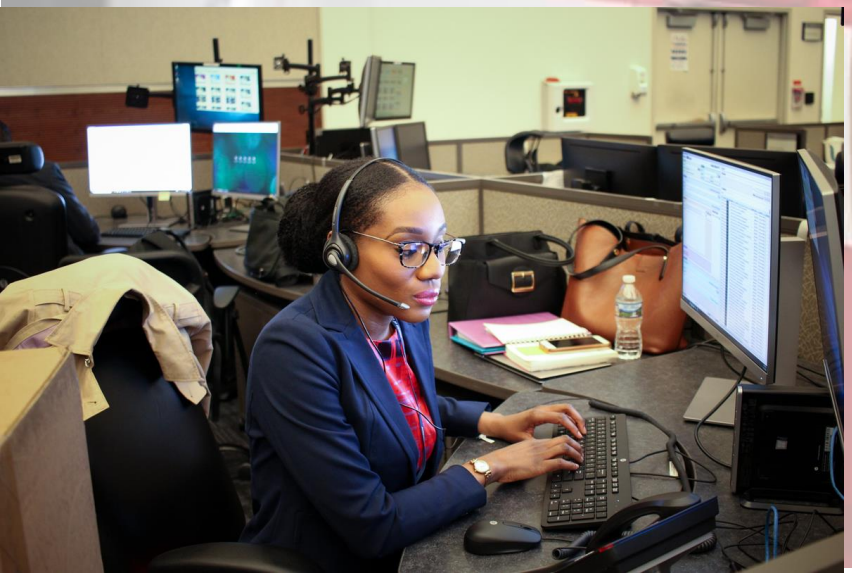
Right Care, Right Now

DC Fire and EMS Nurse Triage Line (NTL) June 2024



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Medical Director, retired
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DC's *Right Care, Right Now* nurse triage line - 1st six years

- What has DC done in six years?
- 74,300 calls triaged
- 35,000 calls diverted
- 62% of the diverted patients stay out of the ED for seven days

What are the essential components?

- Great systems of FQHCs and a few urgent care clinics
- Same-day, urgent non-emergency medical transportation
- HIE → patient care snapshot with 24 hr Medicaid verification
- Portal used by NTL to send insurance to Lyft; info to clinics.

Where do we send the patients?

- Almost all to FQHCs but also to urgent care clinics
- Self-care
- Small number to telehealth
- Mobile urgent care response

Are there any data to support this?

- Wilson KH, Johnson RA, Holman RP, Moore RT, Hatzimasoura C, Yokum D. **A randomized controlled trial evaluating the effects of nurse-led triage of 911 calls**, Nature Human Behaviour. Published online: May 24, 2024. https://doi.org/10.1038/s41562-024-01889-6

- NTL-eligible callers randomly sent to NTL or ambulances

- >3,000 callers in each arm over 10.5 months.

What were the results?

- **Ambulance dispatched:**

  97% of the control group; 56% of the treatment group

  (42% relative reduction; $p < 0.001$).

- **Ambulance transport:**

  73% Control group; 45% of the treatment group

  (38% relative reduction; $p < 0.001$).

Health care utilization effects?

- 50% of our RCT participants were Medicaid beneficiaries.
- In the first 24 hours: 228% increase in the NTL group's use of primary care compared to the EMS arm.
- Primary care utilization rates equalized at six months.

Other benefits

- Most referrals are from the field; empowers our crews to be clinicians.

What are the remaining challenges?

- The MCOs are notified with every bill and we fantasize about MCO outreach.
- Had diverted 4% but now down to 2.65% due to call center referral decline.
- We know that our 911 call center should send 26% of their calls for NTL triage.


