

## **2016 Community Health Leadership Award – Nomination**

Nominator Name: Kim McClung, VP Clinic Operations (**Approved by Rich Roodman**)  
Organization Being Nominated: UWM/Valley Medical Center  
Name of Program: FD Cares  
Program Contact: Cameron Buck, MD, FACEP, ED and FD Cares Medical Director

### **Program Description:**

In 2015, the leadership of the Kent Regional Fire Authority (Kent RFA) partnered with Valley Medical Center to participate in a unique program aimed at improving quality, patient experience and cost of care for patients. Formally launched in December of 2015, FDCARES builds on the unique role and position of the EMS system in the community. Operating within a fire department's organizational structure, FDCARES deploys a clinical team to serve the healthcare and social service needs of a geographic population across the multiple healthcare systems. The clinical team is composed of a Registered Nurse and a Firefighter/Emergency Medical Technician, who act as first responders. Additionally, care coordinators and a Social Worker provide ancillary care support and connection to valuable resources. The program uses a number of public and private resources to increase timely access to the appropriate level of healthcare and social services. Supported by grant funding from multiple community partners, FDCARES is designed to improve the value and integration of healthcare service delivery in the community.

### **Population Served:**

The populations served are those individuals and families in the Kent RFA service area which includes the cities of Kent, SeaTac and Covington and portions of unincorporated areas of King County. The specific population segments include non-emergent 911 callers and high-volume, high risk, users of emergency medical care. This group includes represents a wide spectrum of age, race and socioeconomic groups, many with complex chronic disease states and/or behavioral health problems.

### **Goal and measure of success:**

Decrease the number avoidable Emergency Department Visits (Number of patients stabilized at home or navigated to more appropriate care settings to better meet the individual patient needs.)

Improve Coordination of Care (Number of Care Coordination Services & Proactive Visits)

Build collaborative partnerships to improve the health of the community and patients healthcare satisfaction

Improve the ability to offer home visit services and access to care to assess barriers related to the maintenance of health care and patient safety (Phone follow-ups, Patient Experience/Satisfaction)

### **How did the nominee identify the community's health need, for example, did you use the community health needs assessment?**

The program design was and is informed by such data as published by the King County Public Health Department which indicates the number of patients with no care plans, preventable hospitalizations and

ED utilization. The aims of this program are intended to impact these health indicators. The program employed a “lean start-up” approach, which involved building a “minimum viable product” and working with community members to continuously learn about patient needs and improve the value of services delivered. Leadership built a home-grown, patient-centric database to learn about the needs of non-emergent 911 callers and high-risk, high-needs patients and to be able to replicate a successful program.

**Describe how community partners were involved:**

A number of funding and non-funding community partners have participated in the pilot program. Community funding partners include Tri-Med Ambulance, Premera Blue Cross, Valley Medical Center, King County EMS and King County Public Health. Community non-funding partners include CGI, River Logic, Molina Healthcare, Landmark Health, and Kent Police Department. The Community Healthcare Collaborative was formed to provide an operating structure for the pilot program, described below.

Group

Patient Care Team

- RN & FF/EMT
- SW & PD Officer
- Lead Nurse
- Division Captain

Address the healthcare and social service needs of non-emergent 911 callers, high-volume users of EMS, and high-risk/high-cost patients.

Core Operating Team

- Division Chief
- Division Captain
- Data Integration Coordinator
- Lead Nurse
- Social Worker

Oversee program design and implementation, manage integration among teams, identify issues such as variations in practice and data collection problems, and determine possible solutions.

Medical Team

- Medical Director
- Lead Nurse

Develop and implement quality assurance performance improvement plan, patient care protocols, and research study design. Foster patient-centric, data-driven culture.

IT Team

- Kent RFA
- CGI & River Logic
- UW VMC
- Premera
- Tri-Med
- Molina

Facilitate health information exchange across organizations such that data is readily available to support predictive analytics, evidence-based decision-making, and informed action.

#### Patient Outcomes Team

- Division Chief
- Medical Director
- Lead Nurse
- Social Worker
- Data Coordinator
- CGI & River Logic

Identify, analyze, and report outcomes to partnership committee.

#### Partnership Committee

- Executive sponsors
- Medical Team
- IT Team

Set and align initiative's strategic direction. Support data sharing. Provide initial funding and develop model for financial sustainability.

