



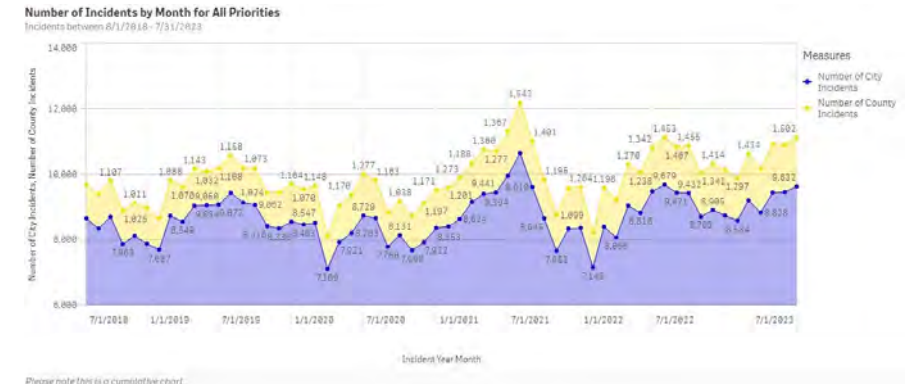
EMS Prevention: The Future of EMS

REDUCING AMBULANCE UTILIZATION THROUGH COMMUNITY
HEALTH PARAMEDICS

The Problem:

1. Volume is going up
2. National Staffing Shortage
3. Increasing reliance on Fire and EMS
4. Wall Times are increasing Time on Task

Demand is Exceeding Capacity



ATCEMS staffing issues persist amid departmental, legislative changes

ATCEMS Chief Robert Luckritz said he sees a "light at the end of the tunnel."



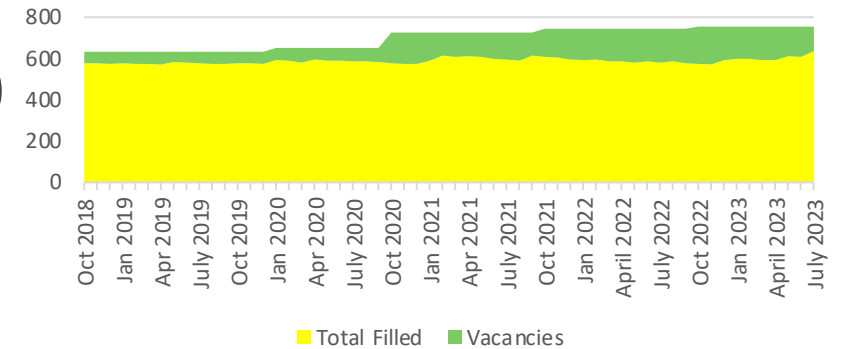
One Solution:

Add More Ambulances!

1. Substantial Cost (\$1.5M Annually / Ambulance)
2. Equipment Delays (36 Months)
3. More Ambulances = More Vacancies

And ... *Can the hospital handle the volume?*

Vacancies vs. Authorized



Grand opening for new Goodnight Ranch joint Austin Fire, ATCEMS station

It is the fourth joint station built by the city over the past six years.



Our Solution:

Learn from the Fire Service!

***Reduce Call Volume (& TRANSPORTS)
through EMS Prevention***



How do we reduce volume:

1. Figure out their Problem
2. Anticipate their Problem
3. Send the Right Resource that can solve that problem
4. Work outside of “The Box”

Community Health Paramedics
Clinical Navigation





Community Health Paramedics

HOW DO SOCIAL DETERMINATES OF HEALTH AFFECT EMS?

STEP #1

Where did we start?

Is it Community Paramedicine

or

Mobile Integrated Health Care?

Addressing Social Determinates of Health

- Homelessness
- Substance Abuse
- Mental Health
- Repetitive 911 Callers

What's the Difference?

Which Impacts EMS More?

... We drank the MIH Kool-Aid

Addressing Hospital Utilization

- Reducing Readmissions
- Healthcare Partnerships
- Inpatient Discharge Follow Up

Where did we end up?



Why EMS?

- Homelessness
- Substance Abuse
- Mental Health

Who does it
impact?

- Public Safety
- Healthcare System
- Public Health

What is EMS?



EMS is the Intersection

We Speak all of the languages

Substance Abuse:

Where did we start?

