Financial Sustainability of Mobile Integrated Healthcare

EMS-Based Mobile Integrated Healthcare

Which of the following describes your agency’s MIH or CP program?
What is the annual cost of operating your MIH or CP program?

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>$0 - $10,000</td>
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<tr>
<td>$10,001 - $25,000</td>
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<td>$100,001 - $150,000</td>
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<td>$300,001 - $500,000</td>
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<tr>
<td>Over $500,000</td>
<td>35.00%</td>
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<tr>
<td>Don't know</td>
<td>40.00%</td>
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</table>

What is the annual revenue that your MIH or CP program generates for your agency, excluding grant support?

<table>
<thead>
<tr>
<th>Revenue Range</th>
<th>Percentage</th>
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How does your MIH or CP program receive payment/reimbursement for services provided?

The diagram shows the distribution of payment/reimbursement methods, with bars representing different methods and their respective percentages.
How Can You Demonstrate Value to Healthcare Providers and Payers?

Better patient health
Lowered costs

Who’s Paying?

• Hospitals (Reduced penalties and uncompensated care)
  o Readmission prevention
  o Super Utilizers
  o BPCI programs

• Home Health (More referrals; narrow network contracts)
  o Preventable ED and admission reduction
    • 9-1-1 Notification and care coordination
    • After hours back-up support

Who’s Paying?

• IPAs (Shared risk contracts)
  o Readmission prevention
  o Super Utilizers
  o BPCI programs

• Hospice (Cost of care; reduce revocations)
  o Revocation prevention
  o Care coordination
    • 9-1-1 Notification and care coordination
    • After hours back-up support
Who’s Paying?

- **Post Acute Care agencies (Shared risk contracts)**
  - Admission/readmission prevention
  - Super Utilizers
  - BPCI programs

Who’s Paying?

- **3rd Party Payers (Expenditure savings)**
  - 9-1-1 Nurse Triage
  - Ambulance Transport Alternatives
  - Readmission prevention
  - Super Utilizers

- **Medicaid**
  - FFS
    - MN, NV, AZ, NM
  - DSRIP/1115a
    - ID, TX

Who’s Paying?

- **Managed Care (Expenditure savings)**
  - Medicare
  - Medicaid
    - Medical Expense Issues
      - 15% vs. 85%
  - ACOs
    - Medicare/Commercial
Blue Cross paramedic program cuts ER overuse
By Steve Sinovic / Journal Staff Writer
May 18, 2017

ALBUQUERQUE, N.M. — Getting the people who overuse emergency services under control has been an uphill battle, but one major health insurer has been teaming with metro area emergency medical services agencies for over a year to put a dent in the numbers of ER visits by some of its Medicaid members.

During that time, a handful of Albuquerque paramedics have been making house calls through a program designed to reduce hospital readmission rates while helping discharged patients stay on the road to good health.

It seems to be working.

The insurer saw an almost 62 percent drop in emergency room visits and a 63 percent decrease in ambulance use by frequent flyers, many of whom live alone, have a limited support network, lack transportation or have a housing situation that’s in flux.

The insurer is in contract talks with ambulance and fire agencies to expand the program to other New Mexico communities.

New Riders of the Purple Sage: Community Paramedicine
By Steve Sinovic / Journal Staff Writer
March 31, 2017

Say the word “paramedic” and most people think of the men and women who respond with flashing lights and screaming sirens when someone suffers a medical crisis. But what if there were a way to provide help before the crisis happens?

Across the country, health care companies are implementing a new strategy to deliver help to the people who need it most, and in some cases prevent needless and costly trips to the emergency room. And it’s paramedics who are providing the help — without the drama of a speeding ambulance.

Providing a Solution
Realizing that prevention and education are critical to reversing costly, inappropriate ER usage and hospital readmission, the team at BCBSNM had a hunch. In a pilot program, it contracted with two state-based emergency medical service companies to assign a paramedic to each of the 15 members. It was one of New Mexico’s first ventures into community paramedicine, and it was a perfect match. Since they had frequently relied on paramedics to get to the hospital, these members trusted their new medical guardians.

The clients saw paramedics as healers rather than paper pushers, Clear said. The results were impressive. We were able to reduce ER visits for all 15 members from 686 visits to an average of 115 visits per month within the first couple of months.

BCBSNM has seen similar success. Since January, contracted paramedics have visited more than 1,100 high-ER users and Medicaid recipients recently discharged from the hospital. Of those visited, repeat visits to the ER have dropped 61 percent while hospital readmission rates have dropped to where just 9.7 percent of the members are readmitted. The company is hoping soon to expand community paramedicine to San Juan County and the cities of Santa Fe and Taos.

To serve its Medicaid members, BCBSNM has contracted with three ambulance companies – Albuquerque Ambulance, American Medical Response and Rio Rancho Fire Department. Currently 18 full- and part-time paramedics serve Medicaid recipients in areas most in need: Bernalillo County, which includes Albuquerque and the nearby East Mountains; parts of Sandoval County, which includes Rio Rancho, Corrales and Bernalillo; Valencia County to the southwest; and Doña Ana and Otero counties to the south, home to Las Cruces and Alamogordo.
The quest of American EMS providers for more sensible reimbursement will reach a key threshold on January 1, 2018, when Anthem BlueCross BlueShield begins paying for treatment without transport for patients in states where it offers commercial coverage.

The major insurer’s new policy marks a vital step toward the goal of sustaining community paramedicine and mobile integrated healthcare programs that have sometimes struggled to find ongoing financial footing.

“We spend a lot of money in this country on healthcare, and our quality outcomes are not as good as other industrialized countries that spend less,” says Jay Moore, MD, senior clinical director for Anthem in Missouri. “We need to figure out a way to get a handle on that. We want to be able to provide healthcare in a way that’s affordable for people and sustainable for the future, and I think the only way to do that is to involve people at all levels of healthcare. Whether it’s physicians, nurses, paramedics, EMTs, whatever it might be, it’s something all of us are going to have to work together to solve. In my view this is definitely a step in the right direction.”


Chris Cebollero
Senior Partner
Cebollero & Associates

Matt Zavadsky, MS
HSA, NREMT
Chief Strategic Integration Officer
MedStar Mobile Healthcare

$53,510
$55,667
$68,437

$269,550
$253,253
$286,333

$50,734
$52,840
$60,797

$177,244
$157,829
$129,419

94.8%
94.9%
88.8%

65.8%
62.3%
45.2%

0.0%
10.0%
20.0%

30.0%
40.0%
50.0%

60.0%
70.0%
80.0%

90.0%
100.0%

Fee Analysis – A0998 Revenue
Future EMS Economic Model

- Per Member/Per Month (Capitation)
  - No FFS billing
- Shared Savings
  - Total cost of care reduction
  - Case-rate reduction

Happening Now...

[Company Logos]

EMS 3.0 Transformation
Commercial Insurers

- commercial insurance as a market-driven industry
- risk management and economic assessment of operations
- alternative viewpoints of public versus private medical insurance
- national discussion of health care reform
- governmental attempts to control costs

Success = \[ \sum \left( \frac{\text{Value Created}}{\text{Resources Consumed}} \right) \times \text{Perception} \]