





1

May 2015
Fire Rescue
assumes EMS
transport services



2

September 2017
Community
behavioral health
meeting



3

October 2018
Coweta Cares
established

How did we get here?



| Calls for Service | 2016 | 2017 | 2018 |
|--------------------------|-------------|-------------|-------------|
| All Nature Types | 74,215 | 75,730 | 76,639 |
| Heart Problems | 606 | 641 | 641 |
| Stroke | 522 | 531 | 628 |
| Behavioral Health | 1,518 | 1,603 | 1,662 |

911 Statistics



| Transports | 2016 | 2017 | 2018 |
|-------------------|-------|--------|-------|
| All Nature Types | 9,392 | 10,110 | 9,891 |
| | 500 | 576 | 620 |
| Behavioral Health | 5.3% | 5.7% | 6.3% |

EMS Statistics

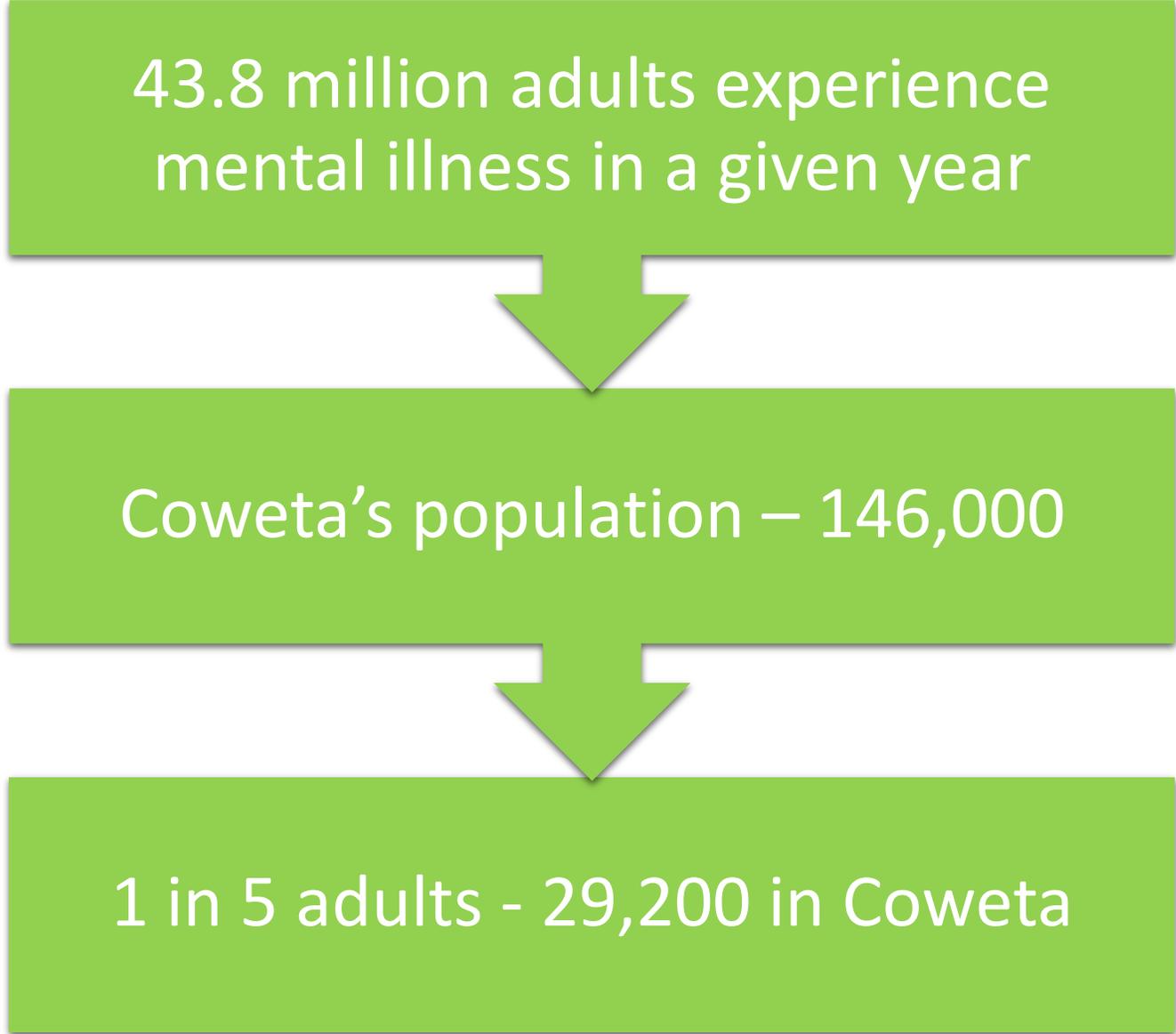


| Piedmont Newnan | 2016 | 2017 | 2018 |
