



The Fire Station Health Portal



Access To Care in Alameda County

- **Health coverage is unaffordable for 200,000 Alameda County residents**
- **Medical debt can lead to financial ruin (1 in 4 bankruptcies in AC)**
- **Supply and Demand Disconnect on preventive and primary care (Access)**
- **Increasing numbers of the uninsured due to economic downturn**
- **Inadequate reimbursement and operational challenges for safety net hospitals**
- **Lack of racial and language diversity among providers**
- **Lack of support for patients and families to manage their own care**

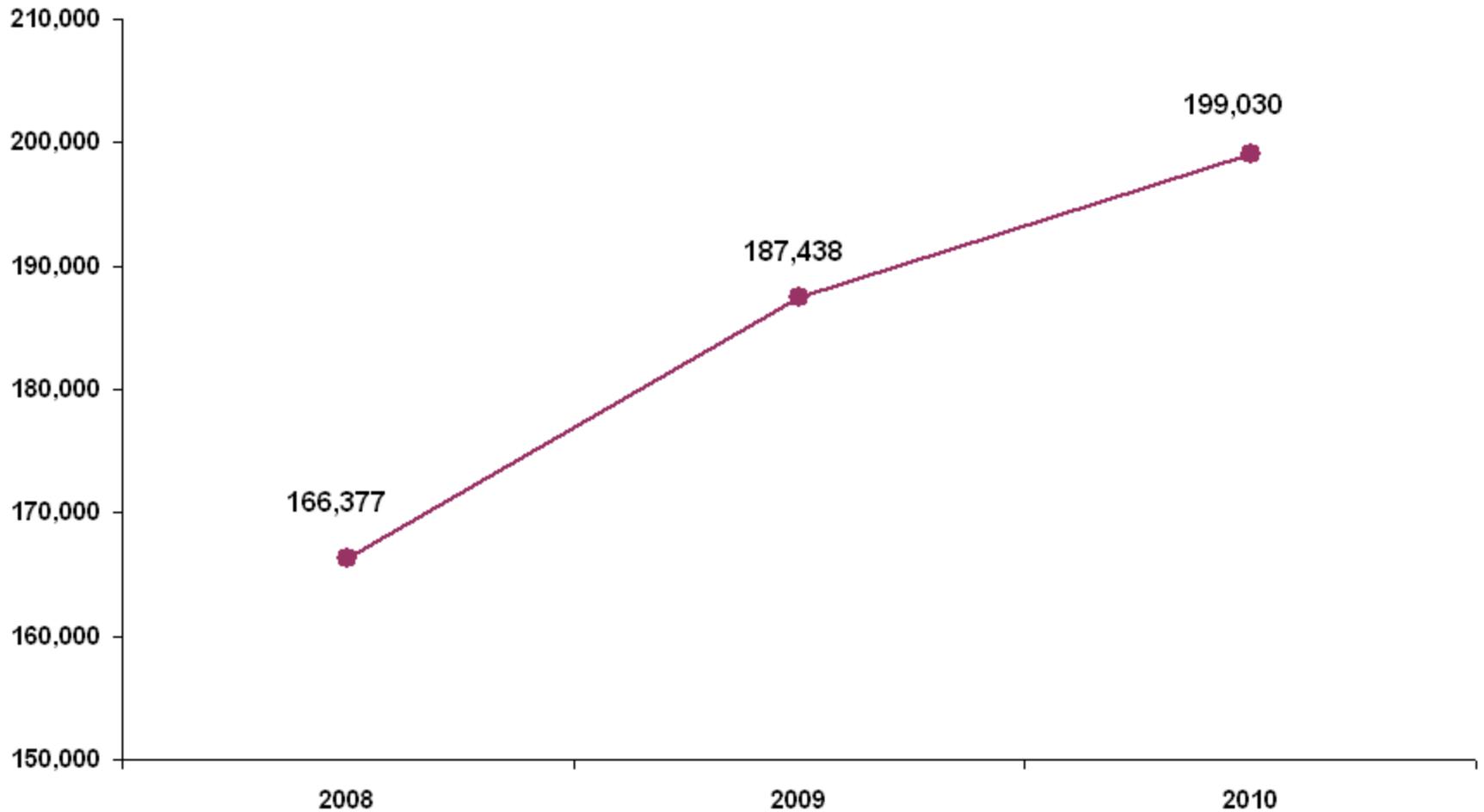


How long does it take to access care through the safety net?

- **Wait times for primary care**
 - As long as 3 months for new patients
- **Wait times for specialty care**
 - As long as 6 months for new patients

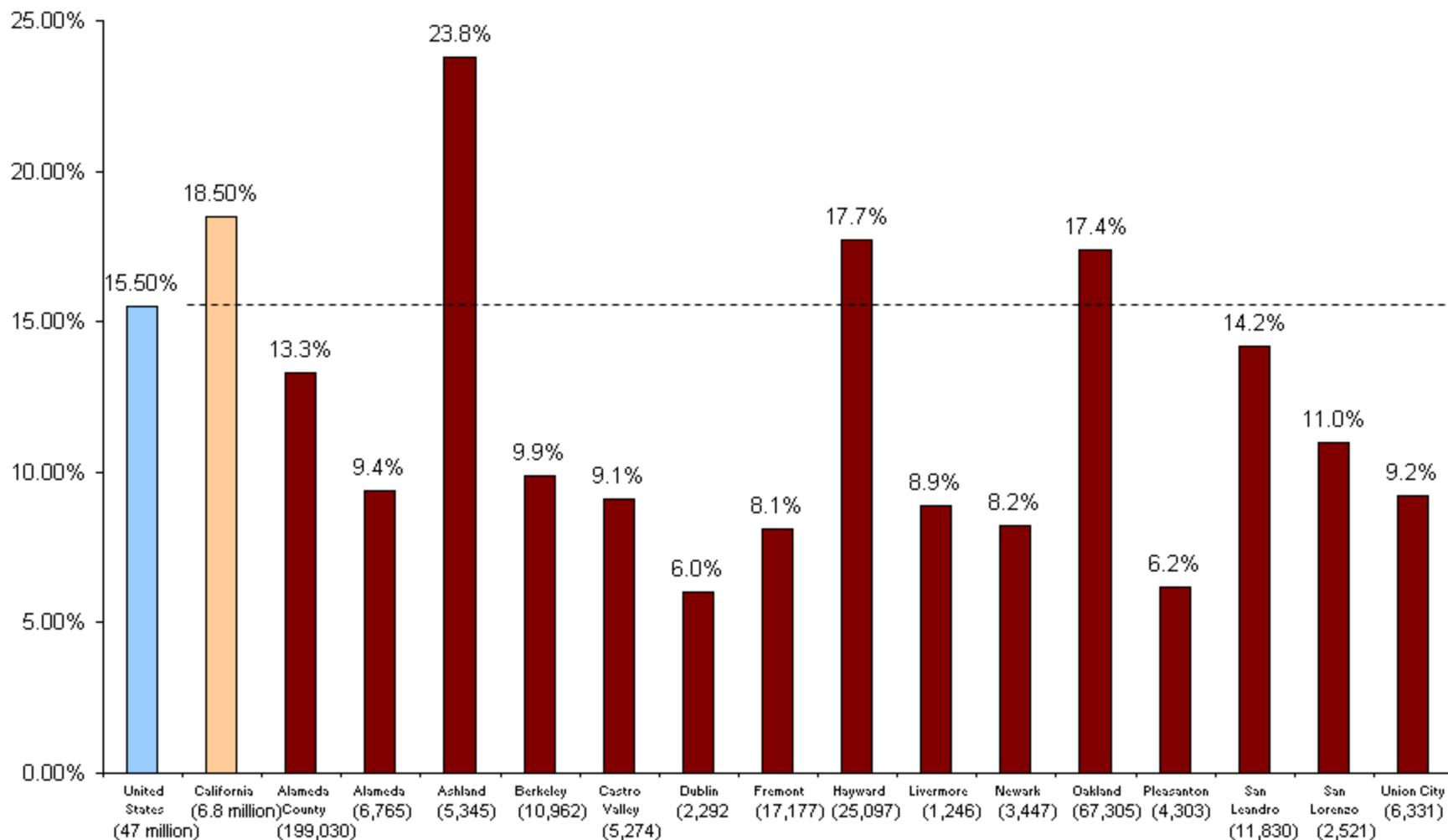
Number of Uninsured in Alameda County Rises in Recession

