Reducing Nonemergency Use of Emergency Systems

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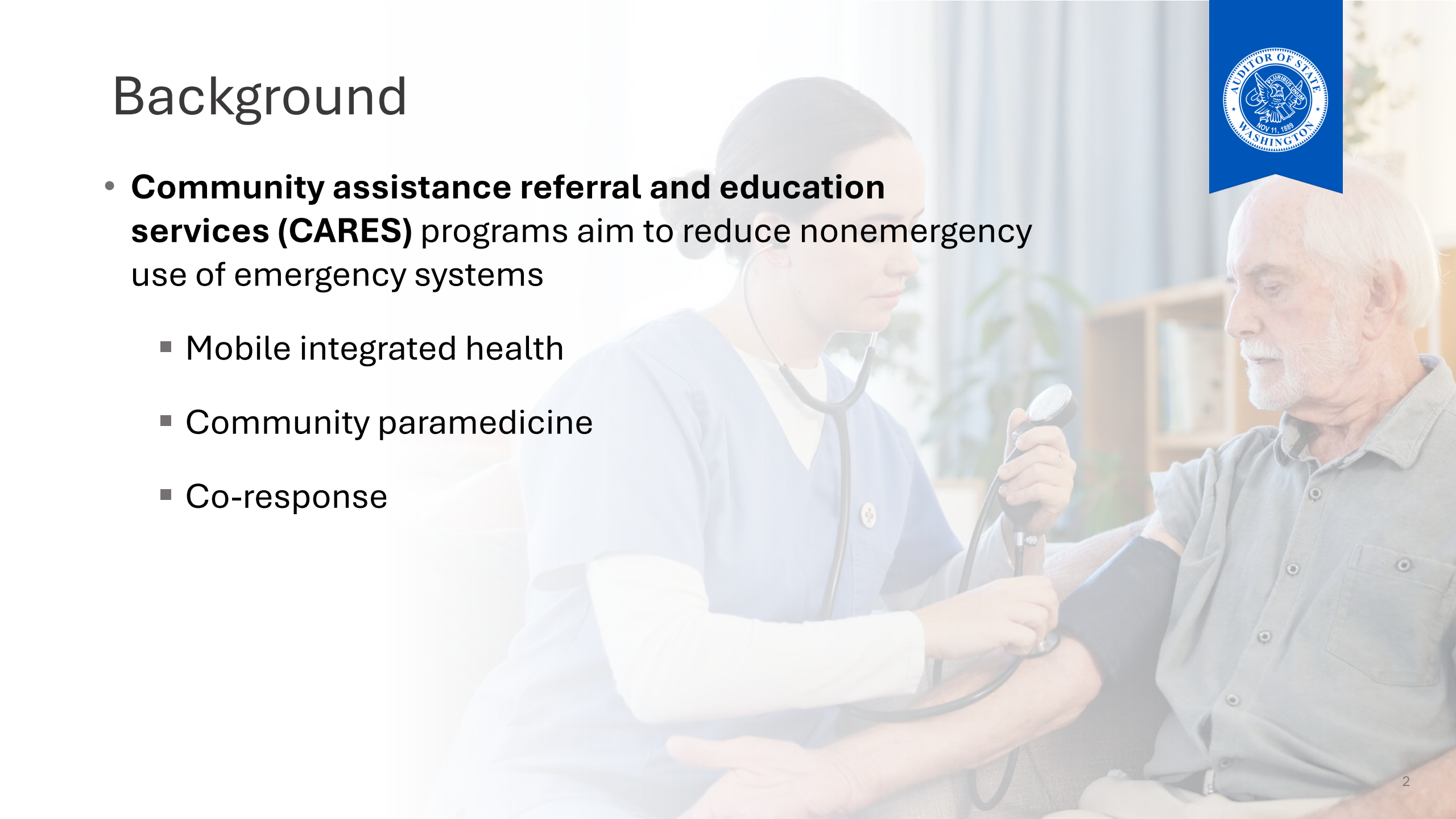
Background

- **Community assistance referral and education services (CARES)** programs aim to reduce nonemergency use of emergency systems
  - Mobile integrated health
  - Community paramedicine
  - Co-response



Overview

- About this performance audit
- CARES programs in Washington
  - Number, types, staffing, funding
- Challenges with starting and maintaining programs
- Opportunities to strengthen programs
- Audit recommendations