#### **Was the Board of Trustees or the Board of Commissioners involved in the program?**

Yes, the program was presented to the Board in January 2016

#### **Did you use data in benchmarking and goal setting? If you didn't use data, how did you evaluate effectiveness? Please describe.**

Data was a primary focus of the pilot program. Process measures focused on patient engagement: number of FDCARES responses to non-emergent 911 callers; and number of FDCARES proactive visits to high-risk, high-cost patients. Outcome measures focused on improving value of services delivered or matching non-emergent needs with non-emergent services: number of non-emergent 911 callers stabilized at home; number of non-emergent 911 callers navigated to alternative destinations; and number of 911 calls pre- and post-FDCARES patient contact. Also, to assist in ensuring that these

services meet the needs of patients, each patient is followed up with to rate their satisfaction with the care provided.

### **How did this project help to advance the cause of Equity of Care in Washington State?**

Fire departments are part of the public health safety net, delivering care to some of the most vulnerable members of Washington. FDCARES is a leading the transformation of fire department healthcare services from incident oriented care to patient-centered care, and from volume to value-based population health. Serving as the “eyes and ears” in the community, our first responders and care coordinators are identifying unmet needs, and improving access and utilization of care for a specific population.

### **What results are you seeing? What difference has this program made in the community?**

First and foremost, we are receiving tremendous feedback from members of our community: 97% of patients surveyed were “very satisfied” with the services they received from FDCARES; the Kent RFA fire chief receives consistent positive feedback from residents; and FDCARES is looking to scale-up the program within the Kent RFA and with other regional fire departments. Preliminary data suggests that the FDCARES model of care results in the transport of 25% of non-emergent 911 callers to hospital emergency departments, while the standard EMS approach results in the transport of 75% of non-emergent 911 callers to hospital emergency departments. We continue to work with a wide array of health delivery organizations, social service organizations, and fire departments to reduce unnecessary and avoidable utilization of the emergency department. In addition the program, is improving integration of healthcare services such that people get (timely care and connection to valuable resources) the care they need, when they need it, in ways that are user-friendly. The impact will be reflected in better patient outcomes with reduced the per capita cost of patients episodic and longitudinal care.

### **Has this program been awarded or recognized by others?**

The FDCARES program would not exist without the generous grants and contributions from funding partners. Members from the FDCARES leadership team have been invited to speak at multiple fire department healthcare conferences including EMS World, MESC (Medicaid Enterprise Systems Conference) and FRI (Fire Rescue International). FDCARES was entered into the University of Washington’s business plan competition and was awarded \$5,000 from AARP as the program was voted into the top 16 business entries of approximately 200 competing business plans. In addition, FDCARES was one of 10 businesses from this group that was selected to participate in the University of Washington’s business incubator program. As one of the seven groups that were able to complete the program, FDCARES was awarded \$25,000 to further their efforts.

Several articles have been written about the FDCARES program, including an article by the Institute for Health Improvement and EMS World (see link below).

[http://www.ihl.org/communities/blogs/\\_layouts/ihl/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=228](http://www.ihl.org/communities/blogs/_layouts/ihl/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=228)

<http://www.emsworld.com/article/12099481/how-fd-cares-is-cutting-9-1-1-and-hospital-use>

### **Who else was involved in making this successful?**

There are a many individuals from many organizations that have been vital in the success of the FDCARES program. Members from each organization listed below have played an important role in the success of this program.

Premera Blue Cross of Washington      Tri-Med Ambulance  
Molina Healthcare of Washington      Medical Program Director Dr. Cameron Buck  
University of Washington Valley Medical Center Stafford Suites Assisted Living  
King County Emergency Medical Services      Washington State Council of Firefighters  
King County Public Health Division of Mental Health      Kent Regional Fire Authority  
International Association of Firefighters AARP  
Institute for Healthcare Improvement      Valley Cities Counseling  
Farrington Court Retirement Center      A & H Pharmaceutical Stores  
Kent Firefighters Foundation      MultiCare Health System  
City of Kent Police Department      City of Kent Senior Center  
Snure Law Offices      Brace Point Law  
University of Washington Foster Buerk Center for Entrepreneur

### **Anything else you want to add about this program?**

The Washington State Council of Firefighters (WSCFF) with support of the Washington State Nurses Association (WSNA) worked to obtain legislation to support the efforts of the FDCARES program. In 2013 legislation was passed unanimously in both the Washington State House and Senate, and was signed into law by Governor Jay Inslee in May of this same year.

"The FDCARES program is an innovative approach to deliver community medical needs. With a focus on prevention, I support efforts to expand it throughout Washington State" – Gov. Jay Inslee