In two years, the number of uninsured increased by nearly 20%



Source: U.S. Census Bureau, American Community Survey, 2008-2010

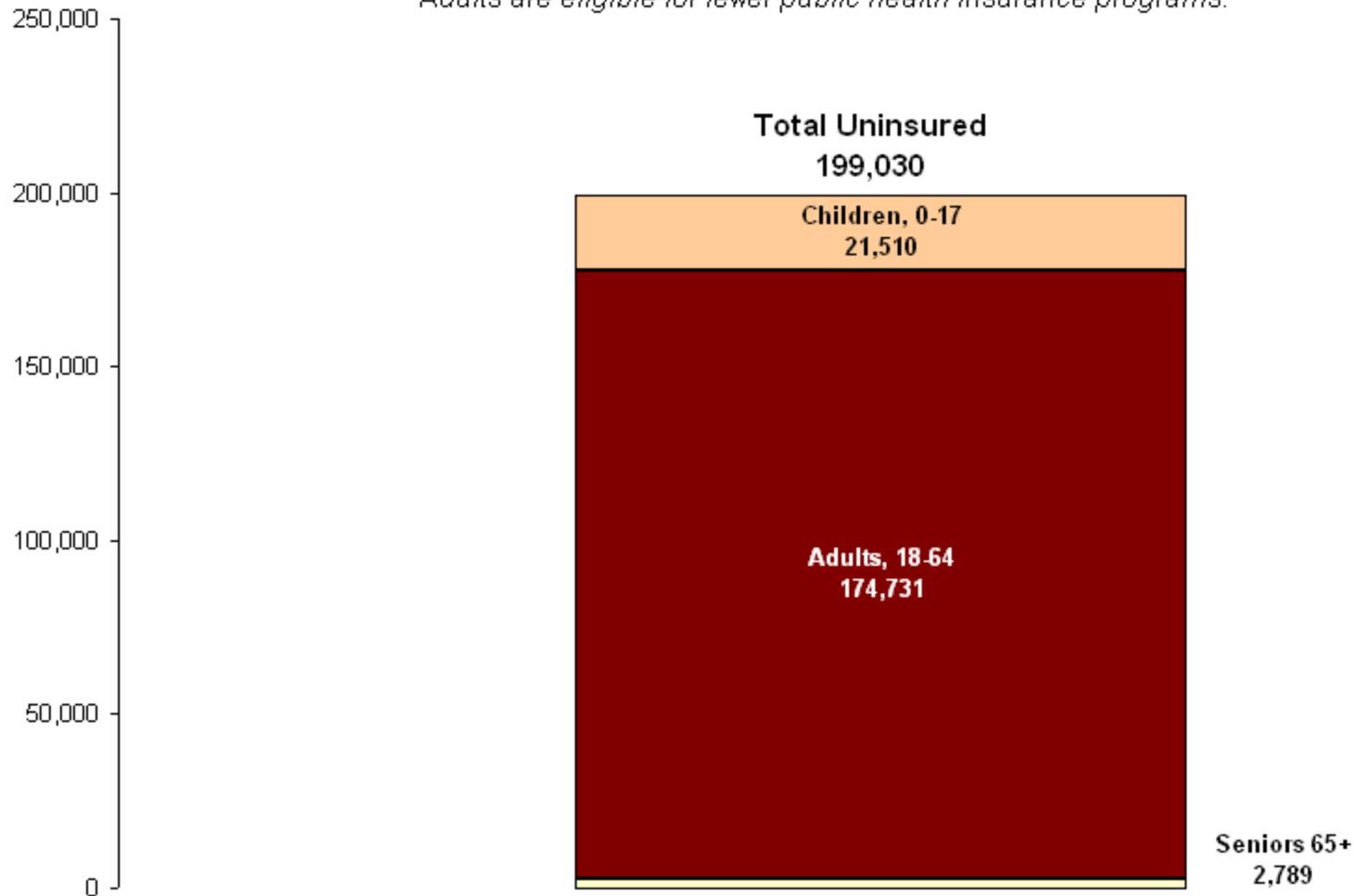
Oakland, Hayward, and Ashland are Above the National Average on the Percent of Residents who are Uninsured



Note: Data are based on the U.S. Census Bureau's 2008-2010 American Community Survey 3-year estimates. Data are based on a sample and are subject to sampling variability. The value shown here is the 90 percent margin of error. 3-year city estimates are only available for cities with a population of 20,000 or more.

The Majority of Uninsured Alameda County Residents are Adults

*There are public programs to insure low-income children, including Medi-Cal and Healthy Families.
Adults are eligible for fewer public health insurance programs.*



Source: U.S. Census Bureau, American Community Survey, 2010



The Problem

- There is simply not now, nor will there be in the foreseeable future, **an adequate supply of Primary and Preventative Care.**
- **Health Care costs** are rising at five times the rate of wages, with health care premiums doubling in the last decade and **projected to at least double in the next decade.**
- A significant part of the problem is that we continue to **drive episodic care to the highest cost settings.**



The Problem (cont.)

- Per the American College of Emergency Room Physicians, **California ranks 51st among states in the US in terms of ED capacity.**
- In all other jurisdictions that expanded coverage (Vermont and Massachusetts), there were **significant increases in ED utilization after coverage expansion.**



GACH



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PRIMARY CARE





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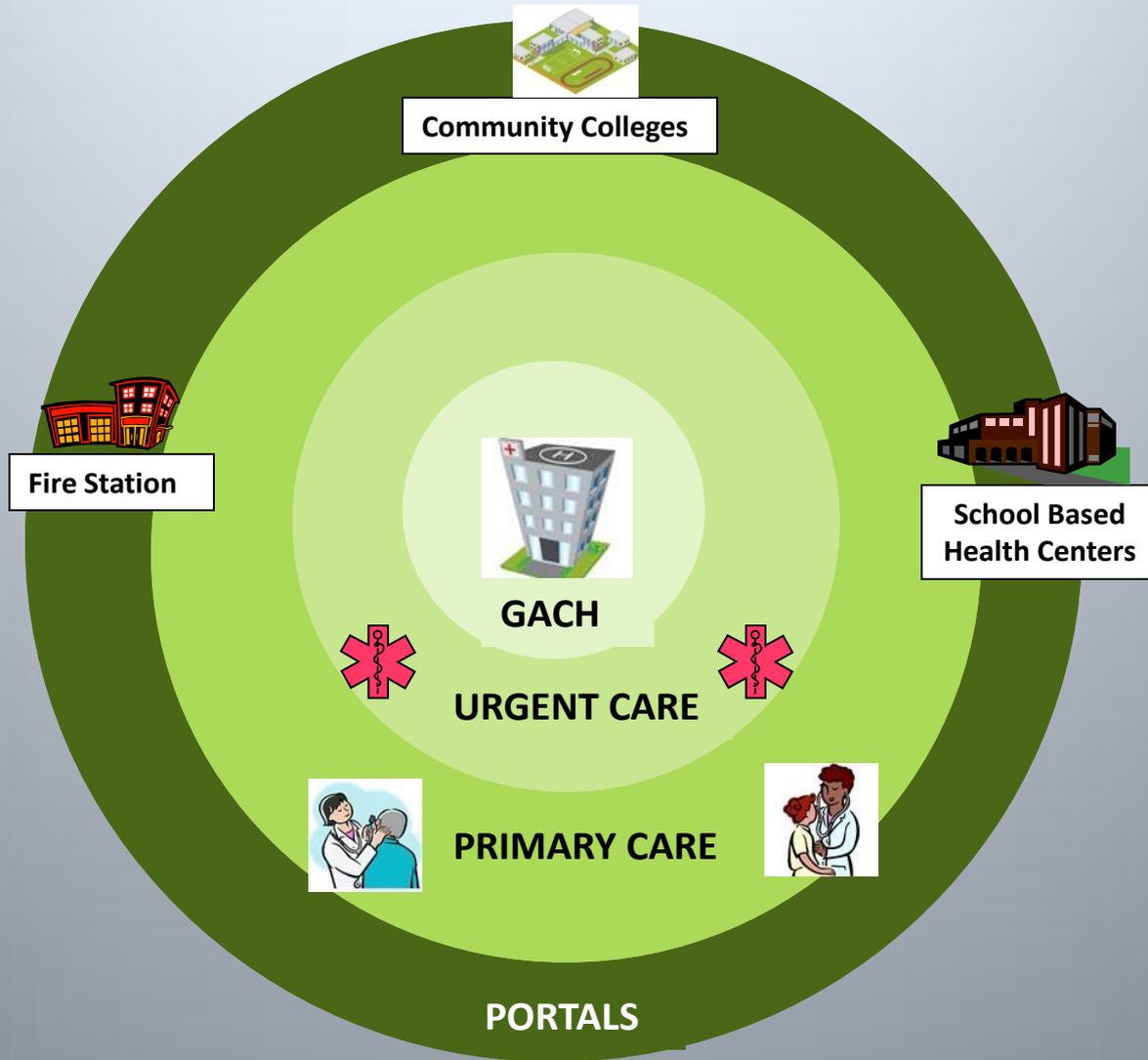