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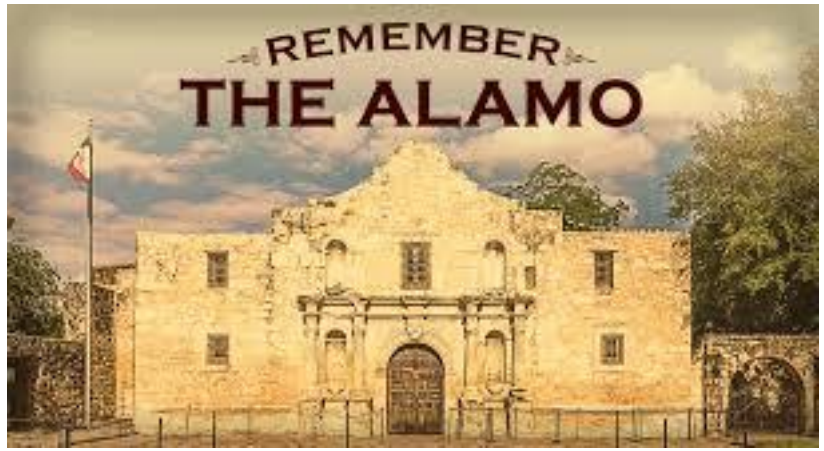
MIH Funding Options



David Miramontes, MD, FACEP, FAEMS, NREMT-P
San Antonio Fire Department
EMS Medical Director

UT Health San Antonio Emergency Health Sciences

SAN ANTONIO FIRE DEPT CLASS 1 I.S.O.

- How can you support your MIH Mission with external funding?
- How do you staff a grant projects ?

MIH Service Lines

- **High volume Utilizers MIH 19**
  (Four 24 hr. shift and 2 Daywork)
- **Molina HealthCare Intervention**
  (Pvt. Insurance Contract)
- **Hospice Contracts**
  primary staff as above-
  daywork team lead
- **Opioid Crisis Response Team**
  (Overtime-State/Local grant Fire-EMS)
- **Haven For Hope Acute Care Station-**

  (Homeless shelter paramedic Clinic)
- (OT. Fire-EMS paid by Grant)
- **CORE- 911 Mental health Multi Disciplinary Response**

