

Memorandum



DATE: April 24, 2015

TO: Honorable Members of the Public Safety Committee:
Sheffie Kadane (Chair), Adam Medrano (Vice Chair), Dwaine Caraway, Jennifer S. Gates,
Sandy Greyson, Scott Griggs

SUBJECT: **Mobile Community Healthcare Program**

On Monday, April 27, 2015, you will be briefed on the **Mobile Community Healthcare Program**. The briefing materials are attached for your review.



Eric D. Campbell
Assistant City Manager

Attachment

c: Honorable Mayor and Members of the City Council
A.C. Gonzalez, City Manager
Warren M.S. Ernst, City Attorney
Craig D. Kinton, City Auditor
Rosa A. Rios, City Secretary
Daniel F. Solis, Administrative Judge
Ryan S. Evans, First Assistant City Manager

Jill A. Jordan, P.E., Assistant City Manager
Mark McDaniel, Assistant City Manager
Joey Zapata, Assistant City Manager
Jeanne Chipperfield, Chief Financial Officer
Sana Syed, Public Information Officer
Elsa Cantu, Assistant to the City Manager – Mayor & Council

DALLAS FIRE-RESCUE DEPARTMENT

MOBILE COMMUNITY HEALTHCARE PROGRAM

Public Safety Committee
April 27, 2015



Purpose

To provide an overview of the Mobile Community Healthcare Program (MCHP); give an update on the program's accomplishments to date; as well as the program's future.

MCHP Program Statistics

- **First Client Contact: March 19, 2014**
- **First Client Enrollment: March 24, 2014**
- **6 Mobile Community Paramedics (MCP)**



Phase I

- **Focus on ‘*High Frequency Patient*’ clients**
- **Patient navigation, advocacy and education services**
 - Assess clients medical and psychosocial needs
 - Empower clients to better manage own health/support needs
 - Bridge gap between social services agencies, mental health agencies, hospital programs and the patient
 - Provide healthcare education to the client
 - Reduce the clients need to access 9-1-1 services and hospital ER
 - Most expensive form of transportation to the least cost effective place to receive medical care
 - Episodic care rather than monitored care through a PCP

MCHP Client Needs

- **Medical care**

- Disease and/or chronic condition issues
- Primary care and medical home
- Over/under medication concerns

- **Psycho-Social care**

- Behavioral
- Serial inebriate treatment
- Medical management

- **Socio-Economic/Environmental care**

- Insurance navigation
- Adequate housing
- Financial assistance
- Transportation options



**Client photographed gave written consent via COD/DFR
Consent for Care/Release of Images affidavit*

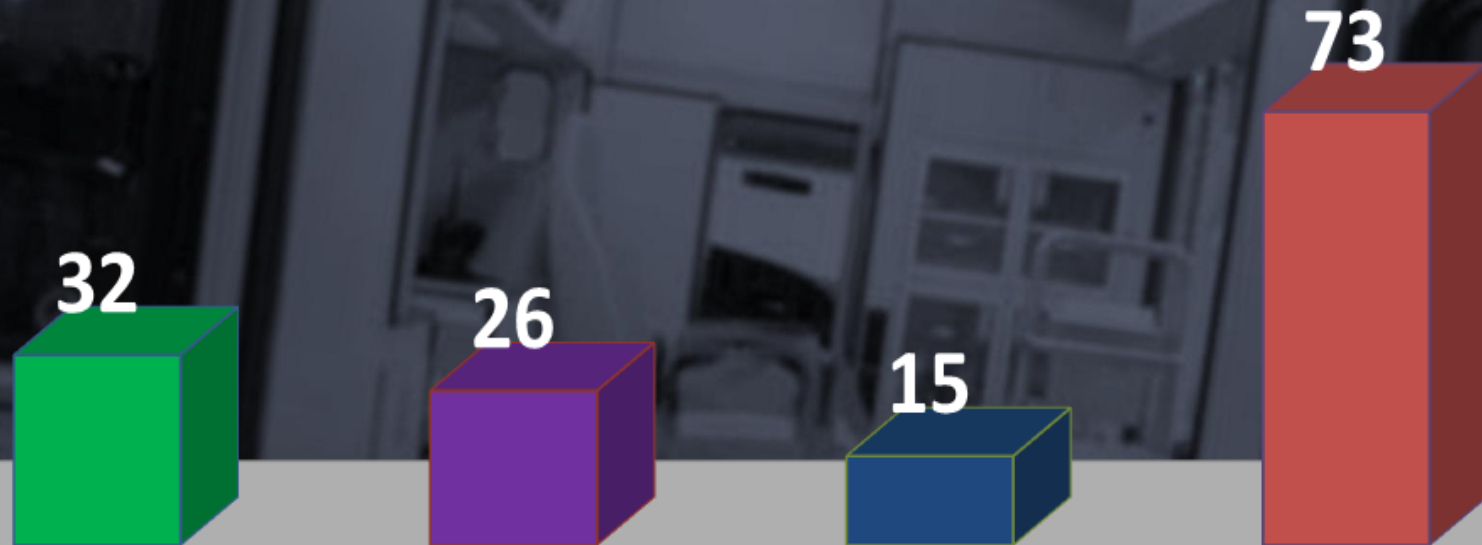
MCHP Client Goals

- **Medical self-sufficiency**
 - Establish primary and specialty care
 - Consistency in follow-up care
 - Prescription, medication, device adherence
 - Reduce 911 and emergency dependence
- **Educational Awareness**
 - Appropriate use of 911
 - Healthy lifestyle and behaviors
 - Disease/condition management
- **Support System in place**
 - Appropriate lodging and transportation
 - Establish insurance and/or payment assistance
 - Referral agency assistance coordinated