|------------------------|-------------|-------------|-------------|
| Monthly Patients | 52.33 | 53.25 | 55 |
| Total Patients | 628 | 639 | 661 |
| Average Hold Time | 9:52 | 12:42 | 14:17 |

Hospital Statistics



Behavioral Health Facts





Current Model for Behavioral Health Crisis



Transported to Behavioral Health Provider

911 Call

Fire/EMS and Law Enforcement Dispatched

Transported to Emergency Room or Jail





Why change the service delivery?

1

Inadequate
patient care

2

Exhausting
limited
resources

3

Cost to
taxpayers
for current
response

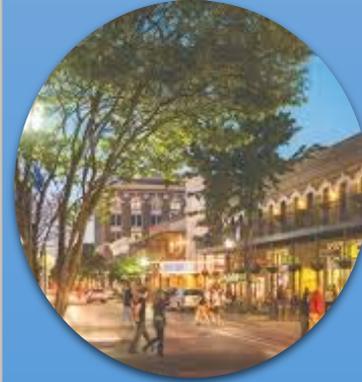
Who's impacted?



Individuals



Families



Community



Taxpayers





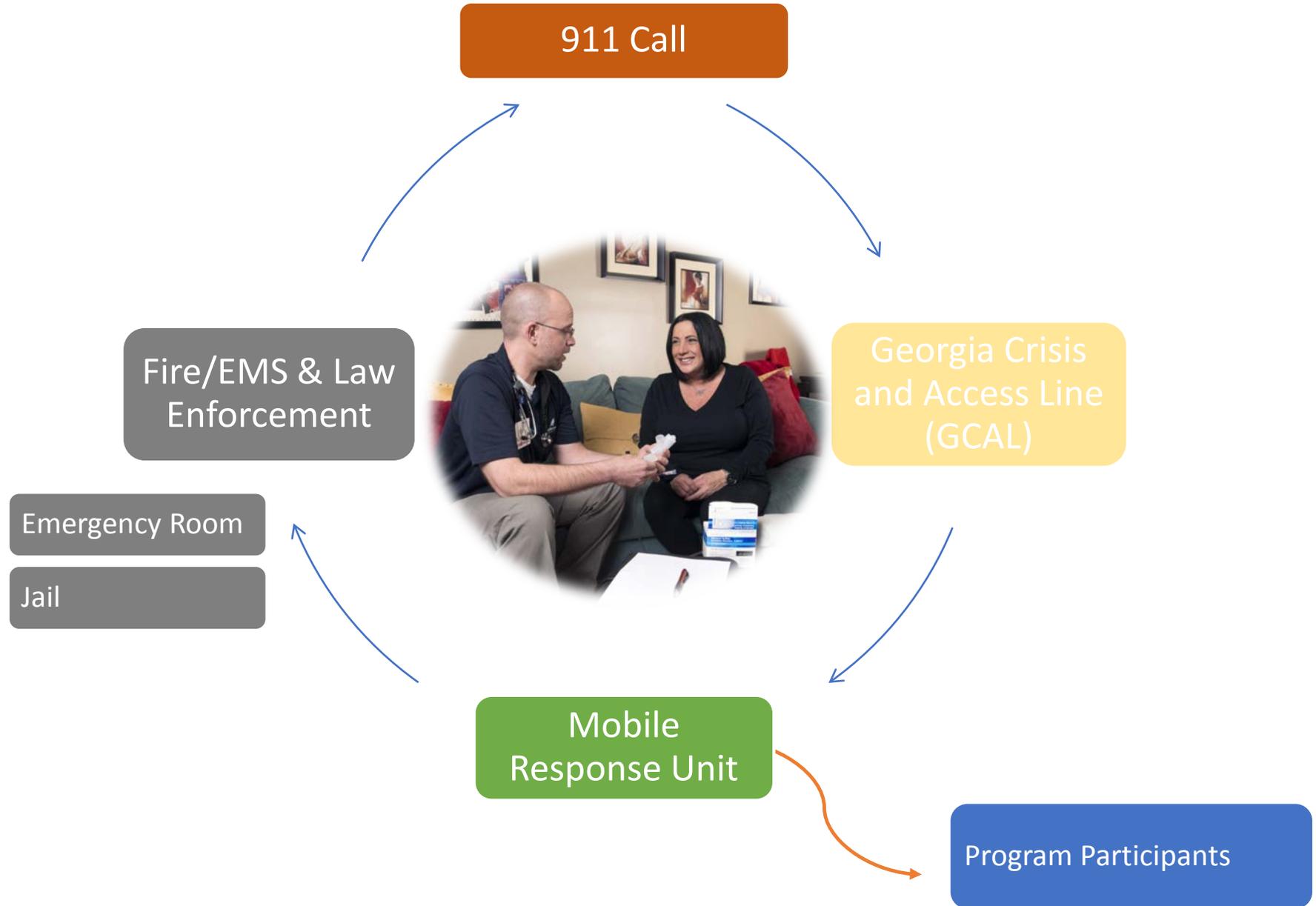
Who's involved in providing care?

