

Expenditure Savings Analysis (1) 9-1-1 Nurse Triage Program*Based on Medicare Rates*Analysis Dates: **June 1, 2012 - May 31, 2014**Number of Calls Referred: **1620**% of Calls Alternatively Disposed: **40.6%**

Category	9-1-1 Transports to ED		
	Base	Avoided	Savings
Ambulance Charge	\$1,668	658	\$1,097,544
Ambulance Payment (2)	\$427	658	\$280,966
ED Charges	\$904	658	\$594,832
ED Payment (3)	\$774	658	\$509,292
ED Bed Hours (4)	6	658	3,948

Total Charge Avoidance	\$1,692,376
Total Payment Avoidance	\$790,258

Per Patient Enrolled	ECNS
Charge Avoidance	\$2,572
Payment Avoidance	\$1,201

Notes:

1. Comparison based on 9-1-1 calls that received a disposition other than an ambulance to the ED
2. Average Medicare payment rec'd by MedStar
3. Base expenditures derived from AHRQ reports
4. Provided by John Peter Smith Health Network



Hospice Program Summary

As of April 30, 2014

	#	%
Referrals	154	
Enrolled	129	
Deceased	81	62.8%
Active	33	25.6%
Improved	2	1.6%
Revoked	13	10.1%

Activity:

911 calls	11
911 transports	5
ED visits	3
Direct Admits	2



Expenditure Savings Analysis CHF Program - THR & JPS Health Network

Based on Medicare Rates

Analysis Dates: **October 2010 - April 2014**

Number of Patients (1): **35**

Category	30-day CHF Hospital Utilization				Outcome Analysis	
	Base	Expected	Actual	Prevented	Rate	Reduction
ED Visits		35	13	22	37.1%	62.9%
ED Charge (2)	\$ 904	\$ 31,640	\$ 11,752	\$ 19,888		
ED Payment (2)	\$ 774	\$ 27,090	\$ 10,062	\$ 17,028		
Admissions		35	8	27	22.9%	77.1%
Admission Charge (3)	\$ 35,293	\$ 1,235,255	\$ 282,344	\$ 952,911		
Admission Payment (3)	\$ 8,276	\$ 289,660	\$ 66,208	\$ 223,452		

Total Charge Avoidance	\$ 972,799
Total Payment Avoidance	\$ 240,480

Per Patient Enrolled	CHF
Charge Avoidance	\$27,794
Payment Avoidance	\$6,871

Notes:

1. Patient enrollment criteria requires a prior 30-day readmission and the referral source expects the patient to have a 30-day readmission
2. Provided by John Peter Smith Health Network
3. 2014 CMS Provider Charge Report DRG 189



Expenditure Savings Analysis (1) High Utilizer Program

Based on Medicare Rates

Analysis Dates: January 1, 2010 - April 30, 2014

Number of Patients (2): 88

Category	CHP 9-1-1 Transports to ED		
	Base	Avoided	Savings
Ambulance Charge	\$1,668	1629	\$2,717,172
Ambulance Payment (3)	\$427	1629	\$695,583
ED Charges	\$904	1629	\$1,472,616
ED Payment (4)	\$774	1629	\$1,260,846
ED Bed Hours (5)	6	1629	9,774

Total Charge Avoidance	\$4,189,788
Total Payment Avoidance	\$1,956,429

Per Patient Enrolled	CHP
Charge Avoidance	\$47,611
Payment Avoidance	\$22,232

- Notes:**
1. Comparison based on use for 12 months prior to enrollment vs. 12 months post CHP graduation.
 2. Patients with data 12 months pre and 12 months post graduation
 3. Average Medicare payment rec'd by MedStar
 4. Base expenditures derived from AHRQ reports
 5. Provided by John Peter Smith Health Network



Expenditure Savings Analysis Obs Admission Avoidance Program

Analysis Dates: **August 1, 2012 - April 30, 2014**

Category	Obs Admits Avoided			Enrollment	
	Base	Avoided	Gross Savings	Fees	Net Savings
Average Obs Admit Expense (1)	\$ 8,046	87	\$ 700,002	\$ 17,400	\$ 682,602
ED Bed Hours	23	87			2,001

Per Patient Enrolled	Obs Admit
Payment Avoidance	\$ 7,846

Notes:

1. From North Texas Specialty Physician Records

