

Austin-Travis County EMS aims to match habitual 911 callers to social services

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Cmdr. Andy Hofmeister says his work with frequent 911 callers 'helps the entire system,' but he needs help and support to make it a success.

A 21-year-old woman called Austin-Travis County Emergency Medical Services 22 times between late February and early April. In a year's time, 10 patients called EMS for ambulances 831 times. They were among 367 "frequent users" who racked up nearly 8 percent of EMS's 83,477 ambulance runs between April 1, 2010, and March 31.

Dispatchers don't second-guess a 911 call; they send the ambulance, officials said. It doesn't matter whether the caller is a frequent user or whether the person's emergency is often a false alarm. The paramedics go.

But frequent use is an expensive, daunting problem. EMS officials are trying to cure it with help from mental health professionals, clinics, nonprofits and hospitals interested in reducing the strain on their emergency rooms. But just one Austin-Travis County EMS paramedic among 352, Cmdr. Andy Hofmeister, is assigned to a program to tackle it.

The Community Health Paramedic Program, begun in December 2009, mirrors efforts around the country to match frequent EMS callers to services that address their needs. After an ambulance responds to a frequent 911 caller, Hofmeister will follow up — at the person's home or the hospital — to try to get to the nub of the trouble.

Usually, it's a combination of mental, physical and social ills. A diabetic has missed doses of her medicine. She also has schizophrenia and can't afford the right foods. Now she needs to go to the emergency room, but a hospital trip could have been prevented.

That's where Hofmeister, 33, steps in.

He and other EMS officials wouldn't identify the 21-year-old woman or other frequent callers because of patient privacy laws. But they said that Hofmeister's efforts are making a difference. Officials haven't done a large-scale analysis of Hofmeister's work, but they examined 10 high users last year. After Hofmeister visited the patients and worked to get them into services that fit — a time-intensive process that can require many visits to gain trust, insight and workable solutions — 911 calls from those 10 fell by 79 percent, officials said.

Armed with data and anecdotes, EMS officials plan to ask an Austin City Council committee July 11 to hire two or three more paramedics to work with Hofmeister, he said.

"It helps the entire system," Hofmeister said. "In order to make this a success, I need the support of everyone."

Easing the strain

Doctors and EMS officials in other cities said that what's happening here is a national conundrum. They debate who should approach the frequent callers: paramedics or multidisciplinary teams of nurses, mental health workers and others. They do agree, however, that visiting callers regularly and matching them to services prevents overuse and saves money.

The 367 frequent users — people who called Austin-Travis County EMS at least six times in three months — cost local taxpayers \$1.05 million for the 6,567 ambulances that responded, roughly \$160 per call and a healthy chunk of the \$47.2 million annual EMS budget, officials said. The total doesn't include fees the patients were billed, which averaged \$970 per call in May, EMS spokesman Warren Hassinger said. Nor does it include expensive ER charges or unpaid medical bills, which are shared by hospitals, taxpayers, paying customers and people with health insurance.

A 2009 American-Statesman article described nine patients who visited Central Texas ERs 2,678 times in six years, costing taxpayers and others \$3 million. Since then, public health clinics have expanded their services so that more people who didn't have access to care now have a "medical home." And the nonprofit Integrated Care Collaboration, which partners with providers to expand health care access in Central Texas, works with Hofmeister to help connect people to resources.

One of the nine high ER users, a woman who had 145 visits in 2008, did not spend any days in the ER last year because she was placed in mental health and housing services. Four others of the nine have stayed out of the ER as well, said Emily Padula, director of analytics for the Integrated Care Collaboration.

Overall, frequent ER use in Central Texas among Medicaid and uninsured patients fell 18 percent between 2007 and 2010, Padula said. Her organization's analysis of frequent ER users last year found that 698 patients accounted for 11,062 ER visits.

The Seton Healthcare Family has a "high alert" program that attempts to place frequent ER users in services that keep them out of the hospital, said Dr. Christopher Ziebell, chief of emergency medicine at University Medical Center Brackenridge. He said the EMS program is a nice complement, and he hopes it is expanded.

Up the road in Williamson County, treating frequent EMS use is a 24/7 operation staffed by seven social workers on Mobile Outreach Teams that intervene during a patient's mental health crisis, said Annie Burwell, director of the teams.

The teams have been around for years, but in the past year, they have begun working on reducing frequent EMS use. Just one patient can be an extreme strain on the system, Burwell said. Between Dec. 16 and June 1, one woman called Williamson County EMS 30 times and Round Rock police 50 times. Burwell's team had 60 interactions with her and eventually got her placed in a residential facility where she is "getting the help she needs," Burwell said.

Solutions are sometimes elusive. "All services have been cut, and we have to work really hard to find the pieces that fit," she said.

'Developing a solution'

Hofmeister visited Wake County EMS's Advanced Paramedic Program in Raleigh, N.C., to learn how it worked. An official from there, Dr. Paul Hinchey, is now the Austin-Travis County EMS medical director and said he strongly supports the intervention.

Fourteen of Wake County's 400 emergency medical technicians work full time in the Advanced Paramedic Program, and more are in training, EMS District Chief Jeffrey Hammerstein said. Wake County has 900,000 people, smaller than Travis County, which has a little more than 1 million people.

The specially trained Wake County paramedics visit about 300 patients in their homes for follow-up care, Hammerstein said.

Hofmeister, who lives in Cedar Park, said the toughest patients are the homeless ones. But not all are low-income or uninsured. Some have yelled at Hofmeister to keep away.

"That's only happened twice," he said.

Some experts question whether paramedics are the best medical professionals to approach a frequent user.

"I applaud the paramedics for doing it, but the paramedics, in my opinion, should serve as the people to identify that they need to be approached by the system," said Dr. Alfred Sacchetti, chief of emergency medicine at Our Lady of Lourdes Hospital in Camden, N.J. A nurse practitioner would be better, said Sacchetti, an expert provided by the American College of Emergency Physicians.

Hassinger, the Austin-Travis EMS spokesman, said officials here have heard that argument, but right now, "the paramedic is the perfect option for us. It doesn't mean a year from now this wouldn't look different."

Austin Travis County Integral Care, the public agency that serves the mentally ill, has crisis intervention teams who work with Hofmeister, said Dawn Handley, director of adult behavioral health systems for integral care. Her agency would be willing to train paramedics on interacting with mentally ill patients, she said.

Hofmeister, who has been in emergency services for 14 years, said he likes the challenge. "To me, this is where my job satisfaction comes from," he said. "You feel like you're developing a solution."