A group of local partners committed to reinvesting existing resources in our community to better serve our citizens.





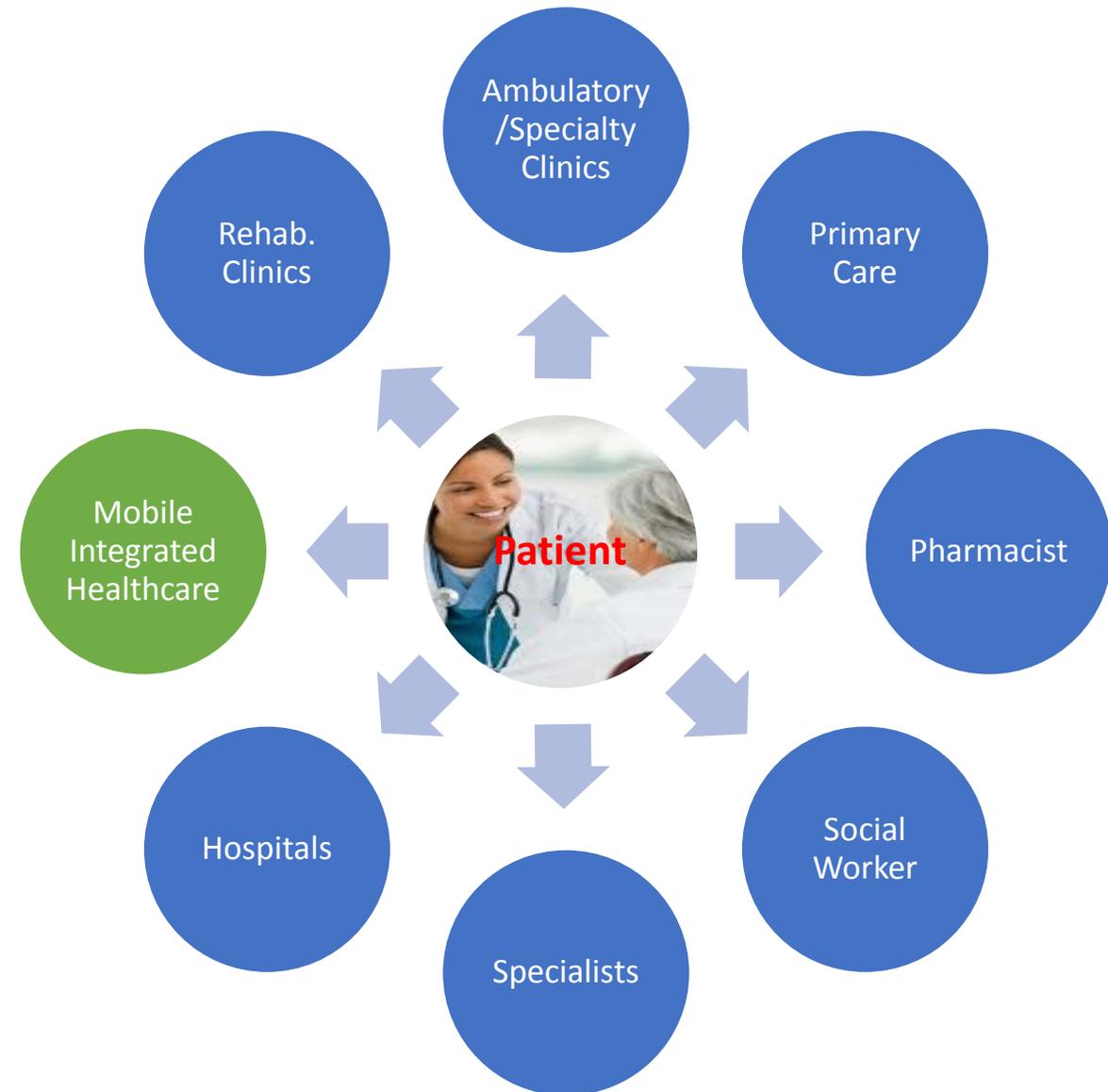
Proposed Model





What is Mobile Integrated Healthcare?

- Community-based health care that operates outside customary emergency response
- Specialized locally developed programs to help patients navigate through the healthcare system
- Facilitate more appropriate use of emergency care resources





Mobile Response Unit (SUV)

- Public Safety Radio
- CAD & ePCR
- Cardiac Monitor
- Telemedicine Kit
- Medicine & Supplies