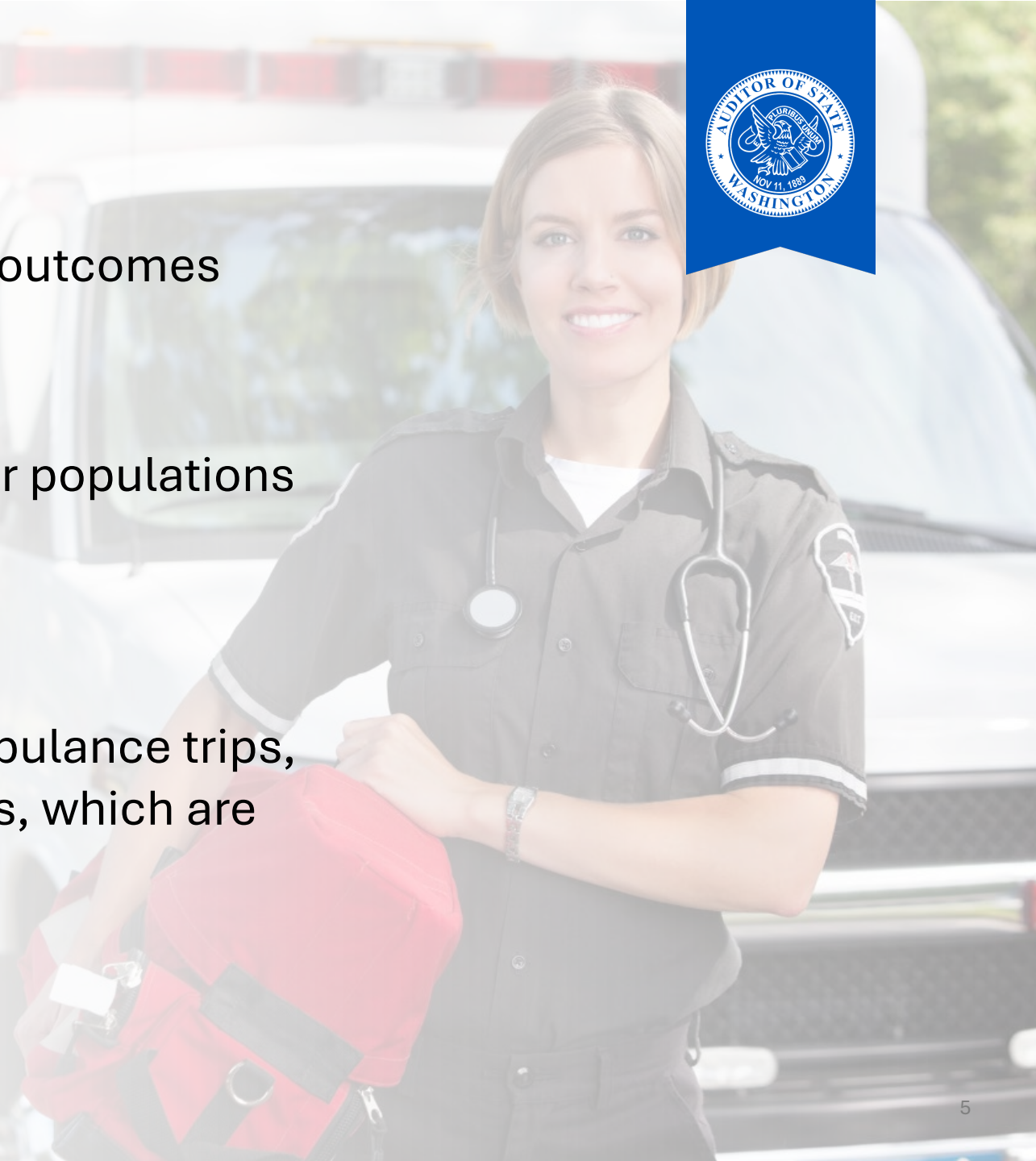
Questions for you:

Do you work for a fire agency with a CARES, MIH, community paramedicine, or co-response program?

Are you involved with CARES, MIH, community paramedicine, or co-response but do *not* work at a fire agency?

Why we did this audit

- CARES programs can improve patient outcomes
  - Reducing barriers to needed care
  - Serving as an essential resource for populations with high rates of chronic disease
- CARES programs can be cost effective
  - Safely and effectively reducing ambulance trips, ER visits and hospital readmissions, which are major cost drivers



Audit questions

1. Where are CARES programs located, what types of programs exist and how are they funded?
2. Where are programs underrepresented and needed, and what factors prevent fire agencies from establishing programs?
3. What opportunities exist to systematically measure program success?