Narcan kits are distributed by Community Health Paramedics to frequent utilizers and areas of high utilization

- Encampments
- Restaurants / Bars
- Friends and Family



Narcan utilized prior to EMS on 26% of overdose responses

Substance Abuse: First Lesson Learned

Narcan Doesn't Solve the Problem

- It just masks it

2018 started Opioid Overdose Follow Up Program

- Goal to make contact with patients who experience Opioid Overdose patients
 - Check in on health and well-being after traumatic experience
 - Provide Harm Reduction Education and Resources like Narcan
 - Offer assistance navigating treatment resources

EMS is uniquely positioned to identify patients struggling and experiencing crisis

The Next Step

The Buprenorphine Bridge Program

Est. Nov 2020



A “Bridge” between the time a patient is ready for help intake appointment



Goal of the Bridge is to connect to treatment within 7 days or less



No prescriptions – all direct-care delivery of medication



Connect to MAT with *warm hand-off*



Comfort Medications and Support Services



EMS BBP patients do better in the treatment

Buprenorphine Bridge Program - Numbers

500+ patients treated

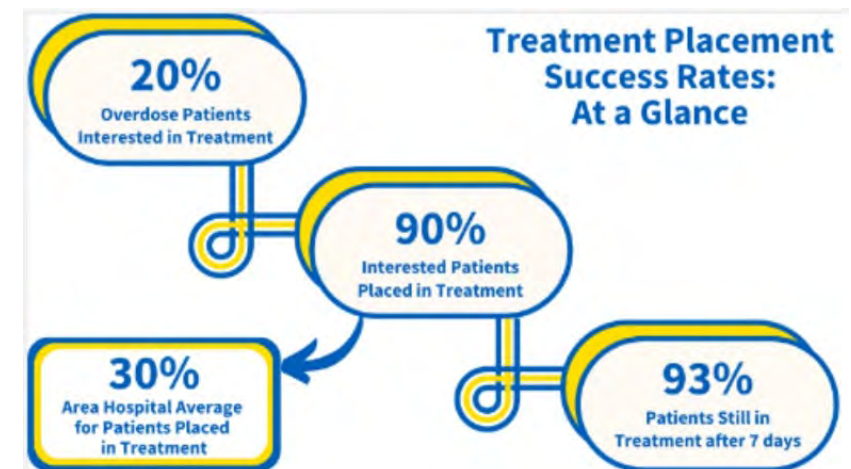
- Averaging 4 days to hand-off

Over 2000+ doses of buprenorphine administered by EMS

- Harm Reduction equals over 2000+ potential overdoses prevented

Success rate of 90%

- Meaning 90% of patients dosed by EMS connect to an established treatment program
- Over 93% of patients connected to programs remain engaged after 7 days.





SOBERING CENTER

SERVING AUSTIN & TRAVIS COUNTY

- Staffed by paramedics 24 x7
 - Partnership with ATCEMS CHP
 - Access to long-term treatment facilities
 - Only Sobering Center that allows EMS to deliver patients
-
- 5% require additional transport
 - 51% successfully stay through complete discharge



Thanks Mike...I had the baby this morning and she's healthy and great...thank you for your help.



Hey Mike! I'm doing really great :) Julia and I are working the program and it's working really really well. I can honestly say I've never felt better in my life. This is the first time in probably 12 years I've been fully sober besides smoking weed. It's the best feeling I feel so clear and fresh and I actually have energy it's amazing. Thank you so much

Thank you for your help, seriously. Also, for getting me out of the seedy situation I was in back there. You sorta saved my whole life that day, without even knowing it. And now I'm sober. My Mom will be grateful to you for forever. She sleeps better knowing she's not going to get an overnight call from the coroner. Thank you so so much. 🧡💖



I love my job at sanctuary project. Im training for a half marathon in February. Life is amazing. Just an update 🤗

Thank you so much for your help the other day. One dose might not mean a lot to you or a lot of other people but it meant everything to me

m Thank you so much for this program. Thank you for believing in me to do right in it. I want this crazy sobriety. I have for a while. It's just been so difficult with all those chips stacked against me. You and your team have helped to knock a lot of those down.

Look at lil ms Nova! She's almost 18 months! I'm still sober too



Thank you! I actually am happy. And want to be alive. Its amazing

Thank you for seeing something in me no one else did. And believing in me

Senior year at St. Edward's. Rugby team captain. One of your success stories. 11 months and counting!



