

Program Purpose:

This program is a collaborative effort between MedStar Emergency Medical Services (MedStar), the Emergency Physicians Advisory Board (EPAB), John Peter Smith Health System (JPS), Tarrant County Public Health (TCPH) and the Mental Health and Mental Retardation Services of Tarrant County (MHMR).

Emergency Medical Service (EMS) providers throughout the United States are considered a key component of the health care safety net. EMS responds to all requests for service regardless of the patient's perceived medical emergency or their ability to pay.

This places the EMS system in the unique position of being able to identify frequent users of emergency medical care based on dispatch and patient care records. Once identified, EMS providers can pre-schedule visits to these at-risk patients to provide basic medical assessment and treatment designed to prevent the need for an emergency response in the future.

The MedStar CHP is a natural evolution of an EMS system to bring 'preventive' services to patients most at risk for medical emergencies.

There are three primary purposes for the MedStar CHP:

1. *Reduce the probability of providing acute emergency medical care for at risk patients and the medically underserved, thereby reducing unnecessary health care expenditures.*
2. *Increase the outreach activity and public education components of EMS providers.*
3. *Generation of a potential revenue stream.*

1. Reduce the probability of providing acute emergency medical care for at risk patients and the medically underserved.

Often, patients seek emergency medical care because they have been unable or unwilling to obtain medical care in a more appropriate setting. Without proper preventive or routine medical services, minor medical conditions may become acute, prompting the need for emergency medical care.

A study recently published in the American Journal of Public Health estimated the annual cost for emergency department care in the U.S. is more than \$8.9 billion¹. By identifying patients most at-risk for using EMS care and providing them advance preventive care, the need for accessing emergency medical care can be greatly reduced.

This will significantly reduce the overall cost of emergency care and provide a more appropriate use of pre-hospital and in-hospital emergency services. This will make additional resources available to handle true emergencies.

2. Increase the outreach activity and public education components of EMS providers.

To the general public, EMS providers and fire agencies only "respond" to emergencies when requested. Employing the use of the EMS-CHP will allow the EMS agencies to interact with the public numerous times in non-critical settings. This will add significantly to the overall value perception of the EMS providers to the communities they serve.

FINAL

¹Tyrance PH Jr, et al. "US emergency department costs: no emergency" pub: [Am J Public Health. 1997 Nov;87\(11\):1866-7.](https://doi.org/10.2196/1866-7)

3. Generation of a potential revenue stream for EMS providers.

Many EMS agencies have been seeking innovative methods for revenue generation. Under the CHP, MedStar may be able to be reimbursed for the services provided to the client under agreements with several payer organizations.

EMS is often referred to as the healthcare system's safety net. As such, it is our responsibility to manage the anticipated need of our community and help assure the most efficient and effective use of scarce EMS resources.

The MedStar CHP as presented in this outline represents the start of a potential level of service that in the future may include additional services as identified by healthcare system stakeholders.

MEDSTAR

COMMUNITY HEALTH PROGRAM (EMS-CHP)

Service Delivery Options & Procedures

Step 1 – Identification of At-Risk Population

MedStar will review 12 months of computer aided dispatch (CAD) and accounts receivable data. The data will be analyzed to find patients with more than 40 EMS responses in 12 months.

MedStar will then review patient care reports (PCR) for these response to identify the Chief Complaint, Secondary Complaint, Working Diagnosis and Primary Impression for each patient in an effort to determine patterns or similarities. If patterns are determined, MedStar will identify these patients as “At-Risk Patients”.

Results from the review will be compiled and summarized for review by the EPAB Medical Director ([Attachment A](#)).

The MedStar Medical Director will review the “At Risk Client Summary” and forward to the Tarrant County Health Department, or other appropriate organization such as JPS, TCPH, or the MHMR for additional consultation if necessary.

Step 2 – Community Health Assessment & Prevention for At-Risk Patients

The MedStar Medical Director will review the “At-Risk Patient Summary” and determine:

1. Whether or not the patient(s) may benefit from the EMS/CHP in their home, or place of employment.
2. What preventive measures should be undertaken by the provider agency during the visit.
3. The recommended frequency of the visits.

The MedStar Medical Director, or his/her designee, will then contact the At-Risk Patient and request an on-site visit to discuss his/her findings and recommendations for MedStar community health visits. The patient’s caregivers and/or family members will be included in this discussion as deemed appropriate.