  (3 FTEs STCC/ City Grant)
- **PICC- Psychiatric Intensive Care Team**

  (2 FTEs STCC funded)
-
- **IMPACT. Threat Assessment group with FUSION**

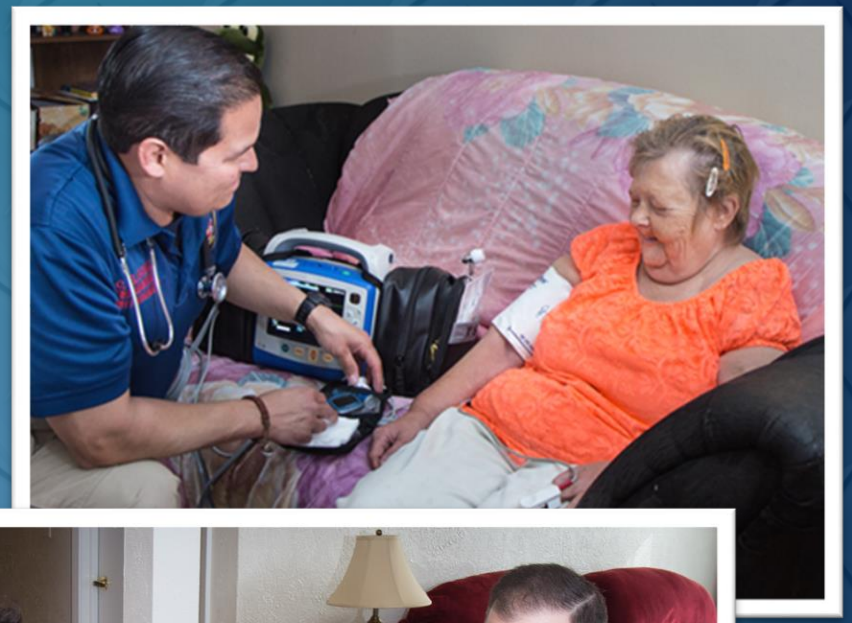
San Antonio Fire Department

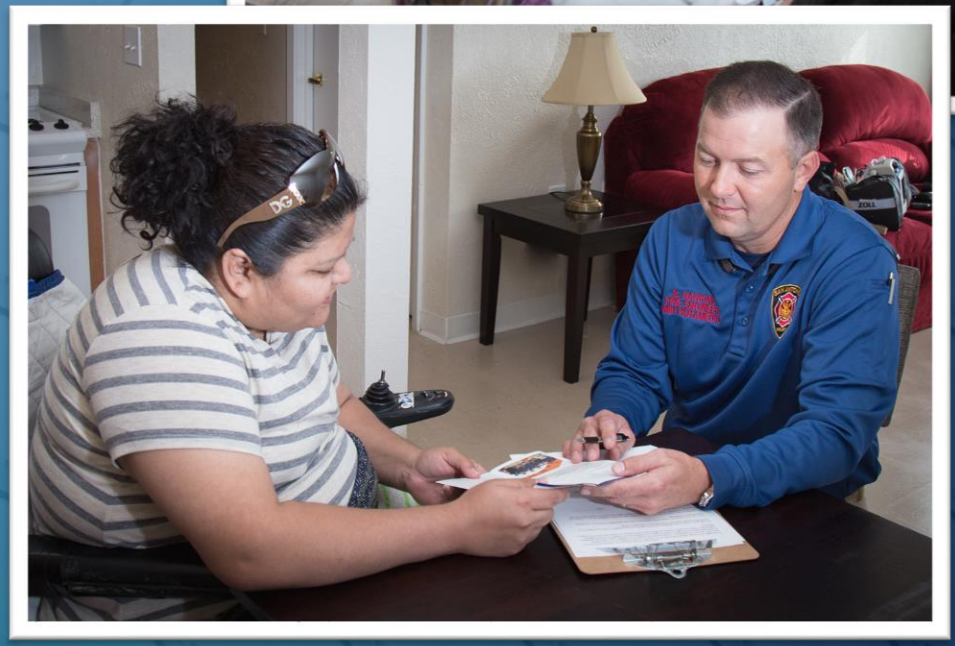
Hospice

The SAFD Hospice program focuses on providing care to terminal patients in their home that are enrolled in hospice.

- **This program is in collaboration with Hospice services in the San Antonio Area. Currently have 8 Hospice contracts with average census of 700 patients.**

Since inception SAFD has reduced hospice transport by 89.5%.





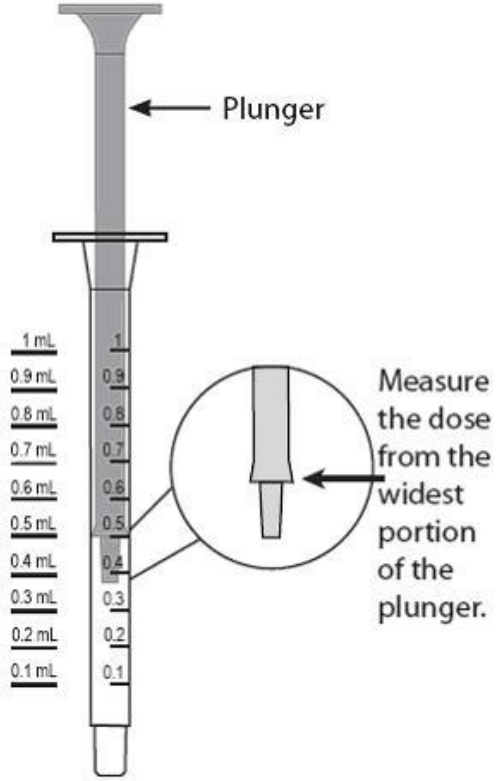
HOSPICE

Contracts pay for First Response and stabilization

Aggressive Pain and symptom management

Agreed upon Protocol with Hospice Medical Directors

Troubleshoot issues with FAMILY until Hospice Nurse arrives.



