Frequent Flyers: Developing Community-Based Strategies to Serve Frequent ER Visitors

June 5th, 2014
Impetus for Change

• Results
  – Between June 2012 and June 2013
    • Rate of ED visits by Medicaid recipients declined by 9.9%
    • Rate of visits by frequent utilizers (5+ visits/year) declined by 10.7%
    • Rate of visits resulting in scheduled drug prescription fell by 24%
    • Rate of visits for low-acuity diagnoses declined by 14.2%
Panel

• Moderator
  – Elaine Thurnhofer, MS, RN, CPHQ, VP Quality Services, UWMedicine/Valley Medical Center

• Panelists
  – Mitch Snyder, Battalion Chief, Chief Emergency Medical Services Officer, Kent Fire Department, RFA, EMS Officer, FDCARES
  – Andrea Bloom, MSW, ED Case Manager, UW Medicine/Valley Medical Center
  – Dan Peterson, DSHS Mental Health Resource Manager, Developmental Disabilities Administration Region IIS, liaison to Western State Hospital
FD CARES

Mitch Snyder, Battalion Chief, Chief Emergency Medical Services Officer, Kent Fire Department, RFA, EMS Officer, FDCARES
Fire Department Community Assistance, Referral, and Education Services

DEFINING THE FUTURE OF THE FIRE SERVICE
Non-Emergency Medical Services Plan

Vision Statement

FDCARES has fully integrated EMS into the broader healthcare system to improve the health outcomes of individuals in need of non-emergency services. We provide the proper level of response, education, advocacy, and medical systems navigation. Utilizing a combination of public and private resources, FDCARES has increased access to the appropriate level of healthcare and social services in a timely and cost effective manner.
Defining work for the division

FDCARES staff is addressing:

- Low acuity/non-emergent 911 incident response
- Navigation of patients to lower cost, appropriate care facilities
- Proactively addressing High Utilizers of the 911 system
- Proactively addressing High Utilizers of the local Emergency Departments
- Emergency Department and Hospital admission and readmission prevention

CARE COORDINATORS
Care Coordinators

Establishing what level of training is needed for this type of work and who is best suited to perform these duties.

The Kent Fire Department will be using Firefighter EMT’s and Registered Nurses.
NEMS Response

Non-Emergency Medical Services

- Smaller response vehicles
- Appropriate response times
- Addressing chronic and incident causation
- Advocating for patients (not case management)
IPC’s take the time to determine the underlying cause of the 911 request. Determine the most appropriate solution to the problem. Stabilize patients in their home when appropriate. Navigate patients to appropriate care provider.

Primary Care  
Walk in clinics  
Urgent Care  
Crisis Clinic’s  
Sobering Clinic’s

Establish the most appropriate transportation method.

Developing long term solutions and providing a non-emergent resource for patients.

253-856-CARE (2273)

Patient needs assessment - Proactive services

Non-Emergency On Scene Objectives
Partnering with Hospitals

Avoidable readmissions

- Pneumonia
- CHF
- Acute MI
- COPD
- Geriatric Fall Patients

30 Day Readmission Prevention
Definitions:

911 high utilizer - Any patient who utilizes the 911 system 3 or more times in a 12 month period.

ED high utilizers - Any patient who is admitted to an emergency department 4 or more time in a 12 month period.

System abuser - Any patient who utilizes a combination of the 911 system and admits to an emergency department 25 or more times in a 12 month period for low acuity events.
Identifying Patients

FDCARES DATABASE: Data is a critical component for the day to day operations of NEMS.

- General Patient Information
- Clean data for optimizing patient Identification
- Proactive workload prioritization
Prioritizing Patients

Enter contact into the FDCARES Database then follow this algorithm to establish the correct Tier – Priority level.

Has the Pt called 911 THREE OR MORE times in the past 12 months?
- Yes: TIER 3 GO TO PAGE 4
- No: Has the Pt utilized an ED FOUR OR MORE times in the past 12 months?
  - Yes: TIER 4 GO TO PAGE 5
  - No: Does the Pt have a history of Substance Abuse or Mental Health Illness?
    - Yes: TIER 6 GO TO PAGE 7
    - No: TIER 2 GO TO PAGE 3

Does the Pt have a history of Substance Abuse or Mental Health Illness?
- Yes: TIER 6 GO TO PAGE 7
- No:
  - Does the Pt have a history of Substance Abuse or Mental Health Illness?
    - Yes: TIER 6 GO TO PAGE 7
    - No:
      - Does the Pt have a history of Substance Abuse or Mental Health Illness?
        - Yes: TIER 6 GO TO PAGE 7
        - No: Is the Pt a Diabetic?
          - Yes: HIGH PRIORITY 1.1.2.YR.MO
          - No: Is the Pt a Diabetic?
            - Yes: HIGH PRIORITY 1.1.3.YR.MO
            - No: Is this a fall Pt?
              - Yes: HIGH PRIORITY 1.1.4.YR.MO
              - No: Was the Pt Referred?
                - Yes: HIGH PRIORITY 1.1.1.YR.MO
                - No: TIER 5 GO TO PAGE 6
APRIL 27th 2013 - Delivered to the Governor

May 15th 2013 - Governor signed

FDCARES
LEGISLATION
➢ Relationship building
➢ Education exchange
➢ Response calculations
➢ Senior Wellness Event