URGENT CARE



PRIMARY CARE





Community Colleges



Fire Station



School Based Health Centers



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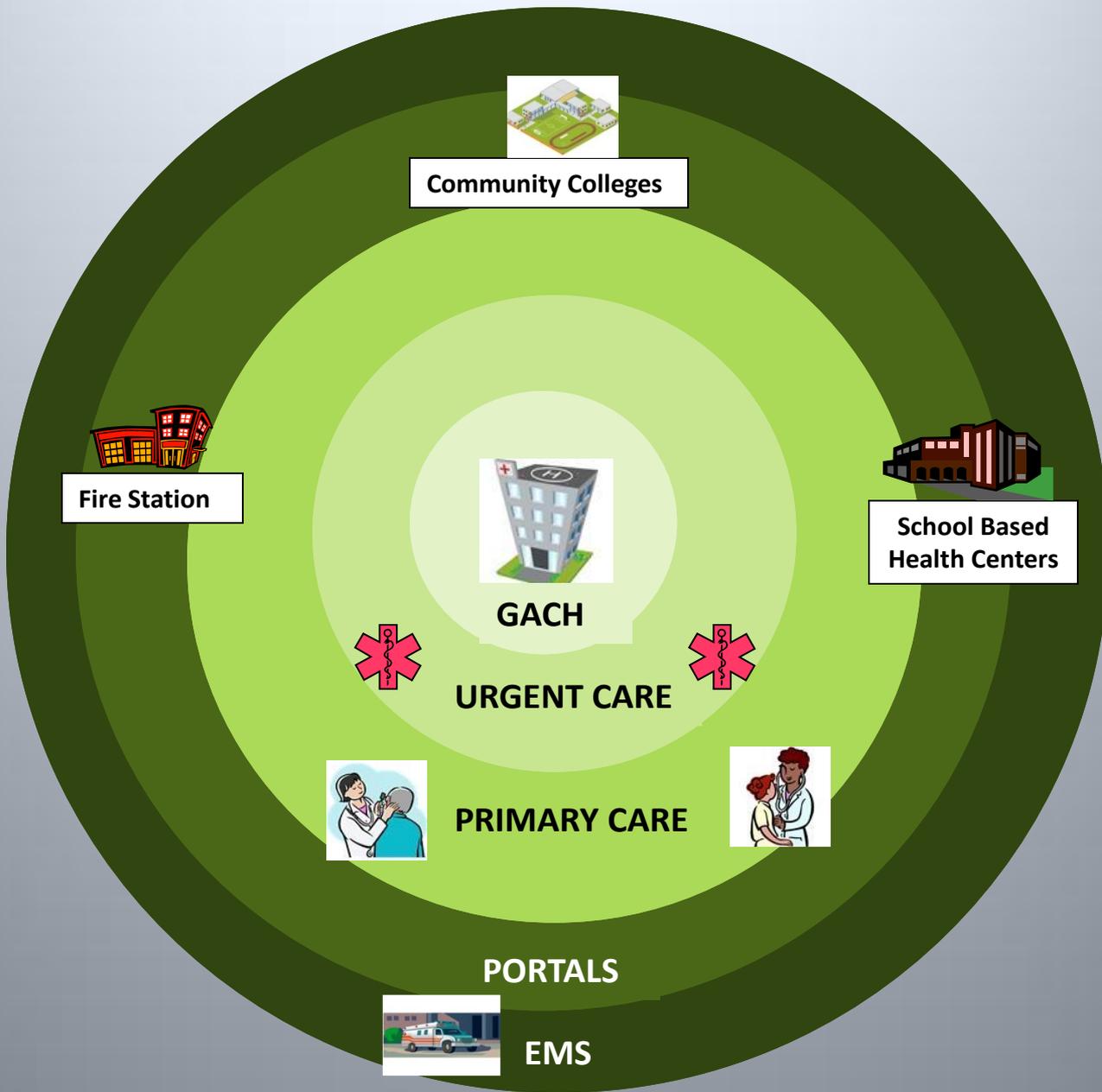
URGENT CARE