Hey mike this is Allen I don't know if you remember me or not but you helped me get my first dose of Suboxone and helped me throw the week till my appointment with the obot I have been clean and sober for going on 5 months in sep thank you so much for saving me from that hell I ow you alot I've lost 139lbs and am getting out almost everyday working to the point where I can finally get a job and get off SSI again thank you so much I hope this is still your number



Homelessness & High Utilizers:

Where did we start?

Why do individuals continuously call EMS?

Lack of Resources

Lack of Access

Lack of Navigation

Homelessness is a misnomer!

- Even people in homes can lack resources!



Homeless Outreach Street Team

Partnership with Austin Police Department

- Recognize High Utilizers
- ***Provide Navigation Services***
 - *Anticipate Future EMS Calls*
- Provide Resources to reduce or improve 911 utilization



Pop Up Resource Clinics

Monthly Clinics held across Austin

- Provide Navigation to appropriate resources

Led by ATCEMS, but including

- Local Hospitals & Clinics
- Veterans Affairs
- Public Health
- Housing
- Vendors



| CHECK IF NEEDED | NEEDS | COMPLETED BY- <i>PRINT</i> | CIRCLE AGENCY | <i>EXACT</i> INTERVENTION |
|-----------------|--|----------------------------|--|--|
| | MAP | | CENTRAL HEALTH | APPLICATION CARD REPRINT |
| | CLINIC | | CUCC | EXAM MEDS APPT Testing Vaccine |
| | CA | | ECHO HOST | INITIAL CHECK STATUS UPDATE |
| | VACCINATIONS OR TESTING | | APH | Covid Vaccine Type: |
| | SUBSTANCE USE NEEDS | | CARE CMS Vivent CFORR LifePoint | Peer FUNDING INTAKE TO PROGRAM Narcan Harm Reduction |
| | EMPLOYMENT WAITLIST (MUST HAVE CONTACT) | | TOOF Goodwill | ON WAITLIST |
| | SEXUAL WELLNESS | | Aids Healthcare Foundation CUCC ASHWELL | HIV TEST SYPHILLIS HEP C TEST GONNORHEA Harm Reduction |
| | MENTAL HEALTH | | EMCOT | APPT (NOT WALK-IN) |
| | SERVICE POINT CARD | | LINC | INITIAL REPRINT |
| | ANIMAL SERVICES | | The AMAZING Brendan Gemmell | |
| | VA SERVICES | | VA FRONT STEPS | |





Clinical Navigation

HOW DO WE GET THE RIGHT RESOURCE TO THE PATIENT WITHOUT AN AMBULANCE?

STEP #2

Mental Health: Where did we start?



What Changed?

Mental Health as 4th 911 Option

- Qualified Mental Health Professional Now Answers the Call

Addition of Mental Health Paramedics

- Community Health Paramedic “Responders”



Mental Health Paramedics



Created to bring CHP capabilities to 911 calls

Primary Mental Health Goal – Find the *best* solution for the patient’s in mental health crisis

Secondary Mental Health Goal – Reduce law enforcement and ambulance assistance on mental health crisis calls

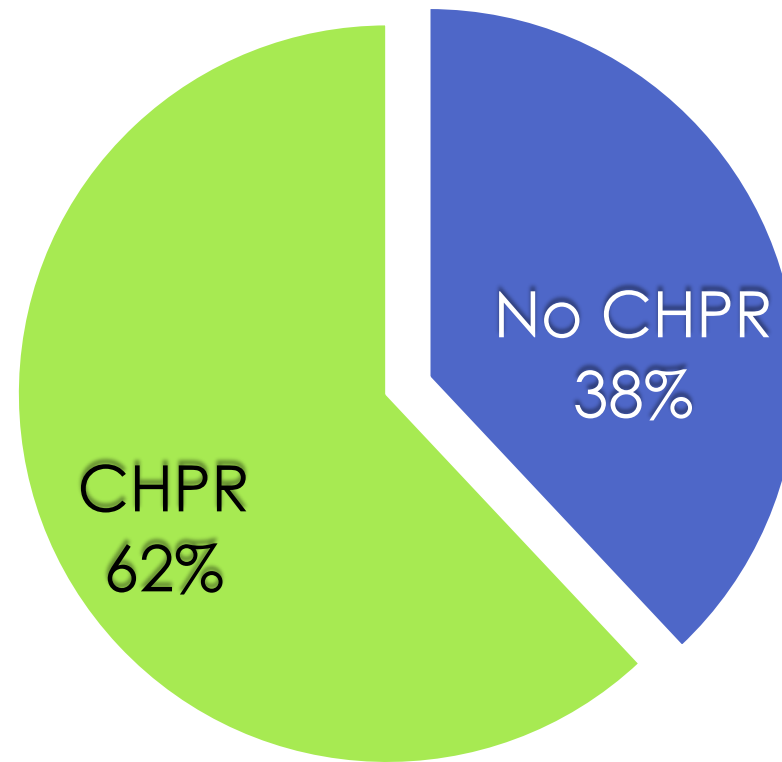
Tertiary Mental Health Goal – Pioneer new alternatives and solutions for patients in mental health crisis

