

Creating Value For A Competitive Advantage

FirstPath Laboratory Services Acute Mobile Services

Concept

- Nursing Homes and Rehabilitation Hospitals that are Part A facilities are getting sicker patients and are reimbursed on a fixed payment.
- When patients have an acute episode, they must be transferred to an acute care facility Emergency Department for evaluation and care.
- The Part A facility is financially responsible for the episode of care. This can cost a facility thousands of dollars.
- **AMS in combination with Telemedicine can markedly reduce this expense and provide ED quality for the patient without the cost.**

How It Works

- FirstPath Lab partners with DuxLink Telemedicine Services to provide a comprehensive patient evaluation.
- DuxLink has a telemedicine service with 8 Board Certified specialists who can remotely evaluate the patient and provide appropriate intervention using a proprietary Telemedicine Device.
- Diagnostic modalities included EKG, Ultra Sound, Mobile Imaging, all connecting to the specialists electronically. Laboratory was missing so it was not a complete service.
- FirstPath provides the laboratory services and integrates seamlessly.

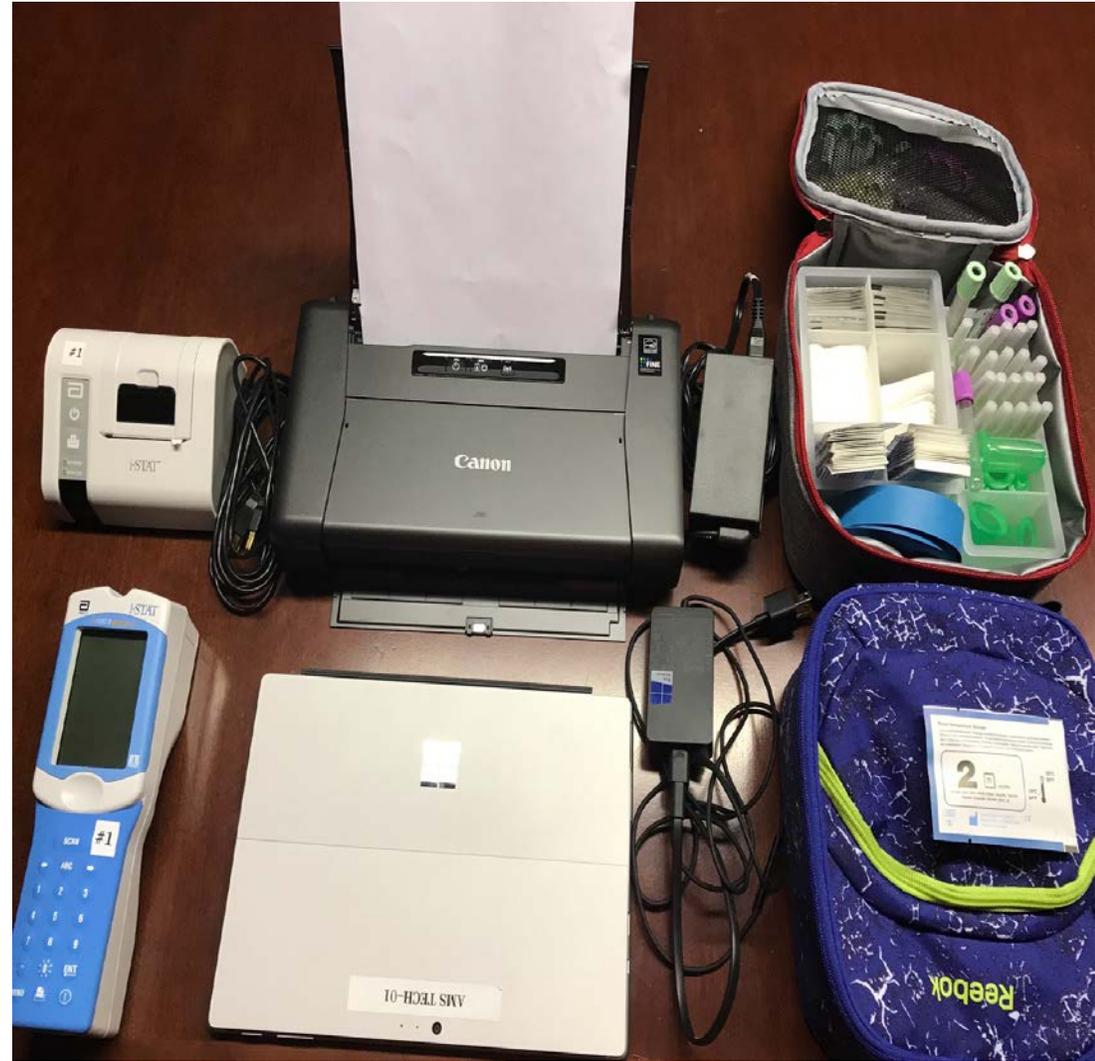
Details

- There are 8 Emergency Protocols using National Guidelines.
- Each protocol has step by step directions, diagnostic tests and guides.
- Lab uses State Licensed Laboratory Personnel to provide Point of Care Laboratory Testing at the facility on a mobile basis.
- Use i-Stat analyzers with 6 different cartridges available according to protocols.
- Facility calls for service, tech acknowledges and verifies call. Clock starts- (2 hours from call to results). Tech takes “bugout bag” and drives to facility, reports to nursing station and provides testing service. Final Report on site to nurse and physician within 2 hours.

Protocols with Tests

- **Acute Chest Pain:** Chem 8+, cTnI OR CKMB
- **Acute Heart Failure:** Chem 8+, cTnI OR CKMB, BNP
- **Acute COPD/SOB:** Chem 8+, CG3+ (Blood Gases), BNP, cTnI
- **Acute Renal Failure:** Chem 8+, BNP
- **Acute Bleeding:** EC4+, PT/INR
- **Sepsis:** Chem 8+, CG4+ (Blood gases + Lactate)
- **Urinary Tract Infection:** Chem 8+, CG4+ (Blood gases + Lactate)
- **Falls:** Chem 8+, PT/INR

Bugout Bag Contents



Outcomes

- Reduction of Re-Admission rates
 - Re-admission rates reduced by 28 % without labs