Cross-trained Staff

- Paramedic
- Behavioral Health Counselor (LPC)
- Physician (Telemedicine)



Program Services

Behavioral Health
Assessment

Home safety
assessments

Community
resource referrals

Preventive care
and medication
compliance

Coordinate
appointments and
transportation

Patient education

Community Support

Religious/Spiritual Life

Participants

Healthy Individuals &
Families

Valuable Citizens



Program Goals

HELP

Provide definitive behavioral health care

PREVENT

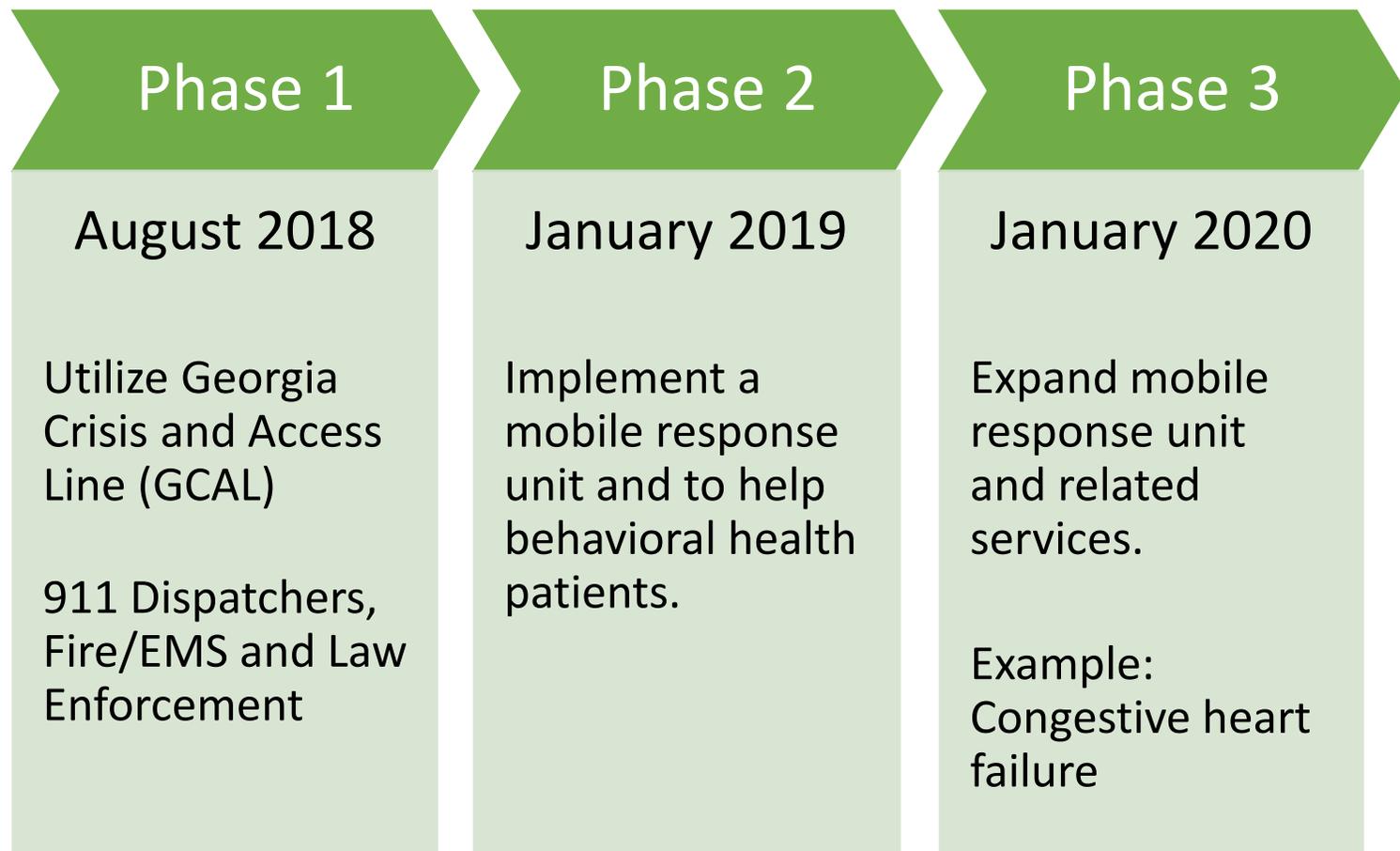
Reduce EMS transports by 10% within one (1) year