- **Pain Management:** ***(medication in italics are part of home comfort kits)***

- ***Oral Morphine (20mg/ml)*** 0.25-1ml (5-20mg) as needed for pain/dyspnea titrated to effect Q4 hr
- Fentanyl 100-200mcg SQ/IM for acute pain crisis (may repeat times one)
- Morphine 5-10 mg SQ/IM for long term pain if Oral Morphine not available q4hr
- Ketamine 0.5 mg/kg IM (call for dissociative dose for severe pain)
- Hydromorphone (Dilaudid) 1-2 mg G4 hrs. IM/IV
- ***Acetaminophen 650mg suppositories*** every 6 hrs prn pain/fever

- **Nausea**

- ***Ondansetron (Zofran) 4-12mg ODT*** or IM every 6 hrs for nausea
- **Haloperidol (Haldol) 2.5 mg IM (may cause sedation)**
- Droperidol (Inapsine) 2.5-5 mg
-

HOSPICE

Agitation/Anxiety/Seizures

- Midazolam (Versed) 5-10 mg SQ/IM/IN for anxiety/seizure
- ***Lorazepam (Ativan) 0.5 mg SL*** every 4 hrs prn anxiety.

Excessive Secretions

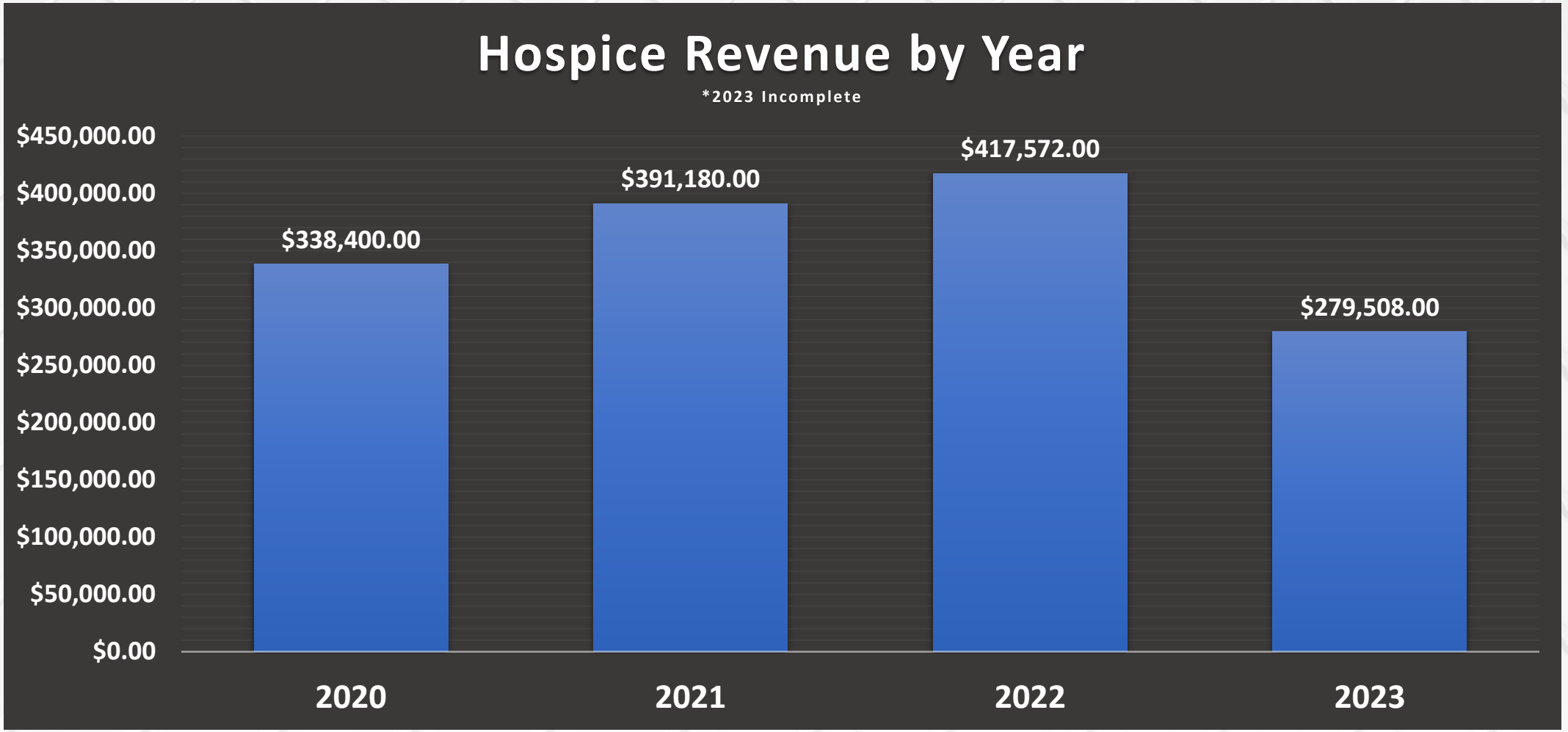
- ***Atropine 1% Drops*** *2-4 drops* under tongue every 4 hrs for excessive secretions
- **Hyoscyamine 0,125 mg Every 4 hrs, for secretions**

