



Montana

Community Integrated Healthcare (CIH) EMS



Montana EMS

- Approximately 150 Departments
- EMR - 137 EMT - 1835 AEMT - 746 Paramedic - 639
- Volunteers vs. paid staffing (3400)
- Fire, private, hospital based, municipality
- Reimbursement model- **transport agency**

“You call, we haul!” Approach

The calls will always continue to come in!



Medically necessary? Sick of waiting for apt?

Increasingly BLS calls.....



What do we do? How do we create change?



Community Integrated Healthcare

Patient case scenario:

EMS is called to the home of a 84 year old female that has fallen and is unable to assist herself back up.

- Lift Assist
- Transport to ED to rule out injury

Recurrent call volume for this patient

What can be done differently?

- Patient navigation Home safety inspections Life Alert?
- Care Coordination Slips, trips, & falls
- Medication reconciliation

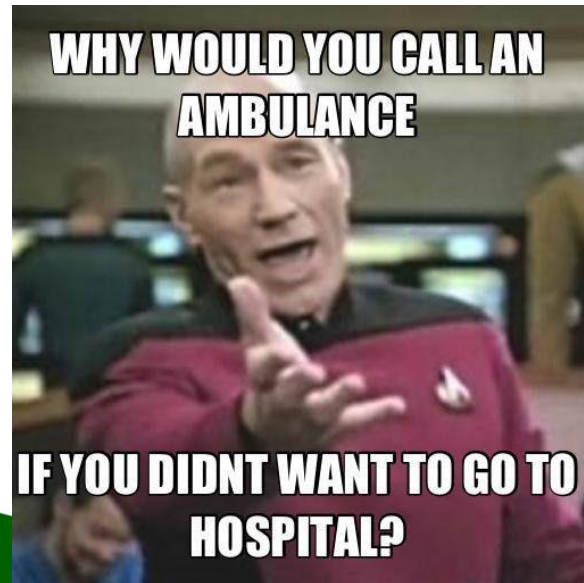
All forms of Community Integrated Healthcare-EMS



Community Integrated Healthcare-EMS

CIH, CHEMS, CP, MIH-Mobile Integrated Healthcare

- Using Emergency Care Providers to provide care in the homes or alternative destinations (EMR, EMT, Paramedic)
- Why use EMS?





CIH-EMS

What will this program do:

- Provide better patient outcomes
- Lower patient healthcare cost
- Provide access to healthcare
- Provide navigation to the complex healthcare system
- Proactive instead of reactive for EMS
- Decrease unwarranted EMS transports
- Accesses a much better relationship for EMS to other medical facilities.



The program allows EMS to work with hospitals and critical access hospitals for the team approach to the Triple Aim:

Approach to health delivery that targets:

-quality

-cost

-population health

(Major provision of the Patient Protection and Affordable Care Act)



CIH-EMS

Providing CIH-EMS we can:

- Reduce hospital readmissions
- Reduce non-essential ER visits and transports
- Reduce per patient cost

