



Let Me Introduce Myself

President and Founder of IMHC	Indiana Mobile Health Collaborative, a "not for profit" 501c3 agency designed specifically to proliferate MIH/CP models of EMS in Indiana.
Director of Operations	Central Division of Prompt Medical, Indiana's Largest Medical Transport Provider.
EHS Services: Program Director	Prompt Medical's Diversified EMS Deployment Strategies Program.
Vice President of IEMSA	Indiana's only solely EMS representative lobbying agency.

Objectives

My Primary Goal: To have you leave this room thinking differently about EMS and how it can serve your communities

Show you how we have used Diversified Deployment Models to serve our communities

Introduce you to an American Gap Analysis Model that concentrates on common business principles.

I will need two Volunteers!

Rules and objectives:

- Move the egg from one side of the course to the other as quickly as possible without breaking it.
- You CAN NOT touch the egg!!
- You can only use each of the items provided to move the egg, one time.

Don't be a Victim to Selective Attention

“Your Perspective on life comes from the cage you were held captive in” –Shannon L. Adler

First Step To A Successful Program

1. THINK DIFFERENTLY

- Be an Entrepreneur

2. Develop a Business Plan

- Right Product
- Right Place
- Right Price
- Right Promotion

Talking Business Plans

One Strategy is the “PLM”, this is basically a workflow for a business model.



From my vantage point, I see a Gap Analysis as the first 3 phases of this strategy

USING THE PLM IN OUR OWN INITIATIVES

Step One: Concept

- Develop your understanding of the concept of diversified EMS Deployment Models. Be a Student!!

Step Two: Planning

- Find the Information you need within your region of influence

Step Three: Design

- Use the information you used in step two to shape what you think your program will look like.

Step One: Concept

ASK YOURSELF RIGHT NOW.....

- Be a student of Healthcare
 - Be a student of your Communities
 - Be a student of EMS
 - Don't be afraid to be looked at like you CRAZY!
- ▣ How much do you understand about your healthcare system?
 - What does your healthcare partner celebrate, and what keeps them up at night
 - ▣ What illness or medical condition is most prevalent in your community?
 - What are YOU doing about it?

Step One: Find your resources

United States



- ▣ Websites:
 - www.indianacommunityparamedicine.org
 - Kaizer health news
 - www.CMS.gov
 - www.Qualitynet.org
 - "State Health Department Website"
 - www.countyhealthrankings.org
 - HRSA
 - Must Read:
 - ▣ Local County Health Report
 - ▣ Refer to list of articles located on "indianacommunityparamedicine.org"

Step One: Find your resources

Australia



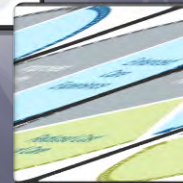
Organizations:

- AHCRA
- CAA
- Preventative Health Taskforce (PHT)
- External Reference Group (ERG) of primary care experts to inform the National Primary Health Care Strategy (NPHCS)
- National Health and Hospital Reform Commission (NHHRC)

Documents:

- *National Primary Health Care Strategic Framework*
- *The Performance and Accountability Framework*
- *Taking Preventive Action - A response to Australia: The Healthiest Country by 2020*

Step Two: Planning



- ▣ Know and identify your market
- ▣ Begin to identify their needs.
 - Various Models have different needs and customers.
 - ▣ MIHS
 - ▣ CP

Once we become educated and have identified the Gaps or the needs of our customers, we can then identify the performance indicators which define our markets

Step 2

Methodist Program Feasibility Analysis

Need? YES

Readmission Penalty %:

- Trending up: 0.00% in 2014, 0.00% in 2015
- Estimated \$8.6 Million dollar hit
- Financial Profile (Appendix)

Lets break one down

Where can I find this information?

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$191240000	\$149258071	\$41985238
Medicaid	\$20000000	\$20000000	\$17088488
Other Government	\$15000	\$34200	\$4512
Other State	\$0	\$0	\$0
Other Payers	\$144000000	\$40000000	\$84329767
Total	\$387536878	\$244128873	\$143408005



MSPB scores

- FY 2015 IPPS/LTCH: Final ruling. **MUST READ!**
 - This includes patient satisfaction surveys, VBP matrix, MSPB scores. This can be both an incentive payment or a negative hit. Incentives are paid out of the "penalty pot".

Review More on CMS.gov. Obtain a list of MSPB scores and FY 2015 incentive adjustment factors at:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/>

Or

www.Qualitons.com

Community Assessment Highlights

Community Assessment:	
-Indiana Health Rank.....	77 of 92
-Length of Life Rank.....	73 of 92
-Quality of Life Rank.....	78 of 92
-Health Factors Rank.....	87 of 92
-Health Behaviors Rank.....	73 of 92
*Ethyl-impaired driving deaths.....38% (US benchmark is at 14%)	
-Critical Care.....	85 of 92
*Uninsured.....18% (US benchmark is at 11%)	
→ *PCP ratio.....1802:1	(US benchmark 1051:1)
→ *Dentist ratio.....1974:1	(US benchmark 1392:1)
*Mental Health Ratio.....749:1	(US benchmark 521:1)
→ *Preventable Hospital Stays.....97	(US benchmark 46)
→ *Diabetic Screening.....79%	(US benchmark 90%)
Social & Economic Factors:	
-Inadequate social support.....	23% (US benchmark 14%)

MIHS: Program Sustainability

- The question to be asked:
 - Are there enough patients to support our program?

Methodist cont...