PRIMARY CARE



PORTALS



Community Colleges



Fire Station



School Based Health Centers



GACH



URGENT CARE



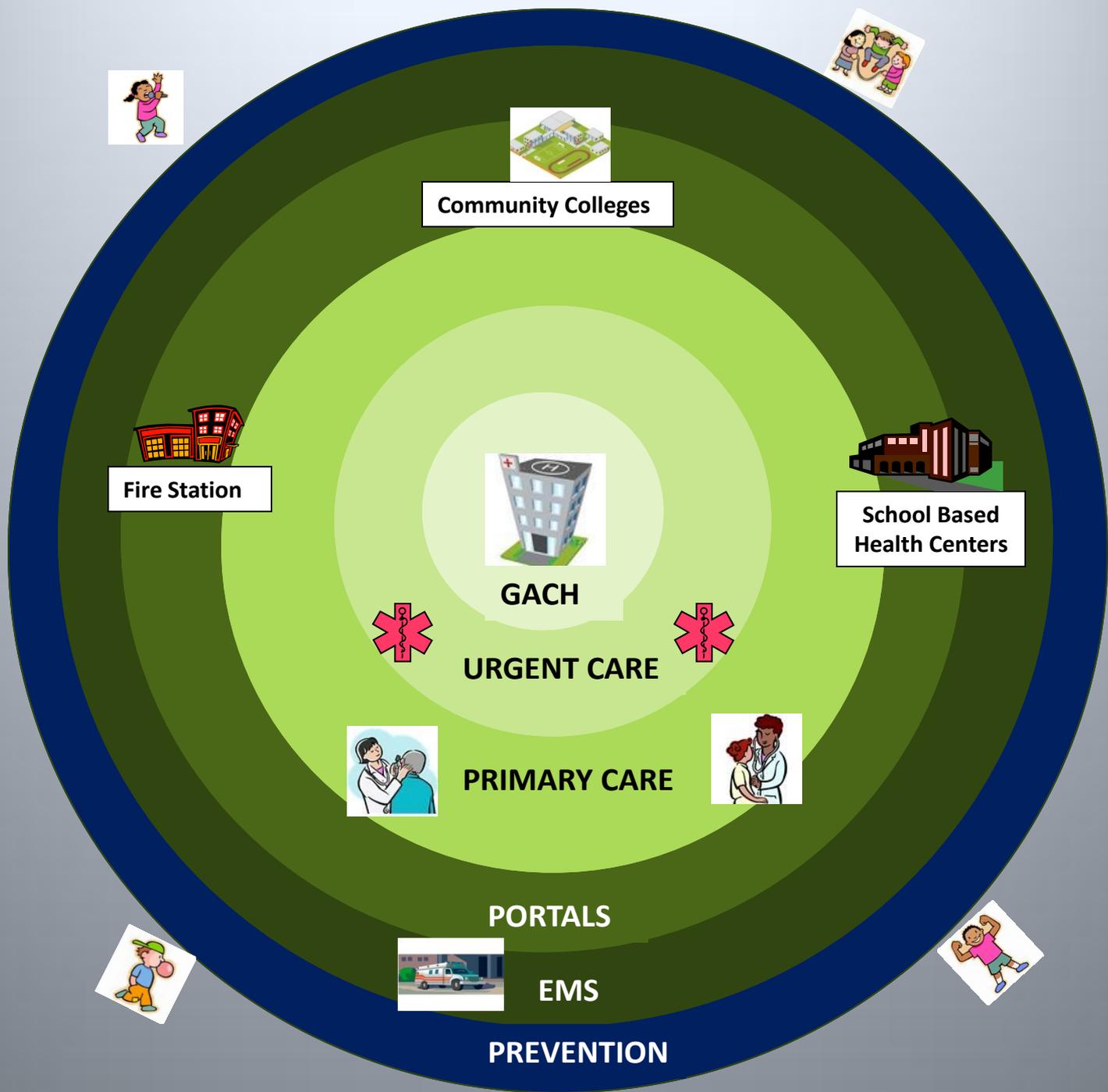
PRIMARY CARE



PORTALS



EMS



Community Colleges

Fire Station

School Based Health Centers



GACH



URGENT CARE



PRIMARY CARE

PORTALS



EMS

PREVENTION



What is a Fire Station Health Portal?

- **Unique collaboration between Fire Departments, Acute Care Hospitals, Federally Qualified Health Centers (FQHC), and HCSA EMS Division.**
- **Limited scope clinics staffed by 4.0 FTE**
 - 1.0 FTE Mid Level Practitioner from the FQHC
 - 1.0 FTE RN Care Coordinator/Clinic Manager
 - 1.0 FTE Fire EMT/MA
 - 1.0 FTE Patient Care Technician
- **HCSA proposing a three year pilot at 5 fire stations in Alameda County: 1 station in year 1.**



What Services are Provided?

- **Ten clinical problems such as sinusitis and immunizations encompass more than 90 percent of retail clinic visits (*Health Affairs 2008*)**
- **These same 10 make up about 15 percent of all PCP Visits, and 20 percent of all ED visits.**
- **Most presenting problems do not require direct services of a physician and most are for 18-44 year olds.**
- **Services will be customized to the communities being targeted (i.e addition of Asthma or Hypertension)**



Fire Station Health Portal

- **In addition to providing on-site limited scope services including follow up from ED visits, the Health Portal will also conduct population health services by:**
 - **Providing health care navigation services** by connecting the patient to insurance programs and medical homes
 - **Responding to sub-acute 911 calls and field suppressing unnecessary transports** under the new Medical Priority Dispatch System (approx. 30,000 calls annually)
 - **Providing discharge follow-up** for residents in a defined geography within 48 hours of discharge from Acute Care
 - **Taking direct referrals from 211** for medical advice or consultation.



A Solution

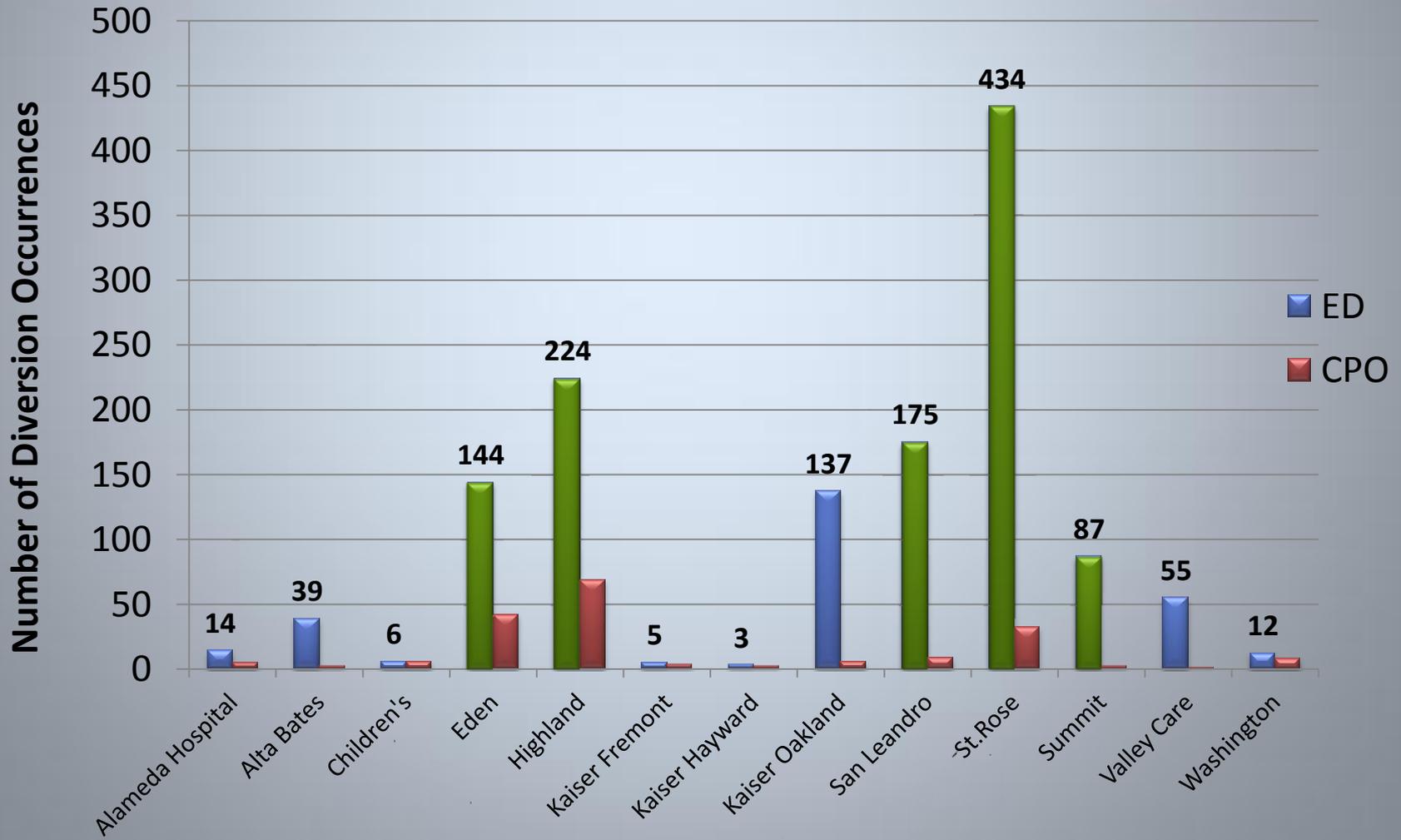
- The **Health Portal is a new level of care**, fully integrated in the existing health care service delivery system that is:
 - Place based: Targeted to communities who need it.
 - Uses the expertise and trust of the EMS and Fire prehospital care system
 - Provides services designed to dis-impact primary care and ED service settings
 - Helps inform and educated communities newly eligible for health benefits.
 - Delivered by existing providers in Alameda County's safety net, all using the same Electronic Health Record (NextGen).



