

ET3: Rethinking Emergency Services





911 DIVERSION PROGRAM CAN HELP WELLMED PATIENTS GET CARE THEY NEED WITHOUT ER COSTS

In April 2020, WellMed joined forces with Austin-Travis County EMS in Texas to launch a program that allows emergency medical technicians to evaluate WellMed patients in the field, communicate with the clinic doctor and, if deemed medically preferable, take the patient to a WellMed clinic for treatment instead of the hospital.

The intent of the program, called Emergency Triage, Treat and Transport (ET3), is to improve how efficiently and appropriately emergency medical services are used. Consider the following:

- Until now, there were no options for an ambulance transport destination other than an emergency room
- A patient's low acuity medical needs were not sufficiently addressed prior to transport
- Emergency services are costly
- The transport and visit may unnecessarily use emergency resources needed for true emergencies

The goals of the program are to:

- Provide patient-centered care at the right time and place
- Increase efficiency in the EMS system
- Avoid unnecessary hospital charges
- Help educate patients about appropriate use of emergency medical services versus the primary care clinic

ET3 IN ACTION



"EMS called the clinic after evaluating a patient at home and concluding that transport to a hospital was not needed. They asked if we could see

the patient in the clinic and we agreed.

They brought the patient to the clinic. We evaluated her, drew labs and then arranged for ComfortCare (the WellMed-owned medical transportation company) to take her home. This process is smooth for the patient and kept her from going to the hospital.

I think this program will be a game changer."

