Star-Telegram

MedStar program sends paramedic to homes of some repeat callers before they dial 911

Posted Thursday, Oct. 08, 2009

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FORT WORTH — Last year, MedStar was called more than 800 times by 21 people.

Those "frequent fliers" weren't necessarily facing life-threatening emergencies. Some may have needed primary care but didn't have a regular doctor or transportation.

The overuse of ambulance services can divert crews needed elsewhere and drive up costs for taxpayers. Calls from those 21 MedStar patients resulted in $962,429 in ambulance charges, as well as charges for emergency room care. Most of that will never be collected, a MedStar official said, because only 1 in 4 patients transported has insurance.

But tackling the problem is complex. Emergency medical technicians have to make sure they strike a proper balance between discouraging people from calling 911 when they are not having emergencies and encouraging them to call as soon as possible when they are. Ambulance services everywhere struggle with the issue.

"Anytime someone calls 911 for anything other than a true emergency, that takes up an ambulance that should still be available to respond to someone who is having a true emergency," said Jim Pollard, a spokesman for American Medical Response, which provides ambulance services for Arlington. "We do see abuse of 911 in every community where we provide service. . . . The inappropriate use of 911 does contribute to the volume of uncompensated care, which is an underlying part of cost increases in healthcare.

"But we don't want to ever discourage someone from calling 911 when they are having an emergency. If you are ever in doubt if you are having an emergency, call 911."

MedStar is trying to tackle the problem with a new program that sends a paramedic to the homes of some patients before they dial 911.

"We wanted to try and find a better way to keep some of these folks more healthy," said Matt Zavadsky, MedStar operations director. "We wanted to keep from making transports that we could prevent, and we thought this was a group of patients that we could manage proactively rather than reactively."

Out of those 21 people, MedStar picked nine to participate in the program.

The Community Health program encourages patients to contact a paramedic or a dispatcher on a nonemergency number before calling 911, giving the medical professional an opportunity to talk them through their problems on the telephone.

MedStar officials believe that the patients have conditions that will benefit from a case management approach, Zavadsky said. Many of the targeted patients do not have a primary-care physician and have been using the emergency medical system for primary-care issues, he said.

Program paramedics make scheduled and unscheduled house calls. During regularly scheduled home visits, paramedics assess patients, check vital signs and make sure they are taking their medications.

The paramedics also try to resolve any medical problems that patients might experience during monitoring visits and unscheduled house calls. Only if there is an emergency does the patient or paramedic call 911.

During the first 30 days of the program, the nine participants' use of 911 decreased 77 percent, Zavadsky said.

Because of the cost of sending paramedics to the patients' homes, the program may not save MedStar money directly.

But MedStar estimates that it will not have to add $500,000 to $600,000 to upcoming budgets if the program, begun more than two months ago, continues to show promise.

Officials also said the program will free up resources for those who really need emergency transport in the 15 Tarrant County cities that MedStar serves.

"If we weren't doing this program, we would have to put another four ambulances on the street," Zavadsky said. "It costs about $1 million a year to deploy a fully staffed ambulance 24/7."

John Davis of Fort Worth is in the program, and he estimates that he called MedStar up to 40 times last year.

Davis said he suffers from severe migraine headaches, blood-pressure issues, and an anxiety disorder that can leave him paralyzed, in pain and unable to think clearly. Since Davis has been in the program, he has dialed 911 once.

"Earlier this year, it was call 911 and go to the ER and wait five or six hours on test results, like CAT scans, to come back and then do some hospitalizations overnight and wait for them to decide whether I was having a stoke or a heart attack," Davis said.

"Most of the time, I was making wasted trips."

MedStar officials have identified three additional program candidates and convinced them that they could be healthier if they use the system less. So 12 people are now enrolled, said Lara Kohl, MedStar spokeswoman. Education was a key component, she said.

The program paramedic, Curtis Young, visits Davis three times a week and takes all of Davis' medical calls. Davis and Young have a traditional patient/caregiver relationship, except the primary caregiver is a paramedic instead of a doctor or nurse.

MedStar has been contacted by a Fort Worth cardiac group and may help manage its patients in the future, Zavadsky said. Nine paramedics are taking an advanced critical-care class so they can work in the program, Zavadsky said.

"This is really reframing emergency medical services," Kohl said.

When to call an ambulance These are only guidelines. Always follow the instructions of your healthcare provider. But these are some of the warning signs of a medical emergency:
Uncontrolled bleeding

Sudden dizziness, weakness or change in vision or other sign of a stroke

Difficulty breathing

Chest pain or upper abdominal pain or pressure

Coughing up or vomiting blood

Sudden or severe pain

Severe burns

Signs of poisoning or drug overdose

Someone is unconscious

If someone is convulsing and there is no history of seizures

Confusion, difficulty speaking or change in mental status

Losing mobility in an arm or leg

Sources: Web site of the American College of Emergency Physicians, healthcare providers

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