“CHPR” = Single Mental Health Paramedic w/EMCOT partner

Provides 911 response to
Mental Health Crises

Secondary Team Mission – Respond for alternative dispositions to low acuity calls

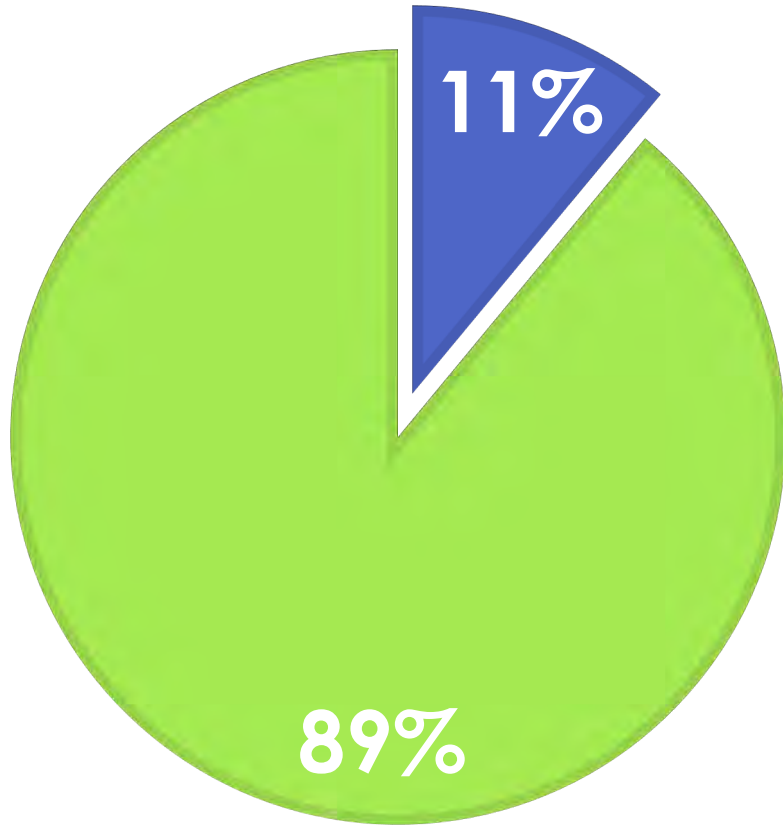
What effects have we had?



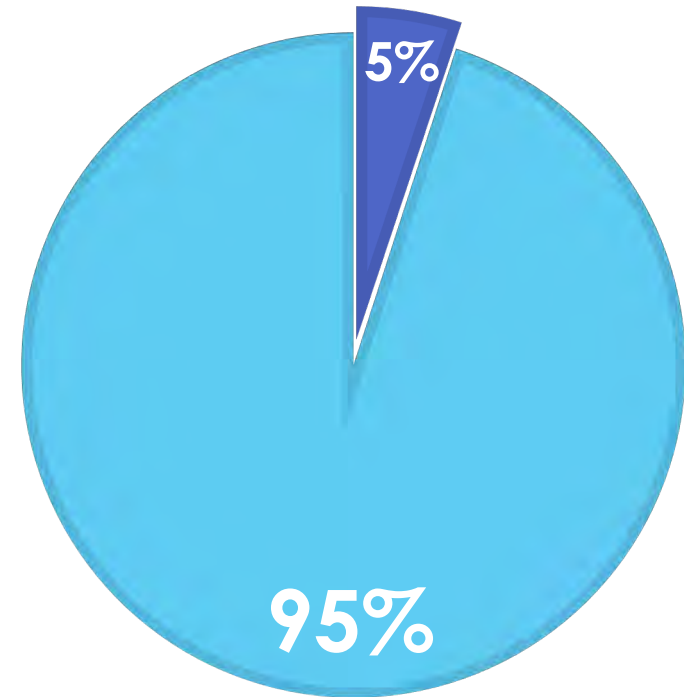
(2022-23; % of 911 Pri-4/Pri-5 "Psych" calls)