Case study sites

Bellingham Fire Department

Clark-Cowlitz Fire Rescue

Port Angeles Fire Department

Puget Sound Regional Fire Authority

South County Fire

Spokane Fire Department

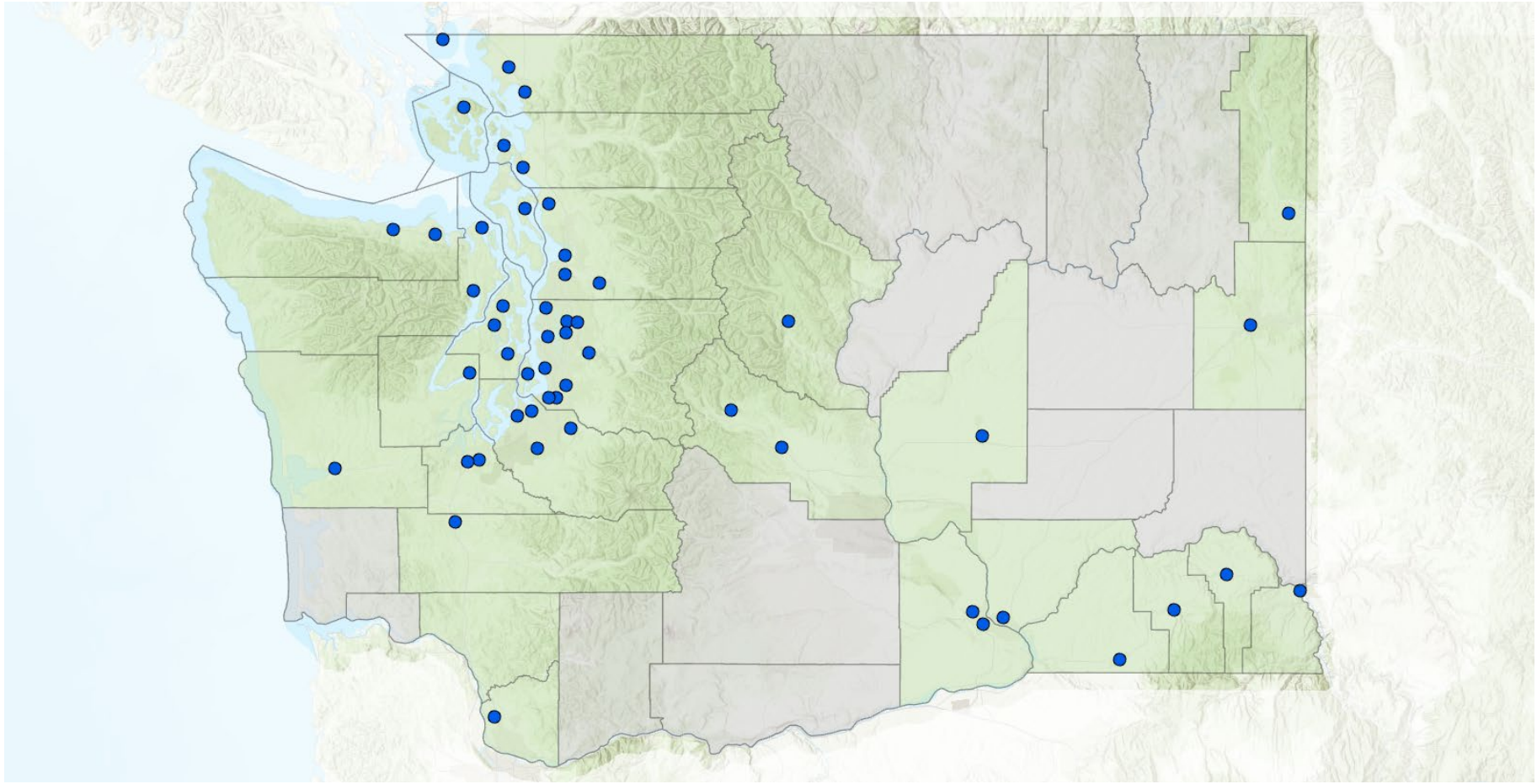
Walla Walla Fire Department

West Pierce Fire & Rescue

Key audit results

- Fire agencies operate more than 50 CARES programs, but many more communities could benefit from a program
- CARES programs encounter many barriers, most significantly the lack of sustainable funding
- CARES programs tracked their performance, but lack of centralized coordination contributed to gaps in meeting state requirements
- Insurers, hospital and fire agencies can support each other in reducing nonemergency use of emergency systems

Fire agencies operate more than 50 CARES programs

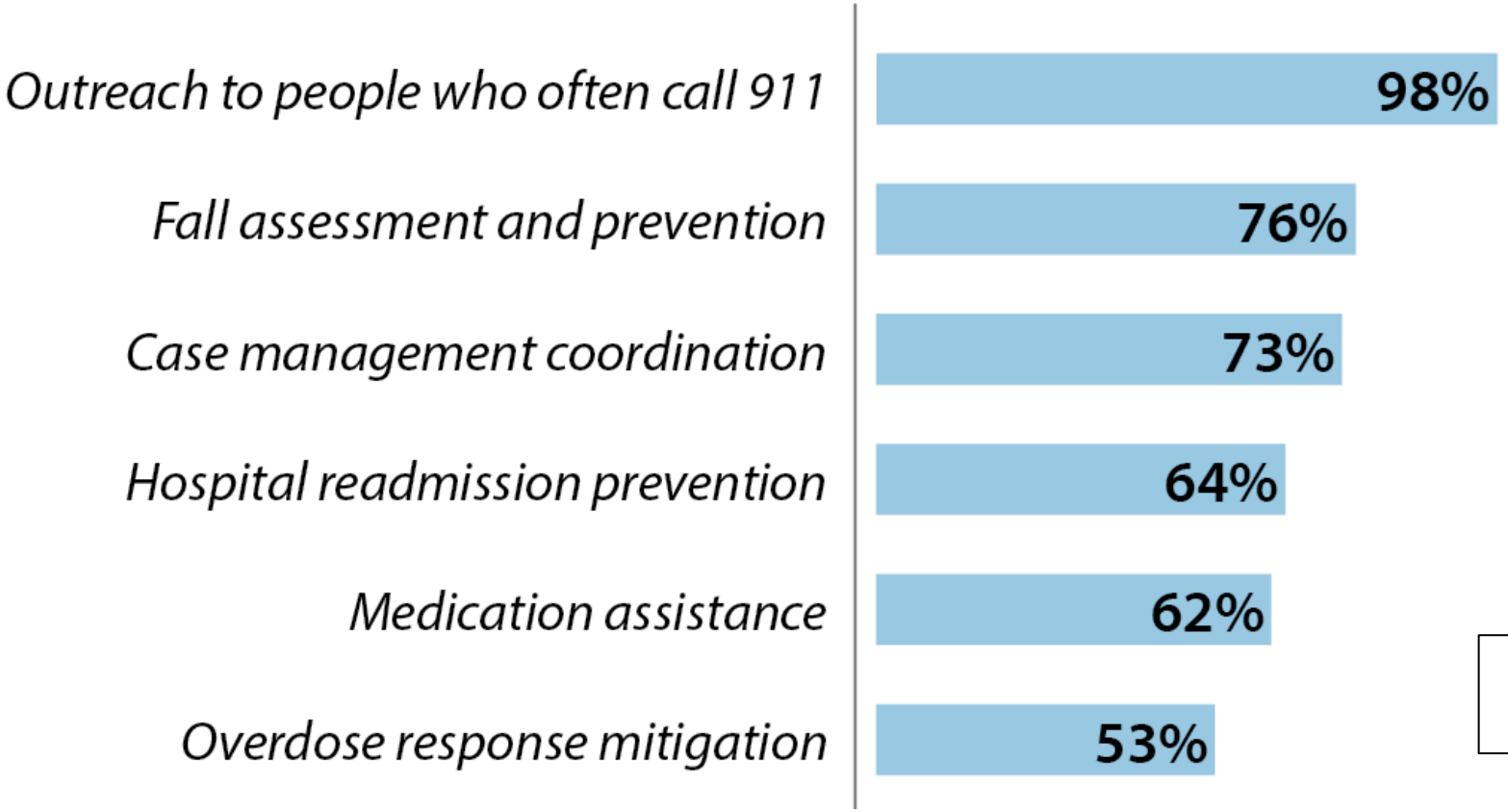


Question for you:

What do you think the most common services might be?

