

Review of North Central Emergency Care Council Quarterly Report

NCACH Medicaid Transformation Project

Section I – General Information:

Name of Individual completing Review: John Schapman

Date Completed: 5.3.2019

Section II – NCACH Overall Review Comments:

EMS Agency Reports:

The following organizational reports have been reviewed and need no additional follow up from NCECC or NCACH:

- Aero Methow Rescue Services
- Ballard Ambulance
- Cascade Medical Center
- Lake Chelan Community Hospital
- Moses Lake Fire Department
- Protection One

Organizations below will require further documentation is prior to receive quarter 1 payments (below outlines concerns associated with report):

- **Lifeline Ambulance:**
 - Lifeline is currently focusing on Okanogan County. NCACH wants to confirm that the current funding provider to Lifeline is reflective of that. Does Lifeline transport 1,000 Medicaid patients in the Okanogan County?
 - It is not clear what Lifeline Ambulance is going to do differently as part of this funding. Lifeline needs to articulate the specific project and target population they will work on as part of Diversion.
- **Waterville Ambulance:**
 - It is NCACHs understanding that Waterville Ambulance will be completing the SAILs program. The organization needs to provide additional details on how they will implement the program. Some same questions to answer are below:
 - How will the agency manage the SAIL program?
 - What is the basic protocol in place your EMS personal will follow?
 - How will you train your staff/volunteers in the SAILs program
 - Review of WEMISIS/Image Trend software: NCACH wants to better understand the process Waterville Ambulance is planning to go through to review the utilization of Image Trend in their organization. If not, how does Waterville Ambulance plan to collect and analyze data during this process specific to the SAIL program?
- **Okanogan County Fire District #15 – Brewster EMS**
 - Okanogan County Fire needs to articulate the process they will go through to refer patients and their families to resources identified in your quarter 1 report. Please provide the a more detailed outline or protocol that you plan to use as part of the process.
- **American Medical Response (AMR):**
 - American Medical Response has decided not to participate and therefor those funds will not be paid to NCECC, no report was submitted by the organization.

Each of the above organizations need to meet with NCECC and to answer the questions asked by NCACH and provide a more detailed plan on how they will implement programs.

NCACH is including additional comments on EMS agency specific reports as attachments to this initial document.

NCECC updated deliverables timeline Update:

- Need to provide dates of meetings with EMS agencies and primary agenda covered during that meeting. This will be utilized to attest on the following deliverables completed in the proposal:
 - Review current standards for treat and refer as it pertains to reimbursement in 2019
 - Training EMS transport agencies on how to implement protocols approved by DOH
- Defining non-transport, non-acute transport, and other EMS Classifications with County Councils: Can you confirm that this is a standard definition across all EMS providers.
- Recommend you connect with EMS agencies in counties outside of Chelan-Douglas to identify solutions to the alternative destination issue.
- EMS agencies across the region could benefit from additional training/education on project specific metrics. This will become an issue in future quarterly reports if metrics stay the same. NCACH is happy to work with NCECC and agencies to refine metrics.

All EMS specific and NCECC documentation n (excluding project metrics) needs to be provided to NCACH by May 31st.

Section III - Anticipated payment to NCECC:

Organization	Q1 MOU Amount	Q1 Anticipated Payment
NCECC	\$3,500	\$3,500
Ballard	\$8,750	\$8,750
Lifeline	\$8,750	\$0
Moses Lake Fire	\$8,750	\$8,750
AMR	\$5,000	\$0
LCCH EMS	\$5,000	\$5,000
Cascade Medical Center	\$5,000	\$5,000
Protection 1 Ambulance	\$5,000	\$5,000
Aero Methow EMS	\$3,750	\$3,750
Okanogan County Fire District #15 – Brewster EMS	\$3,750	\$0
Waterville Ambulance	\$3,750	\$0
Total	\$61,000	\$39,750

Note: Lifeline, Okanogan County Fire District #15, and Waterville Ambulance are still eligible for payment for Q1 upon completion of the above requested information.

Section IV - Attachments:

- **Attachment A** - Comments from NCECC Quarterly Report
- **Attachment B** – EMS Agency Quarterly reports with comments

North Central Emergency Care Council Quarterly Report NCACH Medicaid Transformation Project

Section I – General Information:

Name of Individual completing form: Rinita Cook

Organization: NCECC Date completed: 4/15/2019

Quarterly Reporting Section

Quarterly, NCACH will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Section II: NCECC Narrative:

1. What progress have you made this quarter in the EMS Proposal? What successes have you seen with EMS partners as part of this project to date? Is there an EMS provider's work you would like NCACH to highlight?