Diversion Data 2007 - 10

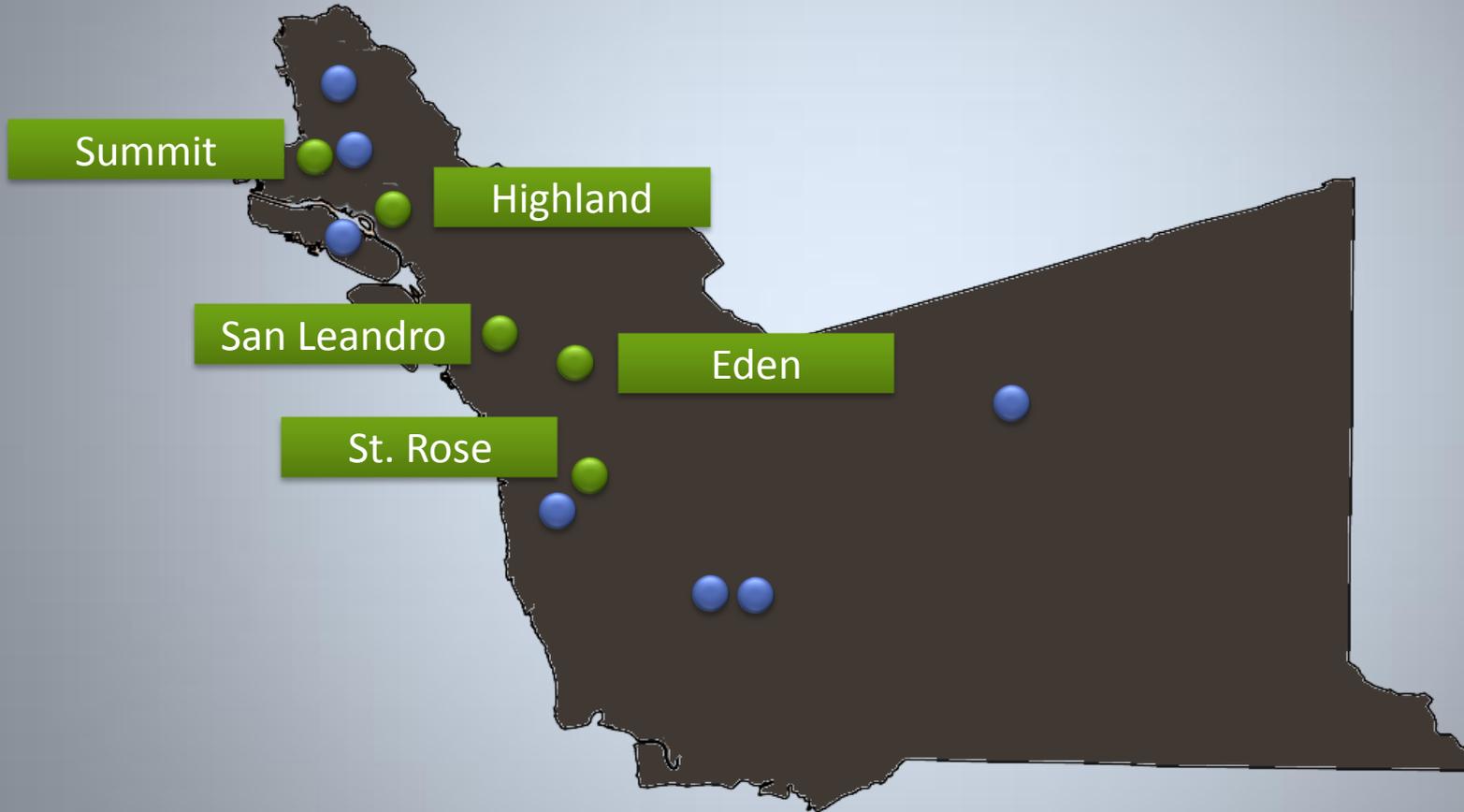
Source: Alameda Count EMS Readinet

ED Overload & Critical Patient Overload

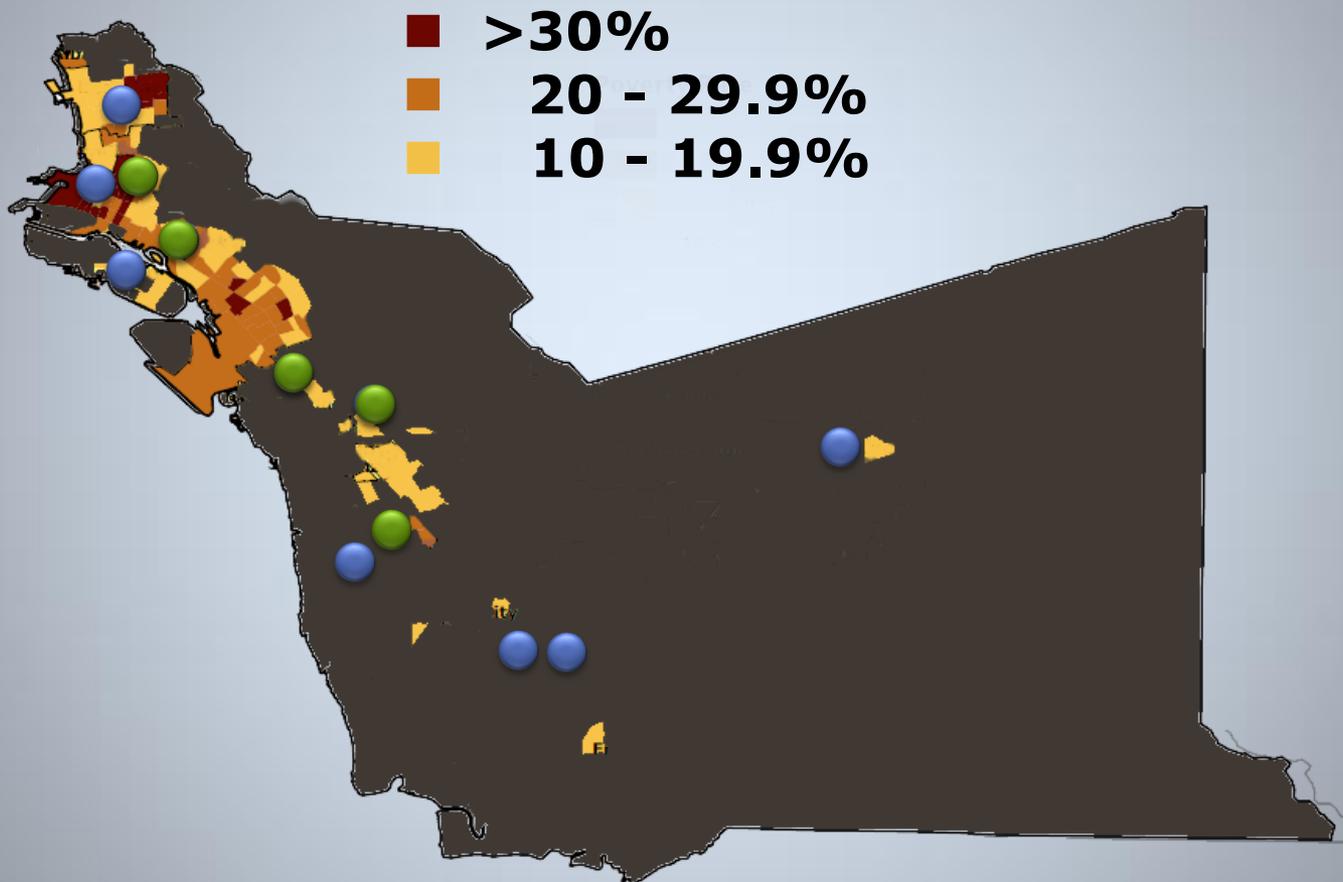




Hospital Locations



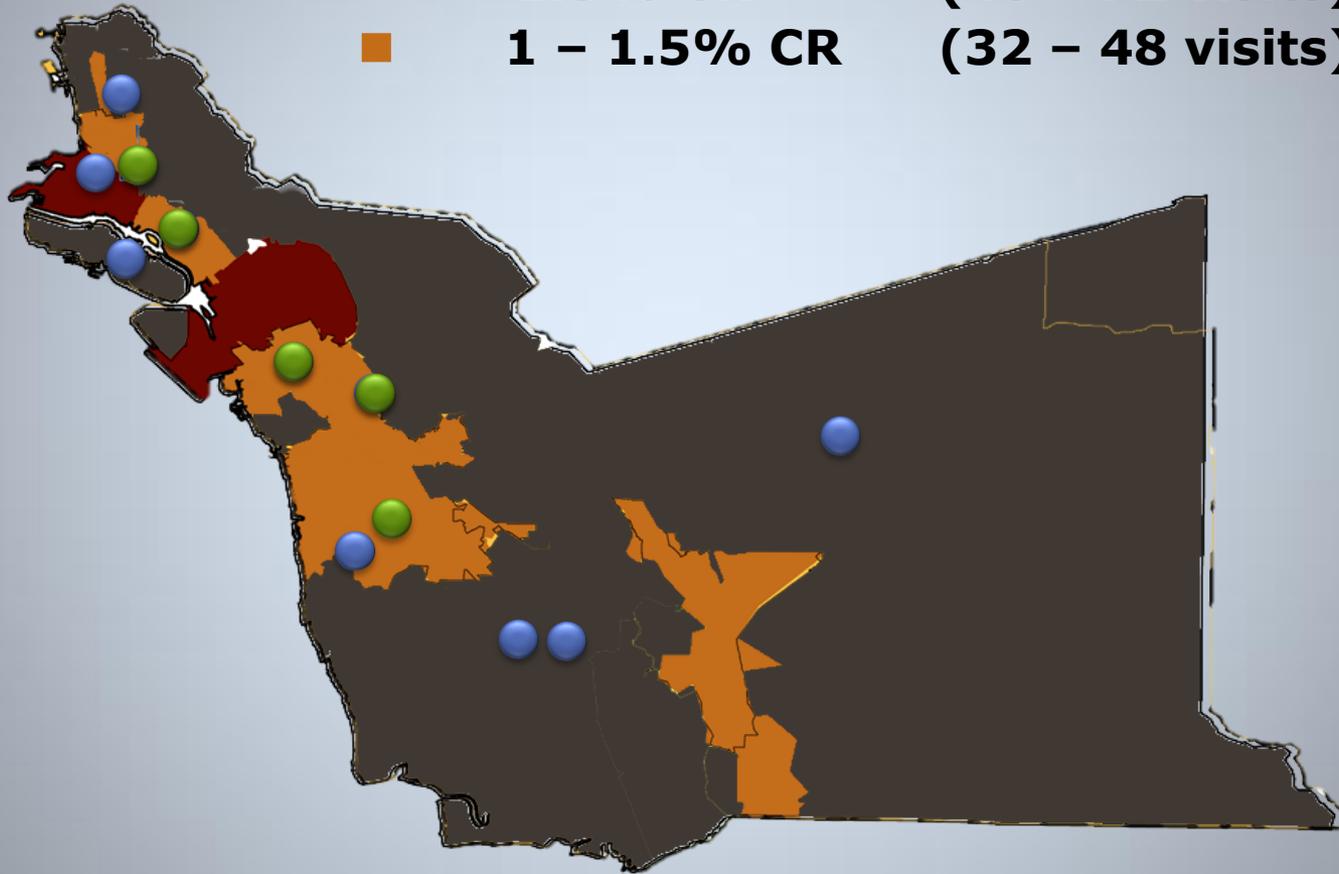
Poverty in Alameda County





