

**Ash Institute Summer Fellowship in Urban Policy  
Project Description | 2009**

**Louisville Metro Government, Louisville, Kentucky  
“Alternative 911 Emergency Medical Triage System”**

For un- or underinsured patients who have little or no regular access to the healthcare system, 911 Emergency Medical Services (EMS) and hospital emergency departments (EDs) are often a “provider of last resort”. A 2006 Institute of Medicine (IOM) study reported that hospital EDs are primary care providers for one in five uninsured Americans, and that only about 50% of patients seeking ED care have concerns that are considered emergent or urgent.

As a result, our nation’s hospitals and EMS systems are facing a critical overcrowding crisis. Of the hospitals surveyed for the IOM report, 91% reported they suffered from overcrowding and 40% reported that overcrowding was a daily occurrence. Many of these patients also typically access the 911 system and arrive at the hospital via EMS ambulance Transport. The Washington D.C. Fire Department estimates that approximately 49,000 of their 127,000 annual medical calls are for non-emergency situations. Data provided by the Passport Medicaid Health Plan here in Louisville showed that 30.5% of all 911 transports of their patient population were for medical issues categorized as “lower severity”. Each time such an EMS resource is utilized for a non-emergent medical situation, one less resource is available on the street for true emergencies.

Louisville Metro Emergency Medical Services (LMEMS) provides 24-hour-a-day, 911 emergency medical care to Louisville Metro, the 16<sup>th</sup> largest city in the United States. Medically-focused and data-driven, this innovative third-service EMS model is committed to the development of ‘best-practices’ in basic and advanced life support patient care. A comprehensive approach to education, training, technology and research is utilized to achieve these goals.

LMEMS was recently awarded a Passport Medicaid grant to investigate alternative triage of low-priority 911 calls to more appropriate sources of community health care. The secondary objectives of this grant proposal are to effectively decompress the 911 EMS system and its receiving hospital emergency departments, to reduce the costs of service for providing non-emergent medical care, and to increase the availability of 911 resources for those who require such critical access.

We would like to invite a student from the Kennedy School to assist us in the ongoing development and implementation of this program, and to participate in the design, analysis and interpretation of outcome measures to evaluate its benefits. At the completion of the study period, he or she would co-author a manuscript for peer-review and publication.