NCECC Response: The first quarter has been focused on assisting EMS partners with identifying a treat and referral program that will work in their response area. MOUs are in place and reporting templates have been approved and initiated. The challenge and success in this quarter is in EMS partners considering what they can do differently for transition and diversion. They are now thinking alike in reference to treat and referral and how those are defined, and they have a common idea of what needs to be done for successful programs.

NCACH Comments: It appears that EMS partners take a little longer to get moving on this idea of community paramedicine. However, partners have been progressing forward with work associated with the funding they are receiving (Especially those organizations receiving \$15,000).

2. What are the biggest barriers you are encountering at this point in implementing the EMS proposal? What is one common barrier you continue to hear from EMS partners as part of this work? How could NCACH assist?

NCECC Response: The common barrier heard amongst the EMS Partners is a lack of referral resources and the ability to bill for services. NCACH's continued involvement in the discussions surrounding reimbursement for EMS at the State level will be helpful.

NCACH Comments: This is not stated above, but a number of EMS providers could also use assistance in better understanding data collection for quality improve specific to community paramedicine. EMS partners are identifying project specific metrics for this work and not outcome base metrics.

3. What is your plan to coordinate peer information sharing and learning activities across the EMS partners in 2019? What kinds of activities would EMS providers find beneficial to work collaboratively on?

NCECC Response: Quarterly this report will be shared with the EMS Partners. Email updates and

communications will be made regularly. There will be a third quarter in person meeting with the EMS Partners.

The Certified Ambulance Documentation Specialist training is scheduled for May 17 & 18, 2019.

DOH/Image Trend had been contacted for introduction to the two agencies not currently utilizing WEMSIS.

NCACH Comments: Is there any other EMS organizations that currently utilizes Image Trend that would benefit a site visit and training from DOH/Image Trend to help them better use the system? It is good to hear that both Ballard and Waterville are looking into this system. NCACH recommends you take advantage to have DOH/WEMSIS provide a Q&A session for all providers while in the region.

Section III: NCECC Budget:

NCECC is reimbursed a flat rate for project management (as outlined in the EMS proposal). Please submit any invoices for training expenses as part of this quarterly report. Invoices for training will be paid out with NCECC's quarterly project management payment.

NCACH Comments: NCECC needs to submit any invoices related to trainings for reimbursement

North Central Emergency Care Council

Agency Quarterly Report

NCACH Medicaid Transformation Project

Name of Individual completing form: Cynthia Button

Organization: Aero Methow Rescue Service

Date completed: April 3, 2019

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response:

- 1) We added a line on our Non-Transport Form for patient's insurance.
- 2) We added a Treat and Refer data field on our ePCR.
- 3) We trained responders to ask for insurance information on non-transports.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Measure the reduction of repeated use of the 911 system (high utilizers) for non-acute medical incidents

Measure 2: Measure the reduction in avoidable transports to the Emergency Department.

- What do you define as an avoidable transport?

Measure 3: Estimate the amount of Medicaid Dollars saved.

Measure 4: Measure the number of referrals to behavioral health services.

NCACH Comments:

- Measure #1: What is the definition of a high utilizer? Is there a specific number of EMS calls a patient needs to generate in a month/year to qualify as a high utilizer?
- Measure # 3: The current metric definition is very broad and could be calculated in multiple ways. Can you provide the exact equation you plan to use to get to this number?

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response:

#1 Training responders on how to document Treat and Refer patients. Previously some information was not included on the ePCR, such as specifically who they referred to and follow up to confirm that the patient actually connected with the referral service/agency/healthcare provider.
 #2 Coordinating the patient's care with their PCP, social service and/or behavioral health provider.
 #3 Communicating the patient's goals and healthcare plan amongst providers to ensure that each healthcare contact that patient makes is informed and updated on the patient's status.
 #4 Health Information Exchange (HIE) is non-existent

NCACH Comments:

NCACH feels like you have a good handle on the process you plan to complete. It would be great for AMSR to present and share your work with other providers. Would recommend connecting with counterparts such as LCCH on the HIE issue and see if there are ways that can be resolved. NCACH would be happy to partner with you on this issue.