If the At-Risk Patient and caregiver consent to the offer of MedStar-CHP, a consent form will be completed which shall include the recommendations of the MedStar-CHP services, the Care Plan, to be completed with the at risk patient ([Attachment C](#)).

A copy of the consent form shall and care plan shall be provided to the MedStar for reference use during the visits.

Should the patient and/or caregivers decline the offer of MedStar-CHP, a patient denial form ([Attachment D](#)) will be completed and placed on file with MedStar.

MedStar will complete a MedStar-CHP Patient Care Report each time they visit the at-risk patient and submit a copy of this summary to the MedStar Medical Director for review.

Step 3 – Hospital Clinical Pathway/Protocol

Patients enrolled in the MedStar-CHP will be reviewed with the patient’s usual destination hospital, designated as the Primary Hospital. The goal of this review will be to establish a clinical pathway for the patient so that standardized clinical evaluations and treatments will be undertaken for the at-risk patient. If an appropriate clinical pathway is developed and agreed upon between MedStar and the Primary Hospital, that hospital will be exclusive hospital to which the patient will be transported. Exceptions to this transport policy will be allowed based on a significant clinical geographic consideration at the time of call.

At the conclusion of 12 months, a second analysis will be completed of the “At-Risk Patients” and locations to determine if the frequency of EMS responses and emergency department visits has changed from the time period preceding the interventions.

Services available for MedStar-CHP participation (detailed services contained in [Attachment E](#)):

A. Assessment/Prevention Services:

1. Blood Pressure Screening/Monitoring
2. Blood Glucose Reading
3. ECG Tracing
4. Fall - Risk Assessment
5. Hematology Specimen Collection
6. Immunizations/Vaccination
7. Prescription Drug Compliance Monitoring
8. Weight Monitoring
9. Social Interaction
10. Other Medical Interventions/Assessments as Determined

B. Intervention Services

1. Breathing Treatments (routine/scheduled)
2. Medication administration
3. Dressing changes
4. Intravenous monitoring
5. Urology specimen collection
6. Other Medical as Determined

Option A – Outside Requests for Community Health Interventions

Organizations or persons may request that MedStar provide services to patients either at home, work, or other location. Requestors can be patients, patient family members, physicians, the Tarrant County Health Department, a managed care organization or other patient care representative.

To request a MedStar-CHP service, call 817-923-3700. The Call Taker will request the following information:

- Patient information (name, date of birth, address, phone number)
- Brief medical history
- Type of service requested
- Date/time/location of service request
- Requestor information (name, organization, relationship to the patient, contact information)
- To who a patient report should be provided

Persons requesting MedStar-CHP service may also use the “MedStar-Community Health Program Patient Referral Form” found as [Attachment F](#) and fax it to 817-632-0530.

The MedStar-CHP Call Taker will contact MedStar and provide the details of the requested MedStar-CHP visit. MedStar will contact the client and arrange the visit.

Should the type of request not match the services available, based either on clinical need or location, the caller will be advised to seek alternate resources for the client’s needs.

Community Health Program (CHP)

Description of Services Available

The MedStar CHP strives to match the client's needs with the services we are able to provide. While the list below describes the basic available services, additions and/or modifications may be accommodated with the assistance and approval of the EMS Medical Director.

Any of these services can be combined on a per-visit basis as requested.

A. Assessment/Prevention Services:

1. Blood Pressure Screening/Monitoring
 - i. Daily/weekly or other frequency as requested
 - ii. Includes systolic and diastolic measurements

2. Blood Glucose Reading
 - i. Measured by automated BgL monitor
 - ii. Daily, weekly or other frequency as requested
 - iii. Pre-post meal or medication testing also available

3. ECG Tracing
 - i. 3 lead or 12 lead tracing as requested
 - ii. Results will be faxed or transmitted by other acceptable means to authorized clinician or healthcare agency for interpretation
 - iii. Stress testing **NOT** available

4. Fall - Risk Assessment
 - i. Evaluation of the client's living quarters/home for determination of possible hazards which could lead to a fall
 - ii. Includes floors, walls, furnishings, carpet and rugs
 - iii. Includes interior and exterior properties

