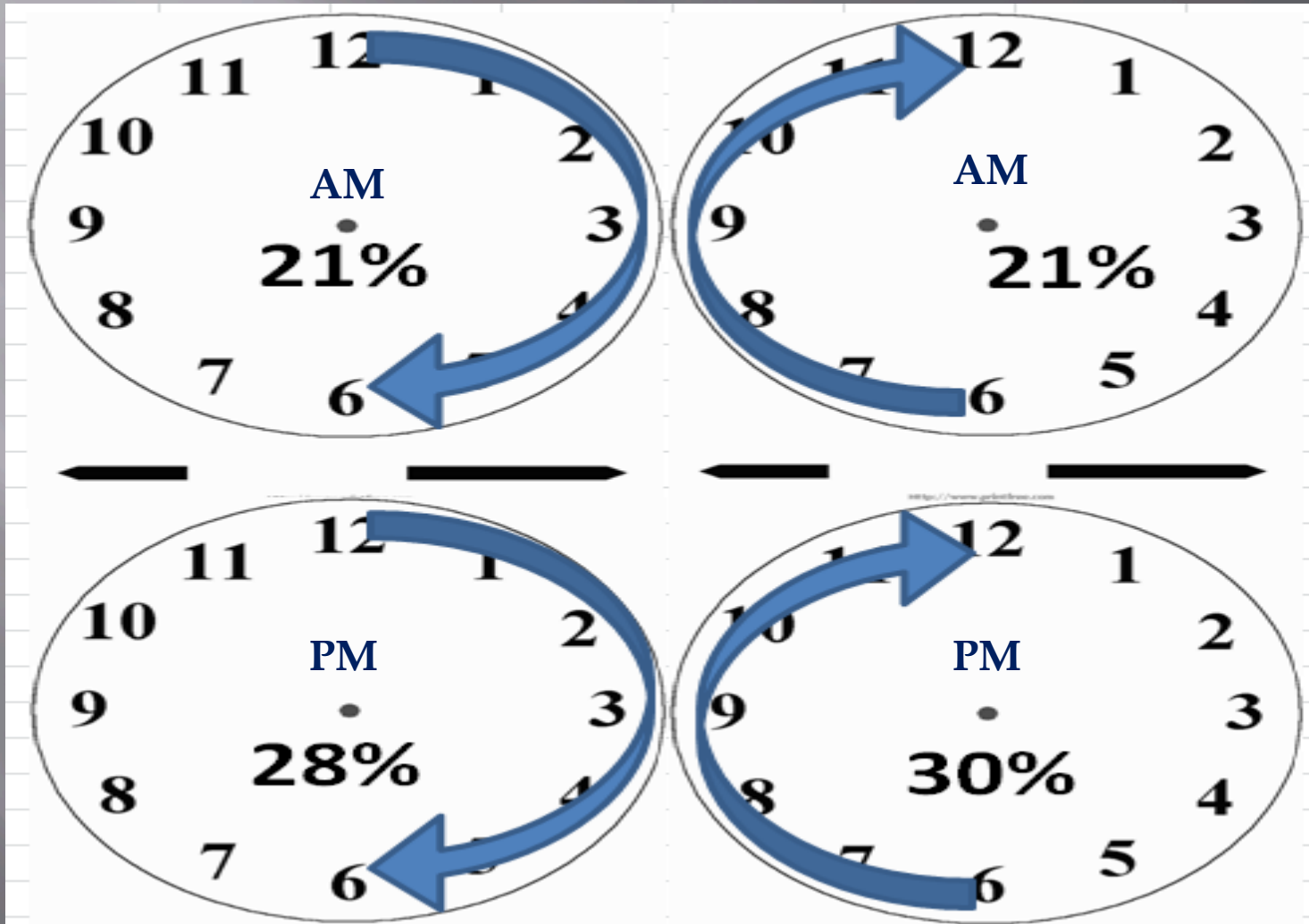
- Appear in only 1 month with 4+ calls.



Underlying Issues of Top 88



Call Received Times



Financial Impact to GEMS

▣ Sum of Current Charges	▣ \$12,979,136.10
▣ Sum of All Payments	▣ \$1,592,103.36
▣ Sum of Adjustments	▣ \$7,084,234.50
▣ Balance	▣ \$4,302,797.24

RELEVANT PUBLICATIONS

- ▣ 1. Pearson DA, Bruggman AR, Haukoos JS. Out-of-Hospital and Emergency Department Utilization by Adult Homeless Patients. *Annals of Emergency Medicine* 2007; 50(6): 646-652
- ▣ 2. Brokaw J, Olson L, Fullerton L, etc. Repeated Ambulance Use by Patients with Acute Alcohol Intoxication, Seizure Disorder, and Respiratory Illness. *American Journal of Emergency Medicine* 1998; 16(2): 141-144

RELEVANT PUBLICATIONS

- ▣ 3. Weiss SJ, Ernst AA, Ong M, etc. Effect of a Social Services Intervention Among 911 Repeat Users. *The American Journal of Emergency Medicine* 2005; 23: 492-496
- ▣ 4. Rinke ML, Dietrich E, Kodeck T, etc. Operation Care: A Pilot Case Management Intervention for Frequent Emergency Medical System Users. *The American Journal of Emergency Medicine* 2012; 30: 352-357

THE INTERVENTION

▣ Goals:

- Recruit expertise in psychiatric/substance abuse
- Apply targeted expert eval at point-of-patient contact (value of addressing patient needs at point of maximum need: “the front end of EMS”)
- Direct/transport patient to definitive care resources (medical screening/clearance on-scene)

▣ Assessment Measures

- Transports to emergency departments
- Patient need resolution on-scene
- Patient medical complication rate

