



SUMMER Weekly

Reader

Volume 212, Issue 277, August 31th, 2017

The Plano Rotary Club
www.PlanoRotary.com



EMS

2.0



UPCOMING MEETINGS

Aug 31
Jeff Leach;
Legislative Updates

Sept 7
Cheryl Williams;
*Medical & Mental Health Issues
in Collin County*

Sept 14
Neil Matkin;
Collin College Update



AUGUST BIRTHDAYS

Camille Ussery	Aug 10
Kevin Hanigan	Aug 14
Mike Jobe	Aug 15
Reedy Spigner	Aug 20
Sarah Watkins	Aug 20
Jeffery Beckley	Aug 21
Michael Robnett	Aug 24



ALL PRAISE to **John Caldwell** for substituting for a gallivanting **Sainted Editor** in August. **AND** he gets to do it again from 10/26 to 11/16 when **Sainted Editor** (and wife) pull a **Bruce Glasscock** and become beach bums in Barbados and St. Maarten (starting, oddly, from Lisbon). So he'll bring back Rotary flags with little umbrella drinks on them!

The **Prince Who Waits No Longer** opened the meeting at 12:10, calling upon **Blair Ritchey** for the Invocation and **Kelly Palmer** (with a **Scary Bob** assist) for the Pledge. The number of Greeters equaled the number of visiting Rotarians when **SERGEANT KRAMER** rose to non-ironic applause. "Keep that goin'," he said.

Sara Akers introduced **Christina Penland**, **Melanie Cheaney**, and token male **Sean Enfield**. About-to-be-Inducted **Peggy Jackson** brought her first guest, **Teresa Johnson**, a hospice worker.



JASON noted that he had "gracefully" given each of us a bio form to fill out under the threat of his making one up for us. To balance the threat, he promised a "creative prize" to whomsoever's bio proved most creative. And he wished all **FANTASY FOOTBALLERS** good luck in the upcoming draft, for he plans to win. Someone cruel inquired, "What place did you finish last year?" to which **JASON** commented, "I don't understand that guy!"



The **Wandering Editor** then presented the Club with two of the four flags he intended, but Icelandic and Irelandic (that's a word?) Rotaries take a vacation in August, and only two of the four scheduled

offered a rump session for Chris' benefit. He's suitably grateful of them to strong-arm a few of their members to hobnob. (OK, the correct adjectival is "Irish," but that's so pedestrian. It should be "Eirean!")

The **Elevated Prince** announced a **Glen-eagles** Golfing Open House, which, at \$75 a pop is hardly open, coming up Monday.

Also 5810's Annual Awards ceremony is 6:30-9:30 on September 23rd at the **Eisemann**. Relative to **Gleneagles**, it's a steal at \$35 each.

Alex Johnson announced the commencement of an Interact Club at **Jackson Elementary**, and Rick noted that we are looking for a member sponsor of that Club. By meeting's end, (an absent) **Jeff Beckley** was announced as the sponsor. Someone noted, "That's why you don't leave early."



Chief Greif introduced the program, not the advertised **Collin County Mental Health Issues** but rather a new paramedic enhancement at **Plano Fire & Rescue**. He had brought with him two PFD personnel to explain the program: Asst. Fire Chief **Chris Biggerstaff** and Firefighter **Josh Clouse**, a 17 year veteran of the department.



Chris began the presentation dodging all credit for the operation. He said that Josh deserves it for working with all the hospitals.



It must have been **Olin** who asked the Asst. Chief for anecdotes on the current Chief, “...stories with pictures!” Chris’ response was, “I’ll have to think about it.” Sam didn’t have to think about it at all; it was a terrible idea.

Chris noted that the new program addresses “*high risk patients*,” by applying a bit of medical intelligence to the emergency services. Partnering with physicians and hospitals, PFD has managed a “*win, win, win*” scenario.

1. Patients end up not being transported by (expensive) ambulances as frequently.
2. The department has time and resources freed up to offer more timely service.
3. Fewer hospital readmissions means less *pro bono* medical treatment of indigent populations.