The Goal is to work with the family, treat pain and symptoms and ……. prevent transport to a Hospital

89% reduction in transports in enrolled families.

(and it generates $$$ For Fire Dept)

San Antonio Fire Department
Mobile Integrated Healthcare



MOLINA

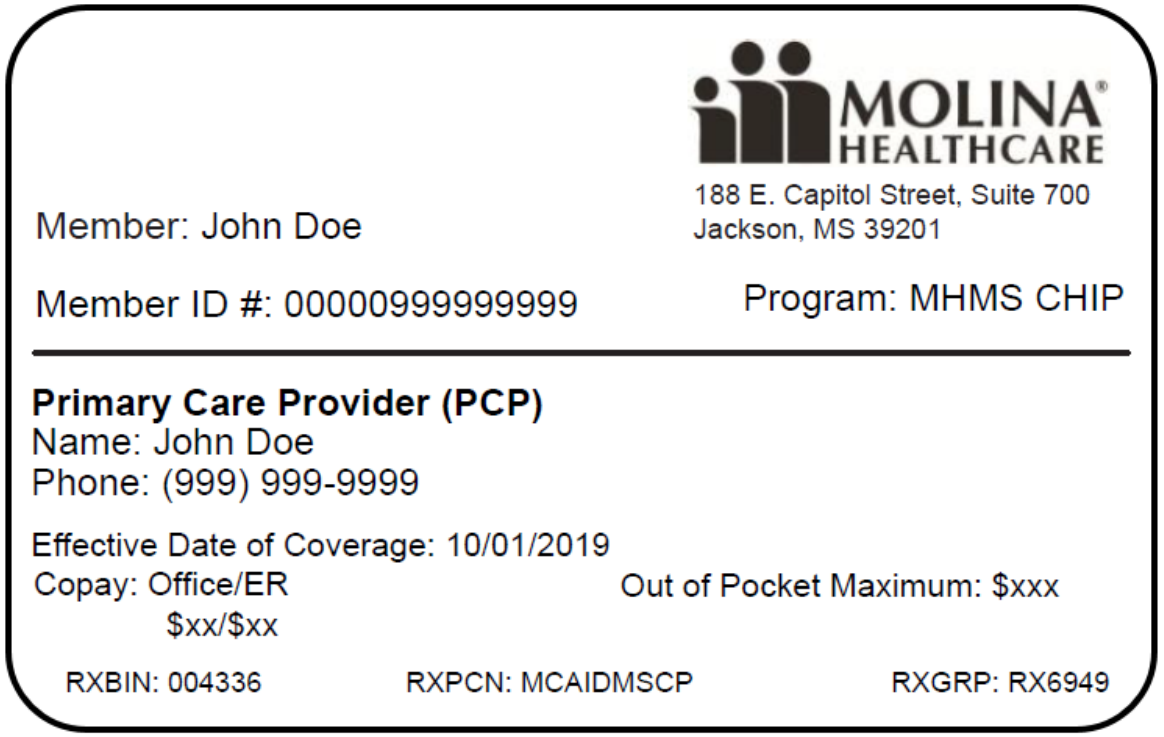
HVU objectives-keep away from Hospital/ER
The most expensive venue for care.

