MEMPHIS FIRE DEPARTMENT

RADAR

RAPID ASSESSMENT, DECISION AND REDIRECTION

A COMMUNITY PARAMEDICINE PROGRAM
Non-emergency use of Emergency Medical Services (EMS)

One in five 911 calls are low acuity

25,000 non-emergency calls a year

Unnecessary risks + Unsustainable costs
The RADAR Response

Paramedic and Physician Dispatched, Self Deploy, or Field call
The RADAR response protocol

1. Assessment
2. Decision
3. Treatment
4. Redirection
880 calls handed by RADAR

147 average per month

808 RADAR responded to 20% of low-acuity 911 calls*
96% of RADAR calls were low acuity

Half of RADAR calls were coded 26-Alfa
73% of RADAR callers have Medicaid, Medicare, or both subsidized insurance.

<table>
<thead>
<tr>
<th>Most frequent providers</th>
<th>#</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>United Health Care</td>
<td>175</td>
<td>20%</td>
</tr>
<tr>
<td>BlueCare</td>
<td>157</td>
<td>18%</td>
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<tr>
<td>AmeriGroup</td>
<td>88</td>
<td>10%</td>
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</table>
Only 38% of RADAR patients did not have a PCP

- RADAR attempted to connect these callers to a PCP
- 60% of PCP appointments were made through Resurrection Health
RADAR was 62% more effective at resolving Alpha calls without EMS transport.

RADAR reduced ambulance transport of low-acuity calls.
Three in five RADAR patients redirected from ED visit.

RADAR redirected 524 low acuity callers away from ED visits.

RADAR cut low-acuity ED visits by half (47%).

RADAR redirected 524 low acuity callers away from ED visits.
RADAR reduced ED transport costs

Saving over $100,000

110

NON-AMBULANCE TRANSPORTS TO ED
RADAR responds to “Frequent Flyers”

80% of RADAR callers did not re-engage 911 within a week.
RADAR connected 42% of callers to more appropriate health care providers.

9 in 10 callers who scheduled a PCP appointment with RADAR assistance kept their appointment.
With a full-time physician on-board, RADAR costs 27% less than an ambulance per call.