



LOS ANGELES CITY HEALTH COMMISSION PRESENTATION

NOVEMBER 4, 2019

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Commander - EMS Bureau

Medical Director - LAFD

DO YOU AND YOUR LEADERSHIP BELIEVE THAT EMS IS ADEQUATELY STAFFED?

- Our focus is shifting from simply adding more ambulances to changing the way we respond to changing demands
- Right service to the right patient at the right time
- More accurate dispatch
- Decreased over-triage
- Need for additional BLS ambulances
- Explore alternative transport and alternative destinations

WHAT ARE THE 5 MOST SIGNIFICANT PROBLEMS ADDRESSING EMS?

1. Increase in homeless patients, esp. those with Mental Health/Substance abuse
2. Paucity of alternative destinations
 - Law restricts paramedics from AD transports
3. Lack of effective Health Information Exchange
4. Lack of patient navigators/case workers
5. Paucity of Community Health Clinics
 - Need to navigate patients for wrap-around services

IN YOUR OPINION IS LA CITY HAVE ADEQUATELY HOSPITAL/ED BEDS?

- Currently no
- 12-18 hour wait times are routine at LAC/USC
- No open beds on Monday Oct 28 at LAC/USC
- Wait time is still a problem

DO WE HAVE ENOUGH HOSPITAL CAPACITY FOR A MINOR CATASTROPHE?

- Yes
- We successfully handle these types of incidents all the time
 - Bus crashes
 - Car crashes
 - Multiple pt shootings, etc

A MAJOR CATASTROPHE?

- Depends on the definition
 - Train crash?
 - Plane crash?
 - Earthquake?
 - Flu epidemic?

DO YOU FEEL EMS'S BUDGET IS SUFFICIENT?

IF GIVEN 10% MORE HOW WOULD YOU ADVISE SPENDING IT? 15% MORE?

- No
- Need additional supervision
- Additional EMS Educators
- Additional Medical oversight
- Hire social workers, case managers/patient navigators
- Add additional Mobile Integrated Health resources

WHAT ARE THE BOTTLE NECKS IN THE SYSTEM?

- Increasing call load of low acuity patients
- Increasing call load for homeless patients

-City-wide, homeless individuals accounted for 10.2% of our EMS calls and 13.3% of our transports in 2018, while the homeless population only accounts for 0.8% of the total City population.

- Transport rate for homeless individuals is 19 x higher than that for the housed population of LA.
- Paucity of Alternative Destinations (e.g. Mental Health Urgent Care Centers and Sobering Centers)

ARE ALL COMMUNITIES EQUALLY SERVED OR ARE THERE STRUCTURAL REASONS FOR ANY EXISTING DEFICIENCIES?

- Lack of hospital beds in economically underserved area (Batallion 13)
- Lack of Community Health Clinics
- Paucity of hospitals/ERs

HOW IS THE COST OF A PARAMEDIC RUN DETERMINED? WHAT PERCENTAGE OF PATIENTS ACTUALLY PAY THAT? WHAT DISCOUNTS DOES THE CITY GIVE THE LARGEST HEALTH INSURERS?

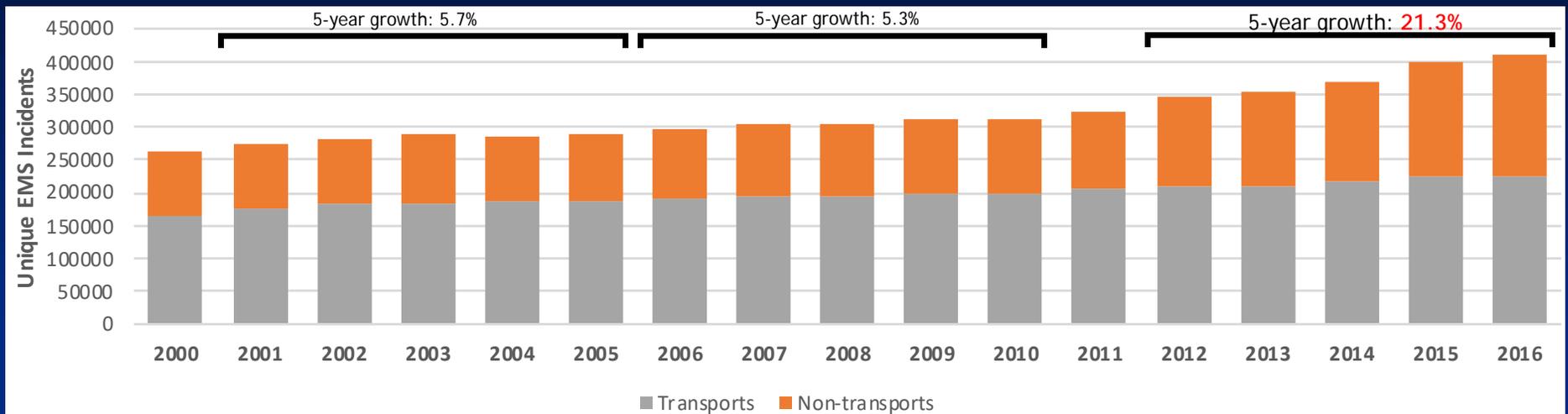
- LAFD only bills for ambulance transports to ER
- BLS rate = \$1030
- ALS rate = \$1452 (+ mileage)
- Established in 2014
- No "discounts" for any payor, but different payors pay different % of bill