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response:

39 of our responders were trained, this number reflects 100% of responders. They were sent the Procedures and Protocols electronically and they completed a mandatory quiz based on the procedures and protocols. The quiz was reviewed at in-person training.

NCACH Comments:

Very impressed in how you trained staff in protocol.

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response:

No patients were transported to Parkside.
 Our agency will not be transporting due to the distance and resource management. A transport to Parkside will take a crew and vehicle out of service for 5 hours.

NCACH Comments:

For Okanogan County, This is going to be an issue that needs to be discussed regionally. NCACH understands the issues outside of reimbursement this causes for EMS agencies.

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response:

We plan to continue to develop our Treat and Refer Protocol similar to HB 1358 although it will be specific to our geographic location and resources available in our valley, of which there are no 24/7 services other than EMS. We will submit an attestation to the Healthcare Authority to bill and receive payment for Treat and

Refer Medicaid Patients.

NCACH Comments:

We would encourage AMRS to also consider upcoming Medicare pilots that do not have restrictions on EMS agency type.

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response:

Image Trend and we report to WEMESIS

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response:

We will have 5-10 personnel attend the Certified Ambulance Documentation Specialist Training in May. Our intent will have the remainder of our staff complete the training once it is available online. It is difficult for volunteers to attend out of town training.

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response: I do not have any additional comments. Thank you for your support.

Overall NCACH Comments:

NCACH is impress with the current states AMRS is taking to implement programs. NCACH understands that alternative destination transports will be an issue and will work with NCECC and Okanogan EMS agencies to look for further solutions.

North Central Emergency Care Council Agency Quarterly Report NCACH Medicaid Transformation Project

Name of Individual completing form: Mike Battis

Organization: Ballard Ambulance Date completed: 3/28/19

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response:

1. *Ground Level Fall (GLF) patients that refuse transport to the hospital. If they had GLF and are refusing transport to hospital we will treat/bandage any minor wounds, attempt to identify the cause of the GLF (and correct if applicable), and give them SAIL informational handout, as well as encourage them to participate in a SAIL class.*

NCACH Comments:

Like the outline for this program and the selected population. Good job.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Find and transport 1 patient to Parkside. Then evaluate what went well, and what needs to be adjusted. Once we have reviewed and learned from the first transport, look for a second. Third, Fourth, etc.

Measure 2: Receive training on eMIR, move our agency towards converting to electronic reporting in the future.

Measure 3: *Medicaid reimbursement parity between private ambulance services and publicly funded agencies. Compare the apples to apples*

Measure 4:

NCACH Comments:

You appear too focused on project measures. As you get the project established, it would be good to consider reporting on process measures (e.g. identifying those who do not get transported; Those who accept referral vs. don't and # of EMS calls in year)

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response:

1. Billing mechanism. There is currently no way to bill, or be reimbursed, for these services long term. We understand the "system impact," and desire to effect positive change. However, our only official form of funding to date is transporting patients to an emergency room. The way EMS reimbursement is currently setup, we are financially punished for not transporting patients.
2. Protocols, our system is currently setup as a treat and transport. We don't have any MPD approved protocols for treat and referral.

NCACH Comments:

NCACH will continue to advocate in the region. We recognize that treat and referral programs are not currently set up to be reimbursable services for private companies.

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response:

All personnel at our agency have been trained/familiarized on this.

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response: 0

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response:

No, we have repeatedly been denied access to any participation in HB 1358. To date, private ambulance services are not eligible under this bill. We (as private ambulance services) have actively pursued inclusion into this bill, but we have been repeatedly stone walled by public agencies and the state government.

7. What eMIR program do you currently use? Does this program report to WEMISIS?

EMS Partner Response:

None, we will begin looking into suitable options.

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response:

We have not attended any to date. We will be participating when they are available.

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response:

We need more time after the quarter to submit reports. The 5th is not enough time to complete the final month of the quarter.

NCACH Final Comments:

We will discuss with NCECC reporting timelines and look at adjusting the due dates. Ballard did a good job working with the funds they will receive and the barriers they face as a private entity to develop a process/program that should fit with your organization.