**Client photographed gave written consent via COD/DFR Consent for Care/Release of Images affidavit*

MCHP Total Clients 2014-2015



Currently
Enrolled

Graduated

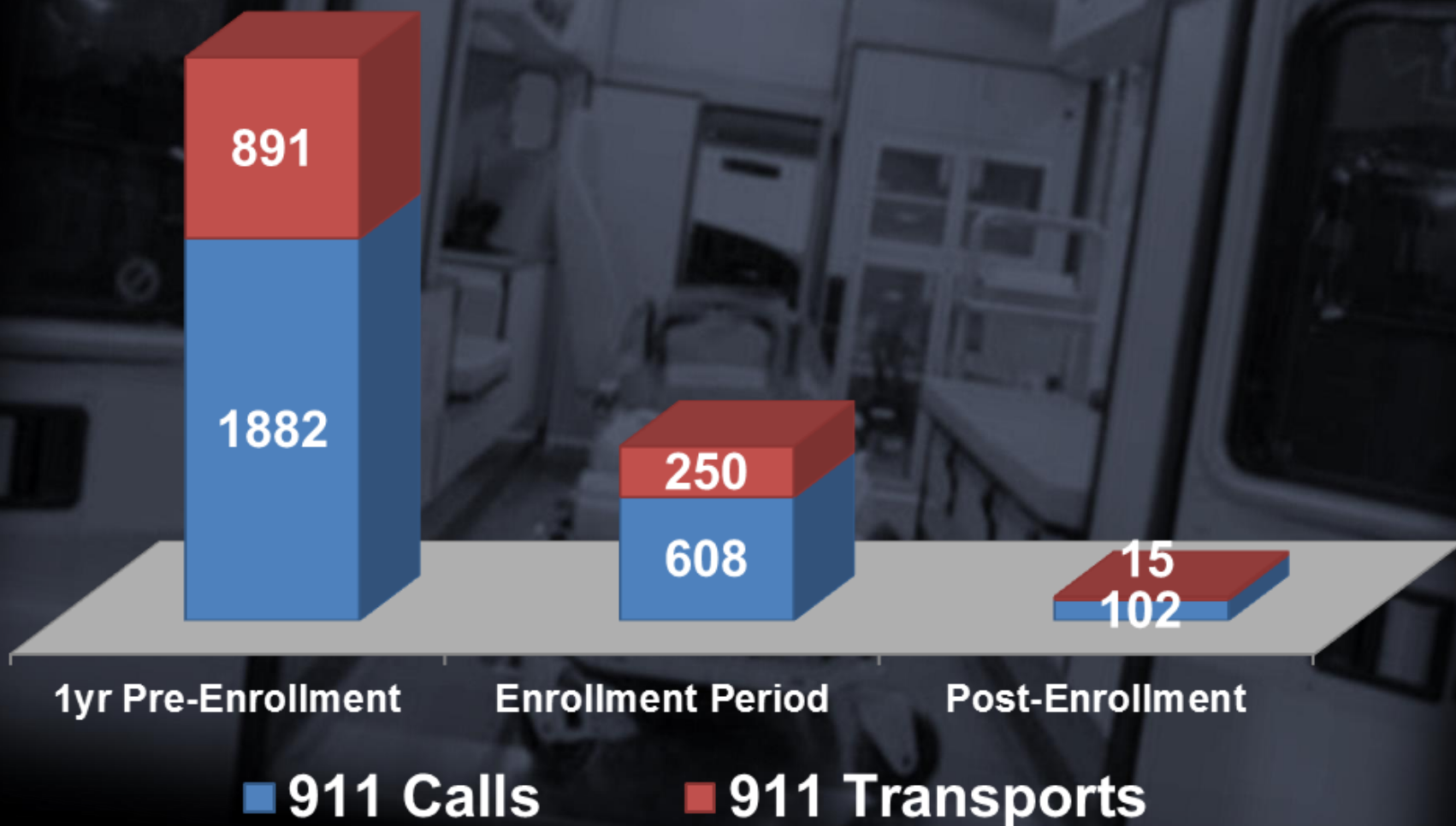
Removed from
Program

Total Clients

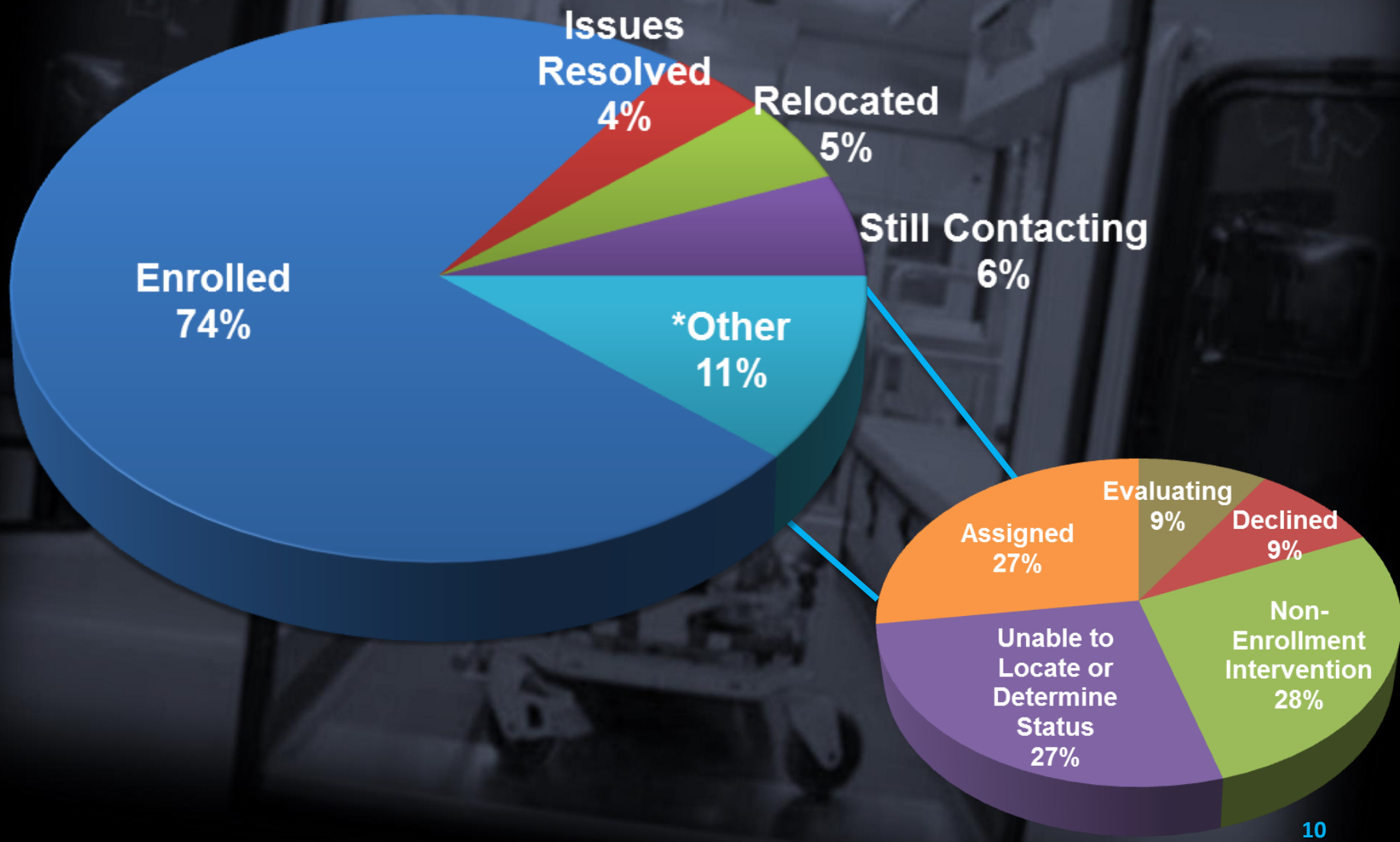
MCHP Success

- **Overall 83.5% reduction in utilization of EMS services for enrolled patients**
- **Increased level of independence and well-being for these citizens**
- **Average calls per month per patient:**
 - **Pre-enrollment – 2.27**
 - **Post-enrollment – 0.28**

