



**Alameda County
Health Care Services Agency
Fire Station Health Portal Project**

Alameda County, as with other regions in the country, faces a shortage of primary care services for all segments of the population, but particularly for those who are publicly insured or uninsured. Growth in demand for services is expected to expand even further under health care reform, which is slated to be fully implemented in 2014. The necessity to help integrate the underserved population into the coverage system and to provide newly insured individuals with access to care is now critical.

In this context, Alameda County is putting forward an innovative Fire Station Health Portal Project to provide an alternative source of primary care to thousands of publicly insured, uninsured, and underinsured residents facing health care access problems. The Fire Station Health Portal is a limited scope clinic co-located on the grounds of fire stations in Alameda County. It is a new level of care in the County's health care safety net that aims to complement existing system strengths.

To this end, the Portals will mitigate the problem of costly but avoidable emergency room visits; divert one-time, one-issue medical care that overwhelm primary care community clinics; and address unmet demand for services among communities historically excluded from the health care system. To deliver services and take advantage of potential efficiencies, the Fire Station Health Portal involves a unique collaboration between Fire Departments, Acute Care Hospitals, Federally Qualified Health Centers (FQHC's) and Alameda County Health Care Services Agency's Emergency Medical Services (EMS) Division.

The staff at the Portals will include 4.0 full time employees (FTE's): a nurse practitioner from the FQHC, an emergency medical technician who will be cross-trained as a medical assistant (EMT/MA), an RN care coordinator, and a patient care technician. The Portals will be open from 2pm to 10pm, Monday through Friday—the time during which emergency department (ED) diversions and 911 call volumes are particularly high. Specifically, health care staff will:

- **Provide on-site limited scope medical care** including follow up from ED visits
- **Provide health care navigation services** by connecting the patient to the best insurance program available, and more importantly, connect the patient to a medical home
- **Respond to sub-acute 911 Omega calls**, drawing on fire's strength as emergency responders
- **Provide follow up to inpatient discharge** from acute care facilities to reduce avoidable hospital readmissions
- **Take direct referrals from 211** for medical advice or consultation and enrollment eligibility

Proposal Goal

Under this proposal, Alameda County will establish five Health Portals at fire stations over a three-year pilot period. The Portals will place providers alongside fire EMT/MA's to deliver

care at newly constructed clinical sites on the grounds of a local fire station. The team will offer place based service delivery, targeting communities who need care but traditionally lack access. To further integrate the Portals into the existing health system and to ensure that clients receive on-going care, a care coordinator will connect individuals and families to medical homes and to the insurance system more broadly.

The Health Care Portal: A Profound Improvement in the Care Delivery System

By specializing in one-time, one-issue medical care, the Portal system will alleviate the overwhelming demand for primary care services faced by community clinics (i.e., FQHC's). This shared responsibility in providing primary care between Portals and community clinics, will allow community clinics to dedicate a greater amount of resources to longitudinal care related to chronic disease treatment and management, which they are well suited to address. Moreover, integration of electronic health records (EHR) in the County health care system will allow hospitals, Portals, and community clinics to document, share, and access records of patient visits throughout the safety net. These system changes, along with those outlined below, will yield better coordinated care, more appropriate treatment of patients, and will increase total visit capacity in the safety net.

All too often, the ED serves as the primary care provider for underserved communities, particularly among racial and ethnic minorities. While seen by users as an expedient mode for accessing care, this setting actually yields the least desirable service delivery outcome—both in terms of high costs as well as the episodic, fragmented nature of care that is commonly obtained through ED's. Yet, structural incentives drive people to the ED.

- Those with insurance may find it difficult to identify a provider with extended hours and/or a provider who will accept the type of insurance they carry. The ED is one of the few places where care is readily available beyond regular office hours and where insurance considerations are not stringent requirements for receipt of care.
- For those without insurance, the ED provides patients with a known source of care, regardless of the acuity level of their medical issue or their ability to pay. For many physicians and hospitals as well, there exist financial incentives to offer care through the ED, though it does represent a higher cost setting.

The Portal approach provides an innovative solution to this expensive and outmoded system of delivering care. Embedding health care providers in the community and more effectively using the existing pre-hospital care infrastructure in primary and preventative care services is at the heart of the Portals concept. More than addressing inefficiencies in current ED use, however, the Portal reconfigures how care is delivered and how communities consume health care services, particularly among those in need. Thought of this way, the Portal is more than an additional access point in the community offering culturally appropriate care—it is a resource hub whose staff aims to empower patients and enable them to take part of what practitioners in the field are calling “a new culture of coverage” in the United States. The concept of a new culture of coverage, precipitated by health care reform, envisions a population where everyone expects and

is expected to have health insurance coverage. Such coverage makes it possible for a greater proportion of the population to participate in the U.S. medical system. As described above, in a concrete way, the Portal approach helps to support this new culture by connecting patients to the health insurance system and to an appropriate medical home.

