Transitioning
To Transitional Care
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Wake County EMS System
Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care

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Innovative models of payment and care delivery are increasingly being used to expand access, improve quality, and reduce medical costs. Although traditional fee-for-service medicine favors doing more than is necessary, newer payment models aim to realign incentives to decrease utilization and increase efficiency. However, little consideration has been given to how fee-for-service reimbursement can be realigned in out-of-hospital care to limit the ability of emergency medical services (EMS) to provide more patient-centered care and reduce downstream health care costs.

Retrospective studies estimate that between 7% and 3% of Medicare patients transported by ambulance to an emergency department could have been safely treated in an alternate setting. However, Medicare and other payers provide no reimbursement for out-of-hospital care including response, transport, and patient assessment and treatment unless the patient is transported to an emergency department. The Medicare ambulance billing guidelines state: “The Medicare ambulance benefit is a transportation benefit and nothing more. The fee is based on the number of miles traveled and the time of travel.” This provides an incentive to emergency departments to transport patients with no benefit to the patient or the health care system. In addition, a patient-centered approach might be something other than transportation to an emergency department. The patient with hypotension might benefit from hydration and observation; the patient with shortness of breath might benefit from oxygen and coordination of care with a primary care physician. The patient with acute chest pain might benefit from stabilization and transport to the cardiac center. Neither of these alternatives approaches would be reimbursed under existing rules. Instead, for EMS to collect $65.40 reimbursement, the EMS agency triggers an extra reimbursement visit at an average societal cost of $969. The goal of reimbursement reform should be to realign incentives so that EMS agencies are not financially penalized for offering the patient the most medically appropriate option and offering society the highest value intervention.

Financing Out-of-Hospital Care

National EMS expenditures from Medicare are approximately $3.3 billion per year. Although this is less than 1% of total Medicare expenditures, there are considerable downstream health care costs associated with patient transport to emergency departments. In 2010, the average EMS agency receives 42% of its operating budget from Medicare, 19% from commercial insurers, 12% from Medicaid, and 4% from private pay; it requires approximately 23% additional subsidies, most of which is provided by local taxes. Thus, more than three-fourths of EMS revenue is generated from fee-for-service reimbursement, the service being transportation, not necessarily medical care.

However, approximately 36% of EMS responses do not result in a transport, including situations in which patients refuse because their condition was effectively treated by

Given by Alpert, Kristy G. Morganti, Gregg S. Margolis, Jeffrey Wasserman, and Arthur L. Kelleman

By Abby Alpert, Kristy G. Morganti, Gregg S. Margolis, Jeffrey Wasserman, and Arthur L. Kelleman

Giving EMS Flexibility In Transporting Low-Acuity Patients Could Generate Substantial Medicare Savings

ABSTRACT

Some Medicare beneficiaries who place 911 calls to request an ambulance might safely be cared for in settings other than the emergency department (ED) at lower cost. Using 2005–09 Medicare claims data and a validated algorithm, we estimated that 12.9–16.2 percent of Medicare-covered 911 emergency medical services (EMS) transports involved conditions that were probably nonemergent or primary care treatable. Among beneficiaries not admitted to the hospital, about 34.5 percent had a low-acuity diagnosis that might have been managed outside the ED. Annual Medicare EMS and ED payments for these patients were approximately $1 billion per year. If Medicare had the flexibility to reimburse EMS for managing selected 911 calls in ways other than transporting to an ED, we estimate that the federal government could save $283–$560 million or more per year, while improving the continuity of patient care. If private insurance companies followed suit, overall societal savings could be twice as large.
Wake County EMS APP Program

The Three R’s

**Respond:** Critical medical emergencies require an experienced paramedic

**Redirect:** Not all patients need an emergency dept. evaluation

**Reduce:** Well-person checks for diabetic patients, CHF patients, etc.
The Opportunity

- **CCWJC is the Community Care network for Wake and Johnston Counties**
  - 170 Primary Care Practices.