North Central Emergency Care Council

Agency Quarterly Report

NCACH Medicaid Transformation Project

Name of Individual completing form: Brian Pulse

Organization: Cascade Medical

Date completed: 04/01/2019

Quarterly Reporting Section

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Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response:

We will be monitoring all patients that refuse to be transported and obtaining information from those patients as to Medicaid coverage or other so that we can track that in our electronic reports in ESO. Trying to determine the numbers of none transports that are Medicaid patients we serve. Crews will ask for information as part of this project so that we can see what populations fit within our refusals.

We will be monitoring patients on a call by call basis to determine if those patients are able to be taken to an alternative care facility (Parkside) instead of the ED. Through EMS crew evaluations we will determine if patients that are treated at any level need to be transported and what is the appropriate facility for them to be transported too. This would include patients that don't feel or meet a medical need being taken to a primary care provider rather than the ED and these patients going by private vehicle.

Evaluations of patients staying at home after treat and release of care that are repeat users, if it is determined they need more home help or help with the home environment these patients will be reported to our social worker at CM.

We will also throughout 2019 be evaluating the expansion of our community paramedic program. We will be looking at our community needs for home visits and looking at post discharge needs for follow up visits. We will be taking into consideration our most prevalent diagnosis and discharge and timelines for follow up with those patients at home. Our plans would be to expand that role to keep patients from re-admitting to the ED and steer those patients back to primary. Also, too assure that post discharge patients are getting what they need when released home and assisting as needed with that process. We will be determining what diagnosis we will start with in this implementation.

NCACH Comments:

Overall project outline is good. I would focus on how you can better connect patients to Social Work and refine that process before proceeding forward. I recommend looking at Cascade Medical patients that are repeat users (especially non transport) and connect them with a CM social worker. This would connect well with the paragraph above around refusal to transport.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Refusals of Medicaid patients vs. other.

Measure 2: Determine numbers of patients transported to an alternative care facility.

Measure 3: Expand our community paramedic role to include post discharge home visits.

Measure 4:

NCACH Comments:

- Measure #2: Good Measure
- All other measures are very broad, would recommend that Cascade Medical Center refine measures to be specific to the process they identified originally.

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response:

The closest alternative care facility is 24 miles away.
We don't have very many patients who meet the check off protocol to be transported to an alternative care facility.
Cost reimbursement for these transports to non ED's.

NCACH Comments:

Understand the barriers the organization faces. NCACH will work with NCECC to help better understand the reimbursement structure of alternative destination transports for EMS.

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response:

All our full-time paramedic staff and full time EMT staff have been trained.

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response:

None to date

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response:

We will as we build our community paramedic program out in 2019 and future years.

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response:

We use ESO reporting and yes it does report.

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response:

Training over the MOU's and we will be attending future trainings regarding the MOU and transition and diversion.

Upcoming training on CADS (certified ambulance documentation specialist) will be attended.

Looking for staff to be training for the at home visits through HCW (health care worker) or like training.

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response:

As we start to build this program for CM we will be monitoring and reporting on treat and release patients, social work referral patients who may be repeat users, and those patients who would qualify by protocol to go to an alternative care facility.

We will be working to expand our CP program throughout 2019 and where we will go in the next five years. Looking to what extent we can build this program for home visits following discharge and what types of patients we will start building this program around.

NCACH Final Comments:

Your first sentence of the above response is a good initial first step for the project. Appreciate the outline you are working on to make treat and referral process a possibility. Feel like you are headed in the right direction and could benefit from refining your project metrics/focus.

North Central Emergency Care Council Agency Quarterly Report NCACH Medicaid Transformation Project

Name of Individual completing form: Tonya Vallance

Organization: Douglas Okanogan County Fire Dist. 15 EMS Date completed: April 05, 2019

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response: Treat and referral project work for our agency includes direct contact with Adult and Aging services, Providers, and other agencies. We will also provide and recommend resources to patients and their families.

NCACH Comments:

Appears to have agencies you plan to connect patients with to better coordinate care, but do not understand the process you will complete or the target population. Need to understand more about the actual project focus and an outline of the protocols you will complete to achieve outcomes.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Identify Patients

Measure 2: Make contact with resources to assist patients

Measure 3: Track to see if resources are working and making an impact.

Measure 4:

NCACH Comments:

Need to refine measures. It appears that you identified things you will do to develop a project. The first two measures should already be completed to date.