SAVE

Reduce average cost by 15% within one (1) year



Behavioral Health Implementation Timeline





Georgia
Coverdell Acute
Stroke Registry
(GCASR)



April 2016 -- Coweta
County Fire & Rescue
joined GCASR



April 2018 – Coweta
County Fire & Rescue
agreed to provide
follow-up home visits
for stroke patients



Georgia is in a geographic region called the “**stroke belt**,” an area in the southeastern U.S. with stroke death rates that are approximately 30% higher than the rest of the U.S.

Approximately 1/3 of stroke survivors suffer depression at any one time

Post-stroke depression is associated with poor functional outcomes and higher mortality

Stroke Facts



Why home visits for post-stroke follow-up?



Provide a more thorough stroke care program

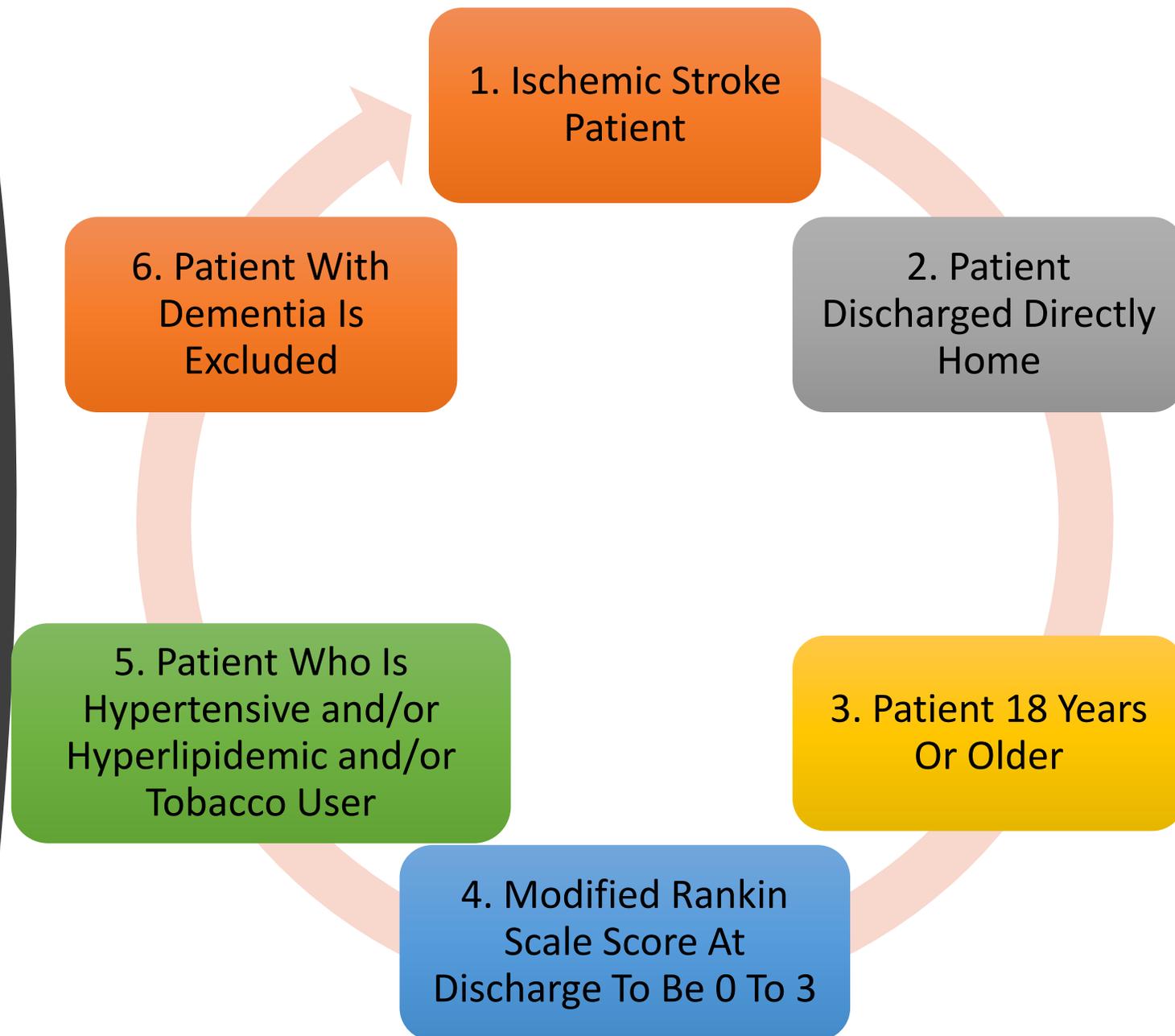


Assess patient's condition at his/her home



Connect patients to community resources and support

Selection Criteria to Enroll



Comorbidities Among Georgia Stroke Patients and Adult Georgians

| | Acute Stroke Patients* | Adult Georgians** |
|-------------------|------------------------|-------------------|
| Hypertension | 83.8% | 33.1% |
| Hyperlipidemia | 45.7% | 31.1% |
| Diabetes Mellitus | 37.8% | 11.4% |
| Smoking | 22.7% | 17.5% |

*GCASR 2017

**Georgia Behavioral Risk Factors Surveillance System (BRFSS) 2017



Prevalence of Chronic Conditions and Tobacco Use Among Adult Georgians 18 Years and Older (BRFSS, 2017)