- **CCWJC serves approximately 123,000 recipients including:**
  - NC Health Choice
  - Carolina Access Medicaid
  - Carolina Access Medicaid/Medicare
  - Commercially insured patients
  - Uninsured patients
Embedded hospital Care Manager (CM) notifies APP of CHF related discharge

Home visit(s) by APP
- general assessment
- med reconciliation
- red flag education
- assess barriers to care

Joint Home visit(s) by CM and APP

Home visit(s) by CM
- Wake EMS Patient Satisfaction survey

24 hours prior
within 1-2 days
within 7 days
Remainder of 30+ day follow-up

30 Day Transition Period
Case - 46 y/o patient with CHF

- Admitted > 200 days during 2014-2015,
- Enrolled in pilot program in April, 2015
  - Health care expenses:
    - 3 months prior to intervention: $103,409
    - 3 months after intervention: $557

Initial Actions
- APPs first visit within 24 hours of discharge
- Discovered medication gap and worked with care manager to resolve
- Provided immediate red flag education and monitoring
- Joint home visit completed by APP/CCWJC within 4 days
Comparison of Inpatient Claim $$ and Volume
0-9 Months Prior vs. 0-9 Months Post Start Date
Admit Date At Least 9 Months Ago
Non-Dual (N = 14)

<table>
<thead>
<tr>
<th>Paid Amounts</th>
<th>0-9 Months Pre</th>
<th>0-9 Months Post</th>
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<tr>
<td>$157,250.65</td>
<td></td>
<td>$100,403.67</td>
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28 vs. 10
How was your overall satisfaction with our service?

- Outstanding: 31 responses
- Met Expectations: 1 response
- Exceeded my Expectations: 3 responses

Number of survey responses: 35
STOPPING THE REVOLVING DOOR OF NARCOTIC ABUSE

Kenneth A Scheppke, MD
Medical Director
Palm Beach County Fire Rescue
• How do we currently treat narcotic overdose?

• Is there a way to prevent repeat narcotic overdose?
IS THIS A NATIONAL PROBLEM?
THE NEXT EPIDEMIC…

25 Million Substance Users in USA
4 Million Addicted
PBC Data: 2/3 have Hep C
HIV Rates Rising Rapidly
HOW DO WE CURRENTLY DEAL WITH OVERDOSE PATIENTS?

• Palm Beach County EMS Spent about $500,000.00 on Narcan in 2016
• Narcan is over the counter drug now
• Police have Narcan
• Addicts and their friends and family have Narcan
• But the death rate keeps rising…..
THE REVOLVING DOOR
IS SUBSTANCE USE DISORDER A DISEASE OR A CHOICE?
THREE STRIKES RULE FOR DIABETICS??
IS OCD A CHOICE?
HOPE ON THE HORIZON

• DATA Passed 2000 Allows for treatment outside of federal drug centers (methadone clinic)

• Buprenorphine approved by DEA for MAT of withdrawal
BARRIERS TO CARE

• Lack of insurance/financial resources
• Lack of transportation
• Lack of program space
• Pain/fear of withdrawal
• Lack of positive support structure
PALM BEACH COUNTY MAT PILOT PROGRAM
RESULTS TO DATE

- Over 50 Patients enrolled
- 3 lost to homelessness and inability to locate patient
- Several stopped taking meds due to advice of NA support groups since they were not “Clean” while taking it

Percent Sobriety

- Abstinence Programs: 10%
- Suboxone Plus Counseling 30 Days: 76%
- Suboxone Plus Counseling 6 Months: 56%
6 MONTH PRE AND POST 911 UTILIZATION

Percent Change in 911 Utilization for Drug Related Complaints

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Graduates</th>
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<tbody>
<tr>
<td>Percent Change in 911 Utilization for Drug Related Complaints</td>
<td>-27.78%</td>
<td>-81.82%</td>
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</table>

28%  

82%
THE EFFECT OF TREATING
CHRONIC ILLNESS WITH
EVIDENCED BASED
MEDICINE

3 Weeks
Before
After
Treatment
Treatment
RESOURCES FOR MORE INFORMATION

- https://www.naabt.org/education/literature.cfm

- http://www.samhsa.gov/