The Portal also provides a new model of care that will leverage EMT's skills at existing fire stations and add the resources of a nurse practitioner, an RN care coordinator, and a patient care technician. This particular collaboration between Fire and PCP's will allow both systems to work together to identify areas of overlap and to more effectively and efficiently use the resources available between them.

While fire stations work in the community to prevent fires through fire code enforcement and contingency planning, currently, this forward thinking role of fire is not applied to the medical services offered by EMT's. The Portal system, however, creates the opportunity to shift the County's EMS function from being solely reactive (i.e., dedicated only to the scene of a medical emergency) to a system that is also proactive and preventative. For example, Portal staff will be able to conduct screenings (e.g. blood pressure checks), immunizations, hospital discharge follow up, among other services.

As described in this proposal, the Portal is designed to offer patients:

- *Convenience in Accessing Care.* For a patient to effectively use primary, preventative, and chronic care disease services, it has to be available when they need it. The Portal will help accomplish this by providing care both through the physical Portal location and by using the Portal as a connector in the community to a medical home.
- *Connectivity Support to the New System.* Health reform represents a profound shift in the current system, including use of EHR. In Alameda County, implementation of NextGen Healthcare's EHR systems can prove to be an advantage for the Portals where providers can input information regarding patient visits that can be accessed by health care partners in medical homes and ED's when necessary.

Patients, particularly those who will be newly-qualified for public coverage, will also need to be educated about the health care system and the new resources it affords. The Portal, through a care coordinator, will help patients connect to the system – including new insurance systems – and help them navigate their health care. This also creates an opportunity to connect people to other State and County support services, such as mental health, substance abuse, CalWorks, and Food Stamps.

Portals will Strengthen the Delivery System Now and in the Era of Health Care Reform

Alameda County has a very robust system of safety net providers. Inevitably, health care reform will stretch this system in new ways. Safety net providers face mounting pressure: coverage expansions will increase demand and some patients may want to leave the public system if new coverage options are made available to them. The Portal system will help key stakeholders in

the system to simultaneously respond to the new health care paradigm and improve upon the delivery of care which exists today.

- *Strength and Support to the Current Clinic System.* Community clinics provide excellent care, but their patients still face long wait times for appointments and a limited number of service locations—factors that discourage use of primary care and promote unnecessary use of the ED.

The Portal system can address both of these concerns by creating additional access points that will make care more convenient and give patients greater flexibility to receive care during a wider timeframe. This will not only increase quality of life among patients, but it will also help fulfill the “on-demand” health care approach that will keep patients in the public system. The Portals are designed to be an additional link to the community clinic—an arm that will keep people engaged and using the associated clinic even as more care choices are offered under health reform.

- *Creating Efficiencies for the County Health Care System.* The Portal will help Alameda County to better manage its expenses by diverting one-time, one-issue care to Portal clinics. This diversion of visits from high cost to lower cost settings could potentially save money and free up resources that would have been spent had services been provided by FQHC’s, ED’s, or urgent care settings. This outcome should reduce the per unit cost of health care, while still making sure that the patient is linked to a system of safety net providers appropriate for their medical conditions.
- *Addressing Hospital Readmissions.* With Medicare reducing payment for hospitals with high levels of readmissions, hospitals are going to be under increasing pressure to reduce readmission rates from all payers. Moreover, hospitals cannot continue to afford continually admit uninsured patients between now and 2014. Overall, readmissions issues, including the high rates of non-compliance among the population they treat, create a challenge for hospitals especially those in the safety net.

The Portal creates an opportunity to provide care directly to patients in their community and homes. Providing care beyond the acute care setting will give patients the attention needed to truly affect health over the long term, not just during an immediate medical procedure. The result, which can be evaluated under this project, is reduced readmissions through appropriate discharge follow up.

- *Efficiencies for the EMS System.* The County today spends a significant amount on emergency medical response, at least some of which could be avoided through lower level medical care available at the Portals. Portals will serve as an alternative primary care access point for patients with non-emergent care needs. Under the Portal approach, staff would also respond to sub-acute 911 calls under the new Medical Priority Dispatch System (MPDS), allowing EMS to dedicate their response to higher acuity calls. This will generate significant cost savings in terms of fire and EMS personnel time as well as vehicle wear-and-tear. In

addition, Portals should be able to identify repeat callers who could benefit from at-home medical attention and stronger connectivity to the health care system.

