MedStar keeping people out of the hospital
Posted Tuesday, Dec. 25, 2012
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FORT WORTH -- MedStar officials hope to expand a program they say has been successful in bringing healthcare to patients rather than taking them to hospitals.

Four years ago, the Community Health Program began by treating 21 patients at home rather than respond to their repeated 911 calls for routine care. It has grown to 184 former and current patients, said Sean Burton, MedStar clinical program director.

"We've been able to decrease the 911 usage by 78 percent in those clients."

The Community Health Program was started by healthcare workers who noticed that some patients were using an inordinate amount of ambulance and emergency department resources.

Those 21 patients triggered more than 800 ambulance calls resulting in more than $962,000 in charges in 2008, most of which was never collected because the patients lacked health insurance.

The ambulance service charges about $1,500 to ferry patients from their residence or the scene of an injury to the hospital, although the actual cost of that ride is $384. Those costs and charges are avoided when MedStar does not transport, MedStar spokesman Matt Zavadsky said.

Hospitals charge patients an average $3,692 for an emergency room visit, which on average costs about $426, according to MedStar figures. The ER costs and charges are often avoided for Community Health Program patients who do not go to the hospital.

Reducing the load by about 500 patients would save an estimated $213,000 in emergency room costs and $192,000 in ambulance costs, Zavadsky said.

"We know this type of program helps patients get the right care at the right time at the right place," Zavadsky said. "We can grow as much as these payers want us to grow. Now it's time for the community to decide how much we grow."

The federal government, insurance companies and other organizations that fund healthcare have not developed a way to pay for the service.

MedStar gets paid for patients transported to a hospital, but it does not get paid for patients it can redirect from the hospital. MedStar is spending about $500,000 a year to keep the program running, Zavadsky said.

"We've taken this on because we feel it's the right thing to do for the system and the patients," Zavadsky said. "Our challenge is how to convince the private insurers and the agencies like Medicare and Medicaid that this is something we should get reimbursed for."

MedStar officials hope to collaborate with doctor groups and partner with hospitals to expand the program.

"The paramedics that are out there doing it right now are at a crossroads," said Jeff Beeson, MedStar medical director.

"They are at the gate ready to run and I am holding the reins. There are a lot of people who are standing around waiting to see if this will all work. Now it's time that someone come to the table and pay for the service."