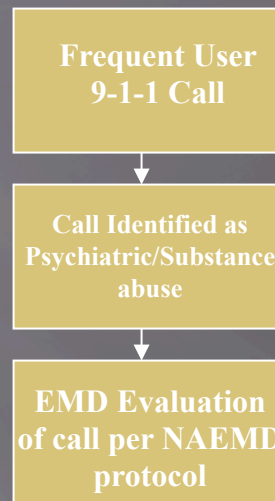
PILOT TEAM DESIGN

- ▣ Grady EMS transport medics
- ▣ Grady EMS Behavioral Health Liaison (supervisor & GCAL personnel)
- ▣ Georgia Crisis Access Line (GCAL) co-responders
 - Operated by Behavioral Health Link
 - Funded by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
 - Staffed with Licensed Psychiatric Counselors & Licensed Clinical Social Workers

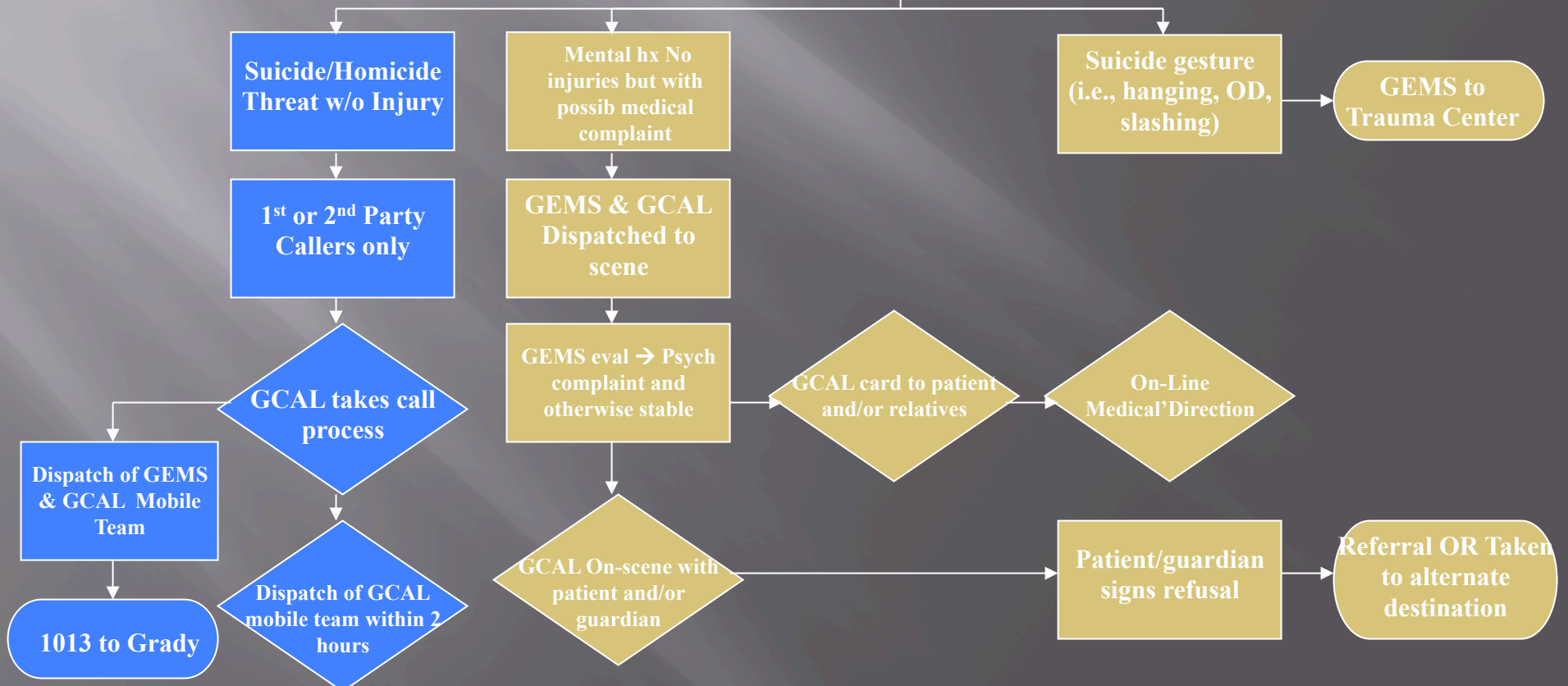
PILOT PROCESS

- ▣ MPDS Determinate Code 25 (psychiatric) calls monitored by GEMS supervisor
- ▣ GEMS supervisor/GCAL personnel respond
- ▣ 9-1-1 GEMS transport unit co-responds
- ▣ Grady EMS medical evaluation per Fulton County EMS Clinical Care Guidelines
- ▣ Behavioral evaluation per GCAL protocols
- ▣ Patient disposition as per diagram

Present Trial



The Future



TRIAL (3 WKS) RESULTS

- ▣ Determinate Code 25 Calls/ dispatches: 82
- ▣ On-scene patient interfaces: 59
- ▣ Mandatory Psych. Transports: 26
- ▣ Medical-trauma transports 4
- ▣ Non-transports: 29 (50%)
 - Outpatient appointments: 12
 - Referral to prev. case management: 4
 - GCAL mobile crisis team eval/ management: 4
 - Refusal of care & GCAL referral card provision: 9



STRATEGY FOR THE FUTURE

- ▣ What patient problems generate the largest population proportions of demand for service?
- ▣ What EMS links can be developed to services that provide definitive care for these populations
- ▣ How can EMS systems engineering engage those services for co-response on the front end of demand for service (EMD, response levels)
- ▣ What resolutions can be attained at point-of-call or point-of-patient contact (UPSTREAM!)