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response: There is currently no HUB to work with to help streamline. There is currently no reimbursement. There are some patients and their families that do not want people in their homes. There are patients in denial that they need assistance.

NCACH Comments:

Need to better identify the target population and process. NCACH understands that some families may not be open to assistance, but feel like a direct process can identify those who would be willing to receive help.

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response: Our full-time staff and volunteers have been provided with copies and have had training using an EMS alternative destination checklist that has been placed in protocol books in all transport vehicles. All 17 volunteers and staff have received copies.

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response: We have not currently transported any patient to Parkside in Wenatchee. They barrier/challenge is that there is currently no reimbursement for this service. This would take one of our 911 transport vehicles out of service for a minimum of four hours. We may consider in the future if reimbursement is available.

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response: Currently we do not bill under HB1358. No resources as of this time.

NCACH Comments:

Can you better explain the resource limitations you have at this time? Is there anything that could be done regionally to assist?

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response: Currently, our agency uses ImageTrend Elite software through the DoH's Wemis website.

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response: Have met with NCECC Executive Director on reporting templates. Agency staff and volunteers have not attended any training opportunities at this time, however, do plan to attend future trainings as they become available.

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response: Nothing during this reporting period, however, may have for future reporting periods.

NCACH Final Comments:

- Okanogan County Fire needs to articulate the process they will go through to refer patients and their families to resources identified. Please provide an outlined process/protocol you plan to use as part of this work.
- NCACH recognizes the issues with alternative destination transports in the Okanogan County and would encourage all EMS agencies in the region to work together to find a solution.

North Central Emergency Care Council Agency Quarterly Report NCACH Medicaid Transformation Project

Name of Individual completing form: Ray Eickmeyer

Organization: Lake Chelan Community Hospital EMS Date completed: 02-19-2019

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response:

LCCH EMS has a significant number of Hyper-utilizers that causes burden to the ED and to the EMS system. These hyper-utilizers can benefit from a CARES like program by using a Comprehensive Community Paramedic program that utilizes various assessment tools, referral programs, and social determinacy for these patients who may benefit from coordinated care. LCCH EMS will use a CARES like program to do in-home visits to these hyper-utilizers in hopes to improve the health and care of these patients. LCCH EMS will also create a new referral process with the Regional Pathway's HUB.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Target Population- Number of Hyper-Utilizers of 911 who was seen x3 times in 12 month period

Measure 2: Target Population- Number of Hyper-Utilizers of 911 who was seen x5 times in 12 month period

Measure 3: Number of Hyper-utilizers who had Community Paramedic Visits (CARES program)

Measure 4: Number of referrals given to the regional Pathway's HUB

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response: The barriers we have identified are:

1) Reimbursement / Payment from HCA and other payers for the many hours of work to do in-home visits and to coordinate resources, referrals, and assessments in creating healthier communities and

decreasing healthcare costs.
2) Having an affect change to the hyper-utilizer patient with various multiple behavior and mental health needs.

NCACH Comments:

NCACH feels it would be a benefit to discuss item #2 with other ambulance providers in the region to come up with good ways to address this patient population.

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response: 100% of LCCH EMS personnel (all paramedics and EMT's) were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response: One (1) Patient was transported since Jan 2019 to Parkside directly from 911 by LCCH EMS. The only barrier was we could have had a second 911 direct transport to Parkside but they could not take the patient for another 2 hours (delay). EMS cannot wait 2 hours on-scene before transporting to Parkside so the patient was taken to the closest ED. The second challenge is: We do know if we can have any systems data on the number of Transports take by EMS to Parkside that was inappropriate and the patient was re-transferred to a ED. If we can have more coordinated or shared data this would be helpful in our performance and proper protocols evaluation.

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response: Yes, if there is billing services available for EMS to provide this care we will participate in the determined way.

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response: WEMESIS 3 (Elite)

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response: LCCH EMS has attended multiple MIH/CP meetings and education services including Rural Health Conferences and other EMS education like KPI training, Opioid training, Prevention training, B-con training. LCCH EMS is active in NCECC services.

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response: LCCH-EMS has a much larger scope of work with our Comprehensive Community Paramedicine Program. Other parts of the Comprehensive Community Paramedicine Program are being funded through other grants. The Hyper-utilizer work is specifically only funded through this NCECC project.