- *Empowering Patients.* A key aspect of the Portal will be to increase the ability of individuals and families to receive care on-demand outside of the ED setting. The Portal will also help increase connectivity both between doctors and patients and among providers in the health care system. The Portal can help patients to navigate the coming changes in service delivery and insurance reform, including information through kiosks and internet-based software to help patients track and manage their conditions and care.

Fire Stations Offer a Unique Opportunity as a Portal

Alameda has explored a number of innovative settings for Portals with good success, including schools and faith-based organizations. The Fire Station Health Portal offers an opportunity for a unique approach because fire personnel are:

- *Trusted.* Fire Departments nationally, and in Alameda County, enjoy a high level of community trust and respect. Leveraging this trust creates an opportunity to educate the public on health care issues in a way that has not been tried before. The fire stations provide a unique vehicle for community outreach. For example, training EMT's to educate their communities on carefully following discharge orders after receiving hospital services or on new enrollment opportunities for public insurance could provide a vehicle for a credible, trusted source of information.
- *Located In the Community.* All too often, the term "community-based" is used merely as a place holder to identify an entity other than a large regional institution. Fire stations, by definition, are woven into local neighborhoods, both in terms of physical geography and shared values, including the value of providing advanced life support to anyone in the community who needs it. Portals represent an opportunity to further create a system of care within the community—a place-based approach, targeting underserved communities who could benefit most from Portal clinics in their neighborhood.
- *Able to Leverage Relevant Resources.* Fire stations typically have unused space. The opportunity to co-locate clinics on the grounds of fire stations will not only take advantage of underutilized space, but also maximize the potential of fire stations as service providers in the community. Furthermore, as indicated above, Portal clinics will draw on the pre-hospital and emergency medical response expertise of EMT's to deliver relevant care to the surrounding population.

The Portal Will Offer Limited Scope Medical Services, Along with Connectivity Work

Overall, the services offered by the Portal will cover medical care and system connectivity.

Medical Services

The Portal will offer medical services equivalent to those offered in standard retail clinics in California, with services provided by a nurse practitioner (NP). Examples of services include:

- Tuberculosis Tests
- Blood Pressure Checks
- Wound Care
- Monitoring Weight Gain (for CHF patients)
- Immunizations
- Sports Physicals
- Disease Management
- Occupational Health (such as urine test for probation), and
- Prescription Refills

A key Portal service will be to ensure that the patient understands their discharge orders and has the ability to comply. All too often patients leave inpatient care unsure as to how to care for themselves or even how to refill prescriptions. A critical benefit of the Portals will be the home visits by Portal staff and EMS. The general support offered by discharge planning for those leaving inpatient care will help reduce unnecessary hospital readmissions. The Portal staff will also proactively analyze the 911 call pattern in their area to identify high-volume callers. The Portal staff will have the ability to go to that person's home and to offer support as appropriate to the individual to reduce the need for future calls.

System Connectivity

Health care reform is going to change the available options for many individuals served by the health care safety net, and people will need help connecting to those opportunities. Efforts to help people navigate the new system will include:

- *Enrollment and Application Assistance.* Portal staff will have the responsibility of supporting an effort to connect patients to the health care insurance system. They will be trained on Medi-Cal and Exchange application procedures, as well as being Certified Application Assistors for Healthy Families. Assistance will also be given in helping persons to access a range of social service supports beyond health care.
- *Service Delivery Connection.* Patients, especially when using the public system, can face confusion about how to access the right provider at the right time. The Portal will help people to navigate the system. More than “ED diversion,” this effort is about managing care appropriately to reduce costs and increase quality of life.
- *Emergency Service Pattern Analysis.* The Portal will analyze the 911 call pattern for its area and proactively take steps to offer care and services as appropriate to reduce the number of emergency response calls—thereby relieving stress on county emergency services and the

ACMC ED. This could have a meaningful impact on County resources, allowing dollars to be re-directed from emergency services to chronic care. For example, even the most basic 911 call with emergency response and transport costs the County \$1,500 in total patient charges. The ED visit then adds thousands of dollars to that cost. Even a ten percent reduction in the number of 911 medical transport calls could reduce health care services spending by \$20 million.