Daniel Oyiriaru, MD
WellMed at St. Johns

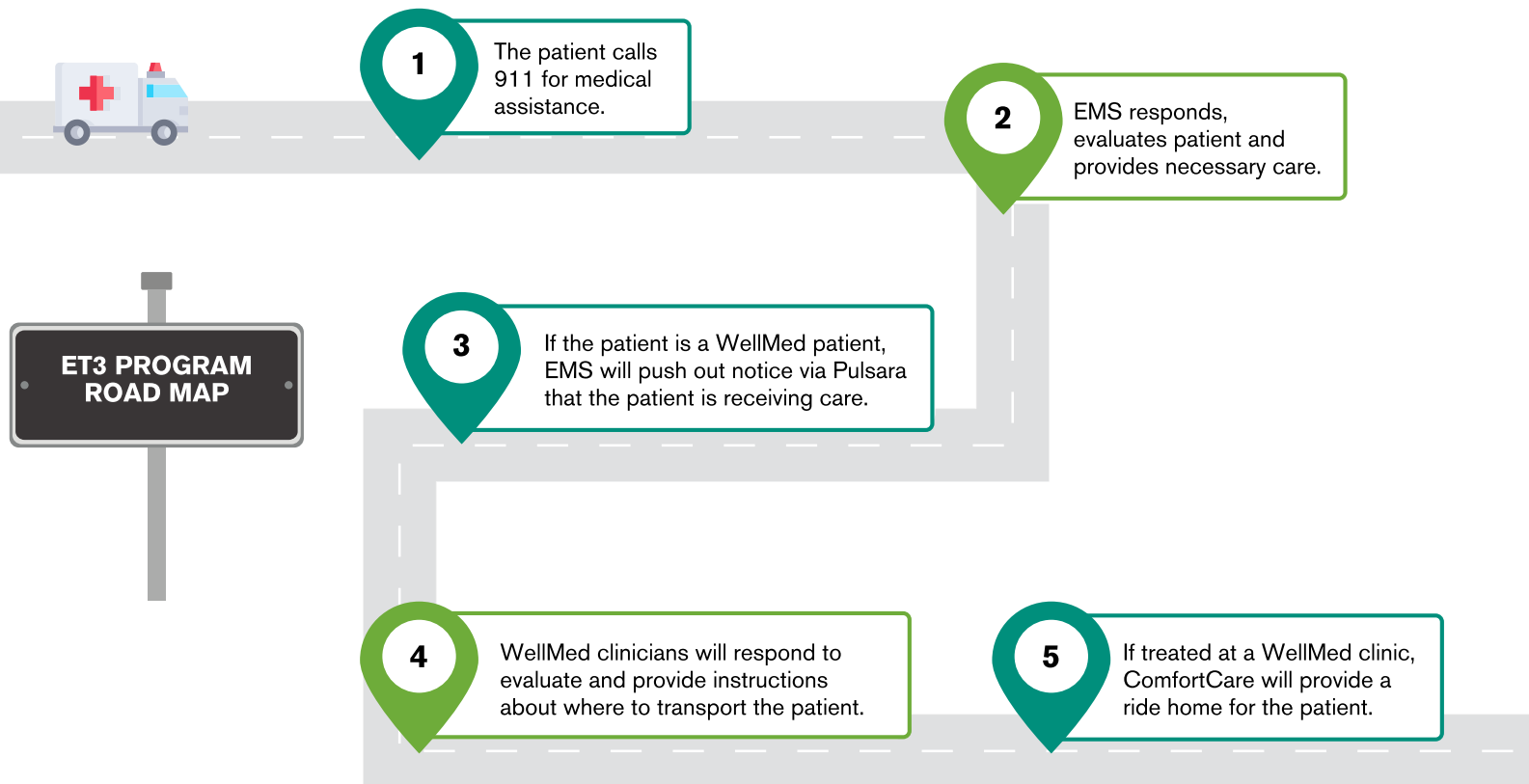
THE ER FACTS



The cost of unwarranted ER visits: \$32 billion a year. A trip to the emergency room is on average 12 times higher than being treated at a physician's office for common ailments, a 2019 analysis from UnitedHealth Group found. ¹



About two-thirds of hospital emergency visits by privately insured individuals are avoidable, meaning 18 million visits to the emergency room each year could be effectively treated in the primary care setting, UnitedHealth Group found. ¹



INTO ACTION

The service is available during regular business hours. EMS communicates with the clinics via a system called Pulsara. The platform is a secure, easy-to-use app that unites the care team. Pulsara replaces multiple phone calls, radio reports, faxes and pages with one, unified patient channel. It is video enabled, so clinicians can see and talk with patients as well as EMS.

The ET3 program started with the WellMed clinic at Rosewood – the clinic with the highest volume. It expanded to Ben White, and now the program is at every clinic in Travis County.

Carlos Navarro, MD, oversees the ET3 program in Austin. Dr. Navarro is the medical director for care value optimization. In this role, he works to find ways to avoid wasteful care and processes. Among many other responsibilities, including seeing patients, he intervenes if EMS fails to receive a response from a clinic.

“This program makes sure the patient gets the right care at the right place,” Dr. Navarro said. “For patients who don’t need emergency care, we want to divert them from that expensive option.”

Keith Simpson, chief strategist with Austin-Travis County EMS, has been working with Dr. Navarro for several years to design the program.

“WellMed has been a tremendous partner,” he said. “We’ve made some great strides in getting patients the right kind of care.”

The new program requires a behavior and process change for EMS and WellMed, so to date, only 15 patients have been served by the program. However, the feedback has been positive. EMS is enjoying the triage process and saving time waiting at an emergency room until the patient can be checked in.

“TO BE ABLE TO TRIAGE, CONNECT WITH THE CLINIC STAFF AND TRANSPORT TO THE CLINIC HAS BEEN TRANSFORMATIONAL.”

“It offers the patient an option that is less expensive and it helps us turn around the ambulance more quickly and get it back into service,” Simpson said.

"The feedback from doctors has been positive too, but they were skeptical at the start. We got them familiar with the program and they can see how it's beneficial for all," Dr. Navarro said.

"There's another tangible benefit," he added. "This program began before the outbreak of COVID-19, but its positive effects are being seen in the light of this pandemic. We're easing the burden on emergency rooms when possible, and we're keeping our patients out of a place where they can get sicker. That's not where we want our patients to be unless necessary," Dr. Navarro said.

Dr. Navarro is hopeful the program will continue to grow. At this writing, the program is on the brink of going live in San Antonio with the San Antonio Fire Department, Acadian Ambulance and WellMed at Windcrest.

"There's a lot of good that can come out of this. We are already starting to see early indications of cost savings," he said. "We're doing a lot of work right now to get EMS medics comfortable with the process. If they use it, they will see the tremendous benefits."

1 18 Million Avoidable Hospital Emergency Department Visits Add \$32 Billion in Costs to the Health Care System Each Year (unitedhealthgroup.com)