5. Hematology specimen collection
 - i. Various collection types as requested
 - ii. On-site evaluation and reporting of BgL available

6. Immunizations/Vaccination
 - i. Influenza or other immunizations administered at the client's home, or other appropriate setting (church, fire station, public area, etc.)
 - ii. Can be administered for adult or pediatric clients
 - iii. For non-influenza immunizations, requestor may be asked to provide vaccine medium
 - iv. Can be provided at local schools the first few days of the new school year to provide immunizations to students not yet immunized per school policy

7. Prescription Drug Compliance Monitoring
 - i. Daily/weekly or other frequency as requested
 - ii. Can be either a personal visit to assure medication compliance, or phone call from the participating EMS-CHP communications center
 - iii. Requestor shall advise the specific Rx in question and typical times administered

8. Weight Monitoring
 - i. Daily/weekly or other frequency as requested
 - ii. Determined by either a portable scale brought by the EMS-CHP provider agency, or
 - iii. Independently viewed and verified by the EMS-CHP agency using the client's own scale
 - iv. Can also be completed at any fire station part of the EMS-CHP

B. Intervention Services

1. Breathing Treatments (routine/scheduled)
 - i. Aerosolized treatments
 - ii. Peak flow testing and tracking

2. Dressing Changes
 - i. Wound care
 - ii. Infection risk monitoring

3. Intravenous monitoring and/or medication administration
 - i. On-site assessment of equipment function
 - ii. Tracking of volume infused
 - iii. Addition or infusion of medications as requested (Authorization may be required by the MedStar Medical Director)

4. Urology specimen collection
 - i. Chem-9 analysis may be completed and reported on-site
 - ii. Specific collection for additional analysis as requested

MedStar Community Health Program Client Care Plan

Services to be provided at:

Place of Residence Place of Employment

Other Location: _____

Blood Pressure Screening/Monitoring

Please describe frequency of monitoring and any special instructions:

BGL Screening/Monitoring

Please describe frequency of monitoring and any special instructions:

ECG Tracing

Please describe frequency and duration of monitoring, where a copy of the ECG tracing should be sent and any special instructions:

Fall – Risk Assessment

Please describe any specific concerns regarding the space to be assessed

Immunization/Vaccination: _____ (type)

Please indicate type of vaccine, where it is to be obtained, site/route preference and general administration instructions

Prescription Drug Compliance Monitoring

Indicate the name, type, dose and frequency of Rx, and frequency of compliance monitoring

General Assessment/Social Interaction

Indicate the frequency and general type of social interaction that may help the client feel more secure/safe in the home environment

Weight Monitoring

Please describe frequency of monitoring and any special instructions

Other Assessments or Interventions:

Please describe frequency of monitoring and any special instructions

Authorized by: _____

MedStar EMS Medical Director

Date: ___/___/___

**MedStar Emergency Medical Services
COMMUNITY HEALTH PROGRAM (CHP)
CONSENT FOR CARE**

I, the patient/patient's legal representative, hereby grant permission to MedStar, to perform such examinations and medical and therapeutic procedures professionally deemed necessary or advisable for my/the patient's diagnosis and treatment.

I acknowledge that MedStar is primarily an emergency medical services based healthcare provider and that paramedics and emergency medical technicians authorized by the EMS Medical Director will be providing the care rendered.

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the MedStar to release:

- Any or all of my/the patient's medical information from and to the referring physicians, physician assistants, health care providers, including a public health nurse, or home health agency referral, insurance companies, and other third party sponsors to facilitate health care, processing of claims, audit of payments for hospitalization and/or treatment, and to facilitate overall assessment of the CHP effectiveness. I understand that the information released may include records in these areas: HIV/AIDS, sexually transmitted disease, mental health treatment, and drug and alcohol abuse treatment.
- Basic patient information regarding date and time of appointment(s) to family members (parents, spouses, adult children, guardians), and caregivers.

PRIVACY NOTICE

We keep a record of the health care services we provide you/the patient in either a printed or an Electronic Medical Record. You may ask us to see a copy of that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

These consents may be revoked at any time except to the extent already relied upon. Unless earlier revoked by written notice filed with MedStar, these consents shall expire three years after the date of last treatment.