ED Visits / 100 Persons Greater than County Rate

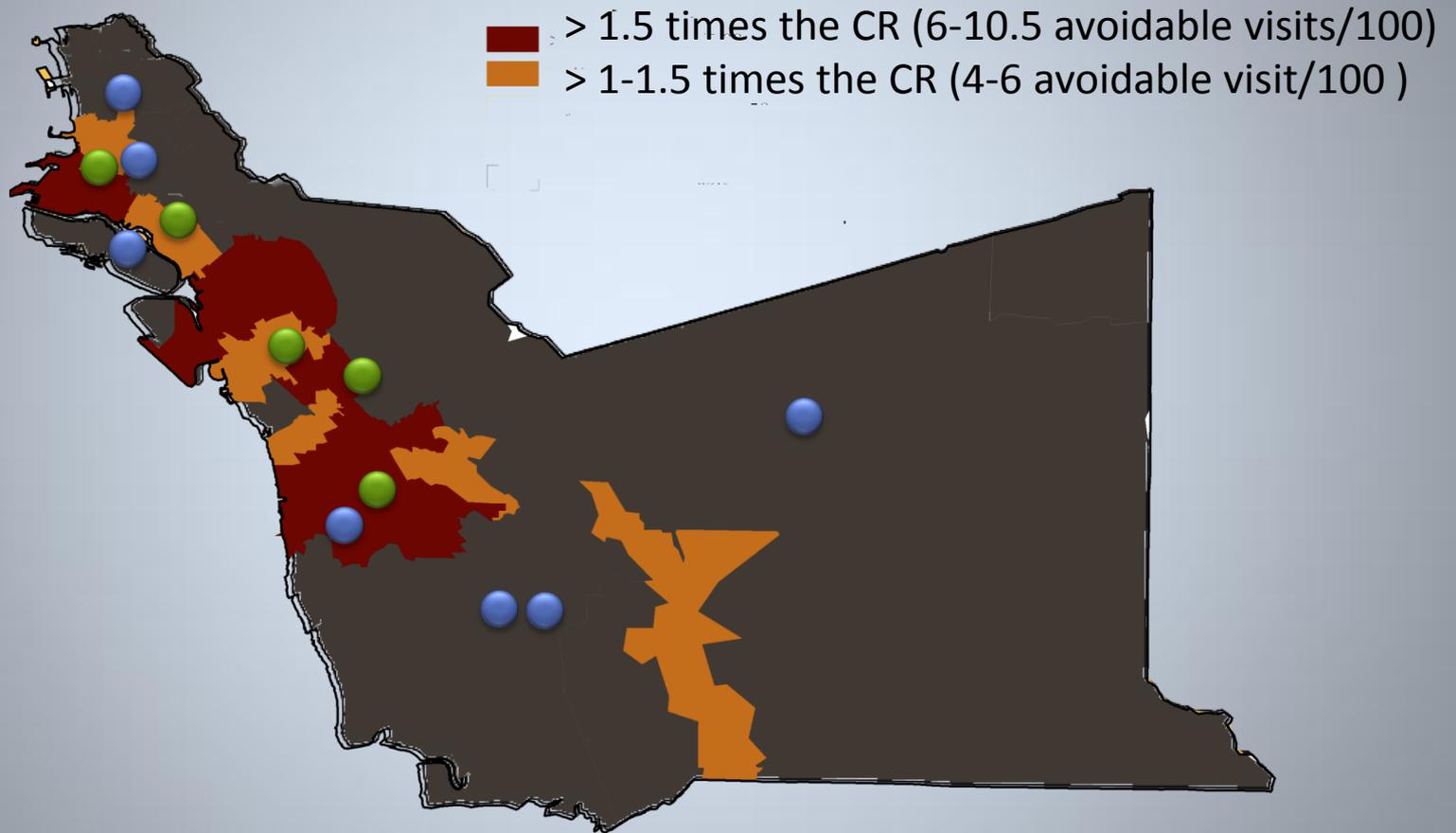
- **>1.5% CR** (48 – 72 visits)
- **1 – 1.5% CR** (32 – 48 visits)



County Rate (CR) = 32.08 ED visits / 100 persons



Avoidable ED Visits Greater than County Rate



County Rate (CR) = 4 avoidable ED visits / 100 people



Where?