Fire agencies operate more than 50 CARES programs

Common services include:



45 programs answered this survey question

Fire agencies operate more than 50 CARES programs

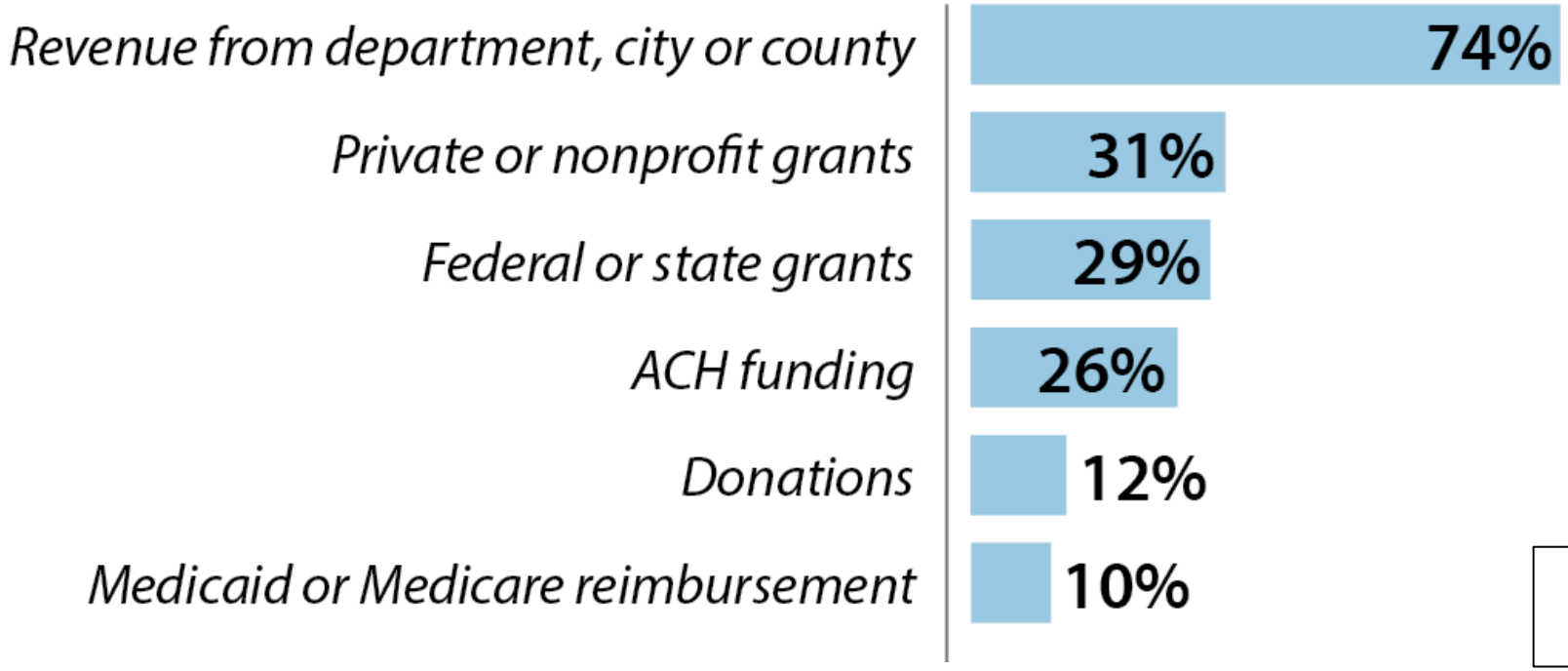
Credit: Lake Wenatchee Fire & Rescue.

CARES teams can include:

- Social workers (67%)
- EMTs (48%)
- Paramedics (43%)
- Nurses (33%)
- Community health workers (17%)

Fire agencies operate more than 50 CARES programs

Funding sources included:



42 programs answered this survey question

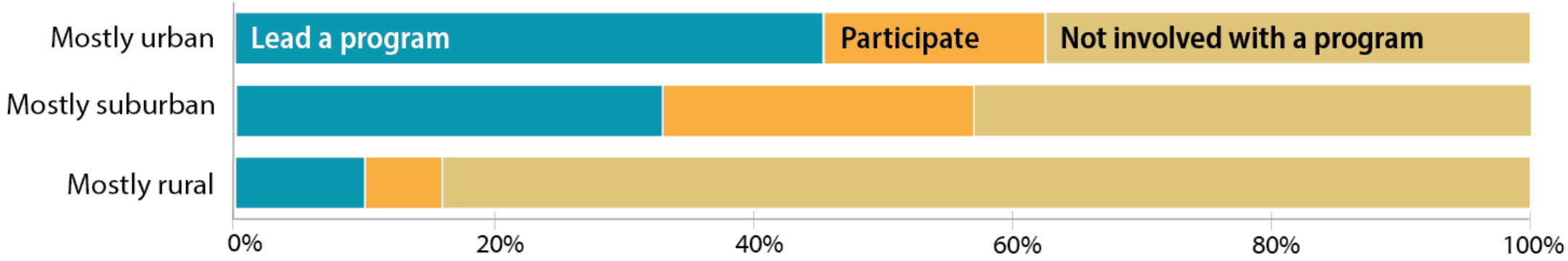
About half of the programs we surveyed relied on multiple funding sources

Many more communities could benefit from a program

Almost one-third of fire agencies surveyed participated in a CARES program

Programs were located mostly in urban and suburban communities

257 fire agencies answered this survey question

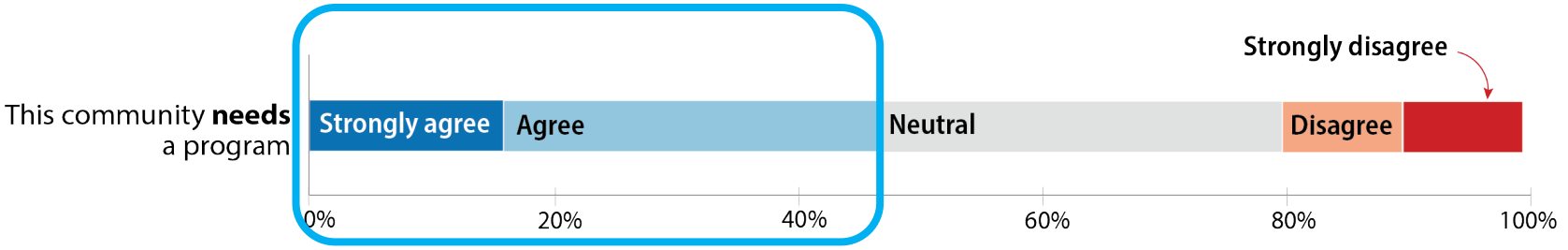


Question for you:

