Pragmatic Practices or Precarious Prescription?

Impact of Oregon Health Care Reform on Multnomah County EMS
Oregon Health Plan History

• The Oregon Health Plan was conceived and realized in 1993

• It was intended to make health care more available to the working poor, while rationing benefits.
# Health Care Spending

Oregon's total health care bill climbed an estimated 15 percent between 2006 and 2008.

<table>
<thead>
<tr>
<th>Category</th>
<th>2006*/$16.8 billion</th>
<th>2008*/$19.3 billion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$3.4</td>
<td>$4</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$1.9</td>
<td>$2.2</td>
</tr>
<tr>
<td>Employer-sponsored health</td>
<td>$6.4</td>
<td>$7.3</td>
</tr>
<tr>
<td>insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual health insurance</td>
<td>$.5</td>
<td>$.6</td>
</tr>
<tr>
<td>Household out-of-pocket</td>
<td>$2.3</td>
<td>$2.6</td>
</tr>
<tr>
<td>Other federal</td>
<td>$1.4</td>
<td>$1.6</td>
</tr>
<tr>
<td>Other state</td>
<td>$.9</td>
<td>$1</td>
</tr>
</tbody>
</table>

*Figures are estimates

Source: Office for Oregon Health Policy and Research

MICHAEL MODE/THE OREGONIANIAN
Health Care Innovation Awards: Oregon

Notes and Disclaimers:

- Projects shown may also be operating in other states (see the Geographic Reach).
- Descriptions and project data (e.g., gross savings estimates, population served, etc.) are 3-year estimates provided by each organization and are based on budget submissions required by the Health Care Innovation Awards application process.
- While all projects are expected to produce cost savings beyond the 3-year grant award, some may not achieve net cost savings until after the initial 3-year period due to start-up costs, change in care patterns and intervention effect on health status.
ACA + CMS : Oregon Health Plan

• In a special experiment the Obama Administration gave Oregon almost $2 billion to come up with its own system to coordinate care better.’

• The idea is to get doctors, nurses, hospitals and other caregivers to work together – and get paid well -- to keep people healthy and to get rid of wasteful, unnecessary care.
What is unique about Oregon Health Plan 2012 Proposal

• Access to Care
  • Insurance
  • Clinics
  • Hospital
  • Primary care provider

• How care is actually delivered
Oregon Tri-County Health Commons Summary

• Funding Amount: $17,337,093
  Estimated 3-Year Savings: $32,542,913

• To Develop Medicaid Coordinated Care Organization (CCO)

• Payer: Care Oregon

• Providers: All health care providers in the metropolitan Portland Region

• Public Health: Multnomah, Clackamas, Washington County
Oregon Health Plan: Coordinated Care Organizations

• CCO is a network of all types of health care providers who are working together for people who receive health care coverage under the Oregon Health Plan.

• CCOs focus on prevention of illness and disease and improving care to keep patients healthy and to manage existing health conditions.
Current System: The Problem

Lower Acuity Patients
- 5% - 10% of 911 calls may qualify for Alternate Care Services

Frequent Users

At-Risk Patients At Risk for Hospital Readmission

5% of patients account for 50% of health care costs - S. Cohen, et.al.
Current System: Why people call 911?

• It’s what we’ve taught them to do.
• No access to care
• Only medical care open at time
• Unable to get into see their primary care clinic
• They believe they are having an emergency.
• Unmet social – psychiatric needs.
• Because their doctors tell them to.
Portland EMS Initiatives

• High Readmission Risk
  • TVF&R Mobile MH and Mobile IHC Pilots
  • Kaiser & Metro West Pilots
• Frequent Users
• Lower Acuity
Alternate Care Options

Community Healthcare Program

EMS - Low Acuity Triage

Mobile Integrated Healthcare Practice

Medical Consult

Clinic Appt,

Rx & Release

911 - Nurse Triage

EMS Timeline
Alternate Destination and Alternate Transportation (ADAT) Pilot Program

• Goal: Triage right patient to Right resource at Right time
EMS – Low Acuity Triage

• Estimated Cost per Call + Clinic Appt. = $500
• Traditional EMS Response and Transport to ED = $1,000 to $2000

