

Financial Sustainability of Mobile Integrated Healthcare



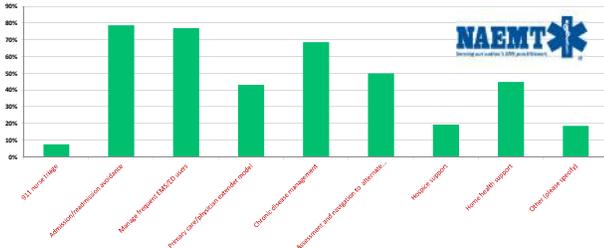
EMS-Based Mobile Integrated Healthcare

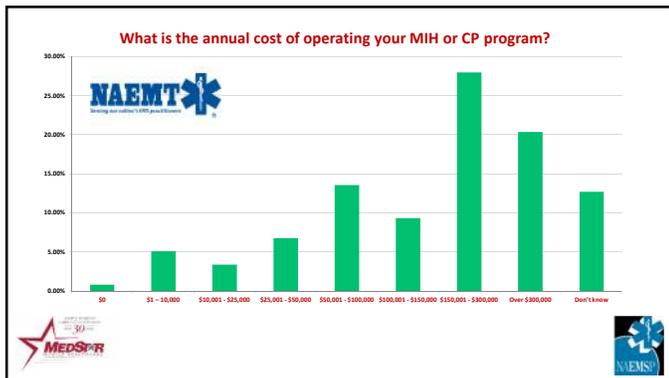
- Community Paramedicine
- 911 Nurse Triage
- Alternative Response
- Alternative Destinations

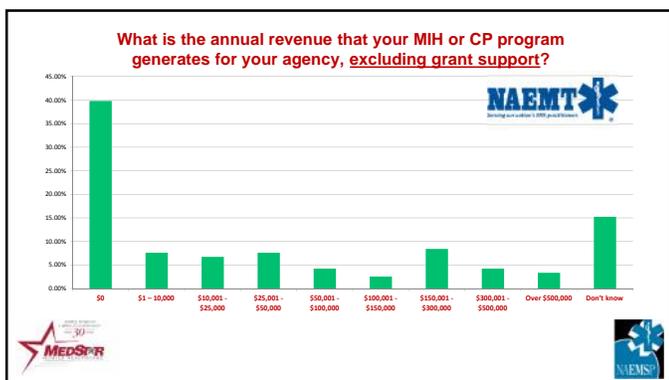
Courtesy of Dan Swoyze

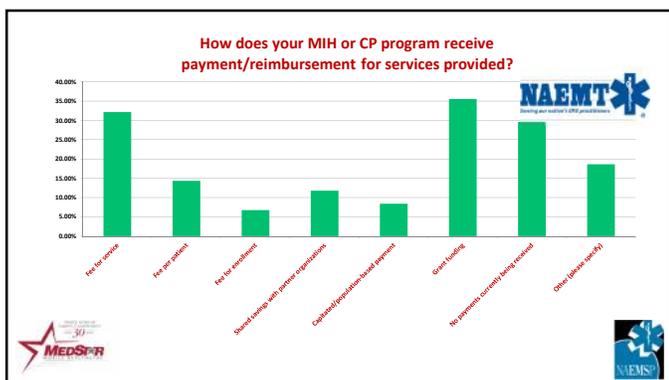


Which of the following describes your agency's MIH or CP program?









How Can You Demonstrate Value to Healthcare Providers and Payers?



Who's Paying?

- **Hospitals** {*Reduced penalties and uncompensated care*}
 - Readmission prevention
 - Super Utilizers
 - BPCI programs
- **Home Health** {*More referrals; narrow network contracts*}
 - Preventable ED and admission reduction
 - 9-1-1 Notification and care coordination
 - After hours back-up support



Who's Paying?

- **IPAs** {*Shared risk contracts*}
 - Readmission prevention
 - Super Utilizers
 - BPCI programs
- **Hospice** {*Cost of care; reduce revocations*}
 - Revocation prevention
 - 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



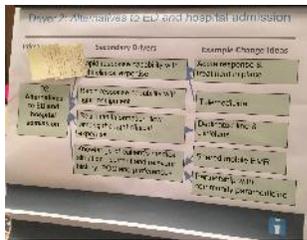
Who's Paying?