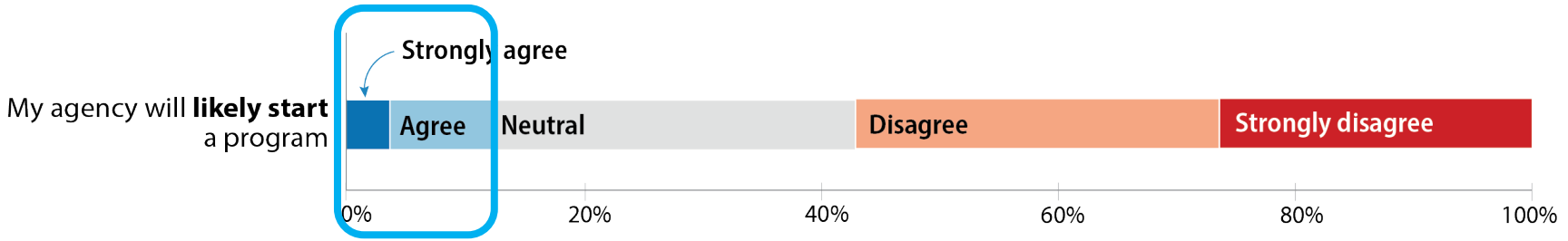
What percentage of fire agencies without a program think their community needs a program?

Many more communities could benefit from a program

Almost half of fire agencies <u>without</u> a CARES program thought their community needed one



However, only 12 % thought their agency would start one



162 fire agencies without a program answered these questions

Fire agencies operate more than 50 CARES programs

County	Number of fire agencies with a CARES program	Percent of 911 EMS calls that were nonemergencies with low acuity	Percent of ER visits that were avoidable	Primary care health professional shortage area
Adams	0	14.6%	8.1%	**15**
Asotin	1	13.4%	8.3%	
Benton	2	11.4%	8.3%	
Chelan	1	9.8%	7.3%	
Clallam	3	12.0%	5.7%	
Clark	2	13.5%	4.6%	
Columbia	1	3.6%	7.2%	
Cowlitz	1	15.0%	6.0%	
Douglas	1	11.7%	7.7%	
Ferry	0	1.6%	6.2%	**17**
Franklin	1	9.9%	**11.3%**	
Garfield	1	2.8%	5.5%	12
Grant	1	5.6%	7.0%	
Grays Harbor	2	1.2%	8.5%	
Island	1	2.9%	6.5%	13
Jefferson	4	9.6%	5.9%	
King	**19**	3.6%	5.9%	
Kitsap	5	11.9%	8.6%	11
Kittitas	3	0.2%	**10.7%**	
Klickitat	0	3.0%	6.4%	
Lewis	2	6.8%	5.2%	
Lincoln	0	2.9%	6.7%	9
Mason	3	18.2%	**10.3%**	

Fire agencies operate more than 50 CARES programs

High in all three indicators:

- Adams County

High in two indicators:

- Asotin County
- Kitsap County
- Mason County
- Skamania County
- Wahkiakum County

County	Number of fire agencies with a CARES program	Percent of 911 EMS calls that were nonemergencies with low acuity	Percent of ER visits that were avoidable	Primary care health professional shortage area
Okanogan	0	2.4%	6.9%	
Pacific	0	8.2%	7.1%	
Pend Oreille	1	5.4%	8.8%	
Pierce	5	3.1%	7.6%	
San Juan	1	10.2%	6.7%	
Skagit	4	11.3%	6.4%	11
Skamania	1	**19.5%**	5.1%	**15**
Snohomish	4	5.7%	5.3%	
Spokane	2	**22.3%**	5.7%	
Stevens	0	11.3%	6.7%	
Thurston	3	5.6%	5.8%	
Wahkiakum	0	**20.5%**	6.5%	**15**
Walla Walla	2	14.4%	6.7%	
Whatcom	9	12.0%	4.9%	
Whitman	1	1.0%	7.0%	
Yakima	0	6.8%	8.4%	

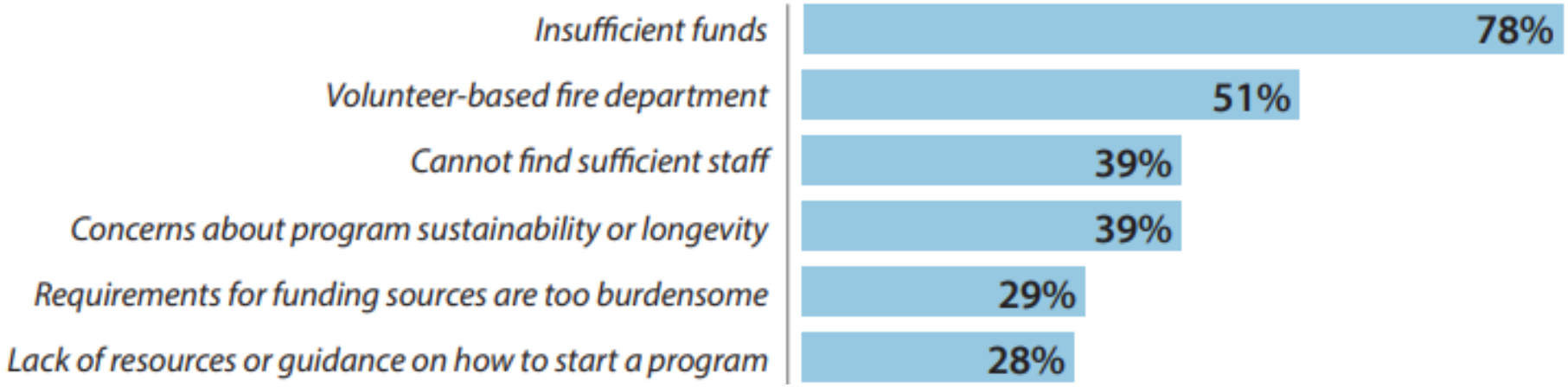
Your questions

Question for you:

What do you think the greatest barriers to CARES programs might be?