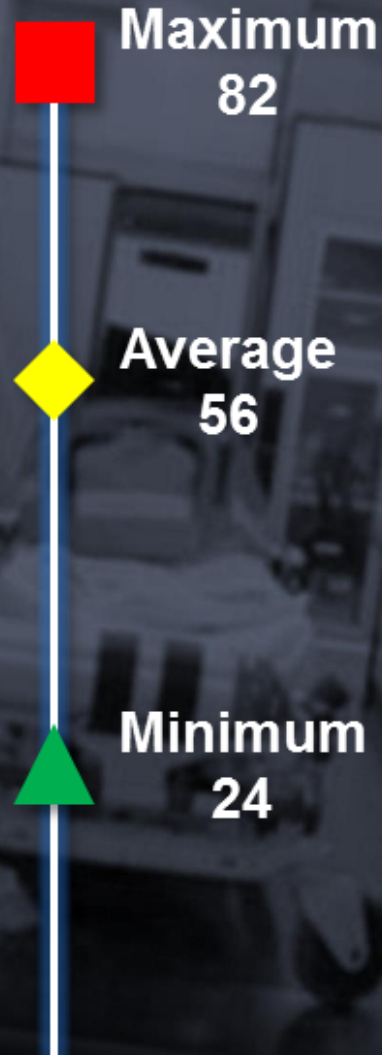
MCHP Total 911 Calls/Transports

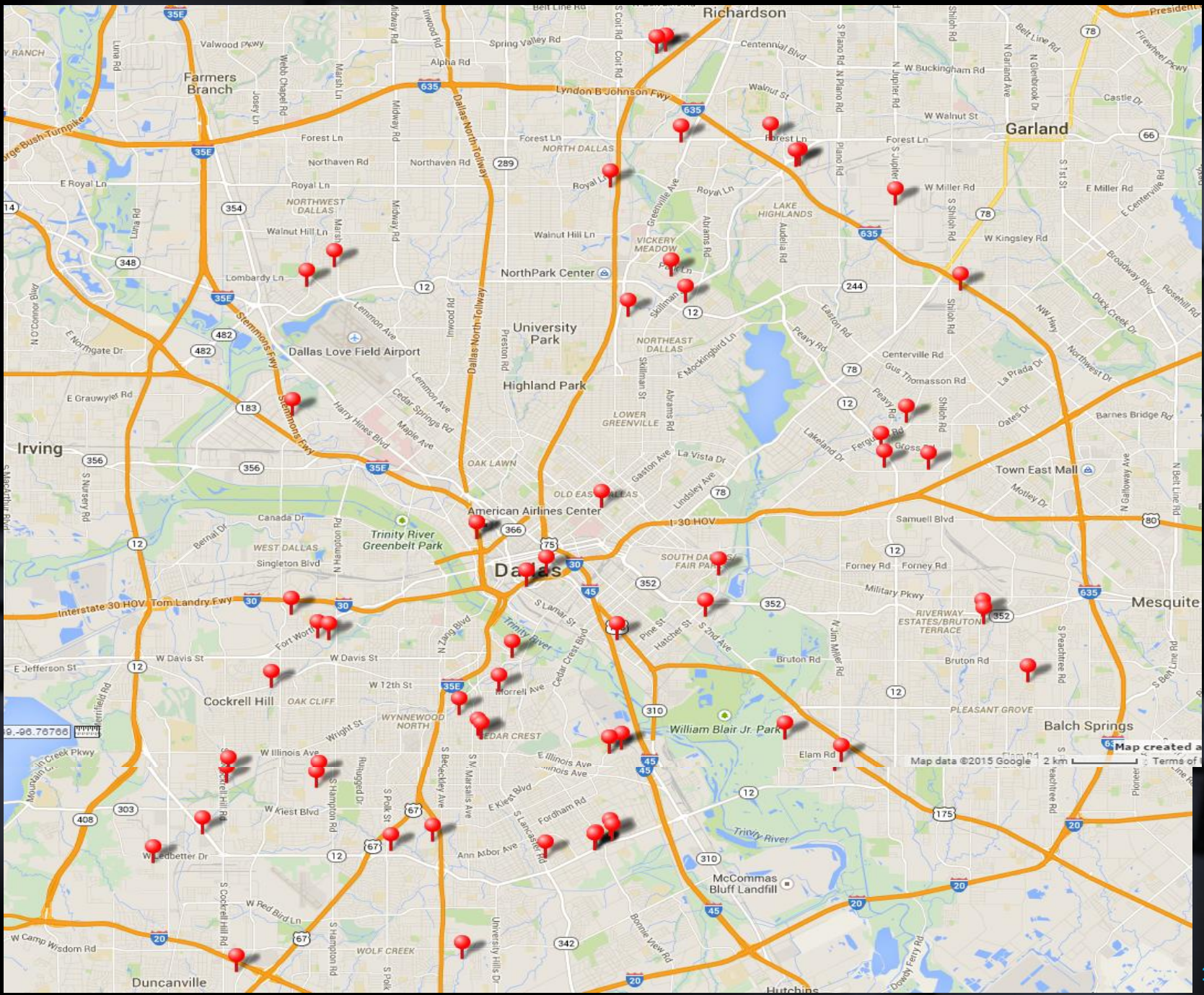


Potential Client Disposition

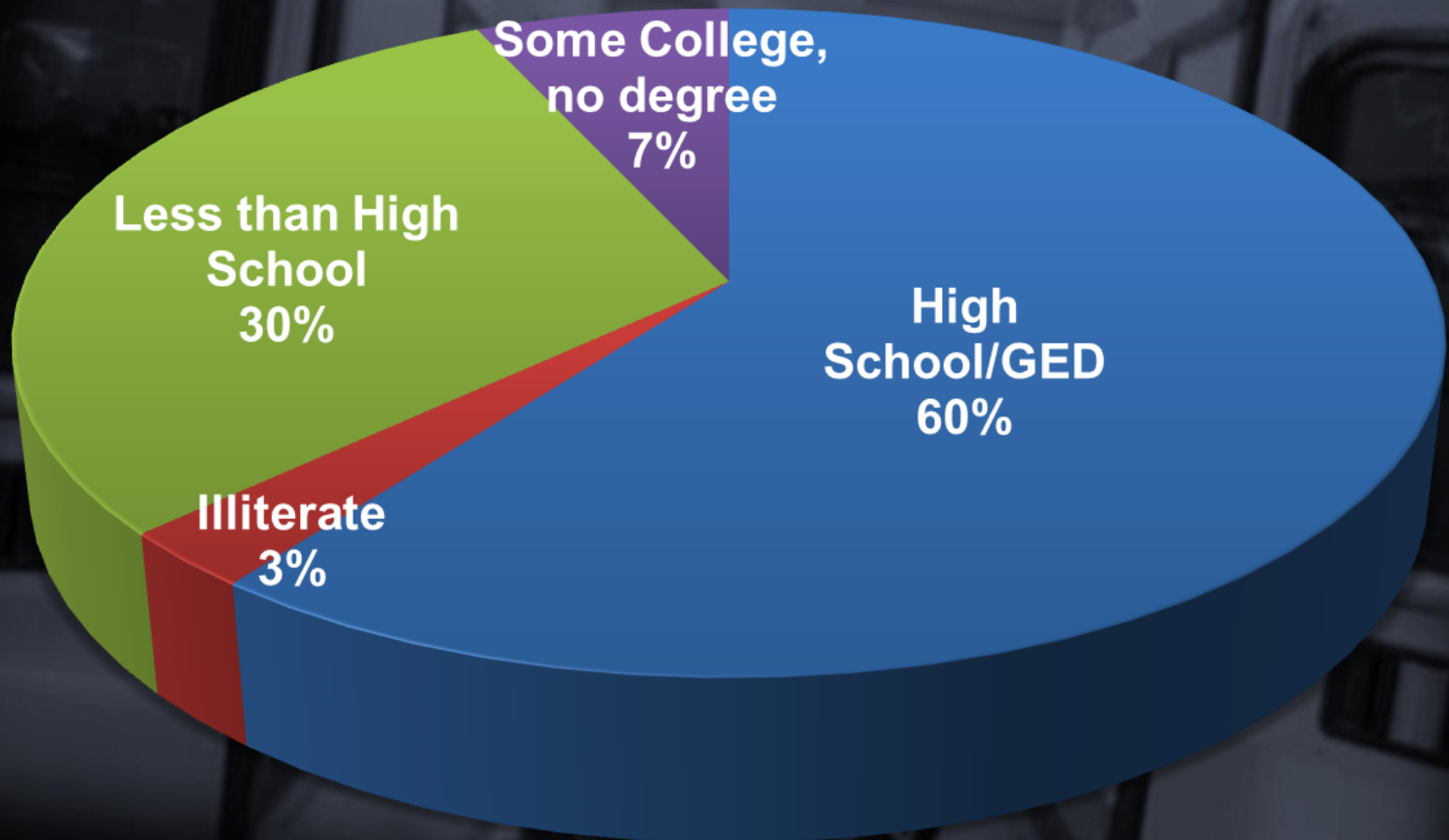


MCHP Client Age Distribution

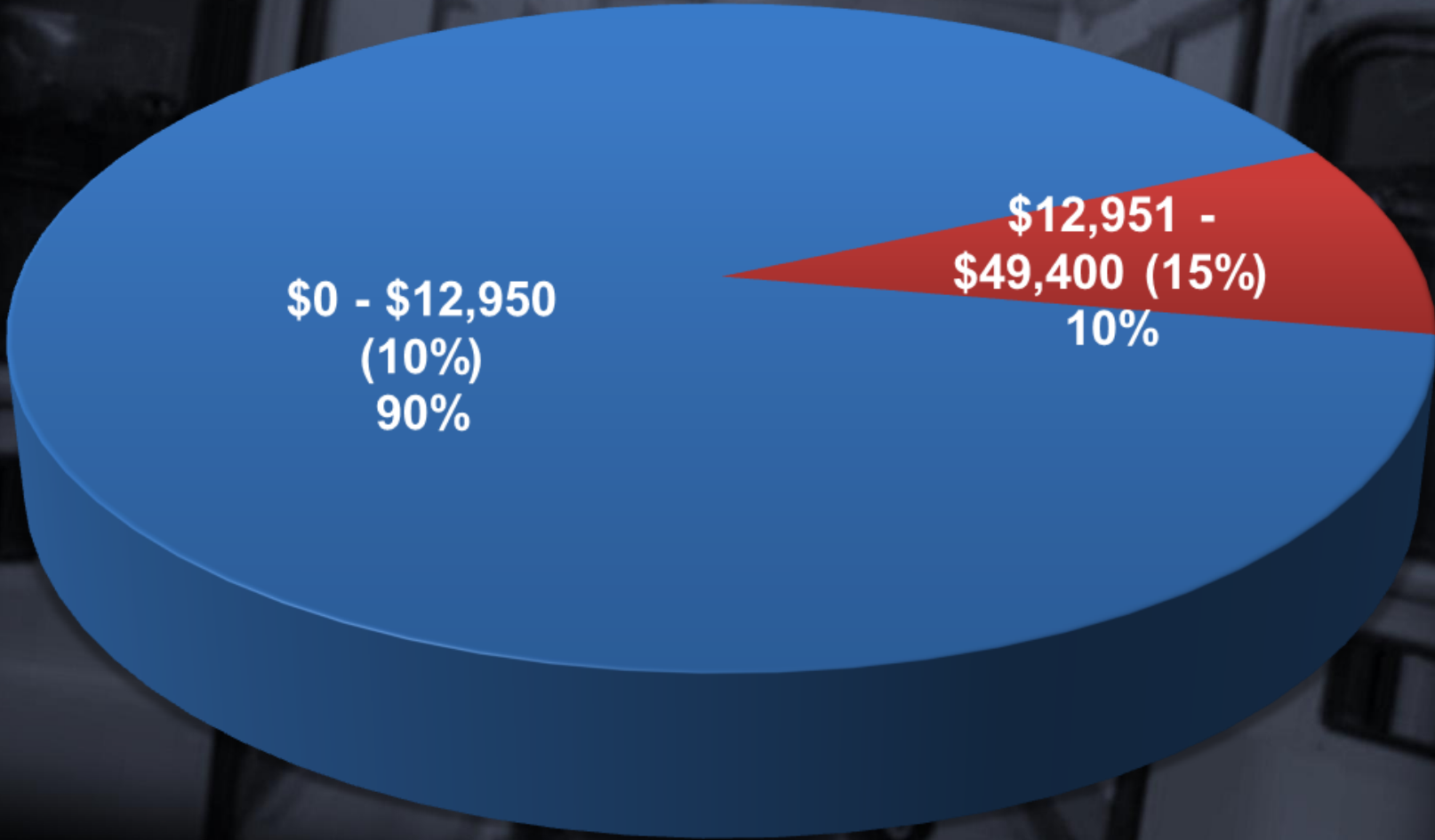




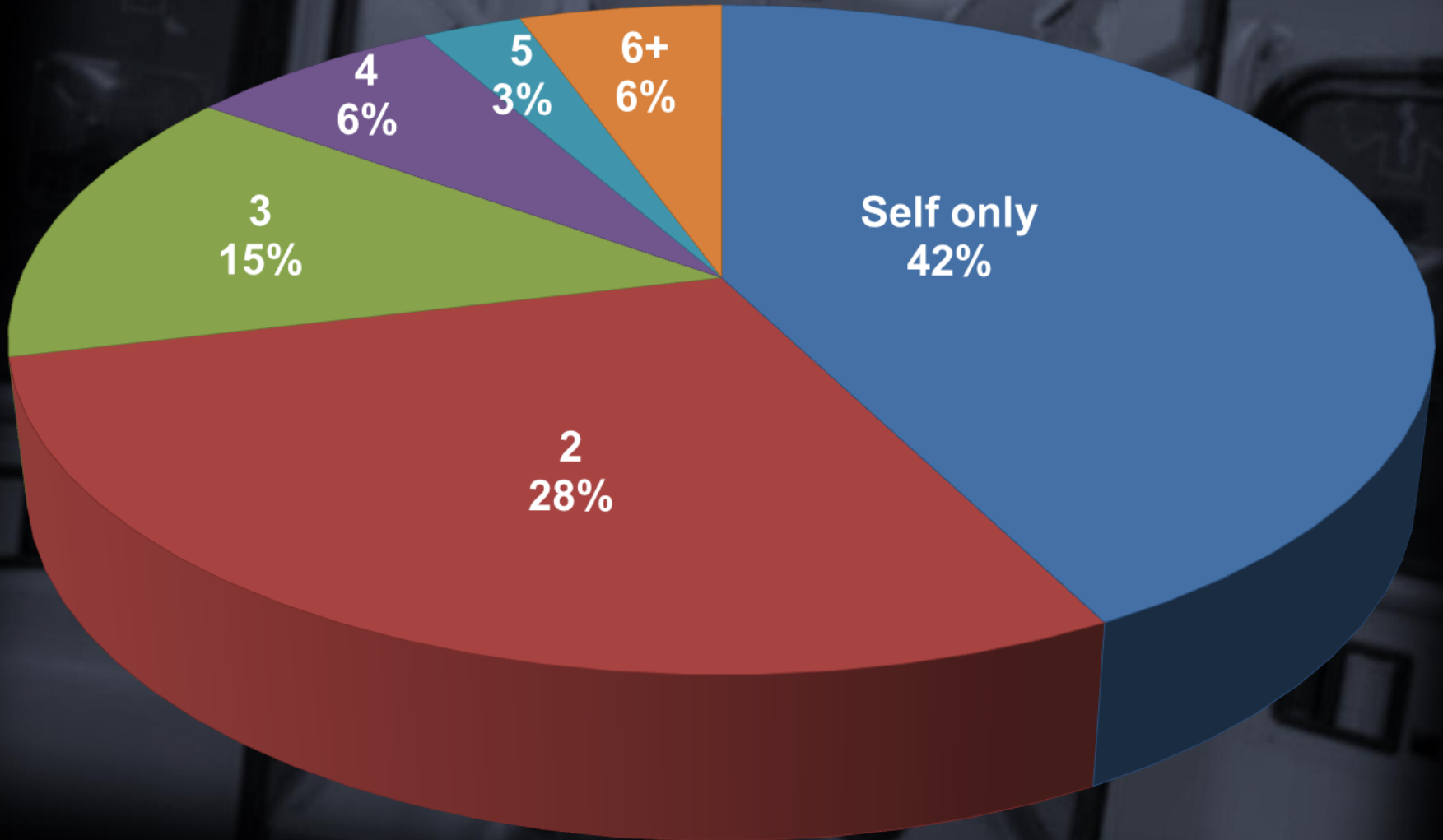
MCHP Client Education Level



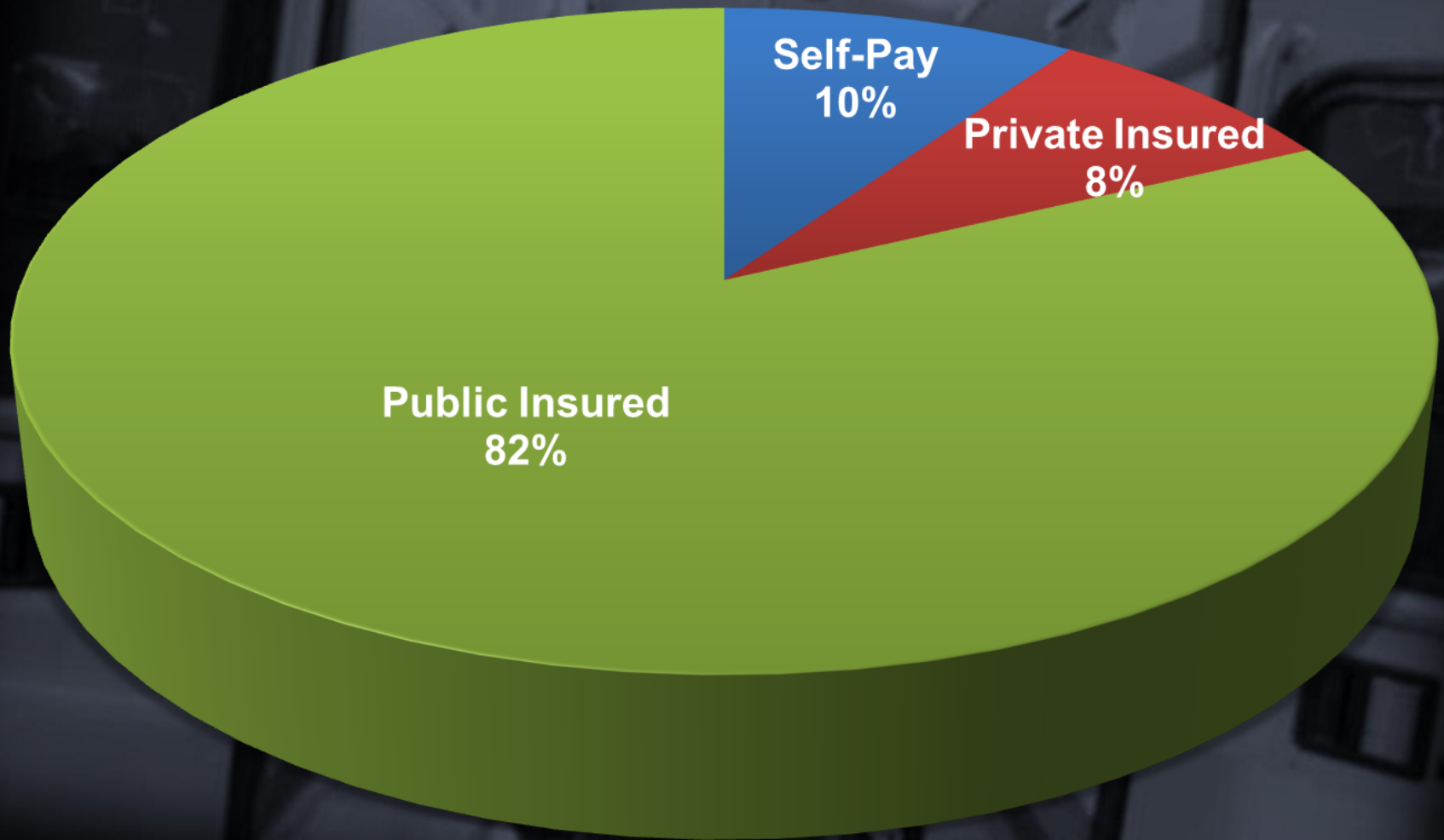
MCHP Client Income Bracket