NCACH Final Comments:

No major comments. LCCH is on the right track and utilizing the funds to continue to expand their Community Paramedicine Program. Would encourage your organization to continue to share your successes and obstacles with other providers across the region.

**North Central Emergency Care Council
Agency Quarterly Report
NCACH Medicaid Transformation Project**

Name of Individual completing form: K.Wayne Walker

Organization: LifeLine Ambulance, Inc.

Date completed: 04-05-2019

Quarterly Reporting Section

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Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response: We are continuing to develop a program and way to have better tracking for this group of patients.

NCACH Comments:

Lifeline is currently focusing on Okanogan County. NCACH wants to confirm that the current funding provider to Lifeline is reflective of that. Does Lifeline transport 1,000 Medicaid patients in the Okanogan County?

It is not clear what Lifeline Ambulance is going to do differently as part of this funding. Lifeline needs to articulate the specific project and target population they will work on as part of Diversion. The specific projects needs to be identified for further funding to be distributed.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Number of patient we believe could go to other facilities.... Walk-in, mental health, etc.

Measure 2: Number of patient that we feel required ambulance transport or could have been transported by other means safely.

Measure 3: Were the service for both alternative facilities, or transportation available and what would need to be add to make this successful.

Measure 4:

NCACH Comments:

How are you going to utilize the data to make changes in your organization's process? It appears that you are planning to track data at this point, but no further changes are to be made.

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response: We need to develop the template, but for the program to work we will need protocol changes, legislative changes, and facilities which would have the resource to accept patient other than the emergency department. Example we have no 24 hour urgent care clinics in our area, walk in clinics are often booked with the openings. Payors would need to change and allow ambulance to bill and be paid for service provided.

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response: none at this point

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response: None funding issues have not been resolved which was requested at prior meetings. We have been called by one hospital to transport a patient but this patient was voluntary we did not check to see what kind of insurance the patient had as we do not do this for other patients.

NCACH Comment:

NCACH is currently working with NCECC to get a better understanding of this process. It has been recommended that additional training and education on the billing portion be provided to partners and work with 1-2 EMS agencies to refine the process prior to pushing this out to multiple agencies.

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response: Not at this time private ambulance provider are not allowed.

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response: Currently using Zoll tablet Epcr. Yes our system does report to WEMESIS however we are working to refine the process.

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response: None offered at this time.

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response: None at this time.

NCACH FINAL COMMENTS:

NCACH understands that there are some huddles that still need to be achieved around alternative transportation and treat and referral programs and that organizations will need additional resources provided prior to them willing to make the change. However, it is not clear based on the initial report what

the funding is going to support that is currently above normal operations.

Based on the above, NCACH is asking the agency to provide further documentation to receive their Q1 payment. Below outlines the main questions NCACH has related to this report.

Lifeline Ambulance:

- Lifeline is currently focusing on Okanogan County. NCACH wants to confirm that the current funding provider to Lifeline is reflective of that. Does Lifeline transport 1,000 Medicaid patients in the Okanogan County?
- It is not clear what Lifeline Ambulance is going to do differently as part of this funding. Lifeline needs to articulate the specific project and target population they will work on as part of diversion. NCACH is recommending working with NCECC to gain ideas of what other EMS entries are doing in the region and identify work Lifeline can complete.

**North Central Emergency Care Council
Agency Quarterly Report
NCACH Medicaid Transformation Project**

Name of Individual completing form: _____ Todd Schanze _____

Organization: ___Moses Lake Fire Department_____ Date completed: April 2, 2019__

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response: We are looking at a C.A.R.E.S. type program. first we will need to identify our High utilizers and then try and find a way to get them the services that they need as identified from Our interview

NCACH Comments:

Attached documentation provided additional explanation of process. Appears to be heading down the right direction. Will want more detailed outline of progress at next quarterly report

2. Identify 2-4 Project Measures to report on through 2019

Measure 1:obtain a list of high users

Measure 2: *meet with clients and see what needs are*

Measure 3: *meet with PCP and specialist to come up with a plan that will work for the client*

Measure 4:*finding transportation to clinics or Doctor office*

NCACH Comments:

Measures are very project oriented. The above will give us a good understanding of the current state of the project, but not how it is impacting patient care. Will need to move these metrics to process oriented measure at the next quarterly report.

