Prototype Précis

Name of the Prototype: Merging Emergency Medicine

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Value Proposition: We provide post-ER visits from firefighters to reduce readmissions by “frequent flyers” and lower insurance premiums.

Customer Segment(s): The prototype is designed to lower insurance premiums by establishing a systems-based approach with EMS teams and ED physicians. The prototype would affect firefighters, employers, tax payers, ER physicians, EMS and “frequent flyers” using the emergency departments. Meetings were made with fire captain Michael Baker, EMS Medical Director Dr. Goodloe and the Chief Medical Officer at St. Francis, Dr. Aran.

What pain is being endured by the Customer Segment(s) due to the current situation? “Frequent Flyers” are burdening employers by increasing insurance premiums in order to compensate for successive ER visits.

What gain could be appreciated by the Customer Segment(s) if the Value Proposition under consideration were implemented?

- Collected data
- Open communication between EMS staff and ER physicians
- Reduce repetitive ER visits
- Reroute patients to primary care
- Promote fire safety during home visits
- Promote Community Medicine in EMS
- Lower insurance premiums

Describe the Prototype that will be created to demonstrate the salient features of the Value Proposition to the target Customer Segment(s): A community based EMS system that involves post-ER visits by firefighters. Initially, the prototype would consist of 30 or more individual patients that would be identified as “frequent flyers” from the same neighborhood where a fire station is located. When the identified patient presents to the ED, they will sign a consent form allowing a firefighter to reassess the patient’s condition in a home visit in 2-3 days. As stated by the fire captain, Mike Baker, a maximum of two patients per day could be assessed by a fire house at no additional cost. The firefighter could then collect data on effectiveness of patient treatment, assess patient basic medical procedures, ensure patient compliance with treatment, promote fire safety, patient-home risk prevention, inform patient on proper follow up procedures related to their condition and make appointments with PCP. This prototype requires a health information exchange system, which has already been implemented by local fire departments. Fire fighters already have mobile devices that allow them to access this information. Currently, all that is needed is added software for ER physicians and fire staff to communicate on the mobile devices.

Champion: Cordell Baker.

Administrative Facilitator: Dr. Clancy and Dr. Kendrick have both expressed an interest in the project.

Key Partner(s): Fire Captain, Michael Baker, EMS Medical Director, Dr. Goodloe, and Chief Medical Officer at St. Francis, Dr. Aran
* this data was accidentally acquired on a scale of 0 to +10 for Mission rather that -10 to +10 as is represented here.

Brief interpretation- Interpretation provided with caution as data was not acquired on the same scale on the mission parameter. The majority of physicians did not feel the financial model was sustainable, while the social work students unanimously believed it would be. Crude cluster analysis reveals the detractors to be concerned with feasibility of implementation.
Merging Emergency Medicine

Additional Comments
Sounds like an excellent avenue to improve health care - an element of social work will improve outcomes.
Fire Dept needs lots of capacity in reserve for emergencies
Bogging down an already stressed system?
Great idea. Will be hard to get EMS to do follow up visits
Plausible and possible. Should occur
I doubt the ability of being able to start up without initial costs and waiting for the payments to come in over a long period of time. how would you pay for your employees?
Not sure it would cut down on spending significantly, feel like it would be really hard to implement, but I like the idea
Need a faculty champion
Great job! Hard work is evident!
Such a great idea! I hope to see this move forward. It would be interesting to see how EMSA feels about it. We'd also need to look into how much the follow ups would cost if more care was needed. What does that process look like?
Love that the fire department is behind this idea. Think it's a great way to utilize other health professionals and build trust in the healthcare system
Good concept
wonderful idea!!!
Great idea. Needs a lot of work but lots of potential.
Very supportive of this program. I think it's feasible and efficient. This program could potentially reduce repeat costly ER visits and encourage primary care to great chronic pathologies.
Unsure about cost structure
I like the idea, but don't really see how it could be implemented.
good idea for decreasing ER congestion
i like the idea!
how to train firefighters in caring for patients?
Love the idea of using light duty fire and emsa employees to do outreach. Connect with OU er residency