What effects have we had?

■ APD Needed ■ APD Not Needed

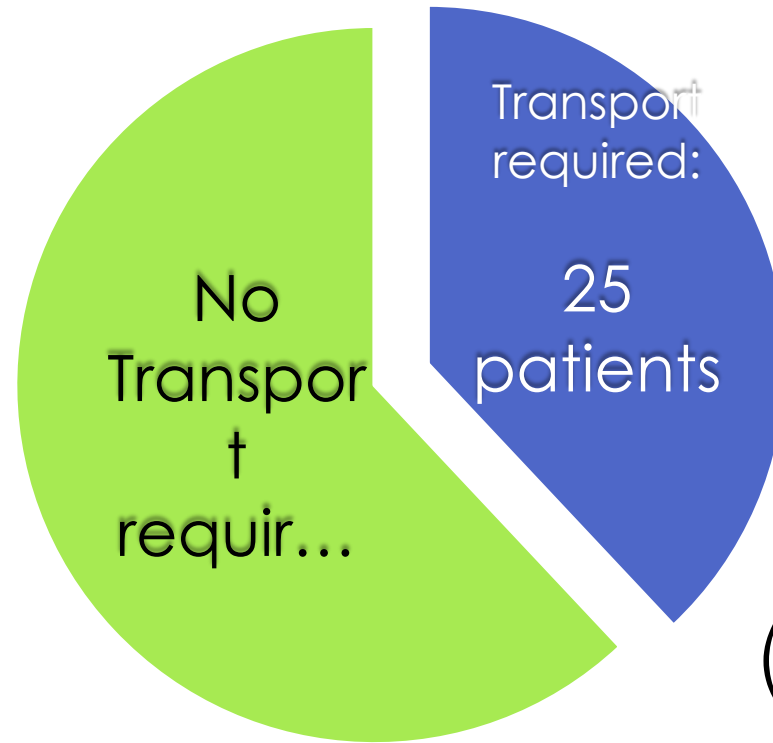


■ Ambulance Needed ■ Ambulance Not Needed



(2022-23, 911 MH calls when a CHPR makes the scene)

What effects have we had?



(115 Zyprexa administrations since program inception)

Clinical Navigation Team:

Where did we start?

COVID – 19

- How do we keep people out of the hospital?
- ... Or Not Send an Ambulance?

Staffed with specially trained communications paramedics

Direct line (TeleHealth) to on-duty physician with option to send pre-hospital Physician Assistant

How did we progress?

Winter Storm Uri

Winter Storm Mara



How can this be applied outside of a Pandemic?



What has it become?

- Clinical resource navigation for patients who use 911 as the healthcare access point for low-acuity needs
- “Not an ambulance, not an ED”



Clinical Navigators

Recruited from Field Operations

2+ years experience as lead paramedic

Additional clinical and operational training

Specific COGs

Specific credentialing with Medical Director

Surprisingly: Rejuvenated Medics!



How does it work?

Calls are received 2 ways—directly from 911 following MPD triage, or from EMS field crews on scene

C4 Navigators engage in secondary triage, assess needs, and connect with appropriate resources

May dispatch a single responder immediately or when available later if clinically appropriate

May add ambulance response based on clinical concerns

Single responder may self-assign and replace ambulance

Potential Alternatives

Telemedicine—PA, NP, physician

Treatment on scene—paramedic,
PA, NP, physician

Prescription fills/refills

Urgent Care

Local Mental Health Authority
(EMCOT)

Provider Initiated Non Transport
(PINT)

Individual Care Plans

Mental Health Paramedic (CHPR)

Buprenorphine bridge program

Homelessness resources

Sobering Center

A photograph of a white sign with red text. The sign is mounted on a light-colored wall. The text on the sign reads "NO LIFEGUARD ON DUTY" in a bold, sans-serif font. The sign is slightly tilted and has some wear and tear, including a small red mark on the left side. The background is a clear blue sky.