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response:

Getting meaningful DATA from our dispatch center and changing of county MPD

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response:

none

NCACH Comments:

NCACH will need to work with NCECC to finalize and train Grant County EMS professionals on Alternative Destination Protocols

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response:

none

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response:**NCACH Comments:**

Your project is focused on the CARE program but you did not provide a response in this section. NCACH will need additional details on program in the next report.

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response: *We are transitioning to ESO*

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response:

none

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response: *will be traveling to East Pierce Fire and Rescue to ride along with their community Paramedic and see their paperwork follow up and support services*

NCACH Final Comments:

It would be good to share with region what you learn from East Pierce Fire and Rescue. It appears that Moses Lake Fire is moving in the right direction. Will expect the organization to provide more detail on the process in the next quarterly report.

**North Central Emergency Care Council
Agency Quarterly Report
NCACH Medicaid Transformation Project**

Name of Individual completing form: **Brian Williamson**

Organization: **Protection-1 LLC**

Date completed: **04/03/2019**

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response: *We are working with Quincy Valley Medical Center to look at the high ER utilizers over Q1 2019 and entire year of 2018 – at this point we feel that this number is fairly low, but we are still compiling the numbers. Once we get our high utilizer number will determine how we proceed. If we find that we have a larger number of high utilizers then we will look at determining how we can assist with navigating these people through others avenues of the healthcare system – taking them to the clinic, helping set up appointments with follow up reminders, medication reconciliation, then while we have the opportunity to be in there home we can do a fall risk assessment and refer them to an agency that will help them install safety bars, ramps, etc.*

Second thing we will be evaluating with our local hospitals is a 24-hour post discharge follow up. First, we need to reach out to the hospitals and discuss how many patients return to the hospital or emergency room 24 hours after, 48 hours after, 72 hours after, 96 hours after or a week after related to the initial admission. Do they understand the discharge instructions, do they know when they have a follow up appointment with their PCP. How can we mitigate the return of patients back to the hospital or ER one week post initial discharge. Can we run a lab draw for the patient at the home, send them to the lab, results would be returned to the patient's PCP instead of making a special trip to the clinic just for a lab draw. While we are in the home, we can do a medication reconciliation and compare that to what the doctor has on file. If the patient has not filled the prescription, we would be able to assist them with that as well and again while we are in the home, we can perform a fall risk assessment and report that back to patient's PCP and provide the patient with contact information on services that install grab rails, ramps etc.

NCACH Comments:

NCACH appreciates the effort you put in to outline this program. It appears that you are on the right track and taking steps to make changes in your community. Could you also apply this work to high utilizers that are not transported to the ED?

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Find out the number of patients that are high utilizers of the area Emergency Rooms – Quincy Valley Medical Center and Columbia Basin Hospital

Measure 2: Track the number of patients that are discharged from an area hospital and are returning to the Emergency Room or admitted back into the hospital within one week but broken down into 24 hours, 48 hours, 72 hours, 96 hours and one week.

Measure 3: Track the number of patients that are discharged and re-admitted to a hospital within the same time frame as measure 2 but evaluate if these patients were admitted with the same admission code as their initial admission or were they admitted under another admission code, or were they admitted with another admission code that was directly related to the initial admission code (for example: initial admission code – ruptured appendix discharged Appendectomy return 3 days later with high fever and elevated white count presumed sepsis from ruptured appendix).

Measure 4:

NCACH Comments:

Measure #2 & #3: Appears very detailed. May want to look at simplifying measures to reduce potential reporting burden

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response:

I think the biggest challenge is getting the area ER's / hospital to understand the program and that it may cut into ER admissions and overall budgets but in the long run will possibly decrease the re-admission rate of area hospitals. As Quincy stated in our meeting, they have a very low re-admission rate to the ER so not sure if we have huge numbers of high utilizers in our area. On the EMS side we have frequent callers but most of them are not transported.

I am interested in the number of patients that are re-admitted to Confluence, Samaritan, and Columbia Basin Hospital within (1) week of discharge and if they were re-admitted with an admission code that was the same as the initial or directly related to the initial admission. I think we will have some push back from these area hospitals in providing us with this information

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response: All EMS Staff for Protection-1 have received a copy of 5.4 – Mental Health and Chemical Dependency Destination Procedure. I have not seen the Grant County MPD Checklist and Protocol

NCACH Comments:

Will work with NCECC to confirm if Grant County MPD checklist is in place and if not, steps to move in that direction.

