

WEST ALLIS FIRE CUTS HIGH-UTILIZER CALLS BY 80% WITH MOBILE INTEGRATED HEALTHCARE PROGRAM



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- Armando Suarez Del Real,
Deputy Chief



THE CHALLENGE

West Allis Fire Department, led by Deputy Chief Armando Suarez Del Real, faced a significant challenge in reducing high-utilizer calls and managing a diverse set of community health needs. **Serving a population of around 60,000 with approximately 12,000 annual calls**, the department's Mobile Integrated Healthcare (MIH) program focused on addressing social determinants of health for high utilizers—individuals calling 911 three or more times monthly.

This effort also included managing specific needs in substance use disorder (SUD) and fall prevention, both critical to reducing emergency visits for patients with chronic conditions and social needs.

Before launching the MIH program, the department saw an **average of 25–28 high-utilizer calls per month**, straining resources and preventing emergency teams from prioritizing higher-acuity calls. With these challenges in mind, the department sought a solution that could provide customizable data insights, enabling them to address root causes while maximizing their program's impact.

THE SOLUTION

“ImageTrend’s solutions let us query any data point, from incident type to destination, and tailor reports to what we need,” Suarez explains. “We designed custom reports to meet both operational and reporting requirements, from monitoring heart failure patients to running data checks for our SUD and fall-risk programs.”

To implement & track MIH initiatives, West Allis uses ImageTrend’s Elite ePCR & Community Health solutions as core tools for data collection, management, & patient enrollment.

The Elite ePCR solution enables the department to document patient interactions and configure reports for tracking specific patient trends, like call frequency, medical complaints, and demographics.

The Community Health module supports ongoing MIH efforts, offering comprehensive tracking for high-utilizer enrollments and other community health initiatives.

Additionally, the program uses remote monitoring to track high-risk patients, especially those with SUD who might relapse. By flagging changes in emergency department visits, the team can enroll at-risk individuals into programs before a critical situation arises.

The department collaborates closely with area hospitals, including the nation’s first municipal contract with a VA hospital. Using specialized ePCR forms tailored to high-risk groups like heart failure and Coverdell Stroke patients, they enable seamless data exchange, enhancing patient care planning, continuity, and targeted follow-up.



THE OUTCOME

Through West Allis's MIH initiatives, supported by ImageTrend products, the department has already seen a notable decrease in high-utilizer calls, freeing up emergency resources for higher-acuity cases.

Key MIH programs like the SUD and fall-risk initiatives have delivered measurable improvements in patient outcomes. The SUD program also uses a mix of follow-up visits and remote monitoring to prevent relapses. "Relapse is part of recovery, but being able to catch it early helps us support patients before it becomes fatal," adds Suarez.

Impactful Outcomes



REDUCED HIGH-UTILIZER CALLS

Average dropped from 25–28 to **approximately 5.3 per month, a reduction of approximately 80%.**



EFFICIENT REPORTING AND PROGRAM TRACKING

Reporting for PFC and accreditation was reduced from 17 to **4 streamlined reports**, simplifying administration



WHAT'S NEXT?

Moving forward, West Allis plans to continue refining their data management processes with ImageTrend. By consolidating reports, they aim to enhance data efficiency, capturing pre- and post-intervention statistics that illustrate program impact over time.

This streamlined approach is expected to improve reporting accuracy and provide faster insights, allowing the department to focus on expanding and optimizing MIH programs that benefit their community.