Program Financial sustainability:

*We need 24 enrolled patients a month to sustain our operations

Potential Medicare qualifying patients:

CHF program:	474 Medicare patients in 2014
COPD program:	387 Medicare patients in 2014
Diabetes Program:	45 Medicare patients in 2014
Joint Replacement:	62 Medicare patients in 2014
Total:	968 Medicare patients in 2014

*Potentially 80 patients a month

Program costs?

- How many providers to cover patients?
- What will that cost be?
- Is there a large enough patient base to support the program.

Apx:

We factored that for a program encompassing 3 FT Community Paramedics, software licenses, etc: Our program would cost apx \$230,000 a year to operate or roughly \$19,200/month.

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Are they a part of an ACO

- Two types:
 - Pioneer and MSSP
- 33 quality measures
- ACO groups
 - <https://www.aapmr.org/practice/PracticeMgmt/ModelsOfCare/Pages/Accountable-Care-Organizations-Listed-by-State.aspx>

Table: 33 ACO Quality Measures

Measure	Measure ID	Measure Description	Measure Type	Measure Status
Acute Care Hospitalization	1.1	Acute Care Hospitalization	1.1	1.1
Acute Care Hospitalization	1.2	Acute Care Hospitalization	1.2	1.2
Acute Care Hospitalization	1.3	Acute Care Hospitalization	1.3	1.3
Acute Care Hospitalization	1.4	Acute Care Hospitalization	1.4	1.4
Acute Care Hospitalization	1.5	Acute Care Hospitalization	1.5	1.5
Acute Care Hospitalization	1.6	Acute Care Hospitalization	1.6	1.6
Acute Care Hospitalization	1.7	Acute Care Hospitalization	1.7	1.7
Acute Care Hospitalization	1.8	Acute Care Hospitalization	1.8	1.8
Acute Care Hospitalization	1.9	Acute Care Hospitalization	1.9	1.9
Acute Care Hospitalization	1.10	Acute Care Hospitalization	1.10	1.10
Acute Care Hospitalization	1.11	Acute Care Hospitalization	1.11	1.11
Acute Care Hospitalization	1.12	Acute Care Hospitalization	1.12	1.12
Acute Care Hospitalization	1.13	Acute Care Hospitalization	1.13	1.13
Acute Care Hospitalization	1.14	Acute Care Hospitalization	1.14	1.14
Acute Care Hospitalization	1.15	Acute Care Hospitalization	1.15	1.15
Acute Care Hospitalization	1.16	Acute Care Hospitalization	1.16	1.16
Acute Care Hospitalization	1.17	Acute Care Hospitalization	1.17	1.17
Acute Care Hospitalization	1.18	Acute Care Hospitalization	1.18	1.18
Acute Care Hospitalization	1.19	Acute Care Hospitalization	1.19	1.19
Acute Care Hospitalization	1.20	Acute Care Hospitalization	1.20	1.20
Acute Care Hospitalization	1.21	Acute Care Hospitalization	1.21	1.21
Acute Care Hospitalization	1.22	Acute Care Hospitalization	1.22	1.22
Acute Care Hospitalization	1.23	Acute Care Hospitalization	1.23	1.23
Acute Care Hospitalization	1.24	Acute Care Hospitalization	1.24	1.24
Acute Care Hospitalization	1.25	Acute Care Hospitalization	1.25	1.25
Acute Care Hospitalization	1.26	Acute Care Hospitalization	1.26	1.26
Acute Care Hospitalization	1.27	Acute Care Hospitalization	1.27	1.27
Acute Care Hospitalization	1.28	Acute Care Hospitalization	1.28	1.28
Acute Care Hospitalization	1.29	Acute Care Hospitalization	1.29	1.29
Acute Care Hospitalization	1.30	Acute Care Hospitalization	1.30	1.30
Acute Care Hospitalization	1.31	Acute Care Hospitalization	1.31	1.31
Acute Care Hospitalization	1.32	Acute Care Hospitalization	1.32	1.32
Acute Care Hospitalization	1.33	Acute Care Hospitalization	1.33	1.33

Find the 33 quality measures at CMS.gov

Step 3: Design

- With the information in this Gap Analysis you have knowledge.
 - Knowledge is power

Getting to work:

- What is your region of influence struggling with?
- Can your agency help?
- What partners do you need?
- What initiatives are already being tried?
- Is the problem "big enough" that it makes sense financially?



Our designed diversified deployment models

- The Franciscan Transport Network
- EHS Work Comp Program
- MRU, Mobile Recovery Unit
- Direct Admit Initiative



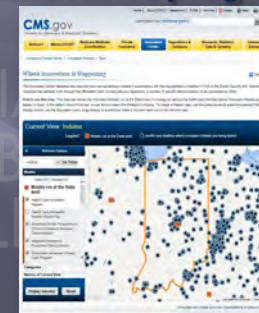
Step 4: Production

- Identify the players or "stakeholders" in those markets. Begin to build the RIGHT relationships.
- Use these players and the communication to adapt your "market's perspective needs".
 - Only so much can be determined by numbers. The numbers and knowledge gives you direction and a level of mutually understood conversation. It lets them know that you're on the same page as they are.



ACO groups and innovative programs.

- Is your hospital already engaging with CMS on initiatives?
- Look for Awarded Grants:
 - CMS Innovation Grants <http://innovation.cms.gov/initiatives/map>



Putting it all together

- Coming full circle:

“Our motivation is our patients, our communities and the advancement of our field. Our attack is nothing short of basic economics.” –Nathaniel Metz



Thank you for your time!

.....and Remember.....

“The best way to predict the future is to create it.”-Peter Drucker.