Trouble shoot solutions with the Payer- they know where they have been… and RX

But what does the Medical Chart say ??

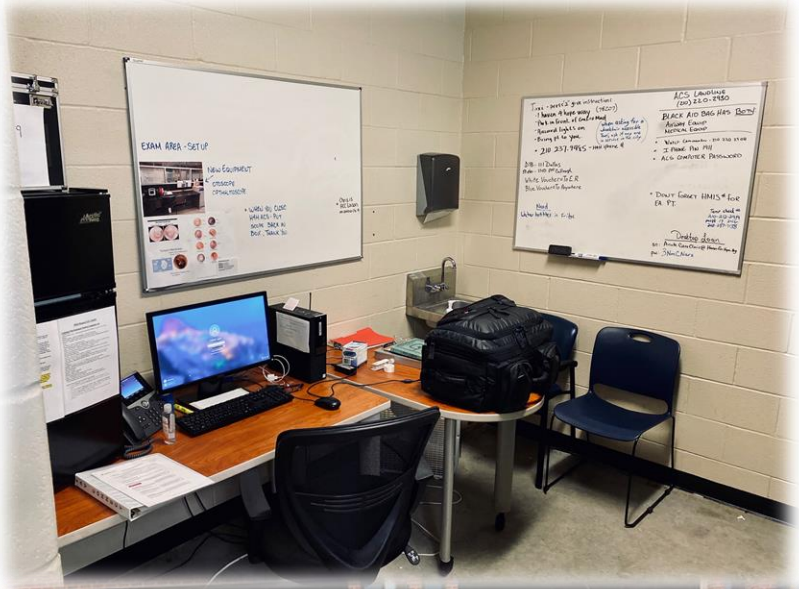
“Look this order is pre-approved by the insurers… just deliver the wheelchair please…

