

CASE STUDY

Colorado Springs Fire Department

Partnering with hospitals, Medicaid care coordination organization to reduce 911 calls

With medical 911 calls increasing by about 8 percent annually and data showing that about 50 percent of 911 responses are for non-urgent situations, Colorado Springs Fire Department, which answers 60,000 calls annually, wanted to find ways to redirect some of those callers to resources other than the emergency department.

As a first step, in 2012, the fire department, in partnership with University of Colorado Health-Memorial Hospital and Centura Health System's Penrose-St. Francis Hospital, set out to study the reasons underlying the overuse of 911 and emergency departments. Teams made up of a physician and an EMT or paramedic went into the homes of frequent 911 users to assess the patient and their home environment. The hospitals covered the

cost of the physician time, while a Kaiser Permanente grant covered data analysis.

"We told them to look, listen and connect," says Jefferson Martin, Colorado Springs Fire Department's community and public health administrator. "We quickly came to the determination that there was nothing acute medically that we needed to do during those visits." Instead, patients needed education about managing chronic diseases, lacked transportation to pharmacies or doctor's offices, or were in need of resources to assist with psychosocial or economic issues. "The easy button was 911. That system couldn't turn them away," he says.

Three months into their investigation, they determined that a physician wasn't needed for the assessments. Instead, they sent an EMT or paramedic with a nurse

or nurse practitioner, and eventually, only EMTs and paramedics.

Three in four have mental health issues

Over a one-year period, the teams visited 200 homes. Their analysis showed that three in four (77 percent) patients had mental health issues, often with other chronic medical conditions.

Calling their program CARES (Community Assistance Referral and Education Services), a name coined by Battalion Chief Mitch Snyder of Kent Fire Department in Washington, they launched a program in which EMTs and paramedics would continue the home visits, providing assistance with education and navigating patients to mental health or other community resources.

"This is about delivering the right care, at the right time, in the right place," says Dr. Robin Johnson, an emergency physician at Memorial Hospital who has since become a deputy medical director for CARES. "It is never about saying no to care, but about redirecting to the best healthcare for the patient."

With funding from Penrose-St. Francis Hospital, the fire department hired a licensed clinical social worker/behavioral health specialist to provide guidance and case management. The fire department also shifted the responsibilities of a nurse practitioner, already on staff as the fire department's quality assurance officer, to assist.

"In EMS, we are fixers," Martin says. "We don't think in terms of long-term behavioral modification, so it's great to have an expert to come in and help us. One thing we've been taught by the behavioral health specialist is that we don't want to enable or reward negative behaviors, so we are not supposed to do everything for patients. Instead, we set health goals that include steps they can take, and steps we can do for them. Our patients may have 10 issues that are contributing to the way they are accessing the system, but we try not to overwhelm

them. We have to prioritize."

Patients are seen at home up to five times. They are also given the phone number for a mental health crisis line that's answered 24-7, and a number for non-urgent problems, which goes directly to voice mail. There's a reason behind not having a live person answering those calls, Martin says. "Our behavioral health clinician has said we need to teach them how to plan ahead. The lesson is, 'We will still help you, but not in 8 minutes or less,'" he says.

In 2013, the CARES program saw 200 patients. In 2014, they upped that to 500 patients – and are seeing results. Among two-thirds of patients, 911 use dropped by 50 percent.

"We think this is a really great way of bringing hospitals, emergency services, a payer source and others together to address community needs, and that there will be payers in addition to Medicaid that will be interested in this."

– Kelley Vivian, Community Strategies Director, Colorado Medicaid Regional Care Collaborative Organization

The other third have been harder to reach, he says. "These patients are incredibly complex. For them it's not about access to primary care, or education, or transport. Those are issues we can solve," he says. "The patients we've been less successful in moving the needle on are those with medical, behavioral, mental health and substance abuse issues." As a last resort, the CARES team will enlist the help of the legal system, including law enforcement and the court system, to compel a psychiatric evaluation or commitment.

Medicaid Regional Care Collaborative gets involved

Seeking a strategy to reduce costs among frequent emergency department users, the next organization to get involved with the CARES program was the Colorado Medicaid Regional Care Collaborative Organization, or RCCO, a non-profit made up of multiple area healthcare entities that

agree to work together to improve care coordination for Medicaid patients. The RCCO pays the fire department \$1,000 per patient for a 90-day intervention, with a total of \$100,000 budgeted, and also covers the cost of a pharmacist to assist with medication reconciliation.

A pilot involving 13 patients found a 75 percent decrease in hospital readmissions during the three months post-intervention, an estimated cost savings of \$145,000 in Medicaid claims, says Kelley Vivian, the RCCO's community strategies director.

"The CARES program is a wonderful way to interact with our clients that we refer to as super-utilizers – the well-known faces in the 911 system, the emergency department

with a nurse practitioner who respond to low-acuity (Alpha or Bravo) calls, and a Community Response Team, which includes a paramedic, behavioral health clinician and law enforcement officer who respond to 911 calls that are psychiatric in nature.

The state Office of Behavioral Health provided funding, while the medical directors of the fire department, emergency department and a psychiatric facility worked together to develop protocols that enable the team to do the exam, blood draws and toxicology screening necessary to medically clear patients in the field, without needing transport to an emergency department. Launched Dec. 1, 2014, the first call came in 8 minutes later, Martin says.

Other additions to the program include one full-time and three part-time nurse navigators, whose salaries are paid for through a combination of the fire department budget; grants from Aspen Point, a behavioral health organization, and Kaiser Permanente.

With so many healthcare and community entities seeing value in the CARES program, the RCCO, Vivian says, is considering increased funding for CARES next year.

"We think there are more clients who can be served. Firefighters are trusted, thorough and they do a good job of explaining what is going on in the home back into the system of care," Vivian says. "We think this is a really great way of bringing hospitals, emergency services, a payer source and others together to address community needs, and that there will be payers in addition to Medicaid that will be interested in this."

and even in their doctor's office," Vivian says. "These are patients that need that extra level of interaction, to help them become more proactive in their health and so they can take better care of their health."

Program expands to include other teams

The next step for the fire department was expanding the program to include two additional units – a mobile urgent care unit, which includes a paramedic or EMT paired

Colorado Springs Fire Department's tips for success

- 1 **Conduct a thorough community needs assessment**, for your own information and to present to partners. "Anecdotes are not enough," Martin says.
- 2 **Collaborate and seek guidance from pharmacists**, licensed clinical social workers/behavior specialists and other healthcare specialties.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): A National Survey



IMAGE PROVIDED BY COLORADO SPRINGS FD