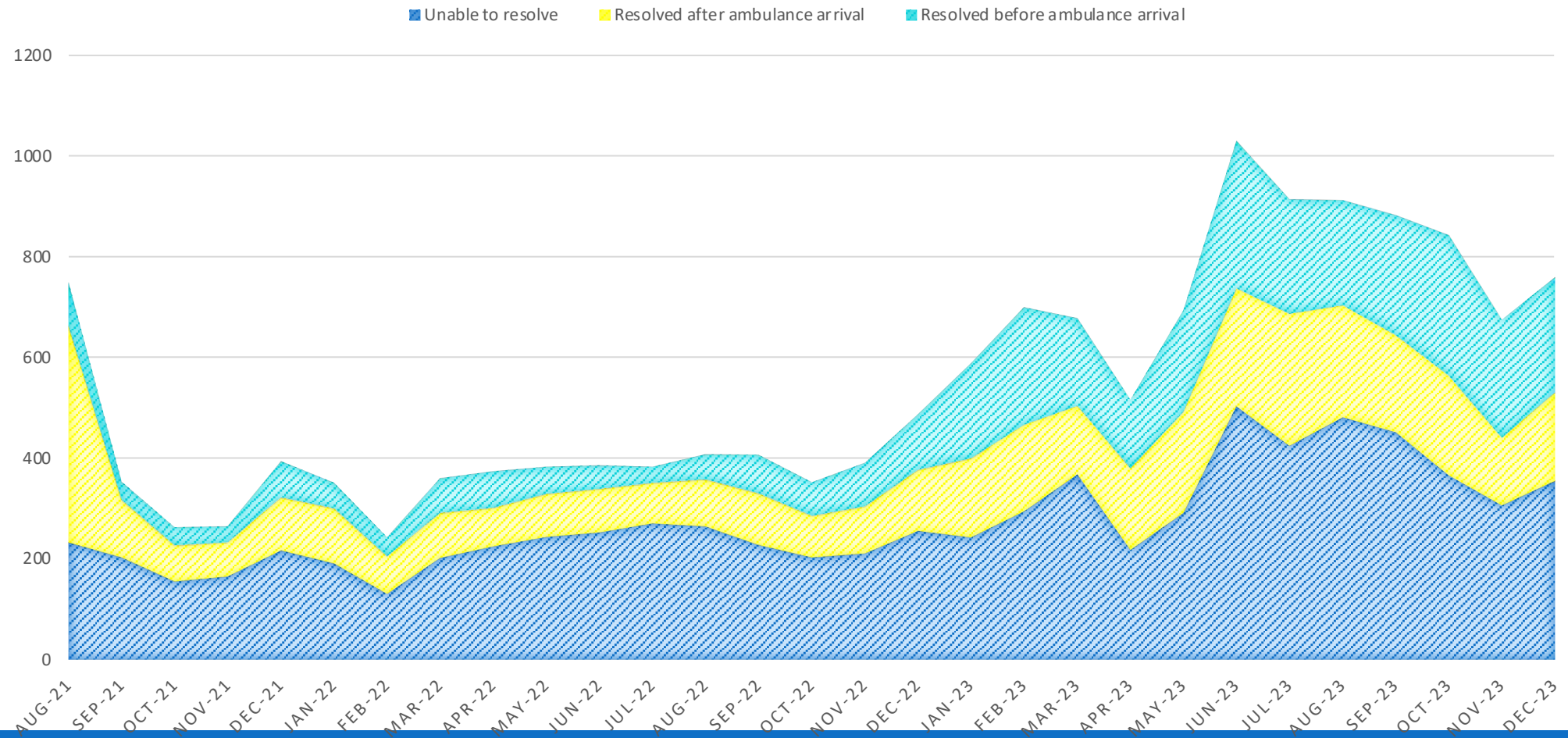
**NO
LIFEGUARD
ON DUTY**

Is it safe?

No adverse events

How is it impacting EMS Volume?

TOTAL C4 CONTACTS BY MONTH



How do we ensure safety?