| | High Blood Pressure | High Cholesterol | Diabetes Mellitus | Smoking |
|-----------------------|---------------------|------------------|-------------------|---------|
| District 4 (LaGrange) | 39.3% | 31.1% | 11.4% | 17.1% |
| Georgia | 33.1% | 31.1% | 11.4% | 17.5% |
| United States | 32.3% | 33.3% | 10.5% | 17.1% |

Public Health District 4 Counties: LaGrange: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, and Upson

Discharge Disposition of Ischemic Stroke Patients at Piedmont Newnan Hospital (GCASR, 2018)

| | | |
|---|---------|-------------|
| | Home | 180 (65.2%) |
| Inpatient/Home Hospice | | 16 (5.8%) |
| Acute Care Facility | | 6 (2.2%) |
| Other Health Care Facility (Skilled Nursing Facility/Inpatient Rehab.) | | 71 (25.7%) |
| | Expired | 2 (0.7%) |
| Left against medical advice | | 1 (0.4%) |



Post-Stroke Program



A series of home visits for a period of 90 days



The first meeting with a paramedic will be at Piedmont Newnan Hospital



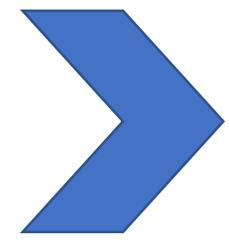
Once a patient is enrolled, the first home visit will take place within 72 hours post-discharge



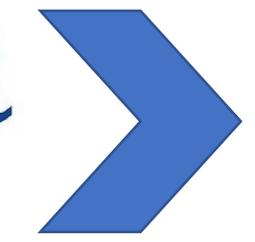
Future home visits will be scheduled based on the patient's needs



The paramedic will administer the GWTG Post-discharge Mortality & Readmission form at the 30-day, 60-day, and 90-day mark