The Portal Staffing Approach Will Leverage Mid-level Practitioners and EMT's

Appropriate staffing is a key to Portal success. This will require culturally competent people with the right skill sets.

Portal Staffing

Each Portal will have a staffing model that calls for a team of four full-time employees (FTE's) who can provide appropriate, culturally competent care. The fire station will serve both as clinic space and as a base of operations to support patients in their homes.

- ***Clinical Lead:*** A Nurse Practitioner will lead each Fire Station Health Portal team. This person will serve as the primary care provider in the Portal setting as well as primary health coach, and will be responsible for coordinating care with other providers outside of the Portal. Duties include assessment, and general medical care; NP's may also refer patients to physician for consultation or to specialized health resources for treatment. (1.0 FTE)
- ***Connectivity Lead:*** The Care Coordinator/Portal Manager will be a Registered Nurse (RN) whose scope of practice allows them to provide care, education, and health care coaching. This position will also supervise daily operations of the Portal and coordinate administrative duties as necessary. Beyond assisting the clinical lead in providing medical care, this individual's role will be to help patients navigate the insurance system and identify the best health insurance option to meet their needs. Assistance will also be given to help patients access needed care in the service delivery system. Typical duties will include taking vitals, conducting benefits advocacy, supporting One-E-App, scheduling clinic appointments and ensuring that patients are appropriately resourced after each visit. (1.0 FTE)
- ***Emergency Medical Technician who will be crossed trained as a Medical Assistant:*** The primary role of the EMT/MA will be to provide medical support and assist medical providers in clinical duties as well as administrative duties, as necessary. The EMT/MA will also assist in rooming patients, maintaining the medical database, and maintaining the clinical environment. Specialized training will be given to the EMT/MA to conduct home visits and low-acuity emergency department or inpatient discharge follow-up. The EMT/MA will also participate in appropriate Fire training and activities as defined by the labor agreement outlined with the local Fire Department. The position can provide a pathway to eventual employment at the Fire Station. (1.0 FTE)

- Patient Care Technician. This individual will provide administrative support to the Care Coordinator and FHP staff including greeting patients, keeping medical records, answering the telephone, completing insurance forms, making appointments, handling correspondence, scheduling hospital and laboratory services and assisting with billing. (1.0 FTE)

Budget

Preliminary projections project operating budgets of \$700,000 per year, offset by \$285,000 in third party reimbursement and claiming. The five pilot sites would require \$2.1 million in base allocation per year for three years to be derived from outside sources. Behavioral Health, Language Access, Social Service and Public Health functions would be funded outside the base allocation.

Support will also be needed in the form of a planning grant to help develop answers to critical program planning questions.

Federal health reform opportunities will be aggressively sought for care coordination, navigation, innovation, prevention, behavioral health parity, new access point funding, and workforce development. Reimbursement will be included in 1115 implementation plan, and opportunities to use county purchasing power (pre-employment physicals, occupational health assessments, drug screening) will be explored.

Questions to be Addressed by the Pilot

While this proposal addresses a number of questions, more work and analysis remains to be done to address the following considerations:

- Will People Accept the Fire Station as a Place for Medical Care?
Even though the fire station is a base for service operations designed to reach into the community, there is some question as to whether or not people will travel into the fire station for care in lieu of other locations. Low acuity calls and frequent utilizer patterns will help justify care at these locations.
- How Accessible are Fire Stations?
Fire Stations are typically not co-located with other business to generate foot traffic. Careful site selection criteria and volume projections are critical.
- How Much Could Be Saved By Reducing Unnecessary 911 Calls?
This is key from both a redefining utilization perspective as well as transport and ED costs.
- What is the Appropriate Panel Size?
The Portal Nurse Practitioner likely have smaller than average panels due to the intensive nature of the disease management care.

- *How Will Portals be Governed?*
Questions regarding the management and employer relationship of the Portals will need to be resolved.
- *Can Existing Retail Clinics Serve as Models or Partners?*
What is gained or lost by partnering with an existing retail clinic business to achieve many of these same goals? Could commercial retail clinics simply become indigent care providers?
- *Can Existing Home Care Nurses Serve as Models or Partners?*
What is gained or lost by partnering with an existing home care agencies to achieve many of these same goals? Could private home care nurses simply become indigent care providers?
- *What is needed for Portals to be HIPAA Compliant?* This proposal calls for information sharing among a range of providers, which may raise privacy issues.
- *What are Sources of Sustainable Financing?* How can the model be self-financed, if at all? To the extent that Portals provide care to Medicare and Medicaid beneficiaries, what is the reimbursement model?