• 60,000 EMS transports in Multnomah County, assuming 10% of transports in Multnomah County, cost savings approximately $3,000,000 per year.
MCEMS Alternative Destination and Transport Project Summary

• Paramedics triage in field by protocol
  • If lower acuity problem identified and patient qualifies, then offered alternative to ED

• Coordination Center finds same day appointment

• Non-ambulance round-trip transportation arranged
Alternative Destination and Transport Project Components

• Field Protocols Developed
• Paramedic Training (4 hours)
• Multiple Non-ED clinical sites engaged
  • Federally Qualified Health Centers
• Medicaid Health Plans agree to payment for field triage- HSO, Family Care
Welcome to the Alaska CHAP Program

The Community Health Aide Program (CHAP) consists of a network of approximately 550 Community Health Aides/Practitioners (CHA/Ps) in over 170 rural Alaska villages. CHA/Ps work within the guidelines of the 2006 Alaska Community Health Aide/Practitioner Manual in assessing and referring members of their communities who seek medical care and consultation. Alaska CHA/Ps are the frontline of healthcare in their communities.
NORTHERN ROCKIES INTERAGENCY
INCIDENT MEDICAL SPECIALIST PROGRAM

TEAM INFORMATION

Qualified R1 - IMS
Alternate R1 - IMS
Dispatch Procedures
Team Schedule

FIRE SEASON STATISTICS
ADAT Cardinal Conditions

- Age > 64 or < 5 years
- Loss of consciousness
- Compromised airway or respiratory distress
- Uncontrolled bleeding
- Sustained abnormal vital signs
- Abnormal vital signs
- Appears ill
- Pregnancy over 20 weeks
- Immunocompromised
- Chemotherapy
- Dialysis
- On immunosuppressant or steroids
- HIV
- Transplant
- Acute intoxication
- Suicide attempt
- Child/elder abuse
- Behavioral disorder
ADAT Clinical Presentations

- Hypertension
- Eye
- Ear pain
- Nose bleed
- Sore throat
- Dental Pain
- Asthma
- Bronchitis
- Diarrhea
- Dysuria

- Musculoskeletal Pain
- Low back pain
- Burns
- Cellulitis
- Laceration
- Hypoglycemia
- Seizures
5. **SORE THROAT ACUTE**

<table>
<thead>
<tr>
<th>HK</th>
<th>PE</th>
<th>DDX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset of symptoms (gradual or acute)</td>
<td>Fever / tachycardia</td>
<td>Acute epiglottis</td>
</tr>
<tr>
<td>Duration and severity</td>
<td>Toxicity</td>
<td>Acute retropharyngeal abscess</td>
</tr>
<tr>
<td>Accompanying upper respiratory symptoms (rhinorrhea or coryza)</td>
<td>Airway patency</td>
<td>Tonsillar or peri-tonsillar abscess</td>
</tr>
<tr>
<td>Difficulty swallowing</td>
<td>Pharynx</td>
<td>Foreign body</td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td>Tonsils / exudates</td>
<td>➢ Children (food or objects)</td>
</tr>
<tr>
<td>Hoarseness</td>
<td>Cervical lymph nodes</td>
<td>➢ Adults (more often food, e.g. chicken or fishbone)</td>
</tr>
<tr>
<td>Previous strep throat</td>
<td>Neck swelling</td>
<td>Burns</td>
</tr>
</tbody>
</table>