Survey says:

76 survey responses from agencies that said their community needed a program.
Percent of respondents choosing each answer; respondents could choose multiple answers.

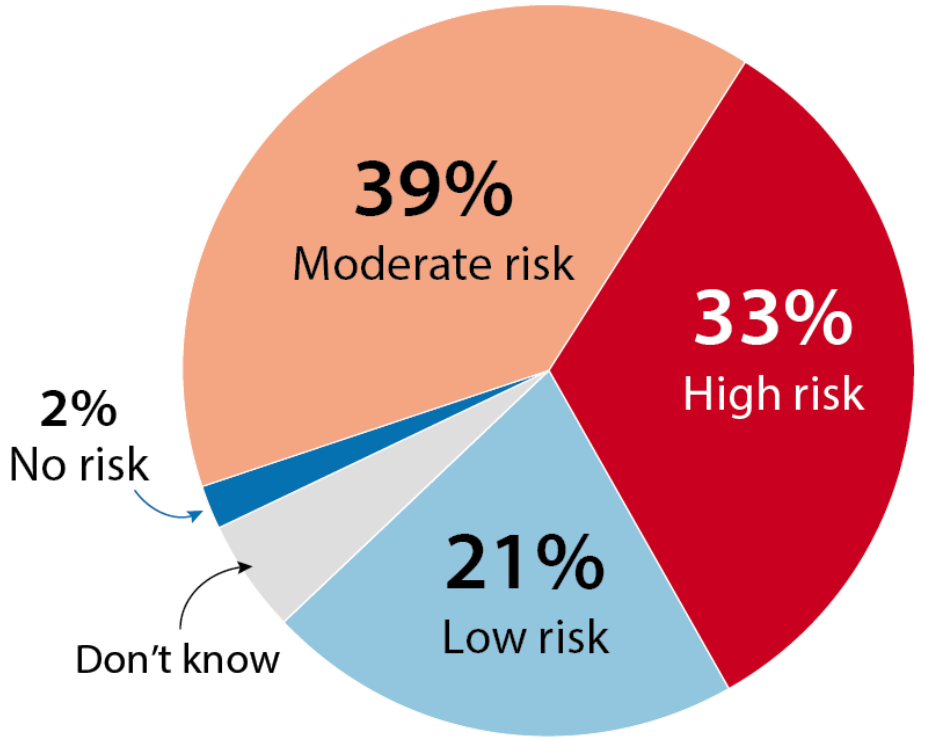


CARES programs encounter many barriers

Insufficient funding forms the most critical barrier

- A barrier for 78% of fire agencies whose community needs a program
- A challenge for 72% of existing programs

Risk of having insufficient funding 3-5 years from now



CARES programs encounter many barriers

Many rural fire agencies are **volunteer-based**:

- Half (51%) of all respondents whose community needs a program cited this as a barrier
- The audit team interviewed three rural, volunteer-based fire agencies that have started CARES programs
  - Garfield County Fire District #1
  - Lake Wenatchee Fire and Rescue
  - Quilcene Fire Rescue

CARES programs encounter many barriers

Professional shortages and unfamiliarity with the field contribute to **program staffing problems**

- Barrier for 39% of survey respondents
- Nationwide shortage of EMTs and paramedics
- Nationwide shortage of nurses
- Low awareness of the career path among social workers

Credit: Puget Sound Regional Fire Authority.

CARES programs encounter many barriers

Concerns about program **sustainability or longevity** was also a barrier for more than a third (39%) of survey participants whose community needs a program

> *If we set this program up, and it fails, goes away, do you know how much credibility we would lose in a small community? Don't run a levy in the future. The community relies on this system.*

CARES programs encounter many barriers

Almost one-third (29%) of respondents whose community needed a program said **activities required by funding sources would be too burdensome**.

- Some case study sites produced numerous reports with slightly different information, to meet the reporting requirements of various funders.
- Program managers at a rural, primarily volunteer fire agency said their one full-time employee spent most of her time on documentation, which included entering the same information into multiple software programs.