In 2012, the PFD applied for a Medicare/Medicaid grant, and, as a part of the process, was obliged to carry out a community needs assessment. That study uncovered a group of citizens whose needs were unmet. Although the department didn’t get the grant, it began a program to address the newly-discovered needs of the HUG.



HUG is the acronym for High Utilization Group, people who call frequently upon the EMS for medical services. PF&R found it was “*not really helping*” these folks because they’d call in the day after EMS services were rendered. HUGs “*knew* [EMS responders] *by their first names*” after a few such calls, and it was frustrating to all that the services weren’t helping them. The fastest growing segment of that population was senior citizens. And 47% of them were on Medicare/Medicaid or uninsured.

The dept. had to respond to these “*low-priority emergency calls*,” but it constituted an “*improper use*” of the PF&R’s time...55% was the national average with Plano’s being somewhat smaller.

HUGs essentially used EMS as their primary medical care. So PF&R created a program to respond smarter and better to help the high-risk population.

1. Offering better overall healthcare in less time spent in the hospital and an improvement in their Quality of Life.
2. Providing “*the right healthcare in the right place*.”
3. At a lower per capita cost.

A Pilot Program was established in 2014 which ran through the end of 2015. With only John Clouse assigned to be the legman, the patient cap was set at 20. It was found that HUGs called 911 an average of four times in a month. A total of 198 callers used the service 1,161 times resulting in 784 hours of “*out of service time*.”

An egregious example given was on one patient transported by ambulance 51 times in 2014 at a cost of \$43,350 over 10 months. That patient was enrolled in the Pilot Program, received enhanced services, and had 911 calls reduced to two! In another example, a HUG participant was helped by Josh correcting his medical errors on site. It required a change of physician to correct the problem permanently, and now he no longer needs 911. Josh is teaching classes in medical error correction.

That latter was a case of Congestive Heart Failure, a focus of PF&R outreach. Josh has continued the work after the end of the Pilot Program resulting in 81% fewer readmissions at a saving of \$715,632. 74% of participants surveyed reported an improved Quality of Life with 67% reduction in ambulance transport.

So, with such success, PFD has expanded the program, hiring three part-time paramedics “*to address more patients*.” And they have expanded their expertise to include Chronic Obstructive Pulmonary Disease (COPD). Now they have a 24-hour turnaround on HUG patients.

Texas Health Supplies has donated funding for the paramedics as well as two emergency vehicles dedicated to this task. All of this has released 329 hours for fire personnel which flow back into community service.

Searching for a Path to Sustainability, PF&R is seeking additional donations (perhaps from benefited agencies like hospitals!) and considering a service fee of \$125 per patient. Payments will be scheduled for 2020.

The biggest unmet need is **mental health**.



Josh took over at this point saying that the majority of the changes were “*from inpatient to outpatient care*.” Previously, mentally-disturbed indigents were taken to Dallas’ *Green Oaks* facility. That facility is no longer available. There remain issues of how long it takes to get a bed in a State hospital. The goal is to have “*nobody excluded from mental health*” care. Indigents now go to *LifePath*, if they admit themselves. County Courts can be called upon to force admission. PF&R is “*limited to emergency not continuing care*.”

Chris said that the expansion of service involve Josh running test and taking charts in homes to be read and responded to by him and medical professionals like cardiologists. Teresa Johnson asked if they had considered using volunteers like her to expand service, and Chris admitted that they had discussed that on the way to Rotary!

One of Sara Akers' guest suggested that the department reapply for the original grant now that it had much more data from the pilot study. Josh said that without regulatory change, there are "no sustaining grants."

Jeff Beckley asked how to expand the program and was told that the 20 patient cap is now 61. Josh is training the new recruits in COPD, diabetes, and asthma.

Maria Mott asked how PF&R diagnoses mental health issues. Josh screens them for anxiety and depression, and he sometimes "prescribes" an animal companion.