Coweta
Cares



Patient Enrollment



Post-Stroke Program Services

Vital Sign Check

Home Safety

Post-stroke Care
Education

Medication
Reconciliation,
Adherence, and
Compliance

Coordinate
Medical Appts.
and
Transportation

Smoking
Cessation
Support

Tele-psych
Consultation with
Pathways Center

Connect Patient
to Resources in
the Community



Post-Stroke Program Goals

ENSURE

Smooth transition of care that includes monitoring for depression

SUPPORT

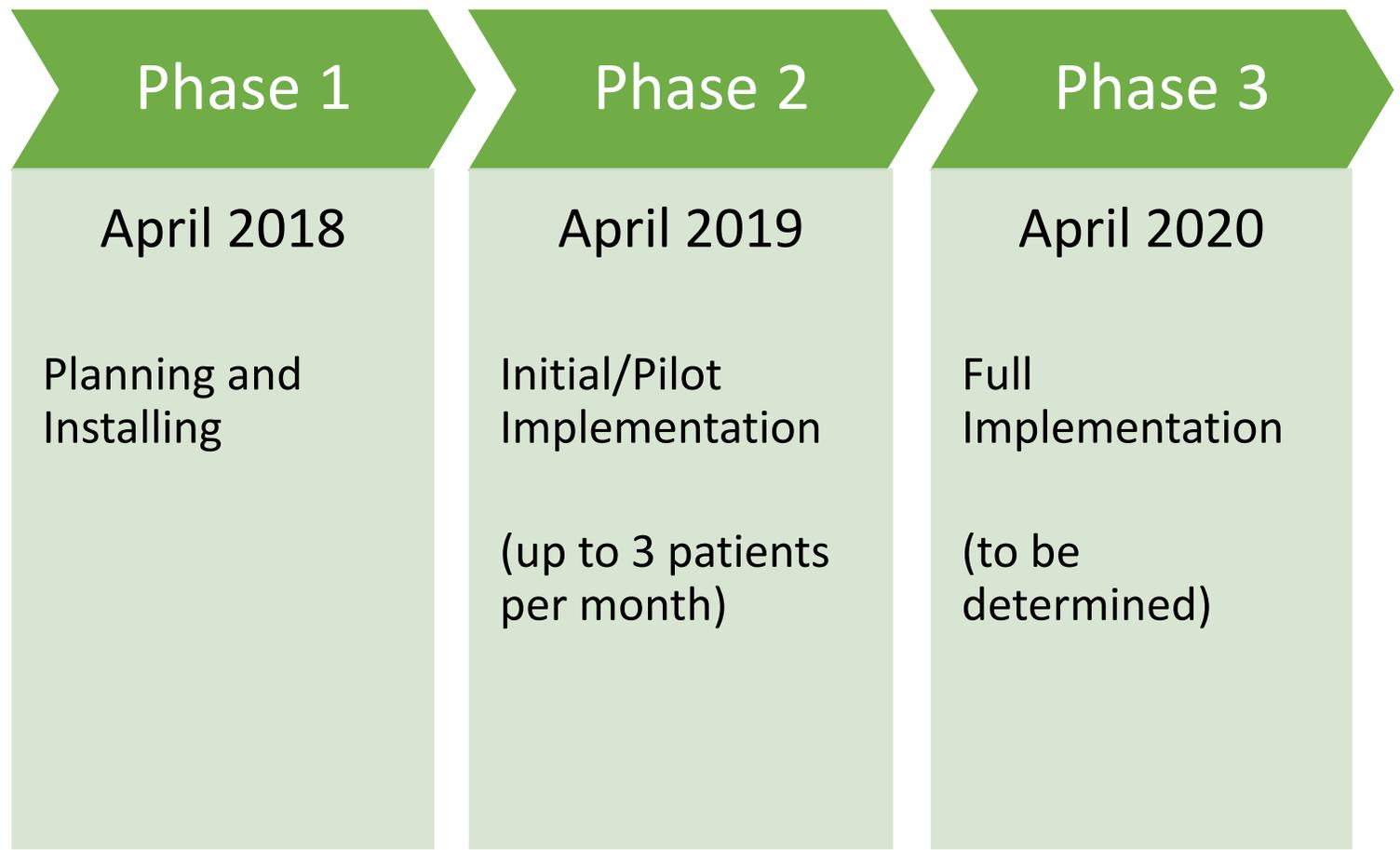
Stroke patients to follow their discharge plan

CONNECT

Stroke patients to community resources and support



Post-Stroke Program Implementation Timeline





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Coweta Cares

Panel Q&A