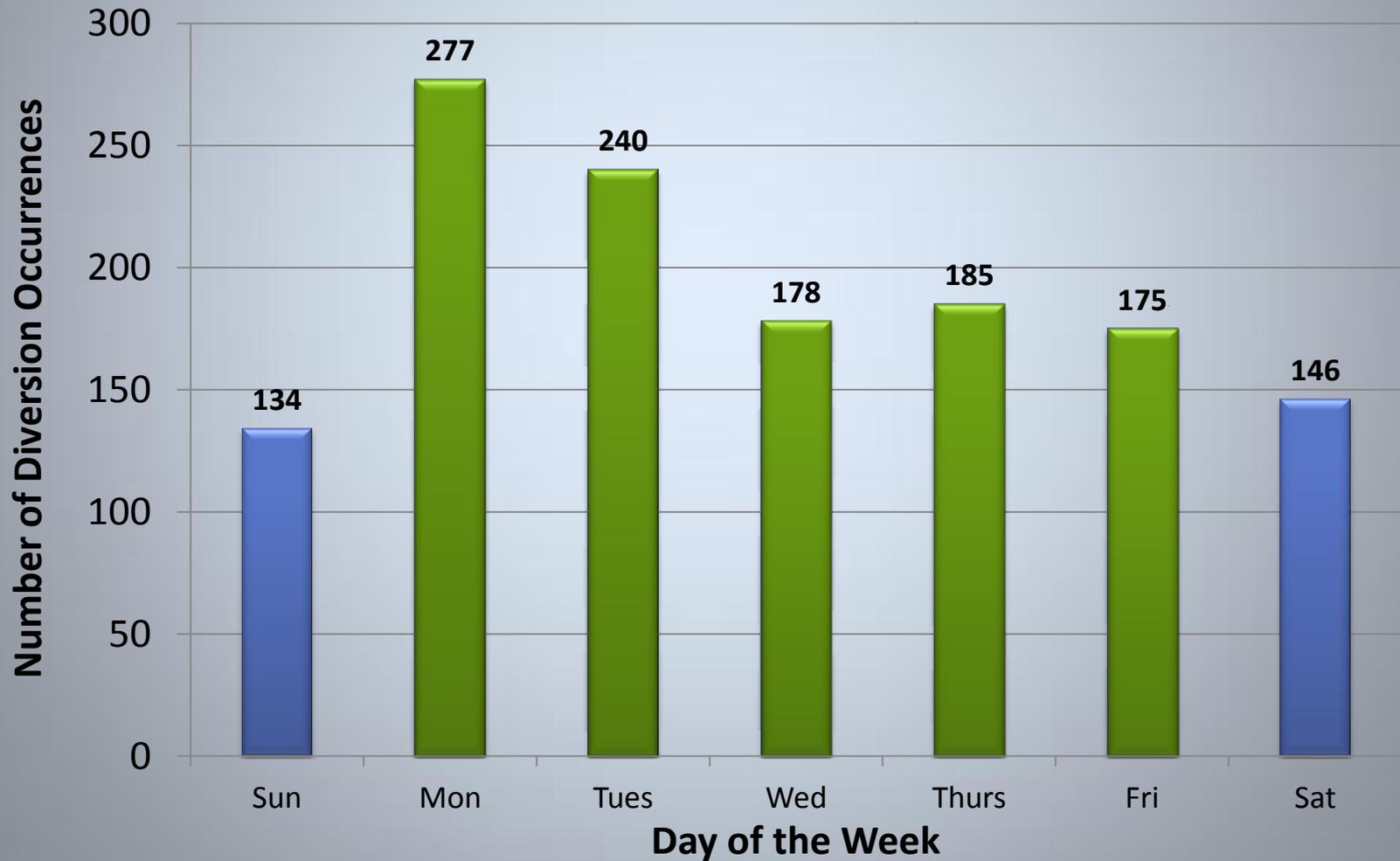
- **Neighborhoods with:**

- High number of ED visits and avoidable ED visits
- Greatest poverty and concentration of newly eligible Alameda County residents under Health Reform
- Demonstrated need



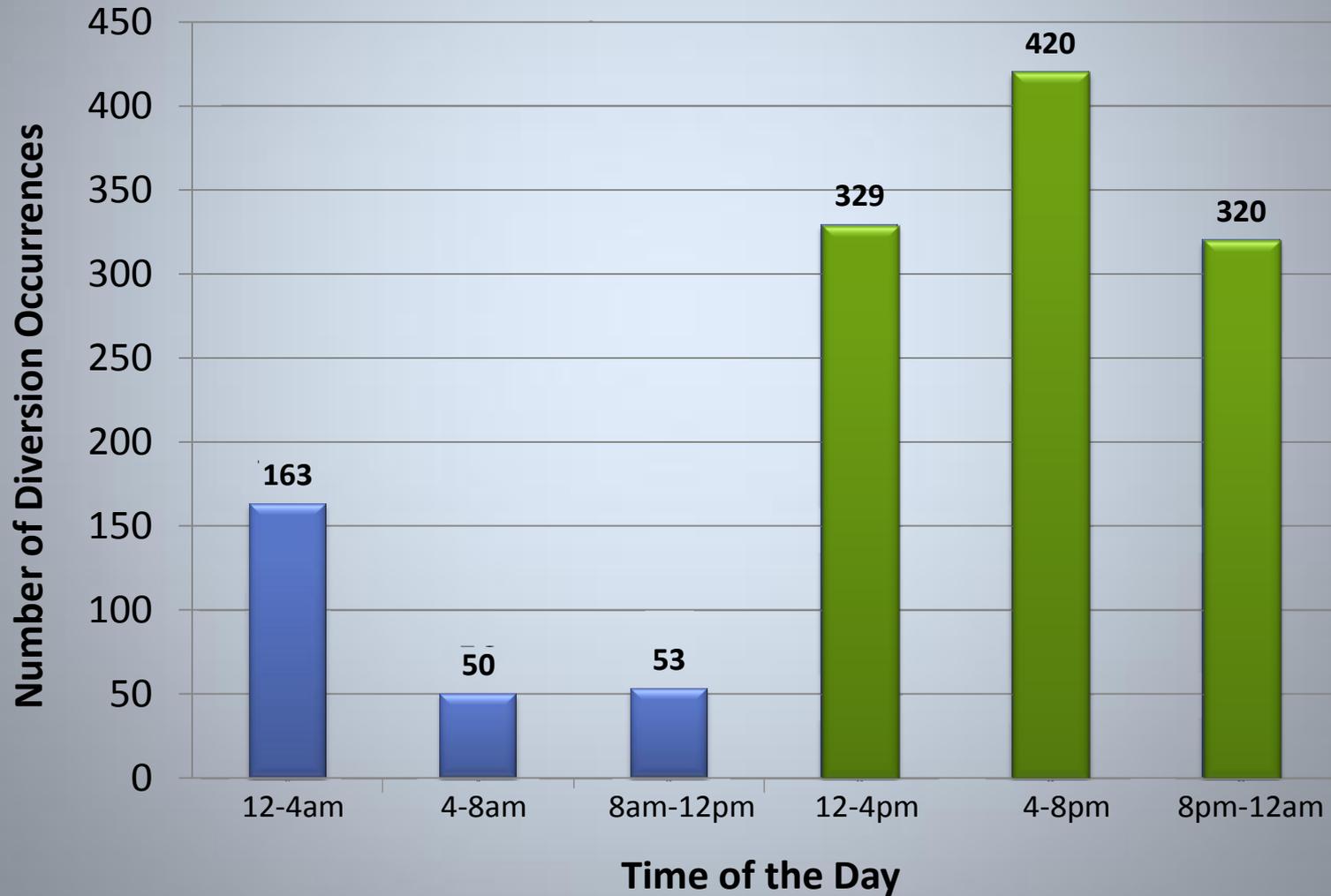
Diversions by Day of Week 2007 - 10

Source: Alameda Count EMS Readinet





Diversions by Time of Day 2007 - 10





Diversion Summary

- **Most hospital diversions occur:**
 - Winter months
 - Weekdays
 - Noon to Midnight

Acute Care utilization analysis matches population health, access, and data on under and uninsured residents of Alameda County



How will we know if we are successful?