Josh doesn't "make it up as he goes along," but is allied with a Medical Director who helps him. Part of the issue is with patients not taking their medications on schedule. Josh helps with that.

Kelly Palmer asked about PISD students not getting the meds they need. The presenters admitted they get calls from PISD and are there to help.

Rick told the presenters that they were "much appreciated" and offered them our multi-port chargers.



Howard Matson inducted two new members! Sara Akers sponsored Peggy Jackson and **Larry Bisno** sponsored **Frank Messina**. Both were pinned without being stuck!

Olin apologized for the scheduled speaker change and noted future appearances by **Jeff Leach** talking about Austin politics, **Neil**



Matkin on the \$7M bond for *Collin College*, the stem cell regeneration physician trying to drum up business, and finally **Cheryl Williams**, the speaker who was to have talked on Mental Health in Plano today.

Rick led us in the Four-Way Test and belled us out right on the dot at 1 pm.

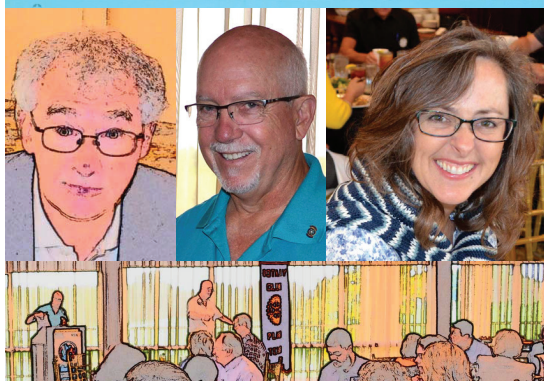
Community Risk Assessment

Multiple Issues

- Large High-Utilizer Group (HUG)
 - New Patients everyday
- Plano mode of service contributes to the problem
- Healthcare reform
- Care not patient-centered
- High demand for local hospitals
- Change in mental health funding and local mental health system
- Rapidly growing Medicare population
- Uncertain future for EMS payments

Program GAP

	Where We Are	Where We Want To Be
Program	Programs: Congestive Heart Failure and COPD Readmissions, High Utilizer Group (HUG), Community Mental Health Outreach	Expansion of mental health, follow up trauma care, Children's asthma, diabetes, robust fall program, surgery revision avoidance, and AMI readmissions.
Personnel	One Program Coordinator Three part-time paramedics	Mental Health social worker Full-time paramedics Administrative assistant / data analyst
Funding / Sustainability	City of Plano Texas Health Presbyterian Plano	Additional hospital funding Corporate sponsors NGO funding – Non Governmental Organizations, CMS
Point of Care Testing	PT/INR, Istat BMP CLIA waived testing.	Expand testing capabilities. Develop and become a CLIA approved laboratory. Additional stat for new vehicles Ultrasound 12 Lead ECG combined with ultrasound and mobile computer.
Equipment	Suburban borrowed from logistics. New Ultrasound purchased with donation	Multiple vehicles purchased outside of program funding to offset cost and aid in sustainability. To be expanded with program expansion.



Guests & Visiting Rotarians

Guest

Christina Penland

Sean Enfield

Melanie Cheaney

Theresa Johnston

Visiting Rotarian

None

Guest of

Sara Akers

Sara Akers

Sara Akers

Peggy Jackson

Home Club

Proposed Members

New Member:

Proposed by:

Classification:

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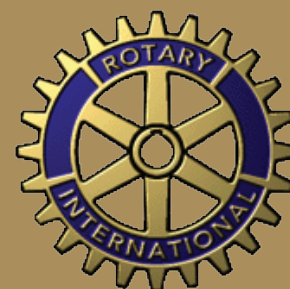
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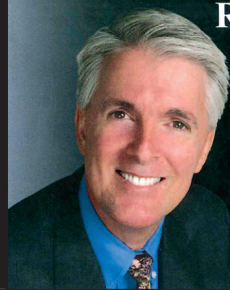
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