Frequent Emergency Medical Services Users

CALIFORNIA’S COMMUNITY PARAMEDICINE PILOT PROJECTS

April 2018

Frequent 911 callers or frequent visitors to emergency departments (EDs) are provided with case management services to connect them with primary care, behavioral health, housing, and social services. The goal of these projects is to reduce frequent emergency medical services (EMS) users’ dependence on EMS agencies and EDs for care.

Results (as of September 30, 2017)

- 103 patients were enrolled in frequent 911 projects at two sites — one in San Diego and one in the Bay Area.
- Among enrolled patients at the pilot sites, there were large reductions in the number of 911 calls, ambulance transports, and ED visits. In San Diego’s pilot project, the total number of 911 calls decreased by 35%, from an average of 26 per person per year to 17. In Alameda, the total number of 911 calls decreased by 16%, from an average of four per person per year to three.
- Community paramedics linked patients to housing and other nonemergency services to meet the physical, psychological, and social needs that led to their frequent EMS use. Community paramedics in Alameda and San Diego made 58 referrals to medical care providers, mental health providers, drug and alcohol treatment programs, food assistance programs, housing assistance programs, transportation assistance programs, domestic violence resources, and other social services. In addition, they transported patients to these types of providers on 48 occasions to help them obtain services.
- Payers, ambulance providers, and hospitals saw potential cost savings estimated to total about $580,200. The average potential savings per patient was about $14,912 in San Diego and about $860 in Alameda. Since 43% of patients enrolled in San Diego were uninsured, reducing the frequency of their ED visits also potentially decreased the amount of uncompensated care provided by ambulance providers and hospitals. Most of the potential savings from Alameda’s project accrued to Medicare because the majority of its patients are Medicare beneficiaries.

How It Works

Frequent EMS user pilot sites enroll people who are frequent 911 callers, ED visitors, or both. Community paramedics identify the reasons for the frequent use of EMS resources and link patients to appropriate nonemergency service providers that can reduce the patients’ dependence on EMS agencies and EDs for care.

Community paramedics assess the patient’s physical, psychological, and social needs. When possible, a home safety assessment is also conducted. Medication reconciliation is provided for patients who take any prescription medications. These assessments are performed at an initial in-person meeting and then as needed for the duration of the patient’s tenure with the project. Patients remain enrolled in the projects until a community paramedic determines that the patient no longer needs the project’s services. Criteria for discontinuing services include reaching important individual milestones such as obtaining housing or maintaining sobriety.

The two pilot sites enroll different populations of frequent EMS users. The City of San Diego’s project primarily enrolls people with 20 or more ED visits per year. The City of Alameda’s project, which serves a population much smaller than San Diego’s (79,227 vs. 1,391,676), is open to anyone identified by the EMS agency or the partner hospital as a frequent 911 or ED user.

See reverse side for a list of partners.
<table>
<thead>
<tr>
<th>LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY</th>
<th>LEAD AGENCY</th>
<th>HEALTH CARE SYSTEM PARTNERS</th>
<th>EMS PROVIDER PARTNERS</th>
<th>LOCATION</th>
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</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td>Alameda County EMS Agency</td>
<td>Alameda Hospital</td>
<td>Alameda City Fire Department</td>
<td>City of Alameda</td>
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<td>City and County of San Francisco*</td>
<td>San Francisco Fire Department</td>
<td>San Francisco Department of Public Health San Francisco Department of Homelessness and Supportive Housing</td>
<td>San Francisco Fire Department American Medical Response (AMR) King-American Ambulance</td>
<td>City and County of San Francisco</td>
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<tr>
<td>Marin County*</td>
<td>Marin County EMS Agency</td>
<td>Marin Community Clinics Marin County Department of Health and Human Services Marin General Hospital</td>
<td>San Rafael Fire Department</td>
<td>Marin County</td>
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<td>San Diego County</td>
<td>City of San Diego</td>
<td>UC San Diego</td>
<td>San Diego City Fire Department</td>
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*Pilot project approved November 2017; expected to be operational spring 2018.