 - Re-admission rates reduced by 42% after addition of laboratory services.
- Reduction of ED visits and Costs
 - ED visits reduced by 36% without labs
 - ED visits reduced by 62% after addition of laboratory services.
 - Cost comparison for facility =
 - ED visit without admission - \$6900 (average)
 - ED visit with observation - \$9600 (average)
 - AMS visit – (\$180 to \$400 depending on Protocol)
- Physician Services are billed to insurance/Medicare/Medicaid.

Change stories for the panel

FPL Acute Mobile Service

Business Overview

- Rehab Hospitals, Acute Care units in Nursing homes and Home Health Agencies needed Acute Lab Services on Site in short period of time.
- No one in area would provide the service and patients were being sent to EDs and Hospitals for admission-costs were borne by the facilities who were paid a fixed fee per day.

Business Challenges

1. Establishing an Acute Care Section in facility (Cardio-Pulmonary).
2. Obtaining competent staff available on as needed basis.
3. Currently offered to Part A patients but need to develop mechanism for Part B patients.

How the business challenge was addressed?

- FPL created a division staffed by laboratory professionals who provide limited emergency POCT at the facility with results within 2 hours of call.
- Done in collaboration with a Telemedicine provider as well as a standalone service according to needs of the facility.

Stakeholder Impact (be tangible)

- Payer
 - Reduction in expenses of ~\$6500 per case
- Clinician
 - Results in 2 hours from call.
 - Standardized national protocols
- Administration
 - Ease of use, improved expense control
- Patient
 - Improved quality of care, speed of service

Business Outcome (specific KPI, \$\$ etc.)

- Reduction of Re-Admission rates
 - 28% reduction without labs
 - 62% reduction after addition of lab services
- Reduction of ED visits and associated costs
 - ED visit w/o admission (\$6900 average)
 - ED visit w/ observation (\$9600 average)
 - AMS visit (\$180 to \$400 depending on protocol used.
- Improved patient care on site at facility

Key learnings (focus on change management)

- Look at opportunities with unbiased eyes-
 - Be creative in your thinking.
- Select your audience and listen to their needs.
- Evaluate the various reimbursement models and if necessary work with insurers to collaborate.
- Work with the various stakeholders –
 - Physicians
 - Facilities
 - Payers