BE CAREFUL

**SAFETY
FIRST**

Understand the potential risk

Incremental approach and consistent processes

Secondary triage is additional layer

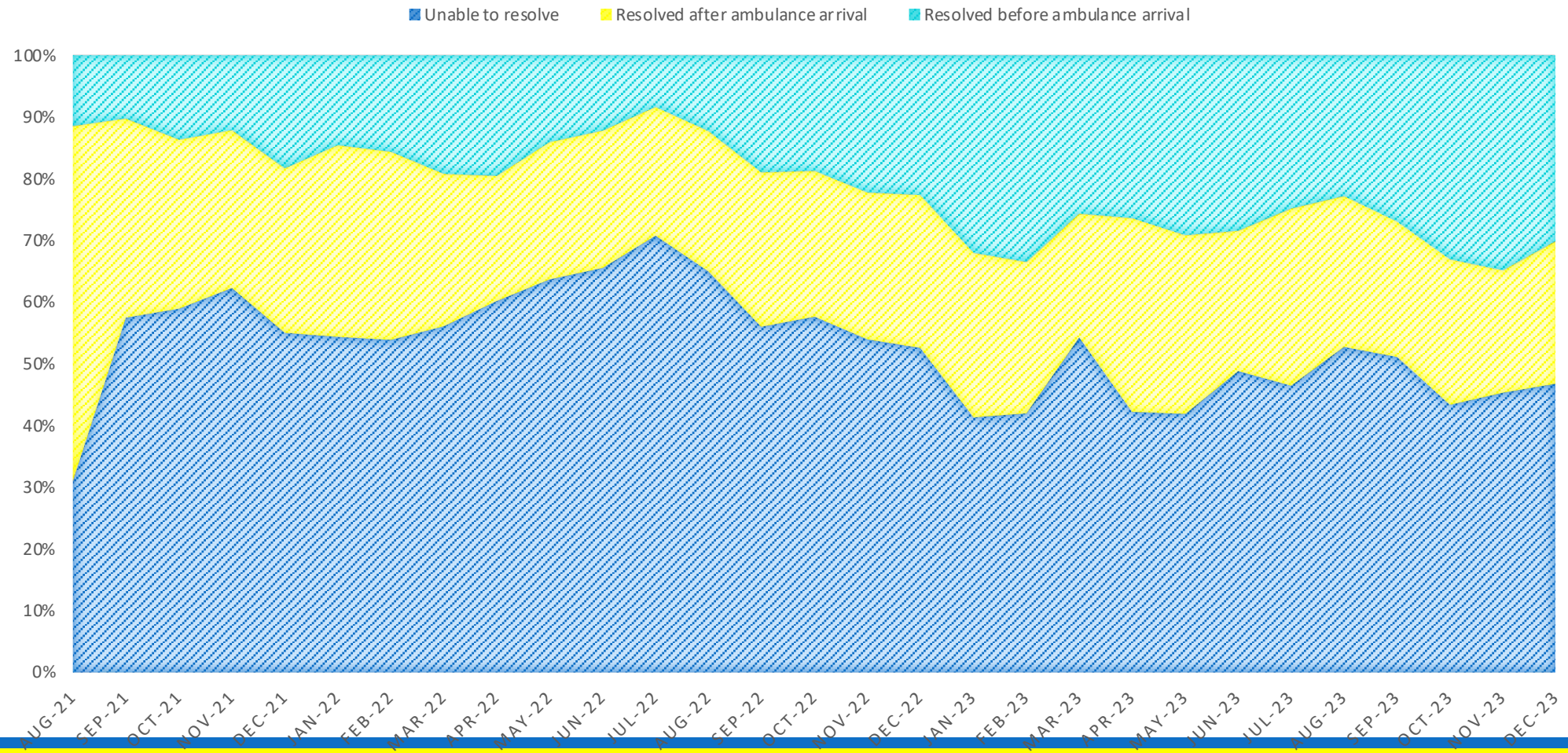
Safety margins—MPD, CAD, medical direction