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response:

We have not transported any patients to Parkside – I still think the local hospitals and Grant County Mental Health need to be more informed by Parkside of the available options. Last week we transported a patient to Tacoma at the request of Grant County Mental Health not sure if Parkside was even called. I have informed all our crews regarding the new Parkside facility but as of now I am not

sure if we have Protocols directly approved by the new medical director regarding direct admission to Parkside.

- 6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response: Once we determine the need for these services within our Community then yes we will start billing for those services. I have reached out to our Billing Department regarding this HB1358 waiting to hear back on how they see us billing for those services.

- 7. What eMIR program do you currently use? Does this program report to WEMISIS?

EMS Partner Response: We utilize WEMISIS Elite for our EPCR

- 8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response: We have not utilized any training so far this year from NCECC

- 9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response:

NCACH Final Comments:
NCACH is impress with the work occurring through Protection 1. Would be interested in assisting in measure refinement. Would also encourage your organization to look into the upcoming Medicare ET3 pilot program occurring across the nation.

North Central Emergency Care Council Agency Quarterly Report NCACH Medicaid Transformation Project

Name of Individual completing form: Gage Island

Organization: Waterville Ambulance Service Date completed: 4/4/19

Quarterly Reporting Section

Quarterly, NCECC will ask questions to get a narrative response on the progress your organization is making on the

EMS project proposal. This narrative is to learn about both the strengths and barriers of your implementation work to better inform us how to support you through the course of the project.

Instructions

Expand on each section, when applicable, each quarter to see the full years reporting. Change the date above each quarter for accurate submission tracking.

1. Provide a narrative of the Treat and Referral work you will be completing as part of the MOU agreed upon by your organization and NCECC through 2019?

EMS Partner Response:

We will be participating in transporting appropriate patients to Parkside Mental Health and focusing on our geriatric population who refuse transport secondary to a non injury ground level fall. Facilitating resources to them such as the SAIL program and assisting in identifying fall hazards within the home.

NCACH Comments:

Need more details then above on the project. Understand that you are aligning your work with Ballard. Would encourage you to connect with them for additional details on the project and translate those details into a report that articulates how your organization will implement a SAIL program.

2. Identify 2-4 Project Measures to report on through 2019

Measure 1: Transports to Parkside

Measure 2: Geriatric refusals of non-injury, GLFs

NCACH Comments:

Need to better refine project metrics. They are very undefined and does not appear to fit well with the projects you reported. Focus on the SAIL program participates and identify metrics that demonstrate how that project is producing either beneficial or non-beneficial outcomes.

3. What are the biggest barriers you are encountering at this point in implementing the Treat and Referral work?

EMS Partner Response: *Volunteers won't always have the time to figure out and alternate destination, along with protocols limiting our ability to recommend alternate destination. We also have no way to bill for services provided if we don't transport to an emergency department.*

NCACH Comments:

Understand your concerns around protocol limitations. Would be good to discuss if this is a viable option for your organization or if we should ensure the focus is placed on the SAILS program

4. Indicate personnel who were trained to utilize the NCECC 5.4 mental Health and Chemical Dependency Procedure, MPD Patient Assessment Checklist and Protocol.

EMS Partner Response: N/A

5. Indicate number of patients transported to Parkside. Were there any barriers/challenges to transporting patients to Parkside?

EMS Partner Response: None. We have not had any patients who qualify

6. Do you plan to create services to bill under HB 1358? If yes, please provide additional details.

EMS Partner Response: No

7. What eMIR program do you currently use? Does this program report to WEMESIS?

EMS Partner Response: Paper Reports

NCACH Comment:

Understand that Waterville Ambulance is looking at the WEMESIS/Image Trend product. Can you provide more details? Is this a good switch for you knowing the size of your organization?

8. What training opportunities provided by the NCECC has your agency attended? Indicate number or personnel and any additional information or comments regarding the training.

EMS Partner Response: N/A

9. Please provide any additional comments or information for this reporting period that needs to be considered in this project.

EMS Partner Response: N/A

NCACH Final Comments:

NCACH understands the general direction Waterville Ambulance is trying to go, but does not understand the process or plan they will take to get there. Need to better understand how you are going to go from current status to providing a SAILS program.