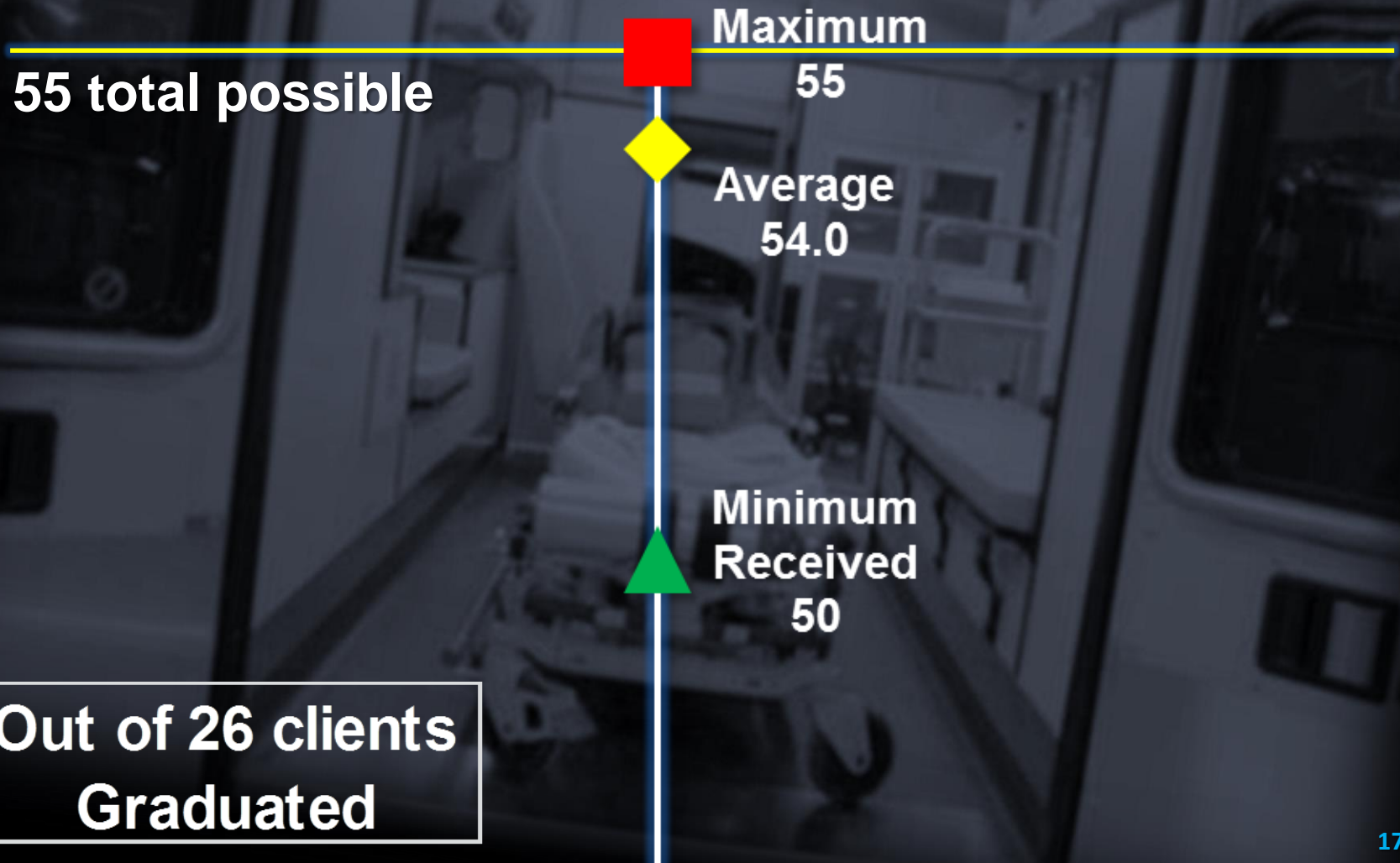
MCHP Client Household Size



MCHP Client Insurance Type



MCHP Client Graduation Satisfaction Score



MCHP Client Removal Tracking

*Likert Scale

5 total score possible



*Client self-reported metric via weekly phone call
5 = Excellent Health, 4 = Good Health, 3 = Fair Health,
2 = Okay Health, 1 = Poor Health, 0 = Very Poor Health

Out of 41 clients
Removed

Phase II

- **Post-discharge optimization program**
- **Contracts prepared for UTSW and Children's Medical Center of Dallas**
- **Contract with local hospital groups**
- **Centers for Medicare/Medicaid Studies re-admittance penalties**
- **Hospital refers high-risk clients to DFR MCHP**
 - To ensure client complies with discharge instructions
 - To optimize patient outcome post-discharge
 - 24-hour coverage: next group of personnel have been trained and will be added when contracts are in effect

Community Resources

- **Hospital Social Work**

- Patient advocacy and medical care navigation
- Dissemination between internal hospital departments
- Liaisons between specialty clinic and assisted living through appointment setting and follow up
- Community Education
- Disease awareness and management
- Referrals to insurance and payment assistance

- **Insurance and Payment Assistance Case Management**



Community Resources

- Crisis Intervention Team (CIT)
- Local mental health authorities
- Psychiatric hospital care
- Serial inebriate rehabilitation
- Psychological medical management
- Residential inpatient and outpatient treatment centers



Partners to Thank



CATHOLIC CHARITIES
OF DALLAS, INC.



QUESTIONS?

