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Ambulance group works to improve service

BY ELIZABETH BASSETT

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While the health care industry and the nation is talking about the most efficient way to provide care and use resources, many forget that medical care isn't always in the hospitals or physicians' offices.

"We are health care providers. It just happens we provide it in your living room, not the emergency room," said Matt Zavadsky, associate director of field operations for MedStar Emergency Medical Services.

MedStar, the ambulance service that covers Fort Worth and more than a dozen total cities in Tarrant County, has undergone scrutiny in the past from patients who have said the fees are too high or the vehicles take too long to arrive. However, it's one of only 14 high-performance EMS systems in the United States, and over the past year or so it's undergone radical changes to ensure appropriate care is given with the safety of patients and providers in mind.

Zavadsky, who joined MedStar in November 2008, has numbers to demonstrate the system's improvement. Staffing has been significantly increased. In July, the system has record response times despite the increasing call volume, which goes up seasonally and also is growing as the Metroplex population grows.

Adding to the population growth is the land covered by MedStar grows every time one of its member cities annexes new land. Fort Worth, for example, is growing north, taking in streets and blocks in fingers of land that aren't conducive to efficient care. When an ambulance is driving the streets or stationed in the community to wait for calls, a call might take the driver to a street that's part of a member city but one street over isn't included, Zavadsky said.

"When you look at how we're asked to cover annexed areas, it's not like you can draw a square and we're responsible for this area," he said. "We face that challenge every day."

Member cities also are facing challenges when it comes to financially supporting MedStar. Cities can choose to contribute subsidies to the system, which means residents of that city will receive a discounted cost for care. However, budget shortfalls in some cities have affected subsidies.

Burleson, one of MedStar's member cities, has been subsidizing care since at least 1998,

said Deputy City Manager Paul Cain. The subsidy was based on a per-capita rate and grew as the city's population grew, and for the 2008-2009 fiscal year was \$44,352. The city decided to cut the subsidy for the 2009-2010 fiscal year, though.

The \$44,352 subsidy made relatively little difference in the cost of a transport, reducing the cost from \$1,505 to \$1,370, said Cain, talking about the average cost of transport for Burleson residents. Because many of those who were transported had Medicare, which sets the amount a patient can be charged, and others have private health insurance, the subsidies weren't providing a huge financial benefit to residents, he said.

Zavadsky said MedStar has a \$28 million annual operating budget and member city subsidies made just a small impact on the system's costs. Additionally, member cities and their residents receive care regardless of whether there are subsidies in place, but the price of transport for someone without insurance is determined by whether the city has a subsidy.

It's not us that sets the rate; it's the city, he said.

Using resources effectively is a big step toward safeguarding the EMS system, Zavadsky said. As part of that, MedStar launched a community health program about a month ago to proactively take time out to visit patients who frequently need transport to avoid the medical complications that warrant emergency department visits.

If you ask any EMS paramedic on the street, "Who do you transport the most often?", they can all rattle off five or six names, he said.

Eleven patients who frequently call MedStar were enrolled in the program, which includes sending a paramedic out in a non-emergency capacity to check in on the patient. The program already has yielded a drastic drop in the number of emergent calls placed by the patients, Zavadsky said, which translates into real financial and time savings for MedStar and emergency departments.

If we can replicate that over and over, we're going to save MedStar and the entire community tons of resources, he said.

In another effort to make better use of what it has, MedStar chose nine paramedics to take a 16-week advanced practice program that will teach them how to give advanced treatments in critical situations when time is of the essence. For example, an advanced paramedic can be trained and on call to perform cooling treatments for cardiac patients, which can positively impact patient outcomes, but only if done within a small timeframe.

MedStar also is participating in research efforts, such as assessing the effectiveness of red light and siren responses to calls as opposed to responses that include following the rules of the road, Zavadsky said. The safety of paramedics is as much a factor as patient safety for EMS systems, and ambulance crashes in intersections while responding to calls are not uncommon.

MedStar has made a concerted effort toward realigning itself to its mission to provide care for its community, Zavadsky said. While patients may still consider the hospital the premier place to get care, there is little that can be done in an emergency department that canâ€™t be done by first responders, he said, and MedStar is working to safeguard that ability into the future.

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