**Triage Matrix**

<table>
<thead>
<tr>
<th></th>
<th>ED</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Ill appearing</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Severe pain</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hoarseness</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Difficulty with breathing or swallowing</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Able to open mouth</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Swelling around tonsils</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Neck swelling</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>HX</td>
<td>PE</td>
<td>DDX</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Visual acuity (loss of vision, decreased, one eye vs. both eyes)</td>
<td>Visual acuity</td>
<td>Vision loss</td>
</tr>
<tr>
<td>Pupil size and reaction</td>
<td>Eyelids</td>
<td>➢ Central retinal artery or vein occlusion</td>
</tr>
<tr>
<td>Extra ocular movements</td>
<td>Pupils (size and reactivity)</td>
<td>➢ Vitreal hemorrhage</td>
</tr>
<tr>
<td>Erythema</td>
<td>Extra ocular movements</td>
<td>➢ Retinal detachment</td>
</tr>
<tr>
<td>Pain (location, onset, duration, progression)</td>
<td>Lids (upper and lower)</td>
<td>➢ Foreign body / trauma</td>
</tr>
<tr>
<td></td>
<td>Sclera</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cornea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anterior chamber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hx of glaucoma or other eye history</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>ED</td>
<td>Clinic</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Penetrating trauma</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Chemical burns</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Decreased vision</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>History of glaucoma</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Severe pain</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Pain response to topical anesthetic</td>
<td>NO (pain persists)</td>
<td>YES</td>
</tr>
<tr>
<td>Nausea / vomiting</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Eyelids</td>
<td>Abnormal or swollen</td>
<td>Normal</td>
</tr>
<tr>
<td>Pupil response</td>
<td>Abnormal (sluggish)</td>
<td>Normal</td>
</tr>
<tr>
<td>Conjunctivae</td>
<td>Injected</td>
<td>Injected</td>
</tr>
<tr>
<td>Cloudy or abnormal cornea</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
MCEMS ADAT Results to Date

• Enrollment lower than expected
• Anticipated 10-15 patients per month
  • Actual: 1-2 patients per month (total of 6)

• Successfully identified patient
• Successfully coordinated patient movement to clinic
MCEMS ADAT Results to date

• Barriers identified
  • Lack of insurance
  • Clinics not open
  • Age
EMS Frequent Users
Key Program Components
GAO: Medicaid Expenditures

Percent of Total Medicaid Expenditures on Beneficiary Spending Groups, Fiscal Year 2009

- Total Medicaid enrollees: 64.4 million
  - High-expenditure Medicaid-only beneficiaries: 4.3%
  - All other Medicaid-only beneficiaries: 81.2%
  - High-expenditure dual-eligible beneficiaries: 13.8%

- Total Medicaid expenditures: $314.3 billion
  - High-expenditure Medicaid-only beneficiaries: 31.6%
  - All other Medicaid-only beneficiaries: 33.1%
  - High-expenditure dual-eligible beneficiaries: 13.3%
  - All other dual-eligible beneficiaries: 21.9%

Source: GAO analysis of Centers for Medicare & Medicaid Services data.
Who Cares for the Poor?

**EDs are Disproportionately Used by the Poor for Acute Care**

- **Active physicians (597,430)**
  - ER Docs
  - Primary care MDs
  - Specialists

- **All acute care visits (273 million)**
  - ER Docs
  - Primary care MDs
  - Specialists

- **Acute care visits by Medicaid and SCHIP pts. (39 million)**
  - ER Docs
  - Primary care MDs
  - Specialists

- **Acute care visits by the uninsured (24 million)**
  - ER Docs
  - Primary care MDs
  - Specialists

**SOURCE:** Pitts, Carrier, Rich and Kellermann. *Health Affairs*, Sept 2010
Tri-County 911 Service Coordination Program (TC911) Goal

Connect to Mental Health, Aging & Disability, Primary Care Provider, etc.
  • Right care, right place

• Referrals:
  • Weekly data reports
  • From fire/ambulance agencies

• Staffing:
  • 4 LC Social Workers
TC911 Eligibility & Interventions

• What staff do:
  • Provider notification/consult
  • Multi-system care coordination
  • Short-term intensive case management (3-6mos)

• Client Eligibility:
  • Clackamas, Washington, Multnomah residents,
  • 6+ EMS incidents in 6 mos., and
  • Health Share of Oregon/Medicaid*
TC911 Client Profile & Outputs

• 50% significant alcohol and/or drug impairment
• 50% mental health condition (psychosis, SI)
• 25% no primary care provider
EMS Transports Before and After Social Work Intervention
September 2012- December 2013
27 Clients

221 EMS Transports After
432 EMS Transports Before

# of EMS Transports

Months
MCEMS Potential Cost Savings

EMS Cost  $1000.00
ED Cost    $500.00

Cost savings over 4 months – $316,000.00

Cost savings over 12 months = $1,266,000
Summary

• System wide case management of frequent EMS users is one of the most cost effective interventions

• EMS triage of patients presenting with lower acuity symptoms are a promising cohort but safety and cost efficiency remains to be proven
The END