I/We have read and understand the above and affix our signatures:

| | | | |
|---|-------------|---|-------------|
| SIGNATURE: _____ (Client or Person Authorized to give consent): | DATE: _____ | SIGNATURE : _____ (Witness Name/Title): | DATE: _____ |
| IF SIGNED BY PERSON OTHER THAN CLIENT, PROVIDE REASON AND RELATIONSHIP TO CLIENT: | DATE: _____ | GUARANTOR: _____ Same as client or person authorized to give consent | DATE: _____ |
| Please Print Information Below Client Number: _____ | | SUBSCRIBER ONLY: _____ | DATE: _____ |
| Name: Date of Birth: | | | |

**REFUSAL OF MEDICAL CARE
ACKNOWLEDGEMENT
MedStar Community Health Program**

I, _____, acknowledge that I have been offered services under the MedStar
PRINT Name & Date of Birth
Community Health Program (MedStar CHP) and hereby acknowledge my refusal of medical/health care, treatment and/or services under this program.

I further acknowledge that I have been informed of the risks involved as a consequence of my refusal, and on behalf of myself, my family, heirs, and personal representatives, I release MedStar, its participating providers, municipalities, officers, representatives, independent contractors, agents, and employees from all present and future responsibility, liability, claims, demands, actions and causes of action whatsoever, whether known or unknown, foreseeable or unforeseeable, arising out of or related to any loss, damage, expense, illness, injury or aggravation of illness or injury (including death) that I may sustain or incur as a direct or indirect result of my refusal of medical/health care, treatment and/or services under the MedStar CHP.

I agree that the laws of the State of Texas govern this Release, and the venue for any legal proceeding that may arise concerning my refusal of medical treatment is Tarrant County, Texas.

Client's Signature

___/___/___
Date

Witness

___/___/___
Date

Witness

___/___/___
Date

(If Client is under 18 years of age, or the client has been deemed incompetent to make decision regarding their healthcare services, a parent, or legal guardian must read Release and complete information below)

Parent/Legal Guardian's Signature

___/___/___
Date

Relationship To Client

(In the event Client, or the Parent/Legal Guardian in the case of a minor client, refuses to sign this form, this fact should be noted on this form and the form placed in client's file.)

Community Health Program Client Referral Form

Person Making Referral: _____ Date of Referral: ___/___/___

Phone:(____)____-____ Fax:(____)____-____ E-Mail:_____

Affiliation to Client: Self Family Primary Care Physician (PCP)
 EMS Agency:_____
 Other:_____ (MCO, Health Department, etc.)

Client Name:_____ Date of Birth:___/___/___

Residence Address:_____ Apt #:_____

City:_____ Phone #(____)____-_____

Nearest Relative:_____ Relationship to Client:_____

Residence Address:_____ Apt #:_____

City:_____ Phone #(____)____-_____

Type of Service Requested (complete specific details on page 2)

Assessment/Prevention Service:

- Blood Pressure Screening/Monitoring
- BGL Screening/Monitoring
- ECG Tracing
- Fall – Risk Assessment
- Hematology specimen collection
- Immunization/Vaccination:_____ (type)
- Prescription Drug Compliance Monitoring
- Weight monitoring
- Social Interaction/General Assessment

Intervention Service:

- Breathing Treatment
- Dressing Change
- Intravenous treatment
- Medication Administration
- Urology specimen collection

Community Health Program Client Referral Form

Client Name: _____

Date of Birth: ___/___/___

MedStar CHP Service Details

Services requested at:

Place of Residence Place of Employment

Other Location: _____

General Assessment/Social Interaction

Please describe frequency of monitoring and any special instructions

Blood Pressure Screening/Monitoring

Please describe frequency of monitoring and any special instructions:

BGL Screening/Monitoring

Please describe frequency of monitoring and any special instructions:

ECG Tracing

Please describe frequency and duration of monitoring, where a copy of the ECG tracing should be sent and any special instructions:

Fall – Risk Assessment

Please describe any specific concerns regarding the space to be assessed

Immunization/Vaccination: _____ **(type)**

Please indicate type of vaccine, where it is to be obtained, site/route preference and general administration instructions

Prescription Drug Compliance Monitoring

Indicate the name, type, dose and frequency of Rx, and frequency of compliance monitoring

Weight monitoring

Please describe frequency of monitoring and any special instructions