Senior Assisted Living Steering Committee
Cost Savings

Hospital/Emergency Departments

- Reduced low acuity admissions and readmissions
- Reduced number of uninsured/underinsured patients
- Reduced overcrowding
- Reduced admissions and readmissions (30 day)
- Improved patient outcomes and patient satisfaction.
Partnerships

- Healthcare Partnerships
- Payer Partnerships
- Healthcare savings and sharing

Mitch Snyder
Msnyder@kentfirerfa.org

www.FDCARES.com
ED Case Management

Andrea Bloom, MSW, ED Case Manager
UW Medicine/Valley Medical Center
Public Hospital District No. 1 of King County dba UWMedicine/Valley Medical Center

- Full-service, acute care hospital located in South Puget Sound mid-way between Seattle and Tacoma
- 321 licensed beds
- 600+ physicians and mid-level practitioners of family and multi-specialty medicine
- Interventional Cardiology, Primary Stroke Care, Neuroscience Institute, NICU, Peri-natal Clinic, and The Center for Joint Replacement
- Graduate Medical Education program in Family Medicine.
- 2013 Statistics
  - ED Visits 72,392
WSHA’s ER Is For Emergencies

- 7 Best Practices for Reducing Preventable ER Visits by Medicaid Clients
  - Electronic Health Information
  - Patient Education
  - Patient Review and Coordination (PRC) Clients
  - PRC Client Care Plans
  - Narcotic Prescription Guidelines
  - Prescription Monitoring
  - Use of Feedback Information
ED Case Management

- Case Studies
- Critical Components
  - Teamwork
  - Patient Education
  - Patient Advocacy
Community Partnerships for Developmentally Disabled

Dan Peterson, DSHS Mental Health Resource Manager, Developmental Disabilities Administration Region IIS, liaison to Western State Hospital
Supporting Resilient Community Partnerships

Cross-Systems Crisis Planning for Individuals With Complex Support Needs
Partnerships With First Responders
Developmental Disabilities

- Individuals with Developmental Disabilities are apt to have complex medical needs, many times undiagnosed.
- Individuals with Developmental Disabilities have double the rate of florid mental health symptoms than found in the general population.
- Up to 35% at any given time have symptoms that meet DSM criteria for a mental health diagnosis, but if care is taken to look at the etiology of these symptoms then genetic, neurological, TBI, FAES, and pain due to medical conditions better accounts for presenting behaviors, reducing the rate of mental illness to about 15%.
Community Supports

- Individuals with developmental disabilities who live in the community receive a wide variety of supports.
- Roughly 33% of those individuals who might qualify for DDA enrollment are actually enrolled in King County, and of those enrolled about 65% receive some sort of funding through DDA.
- Almost everyone receives generic forms of support from other government and non-government sources, e.g. family supports, church communities, METRO transportation, schools, community colleges, mental health enrollment, medical care, and of course emergency response.
Public and Private Supports
SEES NO DANGER
& WANDERS AFAR

FETAL ALCOHOL SYNDROME
Your Special Child Between 12-17 Years Old

This story portrays two young bears with FAS/FAE who meet, fall in love, and must fend for themselves after leaving home at a young age. Focus is on ages twelve to seventeen.
• Liability and negative publicity factors hamper the capacity of 911 call centers to direct more nuanced responses to 911 calls.
• However, the more information provided to dispatch for either medical or law enforcement response the better the response by first responders, in general.
Smart 911 and Upcoming 911 Enhancements

- Many of our families and support agencies are starting to sign up clients who have frequent calls to 911 on the Smart 911 system.
Next Generation 911 Supports

• Texting to 911 is now being rolled out in Kitsap County.

• Eventually the capacity to send photos to 911 call centers will be included in technology upgrades, improving the capacity of first responders to identify who they are responding to.
Who Is The Staff, Who Is The Client?
• When first responders arrive how can they be supported? Some clients are tactile defensive and will escalate if touched, some may have contrary responses to directives, some may have very latent responses and so appear to not respond, some have the inability to sequence events to give a cohesive narrative of the problem.
For individuals with frequent calls to 911 we encourage families and providers to use a one page form, developed with the King County Sheriff’s Department, which gives demographic information required on police reports, a brief narrative of the modus operandi or history of presenting problems, and a brief narrative offering suggested ways of interacting with the individual.

There is a caveat that the suggestions on this form do not in any way bind responders to how they interact with the individual.
At The ER or ED

• We are requesting service providers and if possible families to go to the hospital to provide support and contextual information when needed.

• Accept in rare cases in which there is imminent danger, grave disability, or serious medical need we encourage people to look at ways of taking people home after an emergency incident.
For individuals with challenging behaviors who make frequent use of the 911 system we call cross-systems meetings and develop a protocol for how to respond.

The cross-systems meeting itself helps diffuse cross-system blaming, because there is education about the strengths and gaps we each have in our capacity to partner, and we share a common value of service provision to challenging individuals.
Summary of Supports

• Resilience starts with supporting families and service providers to access competent medical and psychiatric care, and behavior support planning.
• For high utilizers of the 911 system we first attempt to improve information to first responders at the time of the call.
• We encourage families and service providers to have brief and to the point information ready for first responders.
• We develop cross-system crisis plans to improve collaboration around challenging individuals.
In Summary

- **Serving Frequent ED Visitors**
  - Community
    - Preventive strategies in the Home for non-emergent care
  - Hospital
    - Interventional strategies in the ED to redirect care to appropriate level
  - Community
    - Special considerations for developmentally disabled population
Panel Discussion

- **Moderator**
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- **Panelists**
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**Q&A**

- Name
- Title/Position/Role
- Organization