- **Decrease in ambulance diversion hours**
- **Decrease in avoidable ED visits**
- **Increase access in under-served populations (e.g.: males 18-35 in target area)**
- **Decrease in hospital readmissions**
- **Patient satisfaction and response**
- **Develop Financially Sustainable Model**
- **Does not Fragment Care**
- **Assists with Enrollment and Eligibility Challenges facing Health Reform**



Identified Pilot Funding

- **Estimated Costs & Anticipated Funding Needs and Sources:**
 - **Construction/Renovation:** \$500K capital conversion cost per site; total estimated \$2.5 million
 - **Sources:**
 - **Local Municipalities** - contribute to initial capital costs
 - **Redevelopment Authorities** or Successor- \$533K for Unincorporated AC
 - **SB 12** - EMS Trust Fund Reserves \$900K (one-time, BOS Action Required)
 - **TMSF** - Tobacco Funds held in reserve by HCSA \$500k (one time, BOS Action Required)
 - **Philanthropy** - Kresge, Kaiser, Blue Shield, CHCF, TCE. PVF Applications:
 - **Pilot Staffing & Operations:** \$700K per site per year
 - **Sources:**
 - **Measure A** - reauthorization funds approved \$750K
 - **SB 12** - EMS Trust Fund Revenue approx \$450K (BOS Action Required)
 - **Medicaid Administrative Activities (MAA)** - approx \$250K
 - **HealthPAC** - approx \$250K
 - **Measure N** - Oakland Paramedic enhancement fund (City Council Action Required)



Sustainability Outlook

- **Clinic Generated Beyond Pilot**
 - **Third Party Reimbursement** – (all payors)
est. \$1.2 million annually
 - **MAA** – est. \$250K annually
 - **Measure A** - \$750K annually
 - **SB12** - \$450K annually (BOS action required)
 - **Measure N-** 172k annually (council action required)



The Fire Station Health POrtal

STATUS OF THE PLANNING EFFORT



Structure of Collaboration

Steering Committee

Alameda County BOS Staff • Alameda County CDA • Alameda County HCSA, PHD, EMS, BHCS • Alameda County Health Consortium • Alameda County Medical Center • Alameda County Fire Dept/Labor • Alameda –Contra Costa Medical Assoc • Hayward Fire Dept/Labor • Oakland Community Organizations • Oakland Fire Dept/Labor • Private Consulting Firms • Unity Council • Children’s Hospital Oakland

Scope of Practice and Clinical Operations

(BOS Staff; ACPHD; EMS; ACMC; ACFD; HCSA; HFD; OFD; OCO)

- Scope of Practice Expansion for Paramedics
- Clinical Policies and Operations
- Model Agreement between FQHC’s and Fire Departments
- Staffing and Role Definitions

Capital and Physical Plant

(ACFD; ACCDA; Public Architecture; RDC Architecture)

- Site Recommendation Criteria and List
- Site Assessments
- Design Parameters

Business Plan

(ACFD; NCB Capital; HCSA)

- Three-Year Budget for 5 Sites
- Contracting and Third Party Revenue Analysis
- External Funding Documents

Communications

(BOS Staff; ACFD; ACPHD; HCSA; OFD; Tramutola)

- Comprehensive Communications Plan
- Marketing and Educational Materials
- Develops Public Information Officer



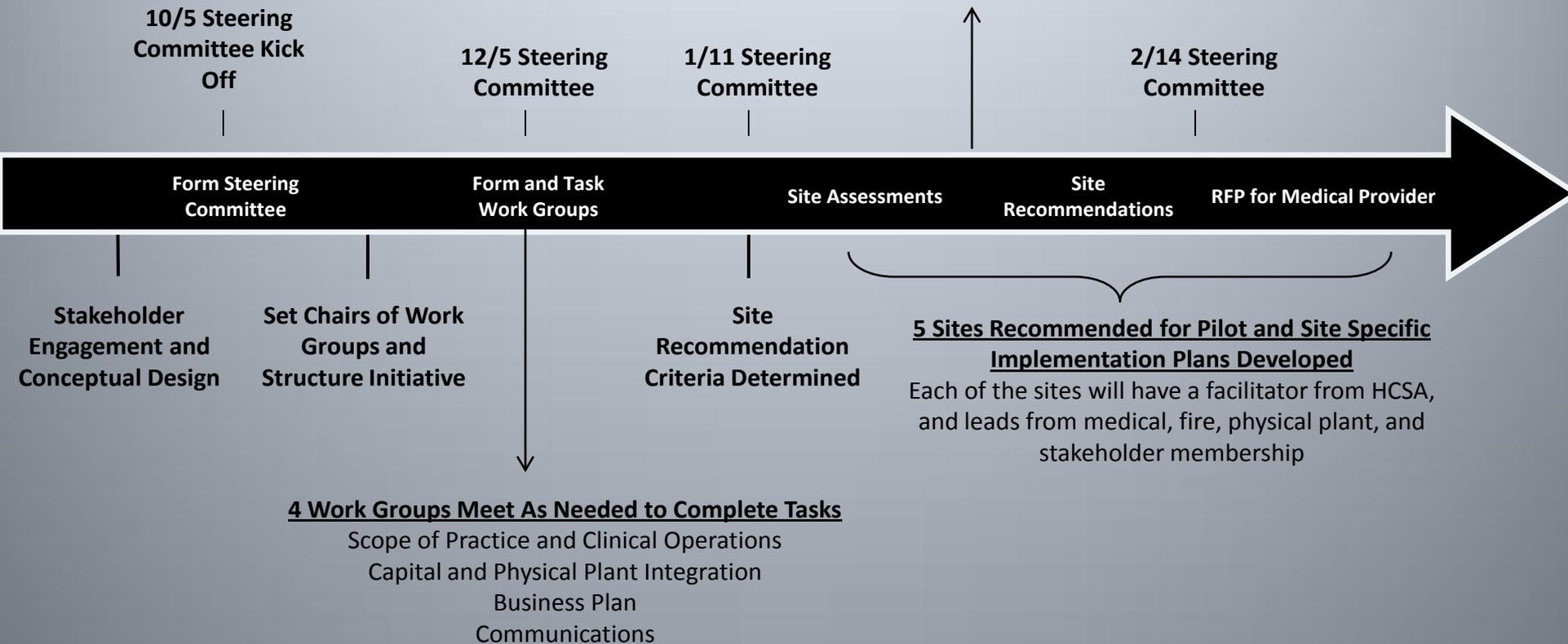
Implementation Timeline

- **Stakeholder engagement and conceptual design (July to Sept 2011)**
- **Form Steering Committee (Oct)**
- **Form and task Workgroups (Nov- December)**
- **Seek BOS approval for Fund Development Opportunities (Jan 2012)**
- **Site assessments (Feb)**
- **Site recommendations to Board (Feb)**
- **Site #1 Operational (Jan 2013)**

Site Recommendation Timeline

8 Regional Site Assessments:

The 9 municipalities that have requested assessments will get epidemiological, physical plant, and access analysis for all potential sites.



October 2011 to February 2012



Site Selection Criteria

- **Target Population/Neighborhoods by Population Health Indicators**
- **Use Requirements**-spatial assessment for proposed activities
- **Physical Site Criteria**- multi-dimensional (i.e. zoning, access, circulation, parking, public transit, etc.)
- **Capital Agreements** – municipal contributions
- **Labor Agreements** – Fire Departments and Federally Qualified Health Centers



Next Steps

- **Proposed Regional Assessments for FD Health Portals**
 - **Alameda County Fire Stations**
 - Cherryland
 - San Lorenzo
 - **Local Municipalities**
 - Fremont
 - Hayward
 - Oakland
 - Newark
 - San Leandro
 - Union City
- **Work with city officials and local Fire Departments to identify potential locations and complete Regional Site Assessments.**
- **Develop Health Policy, Procedures, and Financing Model through four Workgroups and Steering Committee collaboration**
- **Secure formal support from labor and other stakeholders; including financial commitment from municipalities.**
- **Bid Out Operations Contracts to FQHCs.**



Next Steps (cont.)

- **Address Paramedic role in operations and potential scope of practice issues (Ongoing)**
- **Sustainability and Fund Development Planning: NCB Capital Impact Report 1/15**
- **EHR Integration (Ongoing)**
- **Integration with 911 Dispatch System (Ongoing)**
- **Launch Pilot (Jan 2013)**



Funding Development Opportunities

- **Grant Support – Public and Private Sources:**

- **CMS Health Care Innovation Challenge** (min \$1M/max \$30M for new models of service delivery/payment improvements)
- **Kresge Foundation** (est. range varies upon specific request to support the safety net)
- Blue Shield of California** (est. \$400K request to support care coordination and care transitions between portals and providers)
- Robert Wood Johnson Foundation** (est. \$400K request to support start-up and ongoing programming)
- California HealthCare Foundation** (est. range is open to support capital, bridge funding, and evaluation)



Questions

- **BOS QUESTIONS AND STAKEHOLDER COMMENTS**

