Home Remedies: Recidivism and the Affordable Care Act

Marc Eckstein, MD, MPH
Medical Director- LAFD
Professor of Emergency Medicine
Keck School of Medicine of USC
EMS Super-Users
(aka Frequent Flyers)

- Top 20 EMS users accounted for 2,100 medical incidents and 1,900 transports (1% of total)
- The median age of these super-users was 51 years old, and only one individual was >65 years of age
- Each patient was transported to an average of 10 different hospitals (range 3-22 hospitals)
80% of super-users had some form of insurance, though only 10% of transports resulted in any payments

<table>
<thead>
<tr>
<th>Super-user Financial Findings</th>
<th>US Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Group Charges</td>
<td>$2,421,007</td>
</tr>
<tr>
<td>Total Group Payments</td>
<td>$231,100</td>
</tr>
<tr>
<td>Unpaid Balance</td>
<td>$2,189,907</td>
</tr>
</tbody>
</table>
EMS:
We don’t want repeat customers!

• Get these patients the help that they need
• Decrease call load
• Free up emergency resources
• *Stop the bleeding*
Impact on current challenges

• Supply and demand
• ↑ call load
• ↓ # ERs
• ↓ # in-patient beds
• ↑ turnaround time
Ambulance Patient Offload Delays

• Becoming a very significant issue for the LAFD
• LAFD has been tracking “wall time” since 2001
• Given ↑ call load and ↓ # of EDs, wall time is increasing
• 2001 – equivalent of 2 ambulances out of service per day
Data trending

2012
- Total EMS incidents = 333,333
- Total transports = 204,735
- Total hrs NAV Beds = 28,239
- Avg hrs NAV Beds daily = 77

2013
- 339,379 (↑ 2%)
- 208,553 (↑ 2%)
- 36,627 (↑ 30%)
- 100
RA814 WAITING FOR BED FOR 2 HOURS

1983 MARENGO ST
515.2784  P=RA814
1302  INVESTM  FS2  02/17  22:07
Crowded ERs Put Patients on Hold

L.A. County: Paramedics say long waits, which can stretch up to five hours, endanger lives. Officials contend the critically ill are seen immediately.

By CHARLES ORNSTEIN

Overcrowding in Los Angeles County emergency rooms is forcing patients brought by ambulance to wait up to five hours in hospital hallways and lobbies, cared for by paramedics rather than doctors or nurses.

Paramedics and ambulance workers with six months or less of formal training often are the only ones watching over patients who are seriously ill or even dying—a task many say is far beyond their ability.

"People call 911 and they think if we bring them in, they'll get seen by the doctor faster," said Los Angeles Fire Department paramedic Rudelle Wright, who waited more than two hours last week with a respiratory patient at Martin Luther King Jr. Davis Medical Center.

"That's not the case."

Hospital officials say the most critically ill patients are treated immedi-
ately. But paramedics and some emergency physicians say the congestion is endangering patients' lives.

The danger extends beyond the ER. While paramedics are waiting for a bed to open up in the emergency room, ambulance responses are often delayed in the communities they serve. If an ambulance is taken out of commissio

A contemplate situation was mentioned.
California hospital’s ED volume grew by 20% over five years

California Hospitals' ED Volume

Source: OSHPD EMS Utilization Trends
Non-Admit ED drives the volume increase and growing at a rate greater than admit ED

California Hospital ED Volume
Non-Admit versus Admit

Source: OSHPD EMS Utilization Trends
Where does the Affordable Care Act fit in?

• Hospitals no longer reimbursed for readmissions within 30 days
• Financial incentive to keep patients out of the hospital
• Agreements with EMS provider agencies to provide preventive care
Approach

• Collaborate with other stakeholders
  – Hospital leaders
  – Mental health
  – Homeless outreach
  – Health services
  – Law enforcement
  – Civic leaders
  – Politicians
Models

- Community Practice Paramedics
- Preventive care
- Mid-level providers
  - Treat and release
  - Treat and refer
Paramedics have replaced physicians making house calls

- Most EMS calls are not time-critical
- Paramedic curriculum and training are focused on
  - Resuscitation
  - Stabilization
  - Transport
What providers are best trained in urgent care?

- Role for mid-level providers in the field?
- Work autonomously
- Training is precisely geared toward *urgent care*
- AlternaGve transport vs. *No-Transport*

Mountain Vista NP, fire station join forces to respond to 911 calls
Realigning reimbursement policy and financial incentives to support patient-centered out of hospital care.

*JAMA* Feb 20, 2013

- Between 7-34% of Medicare patients transported by EMS to an ER *could have been transported to an alternate destination*
- Medicare only allows reimbursement for transport (median $464) and many private insurers follow Medicare guidelines
- National EMS expenditures on Medicare is $5.2 billion annually
EMS must evolve with the changing demand

• Can we dispatch paramedics only for those calls which are likely to be time-critical?
• How accurately can we identify these calls?
• Nurse in dispatch vs. Nurse Practitioner on scene
Paradigm shift

• Re-configure your system
• Are we sending firefighters and paramedics when the patient only needs a social worker?
• Medication refill
• Wellness check for chronic diseases
• Waiting for the bell to ring or can we provide preventive care?
How responsive is your agency to change?

- Healthcare in the US is undergoing radical change
- Innovate or become extinct
- Fire-based EMS
  - Resistance to change
- Tradition-based delivery model
- Dept organization focused on ever-decreasing structure fires
Summary

• EMS recidivism by super users account for a disproportionate number of EMS responses.
• The financial penalties associated with ACA may serve as a catalyst to get these patients the help they need and free up EMS resources.
• EMS must partner with multiple stakeholders to innovate and provide the *most appropriate* response rather than the traditional response to their patients.
Thank you

eckstein@usc.edu