ARE THERE NURSING HOMES OR EXTENDED CARE FACILITIES THAT APPEAR TO BE ABUSING EMS SERVICES?

- We have NH/ECFs that are EMS super user facilities
- Many of these calls are appropriate, while others are not
- Working on alternatives to transport of all of these pts



LAFD's innovative approaches to Accelerating use of 911



LAFD Mobile Integrated Health Efforts



MOBILE INTEGRATED HEALTH

- EMS Advanced Providers
- Treat and release low acuity patients
- Help EMS super users to ↓ their rate of 911 utilization
- Transport mental health patients to definitive care
- Transport inebriates to Sobering Centers
- Improve care to a underserved communities
- Patient navigation
- ↑ availability of LAFD resources for true emergencies



Advanced Provider Response Units



Missions:

- Low acuity pts: treat and release
- EMS Super-Users: referrals to SW
- Mental health pts: transport to psych urgent care
- Inebriates: transport to Sobering Center



PUBLIC PRIVATE PARTNERSHIPS

- Local healthcare organizations fund salary of EMS AP
- LAFD pays for FF/PM
- Equipment through private donations



UNIQUE CAPABILITIES AND APPLICATIONS

UNIQUE CAPABILITIES

- POC blood testing
- POC ultrasound
- Medical clearance for patients in PD custody
- Medical clearance and transport of psychiatric patients to an outpatient mental health facility
- Taxi vouchers for patients with minor complaints

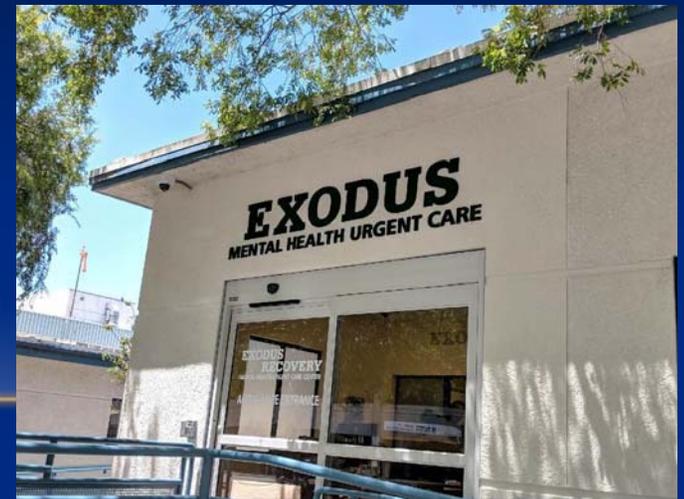
OTHER APPLICATIONS

- First-care for sick or injured personnel
- Medical advisor and treatment at multi-casualty incidents
- Assistance with patients that pose high medical or legal risk, or could benefit from advanced care
- High-profile and mass-gathering events



MENTAL HEALTH PATIENTS

- Current LA County policy requires pts with mental health emergencies to be transported to the *nearest* ED, not the nearest psychiatric ED
- Development of Mental Health Urgent Care facilities
- Law enforcement can transport mental health pts to UCCs, but not EMS!
- APRU can medically clear mental health pts and transport to MHUC centers
- > 25,000 mental health incidents/year



EMS SUPER USERS

- 24 hours home-follow up by specially trained social worker
- Help these vulnerable patients
- Patient navigation
- Medical home
- Chronic medical issues, substance abuse, mental illness





ALTERNATE DESTINATION RESPONSE UNIT

- State-approved pilot study (OSHPD)
- Select group of paramedics will be trained to medically clear:
 - Public inebriates
 - Mental health pts
- LAFD ambulance will transport to Sobering Center or Mental Health Urgent Care Center
- *July 2019*

SOBER UNIT – SOBRIETY EMERGENCY RESPONSE UNIT

- Exodus NP + Case Manager + FF/PM
- Went into service on 11/14/17
- Transport medically cleared inebriates to free standing Sobering Center
- > 1100 pts transported during first 18 months of pilot program
- No adverse outcomes



Thank you