- **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.



https://www.abqjournal.com/1009425/blue-cross-paramedic-program-cuts-er-overuse.html?__prcl=1fWRWVQ1

New Riders of the Purple Sage: Community Paramedicine

BCBS of New Mexico Blog
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.



<https://connect.bcbsnm.com/making-it-work/b/weblog/posts/community-paramedicine>

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.



<https://connect.bcbsnm.com/making-it-work/b/weblog/posts/community-paramedicine>

Future EMS Economic Model

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



Happening Now...





Advancing the EMS profession

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EMS 3.0 Transformation

What is EMS 3.0?

EMS 3.0 is an EMS industry initiative to help EMS agencies and practitioners understand the changes that are needed in EMS to fully support the transformation of our nation's healthcare system and to provide best and necessary care to help them implement these changes.

- American healthcare system is broken and needs fixing. The best way we can fix our healthcare system is by changing the way care is delivered and coordinated across the spectrum of healthcare providers and facilities. EMS must be a part of the solution.
- Today, EMS operates in communities across the country as a trusted and essential medical provider. EMS provides advanced care to homes and throughout the community, following rapid and reliable medical assessment, care and transportation.
- Many of the patients who EMS providers care for are not in need of emergent medical interventions, but rather from medical needs that can be better addressed through actions other than transporting their patients to an emergency department (some examples of these actions can include care coordination, community resource acquisition, and facilitation of transportation to appropriate healthcare facilities).



EMS 3.0 Economic Value Proposition Statements

City Council/Tax Payer

- Cost Savings**
- Reduce the cost of EMS services by increasing the number of EMS calls that are responded to by the fire department.
 - Reduce the cost of EMS services by increasing the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.
- Cost Reduction and Population Benefit**
- Reduce the number of EMS calls that are responded to by the fire department.
 - Reduce the number of EMS calls that are responded to by the fire department.
 - Reduce the number of EMS calls that are responded to by the fire department.
 - Reduce the number of EMS calls that are responded to by the fire department.
 - Reduce the number of EMS calls that are responded to by the fire department.
- Revenue Generation**
- Increase the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.



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EMS 3.0 Economic Value Proposition Statements

Hospital

- Cost Savings**
- Reduce the impact of reimbursement and value-based performance penalties.
 - Reduce the impact of reimbursement and value-based performance penalties.
 - Reduce the impact of reimbursement and value-based performance penalties.
- Revenue Generation**
- Reduce the impact of reimbursement and value-based performance penalties.
 - Reduce the impact of reimbursement and value-based performance penalties.
 - Reduce the impact of reimbursement and value-based performance penalties.
- Patient Satisfaction and MIPS**
- Reduce the impact of reimbursement and value-based performance penalties.
 - Reduce the impact of reimbursement and value-based performance penalties.
 - Reduce the impact of reimbursement and value-based performance penalties.



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EMS 3.0 Economic Value Proposition Statements

Home Care Agencies

- Revenue Generation**
- Increase the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.
- Cost Savings**
- Reduce the number of EMS calls that are responded to by the fire department.
 - Reduce the number of EMS calls that are responded to by the fire department.
 - Reduce the number of EMS calls that are responded to by the fire department.
- Patient Satisfaction**
- Increase the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.
 - Increase the number of EMS calls that are responded to by the fire department.



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EMS 3.0 Economic Value Proposition Statements

Commercial Insurers

Cost Savings

- Reduce expenditures for preventative E3 visits
 - 1. Efficient triage and pre-arrival assessment of scope of illness
 - 2. Effective adaptation of patients accessing 911 or low acuity medical conditions through the use of mobile health care resources.
- Reduce expenditures on preventable hospital admissions through safe practices.
 - 1. Increase effectiveness of discharge instructions by educating EMS providers to use educational tools to help patients and their family.
 - 2. Increase access to the appropriate care through the EMS provider.
- Reduce costs for emergency department admissions.
 - 1. Increase proper Emergency Department triage by educating emergency patients to be scheduled and taken to proper treatment settings, such as primary care offices or urgent care centers.
 - 2. Increase patient satisfaction through post-discharge follow-up visits by EMS.

Revenue Generation

- Increase patient volume through better patient engagement and community outreach.
 - 1. Utilize enhanced EMS outreach methods available through the local EMS agency.




$$\text{Success} = \sum_{\text{Insight}}^{\text{Action}} \left(\frac{\text{Value Created}}{\text{Resources Consumed}} \right) \text{Perception}$$