Follow-up—telehealth, PINTs, high-risk refusals

Documentation and CQI

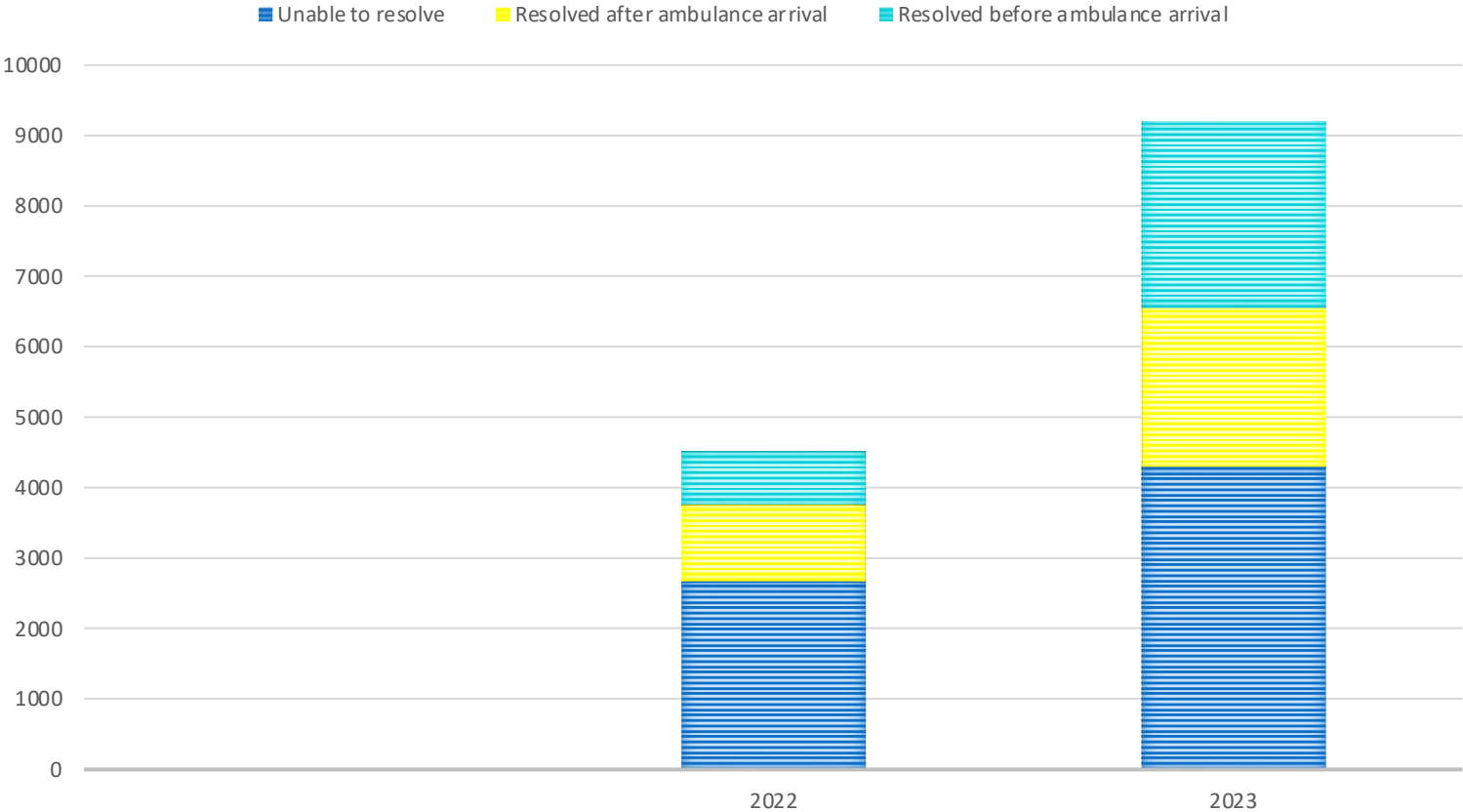
What is the future?

TOTAL C4 CONTACTS BY MONTH



Impact to the System

TOTAL C4 CONTACTS



What are the implications elsewhere?

Austin Airport

- 75% of calls result in no transport
- Disparate impact on low-income neighborhoods
- Busier than 18% of 911 units

Lake Austin

- - 25% of all law enforcement calls are either substance abuse or mental health

How do we justify the cost?

My Commitment to the City Council:

No New Ambulances*

How do we increase longevity?

ALS Ambulances go to sick people

Questions?

Robert Luckritz

Chief

Austin-Travis County EMS

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