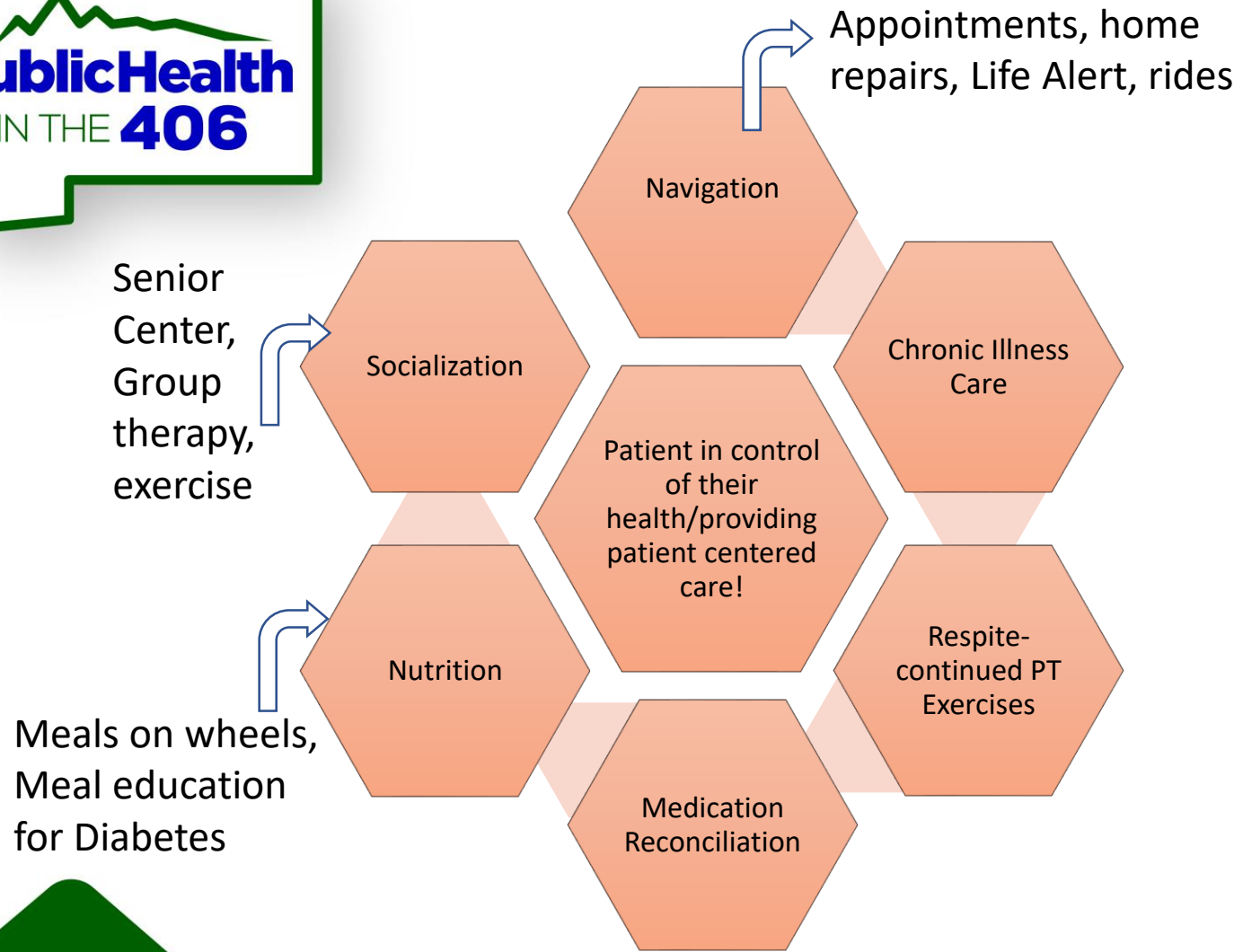
Can we save money on hospital fines, maybe that could be shared?



Example of cost savings:

- Case study: 80 year old female enrolled needing assistance from a stroke with physical deficits. (exercises, nutrition, navigation, Medication reconciliation)

1 year prior to referral to the program, she had visited the hospital 167 times, with a cost of \$147,545.64. Averaging her monthly cost to \$12,295.47. Since admission into MIH, she has visited the ED 3 times, reduced her hospital visits by 98% with a total cost of \$2,168.25.





Have you done CIH-EMS?

- Have you completed a welfare check on a patient?
- Have you checked their oxygen saturation and placed them back on their regulator, rechecking and then cancelling?
- Checked vital signs and assessed a patient at home with out transferring the patient?





TYPES OF SERVICES: (filling a gap-within protocol)

- Medication reconciliation
- Chronic illness retraining (CHF, Diabetes)
- Wound care
- End of life
- Lab draws
- Respite care
- Foley Catheter Care
- Home antibiotics
- Navigation services
- Follow-up 12 lead or vital signs
- Care coordination

Home safety assessments

Mental Health programs

Immunization clinics





Current DPHHS project:

- Legislation SB38 (establish a provider status)
- Diabetes & Cardiovascular Health Departments
- Education Specialist for CIH (5 YEARS)
- 6 pilot sites



DPPHS Pilot Program

- 6 pilot sites:
 - application process, when will it begin, and what does that look like?
 - site variety
 - 2 year period (July 2019-July 2021)
 - application selection done with a committee



DPHHS Pilot Program

After site selection:

- Training (done by June)
- CHNA
- Site specific CIH Program developed
- July begin program



DPHHS Pilot Program

- Documenting software (Image Trend)
- Referral program (Montana Connect)
- Data identified
- DPHHS Epidemiologists (3)
- Work groups (Medical Directors, Insurance)
- Goal outcomes



EMS is evolving!



ET3 New payment model from Medicare-pilot opportunity

EMS Study (sustainability)

Legislation (be heard!)

Awards program forms

Pilot sites will be announced by May 10th, 2019

Thank you!

Amie.Allison@mt.gov