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Stopping the bleeding: Health care law could reduce Lexington's non-emergency ambulance runs

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<http://www.kentucky.com/2014/02/15/3090929/stopping-the-bleeding-health-care.html#storylink=cpy>

Overuse of city-run ambulance services for non-emergencies is a problem across the country, but some cities have launched programs that have led to substantial savings.

And emergency providers say that the implementation of the Affordable Care Act — which will dramatically increase the number of people with insurance — could slash the number of people using emergency responders and hospital emergency rooms as primary care physicians.

Since 2008, the number of emergency calls to Lexington's fire department has increased by 15 percent, and the number of calls that include general "sick calls" have increased by 26 percent. Fire officials said that 10 percent to 20 percent of those calls are for routine maladies that could be better treated by a primary care doctor or a trip to a clinic.

Overuse and abuse of EMS services occurs across the country, officials say.

One program in Texas has implemented a triage and community paramedics program that has saved millions of dollars. The Community Health Program, created by MedStar, a public ambulance provider in Fort Worth and 14 other communities in Texas dispatches paramedics and nurses to conduct daily house calls on chronically ill people who are frequent 911 callers.

Dispatchers triage 911 calls and ship ambulances out to true emergencies after asking a few questions, said Matt Zavadsky, a spokesman for MedStar. If it's not an emergency, the caller is transferred to a nurse sitting in the next cubicle. That nurse spends about "20 minutes to get them what they need and get them there," he said. If someone calls with chest pains or about a car wreck, "that's an ambulance run.



Firefighter Wes Watts, right, responding from Station 8 on North Broadway, finishes his report after checking over a reported assault victim in Lexington, Ky., Wednesday, February 12, 2014. After Lexington police officers secured the scene, the firefighters checked the man and determined he was intoxicated and his wounds did not need treatment. During their 24-hour shifts, they may make as many as 15 runs, many of which are to help people in non-life-threatening situations and that do not require transport or medical assistance. Photo by David Stephenson HERALD-LEADER | Buy Photo

"If the caller has a toothache, for example, the nurse will find a dentist and make an appointment for the caller. The next set of questions determine whether the caller can drive to the appointment or has family or friends who can take them. If not, they arrange a taxi to the appointment, he said.

"We pay for the taxi," he said. "It's more efficient." A trip to a clinic or a doctor costs about \$100; an ambulance ride to the hospital costs about \$1,000, Zavadsky said. They have "avoided 940 ambulance transfers to the ER" since the program started, he said. That adds up. MedStar says on its website that the program has saved more than \$3 million in health costs and has reduced 911 calls by Community Health Program patients by 86.2 percent.

Lexington Fire Battalion Chief Brian Wood said he has concerns about triage. People often don't know how serious a health problem is when they call. The Texas program might generate savings, but there can also be liabilities. Firefighter Jeremiah Littrell treated an elderly man who called 911 with chest pains. "What's the cost of one lawsuit?" Wood said. Lexington's fire department hasn't had any lawsuits regarding its EMS service in several years.

Lexington Fire Chief Keith Jackson said the number of non-emergency calls might also be reduced over the next few years because of the Affordable Care Act, often referred to as Obamacare. The federal health care law requires people to obtain insurance this year. "I don't think we've seen the effects of it yet," Jackson said. The new federal health care law also penalizes hospitals if a patient is re-admitted too soon after being discharged. Jackson said he will talk to area hospitals about how the city's EMS services can best serve the needs of residents and comply with the health care act.



Firefighter Jeremiah Littrell treated an elderly man who called 911 with chest pains.

As the national health care landscape changes, Kentucky providers will have to consider ways to improve operations, said Michael Poynter, executive director of the Kentucky Board of Emergency Medical Services. Recently passed legislation requires local ambulance services to submit data, such as the number of runs and the response times, on a yearly basis. That information will be collected starting in the next 12 to 18 months, Poynter said. The data could be used to create a picture of the state's overall EMS health and sustainability, and to compare ideas and approaches with other states that collect data, Poynter said. "If somebody is doing it better in another state, we could potentially utilize some of their information and make our state better," he said. Eventually, the data could help draw grants for new initiatives as they become available in the ever-changing landscape of medical care, Poynter said.

One such initiative is a community program that uses paramedics to assist chronically ill patients that need help with injections and other medical care but don't need to be treated in a costly emergency room. Such programs have been successful in other areas and allow ambulance services to charge for services they currently provide. But they can't charge residents if they don't take them to a hospital, Poynter said.

"There's just lot of information that's out there we don't have right now that if we had, we could utilize to make a better response system," he said.

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