

Memorandum



CITY OF DALLAS

DATE: June 6, 2014

TO: Honorable Members of the Public Safety Committee:
Sheffie Kadane (Chair), Adam Medrano (Vice-Chair), Dwaine Caraway, Jennifer S. Gates,
Sandy Greyson, Scott Griggs

SUBJECT: **Mobile Community Healthcare Program**

Attached is briefing material on the “**Mobile Community Healthcare Program**” to be presented to the Members of the Public Safety Committee on Monday, June 9, 2014.

A handwritten signature in black ink, appearing to read 'Charles M. Cato'.

Charles M. Cato
Interim Assistant City Manager

Attachment

cc: Honorable Mayor and Members of the Dallas City Council
A.C. Gonzalez, City Manager
Rosa A. Rios, City Secretary
Warren M. S. Ernst, City Attorney
Craig D. Kinton, City Auditor
Daniel F. Solis, Administrative Judge
Ryan S. Evans, Interim First Assistant Manager
Jill A. Jordan, P. E., Assistant City Manager
Forest E. Turner, Assistant City Manager
Joey Zapata, Assistant City Manager
Theresa O'Donnell, Interim Assistant City Manager
Jeanne Chipperfield, Chief Financial Officer
Shawn Williams, Interim Public Information Officer
Elsa Cantu, Assistant to the City Manager – Mayor and Council

Dallas Fire-Rescue Department

Mobile Community Healthcare Program

Public Safety Committee
June 9, 2014



Purpose

To provide an overview of the Mobile Community Healthcare Program (MCHP); give an update on the program's accomplishments to date; as well as the programs future.

History

- Similar programs in place internationally since the early 2000's
- Progression from rural areas to urban
- Provides in-home, individualized patient navigation and advocacy plans to patients who need assistance but often have difficulty accessing these services
- Value of these programs amplified by the healthcare reform initiative/Affordable Care Act
- Transition from fee/volume based reimbursement models to value-based reimbursement models

MCHP Timeline

- 2012-2013: Information gathering, research and development
- September 2013: Selection process for personnel
- October 2013:
 - Training process for personnel began
 - Procurement of vehicles and equipment began
- November 2013: Public Safety Committee briefed
- December 2013 to March 2014: On-going training and program development
- March 19, 2014: First patient contact
- May 2013: Contract process begun with Parkland Health and Hospital System and Children's Medical Center



2014 Ford Escape – MCHP
vehicle

First five Mobile Community
Paramedics (left to right):

- Michael Newbery
- Abel Ramirez
- Jarrod Gilstrap
- Homer Norville
- Curtis Burnley

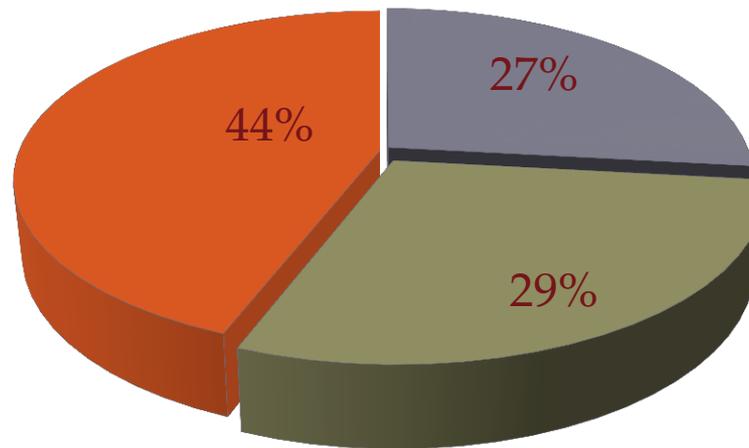


DFR Program: Phase I

- Focus on 'High Frequency Patients'
- Patient navigation/advocacy services
- Goals:
 - Assess the clients medical and psychosocial needs
 - Empower the client to better manage their own health and support needs
 - Bridge the gap between social services agencies, mental health agencies, hospital programs and the patient
 - Provide healthcare education to the client
 - Reduce the clients need to access 9-1-1 services and hospital based emergency room system services
 - Most expensive form of transportation to the most expensive place to receive medical care
 - Episodic care rather than monitored care through a primary care physician
 - High subsidy cost for the City of Dallas