Paperwork Chase, Coordinate and Confirm



The insurance company pays us to keep them out of the ER

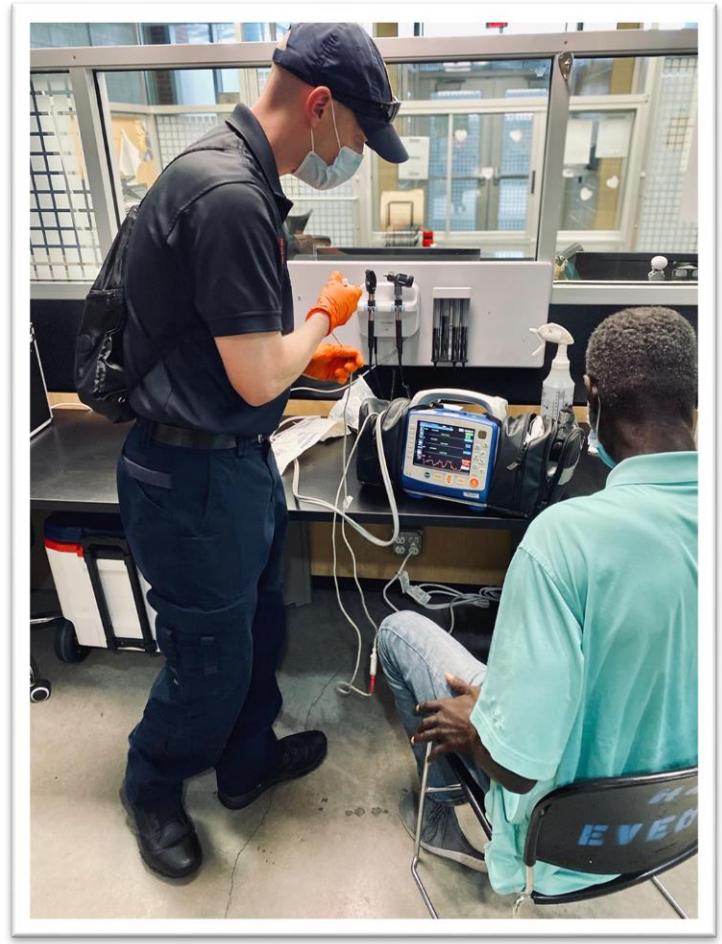
Haven For Hope– Acute Care Station



After Hours Medical Care at Homeless Shelter
7p-7a

- Enhanced Triage
- Diabetes management
- Wound care
- OTC Meds
- Antibiotics

- 70 % reduction Transport during Night Hours with Medic on duty



STRAC
Southwest Texas Regional Advisory Council

HAVEN FOR HOPE ACUTE CARE STATION

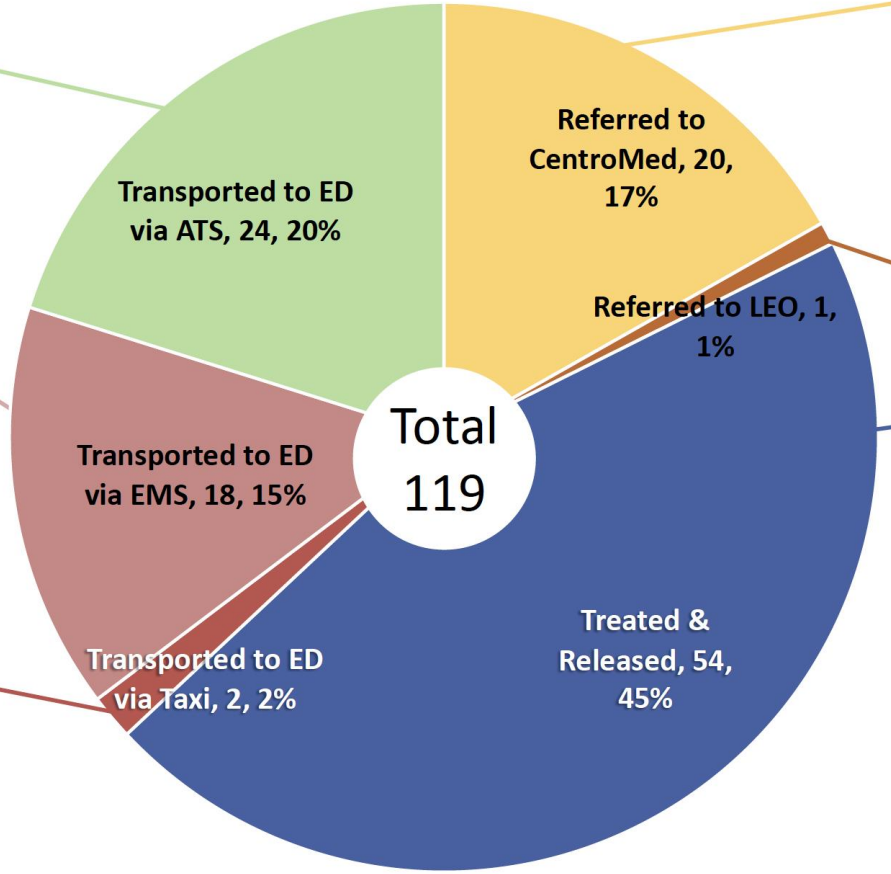
December 2022

Patient Outcomes and Chief Complaints

Transport to ED via ATS	
Diabetic Problem	2
Fall	1
Fever	1
Flu Like Symptoms	2
OB/GYN	1
Pain	5
Respiratory	4
Sick Person	7
Vomiting	1

Transported to ED via EMS	
Diabetic Problem	1
Eye Problem	1
Numbness	1
Pain	6
Respiratory	4
Seizures	1
Sick Person	1
Vomiting	1
Weakness	2