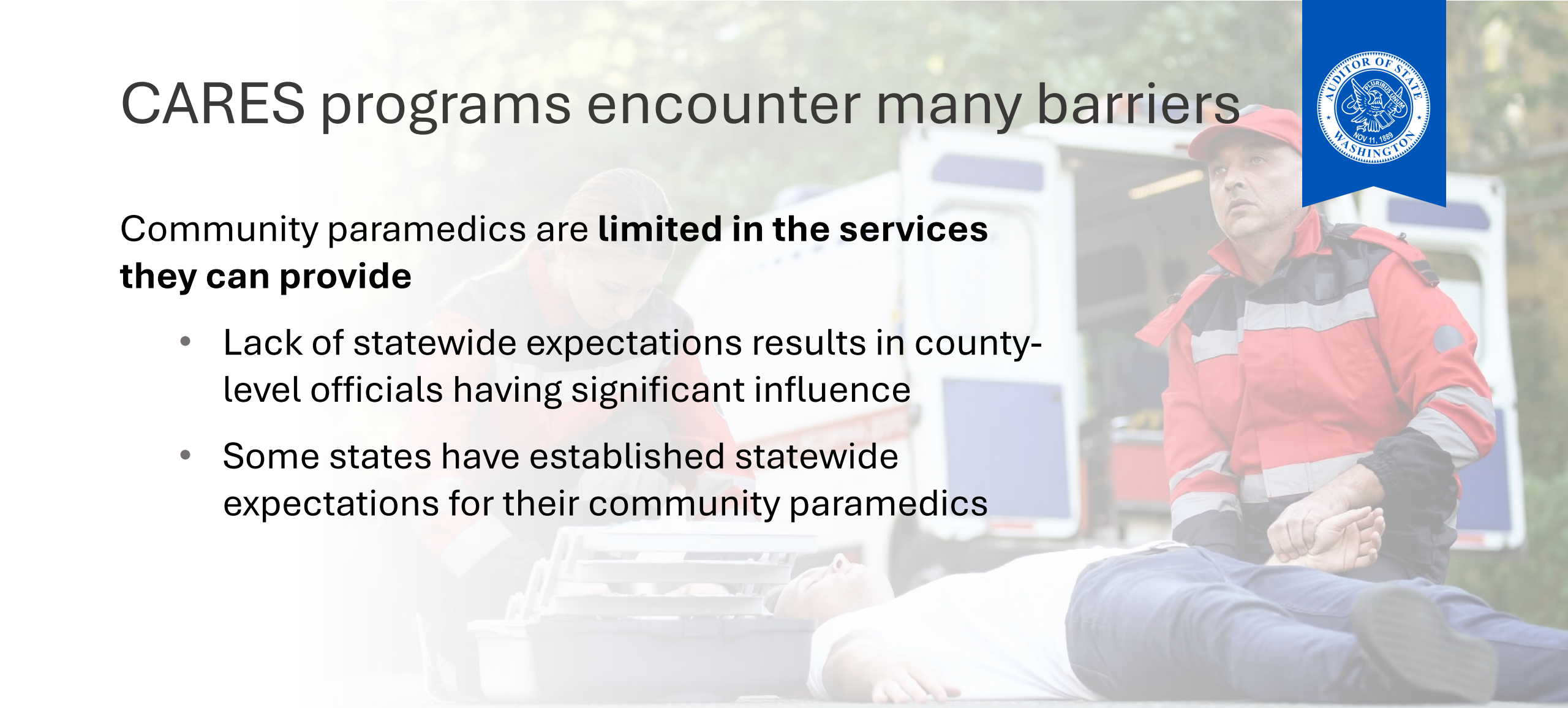
CARES programs encounter many barriers

Lack of guidance deterred some fire agencies:

- More than a quarter (28%) of respondents whose community needs a program said they lacked guidance on how to get started

> *We have dedicated and enthusiastic health care providers in my district, volunteer and paid, and they're excited about this kind of thing. We have resources but it is a big commitment. We want to be sure we can plan ahead so we know what is required, what to budget for and how to establish cost recovery mechanisms.*

CARES programs encounter many barriers



Community paramedics are **limited in the services they can provide**

- Lack of statewide expectations results in county-level officials having significant influence
- Some states have established statewide expectations for their community paramedics

Some states have established statewide expectations

Community Paramedic:

An emergency medical service provider as defined in Section 25-3.5103(8), C.R.S. who obtains an endorsement in community paramedicine pursuant to Sections 253.5-203.5 and 206, C.R.S. and performs, in addition to a paramedic's scope of practice, authorized tasks and procedures and acts within the scope of practice as established in these rules, and 6 CCR 1015-3, Chapter Two including:

2.12.1	An initial assessment of the patient and any subsequent assessments;
2.12.2	Medical interventions;
2.12.3	Care coordination;
2.12.4	Resource navigation;
2.12.5	Patient education;
2.12.6	Inventory, compliance, and administration of medications; and
2.12.7	Gathering of laboratory and diagnostic data

Some states have established statewide expectations

G.4 Medical interventions, as set forth in a patient service plan:

Table G.1

Intervention	P-CP
Access central lines, indwelling venous ports, peritoneal dialysis catheters, or percutaneous tubes	Y
Assist with home mechanical ventilators	Y
Complex wound closure (suturing, steri-strips, adhesive glue, staples)	N
Ostomy care	Y
Simple wound closure (limited to dressings, bandages, butterfly closures)	Y
Simple would care (monitor progress, simple dressing change, wet-to-dry dressing change, suture removal)	Y
Ultrasound – assist procedures	Y
Ultrasound – diagnosis	N

Your questions

Question for you:

What are state requirements for CARES programs?

The program **should** identify members of the community who use the 911 system or emergency department for low acuity assistance calls and connect them to other resources.

The program **may** partner with hospitals to reduce readmissions.

The program **may** provide nonemergency contact information as an alternative response

Programs **must**, at least annually, measure any reduction of repeatedly use of the 911 emergency system and any reduction in avoidable ER trips. Results **must** be reportable upon request. Findings **should** include estimated amounts of Medicaid dollars that would have been spent on emergency room visits had the program not been in existence.

RCW 35.21.930

CARES programs tracked performance, but only half met related requirements

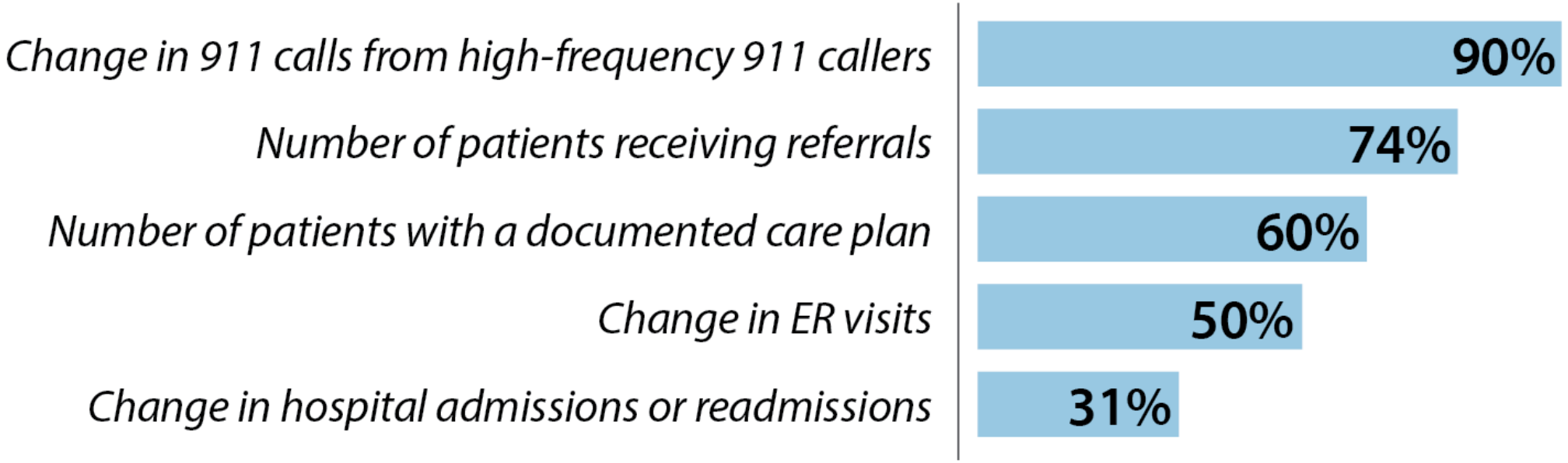
Survey says:

> Programs tracked their performance, but only half tracked both required measures

Reasons included:

- Unaware of the requirements
- Did not know how to track these measures
- 911 crews identified the need, before any pattern of calls

CARES programs tracked performance, but only half met related requirements



40 programs answered this survey question

Changes at the national level

- NEMSIS will include about 25 data elements related to CARES–type programs
- At the state level, EMS data managers will decide if they will require EMS departments to track these performance measures
- This would allow for more standardized data collection and analysis, if adopted at the state level in Washington

Your questions

Question for you:

How much does an ambulance ride and ER visit cost a typical insurance company?

Insurers, hospitals and fire agencies can support each other

CARES programs can generate substantial savings for private insurance companies

Ambulance transport:
$460-$510

Basic ER visit:
$700-$1,300

Nurse home visit:
about $320

CARES Community paramedic visit:
no charge to the insurance company

Insurers, hospitals and fire agencies can support each other

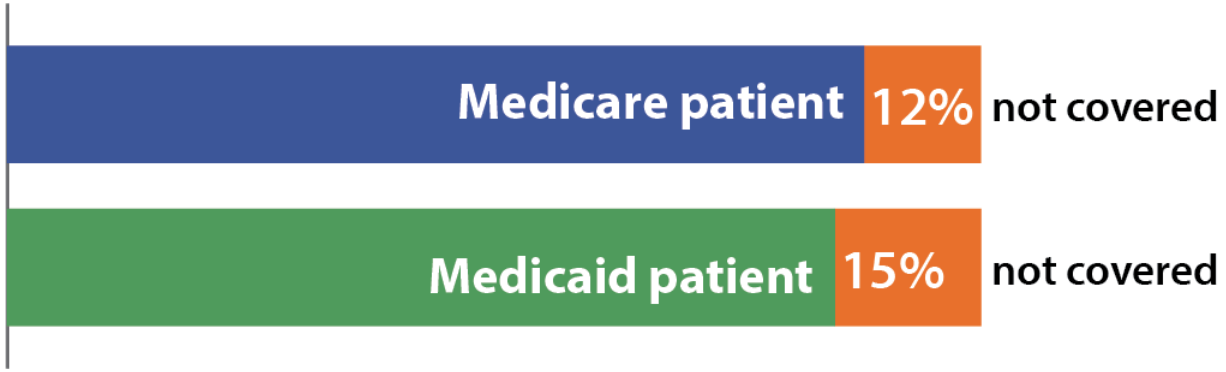
Many CARES patients are insured through Medicaid

- Only 10% of existing CARES programs reported receiving reimbursement from Medicaid or Medicare
- One quarter (26%) reported receiving grants from their region's Accountable Community of Health

Insurers, hospitals and fire agencies can support each other

CARES programs can also generate savings for hospitals:

- Hospitals lose money on most avoidable ER visits, as Medicaid and Medicare reimburse hospitals below the actual cost of care



- Hospitals face financial penalties if they have high readmission rates

Insurers, hospitals and fire agencies can support each other

Some programs lacked access to medical records, limiting ability to address patient needs and demonstrate program value

- One fire chief described getting access as a “herculean effort”
- Three of eight case study sites had no access
  - One program manager described lack of access as one of the biggest barriers the program faced

CARES programs can access EDIE

The Emergency Department Information Exchange (EDIE) offers a partial solution for CARES programs without access.

- Thirteen of the 52 CARES programs already have access to the exchange.
- The exchange does not provide as much detail as actual medical records, nor does it allow program staff to message patients' doctors and care teams, but the data it does offer is better than having no information about patients.

Your questions

Recommendations

For the Legislature:

- Require private insurance companies to develop ways to reimburse CARES programs
- Convene a workgroup for CARES programs across Washington
  - Draft statewide guidance
  - Determine standard measurements
  - Determine if community paramedics should be a distinct provider category
  - Determine if Department of Health's role should be expanded

Recommendations

For the Washington State Hospital Association:

- Encourage hospitals to partner with nearby CARES programs, and to the extent feasible, redirect a portion of the savings generated through reduced ER visits back to the programs
- Provide guidance and encouragement for hospitals to share relevant patient medical records with the CARES programs

Recommendations

For the Washington State Association of Fire Chiefs:

- Continue to encourage regional partnerships, including with area hospitals, the Accountable Communities of Health, and Washington's behavioral health administrative service organizations
- Some barriers can be overcome by centralizing available resources, such as:
  - The benefits of CARES programs
  - Guidance on using data to demonstrate value
  - Guidance on how to start a program

Recommendations

For the University of Washington School of Social Work:

- Work in partnership with schools of social work across the state to make crisis response training available for students.

For the International Association of Fire Fighters:

- Provide guidance to address union concerns related to nurses working at fire agencies

For CARES programs that lack access to patient medical records:

- Consider requesting access to the Emergency Department Information Exchange

Contact information

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Your questions