DFR Program: Phase I

EMS High Frequency Patients – Payer Information FY13



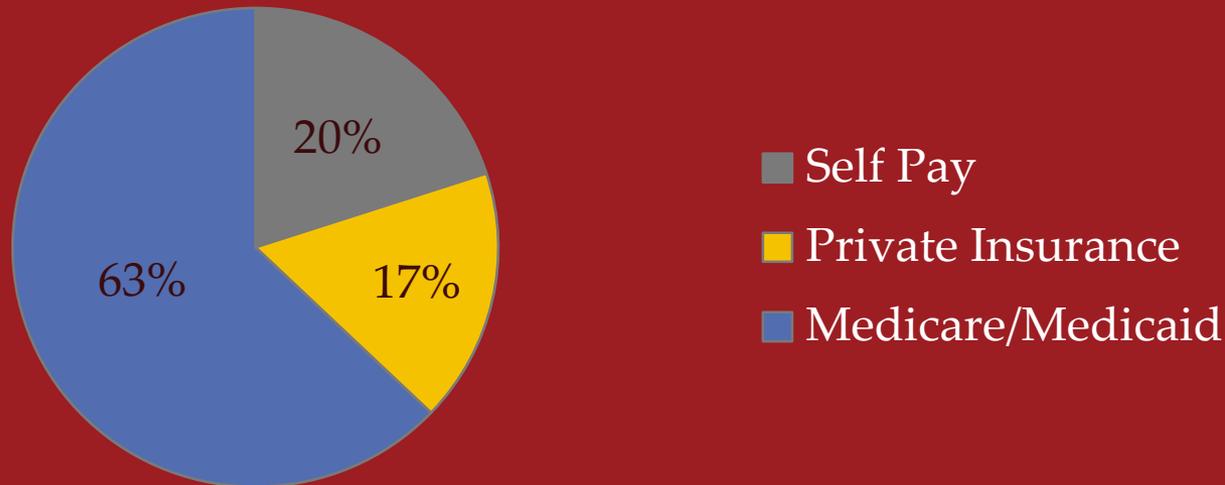
DFR Program: Phase I

- The Dallas experience in FY 13:
 - 254 patients received billable service 12+ times
 - This does not reflect total number of 9-1-1 calls
 - Over 4,500 calls
 - Net billed: \$2,608,292
 - Net collected: \$997,359
 - Balance uncollected: \$1,610,933



Early Results

- Total of 35 enrolled as of June 2
- Average age: 60.5
- Total times billable service delivered in FY13: 1112
- Total calls 90 days pre-enrollment: 377
- Insurance coverage for the 35 enrolled:



Early Results

- Seventeen patients enrolled for 30 days or more
- Total runs for these seventeen patients, 90-days pre-enrollment: 205
- Average runs per month: 68.3
- Total runs for seventeen patients, 30-days post enrollment: 47
- 22.9% reduction in 30 days

MCHP Future

- Phase Two: Post-discharge re-admittance avoidance program
 - Contract with local hospital groups
 - Centers for Medicare/Medicaid Studies (CMS) re-admittance penalties
 - Contract negotiations currently under way with Parkland Health and Hospital Systems and Children's Medical Center, Dallas
 - Hospital refers high-risk patients to DFR MCHP
 - 30-day follow up
 - Goals:
 - To ensure patient complies with discharge instructions
 - To avoid patient readmission to hospital
- Next group of personnel currently in training
 - Will be added to program when Phase Two contracts are in effect
 - 24-hour coverage

Questions?