Transported to ED via Taxi	
Trauma	1
Respiratory	1



Referred to CentroMed	
Bite/Sting	1
Flu Like Symptoms	1
Nausea	1
Pain	9
Respiratory	4
Sick Person	3
Syncope	1

Referred to LEO	
Other	1

Treated & Released	
Allergic Reaction	4
Bleeding	1
Blood Pressure	1
Diabetic Problem	4
Nausea/Vomiting	7
None Voiced	4
Other	1
Pain	7
Psych	1
Respiratory	6
Sick Person	13
Trauma	3
Weakness	2

STRAC
Southwest Texas Regional Advisory Council

Haven Night-time Transport Rate Reduced From 64% to 17%

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Medicaid Supplemental Payment Programs

Benefits and Risks

Robert P. Holman, M.D.

Medical Director, retired

DC Fire & EMS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

What has DCFEMS done?

- **2016 to 2018:** DCFEMS worked with a vendor to **examine costs** and determine the average cost per EMS transport.
- **2018:** DC Medicaid authority **created cost reporting methodology** by means of State Plan Amendment (SPA).

- **2019:** CMS **approved the DC Medicaid SPA**, allowing DCFEMS to submit cost reports for receiving Medicaid supplemental payments.

- **2020:** DCFEMS submitted our first cost report (FY-19) and **withstood independent audit** by the DC Medicaid Authority.

What are the benefits?

- DCFEMS **has or will receive $106.5 million** in Medicaid supplemental payments during the last 5 fiscal years.

- FY-23 supplemental payments **now account for 11%** of the FY-24 DCFEMS operating budget.

- Supplemental payments allow DCFEMS to create new initiatives and continue **improving patient medical care**.

Did DC have a roadmap?

- DCFEMS worked with a vendor **to examine** costs and determine the average cost per EMS transport.

- DCFEMS used this analysis **to support** increasing fees and charges for EMS services as authorized by elected officials.

- DCFEMS worked with a vendor **to develop** a cost reporting template approved by the DC Medicaid authority and CMS.
- DCFEMS works with a vendor **to complete** and submit cost reports for receiving Medicaid supplemental payments each fiscal year.

Are there must-do's?

- Laws and regulations allowing Medicaid supplemental payments differ by state. Your agency **must qualify** to participate in such a program.

- Not all states have existing Medicaid supplemental payment programs for use by EMS agencies and/or combined fire and EMS departments. This may require a vendor **to petition** the state Medicaid authority and/or CMS to establish such a program.

- Key to this process is having a vendor **examine and determine** your agency costs **BEFORE** participating in a Medicaid supplemental payment program.

Are there best practices to support success?

- Agencies **should be authorized** by state and local laws to provide EMS services and ambulance transport within their operating jurisdictions.

- Agency personnel and emergency vehicles **must be certified and/or licensed** by a state department of health to provide first response and/or ambulance transport services.

- Agencies **should publish** standard operating procedures (SOPs) and medical protocol to establish and define the **assessment, treatment, and transport of patients** by first responders and ambulance personnel.

Are there best practices?

- Agency patient care reports **must document** assessment, treatment and transport of patients by first responders and ambulance personnel.
- Agency patient care reports **must document** what first responders and ambulance personnel **heard, saw, and did** when **assessing, treating, and transporting** patients.
- Agency patient care reports **should follow and support** both SOPs and medical protocol when documenting patient care.

What are the pitfalls to avoid?

- Not all agencies participating in Medicaid supplemental payment programs **followed GAAP compliant methods** for completing cost reports.

- Not all state Medicaid authorities **completed audits of cost reports** before making Medicaid supplemental payments.

- Currently, CMS and HHS OIG are auditing cost reports and supplemental payments in several states. The results of these audits **may determine the future** of Medicaid supplemental payment programs nationally.

Whom do I contact for further information?

- DC Fire & EMS expert: Andy Beaton
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