

MICHIGAN HEALTH
ENDOWMENT FUND



Community Integrated Paramedicine

Community Integrated Paramedicine: What can we do for you?

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MDHHS

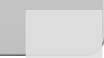
Bureau of EMS, Trauma and Preparedness

The Evolution of EMS

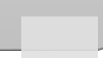
1966 white paper titled “Accidental Death and Disability: The Neglected Disease of Modern Society.”



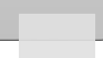
From Emergency to Critical Care (Inter-facility)



1990’s point of care testing and telemedicine – game changer



Utilization in episodic, non-acute, out of hospital care



2001 – Community Paramedicine - Improving Rural Healthcare

What is this
thing?

- Community Paramedicine (CP)
 - Healthcare delivery model
 - Increases access
 - Specially trained EMS providers
 - Expanded role
 - Must have partners
- Fill gaps/safety net
- Integrated Care – connecting dots
- Triple Aim

What
Community
Paramedicine
is NOT

Replacement of existing
services

Competition

Duplication of services

International and National Scene

England, Australia, Canada, Scotland,
United States

International Roundtable on Community Paramedicine

- 2005 - 50 delegates – Australia, Canada, Scotland and United States
- Rural focus

Community Paramedicine Insights Forum (CPIF)

- National Association of State EMS Officials
- National Organization of State Offices of Rural Health
- Center for Leadership, Innovation and Research in EMS

Currently 36 states in 'some form'

- Legislation first
- Pilot studies first
- Committee assembly

What is Michigan doing?

- 2 Years
- Strategic Plan
 - CP Certification
 - Standard Outcome Measurements
 - Toolkit
 - Policy and Administrative Rule Changes
- Grants

MICHIGAN HEALTH
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Colorado

Western Eagle
County Health
Services District
(WECAD)

Rural resort
community –
54,000

2 hours west of
Denver – extreme
weather

30% residents
uninsured

54% ambulance
patients uninsured

Goal – Proactive to
prevent
ambulance
transport

Services Offered

Hospital discharge follow-up

Medication reconciliation

Blood draws

Home safety checks

Social assessment

Nutritional assessment

Well baby/child checks

Blood pressure and oxygen saturation

Post-injury/illness follow-up

Illness/medication education and compliance

Results

- Patient profiling was done based on Eagle County Community Paramedic visits from January 2015 to December 2015. Results showed:
 - 52 patients were served
 - 146 visits were provided
 - Patients were seen 1-5 times
- Higher Level of Service Utilization Prevented:
 - 142 doctor visits
 - 26 emergency room visits
- Initial Cost Savings:
 - \$1,969 average savings per visit
 - \$280,000 total healthcare costs saved in 12 months
- <https://www.ruralhealthinfo.org/project-examples/786>

Minnesota

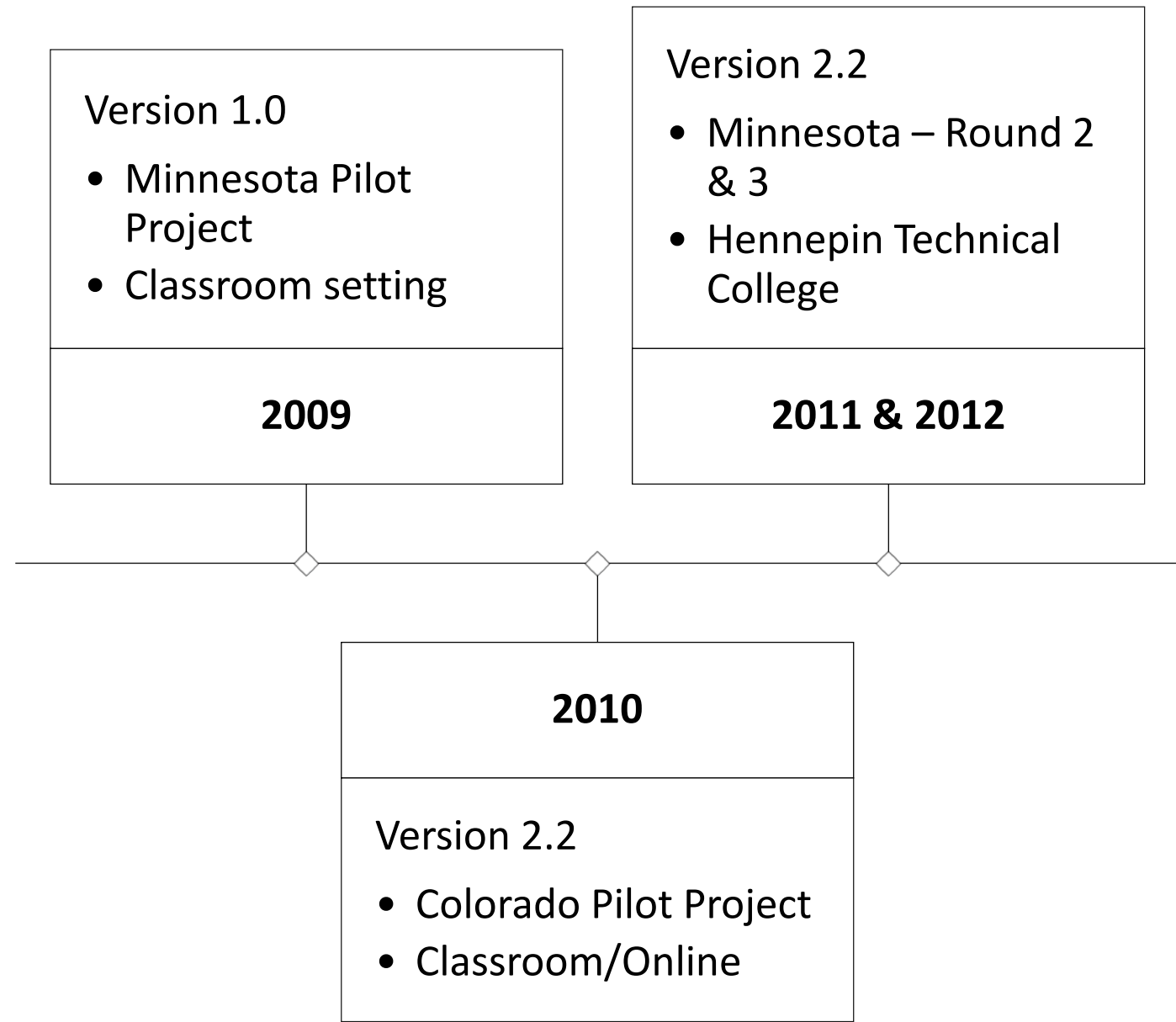
First in the nation to certify Community Paramedics - July 2012 (20)

Grant from the Department of Labor

Recognition of CP as a provider in law

Certification for payment model discussion

Community Paramedic Curriculum: Past, Present and Future



California

November 14, 2014

Mobile Integrated Health – Community
Paramedic

Office of Statewide Health Planning &
Development approved California
Emergency Medical Service Authority to
establish a Health Workforce Pilot Project

California – 7 concepts

Post-Discharge, Short-term Follow-Up:

Frequent EMS Users

Directly Observed Therapy for Tuberculosis

Hospice

Alternate Destination – Mental Health

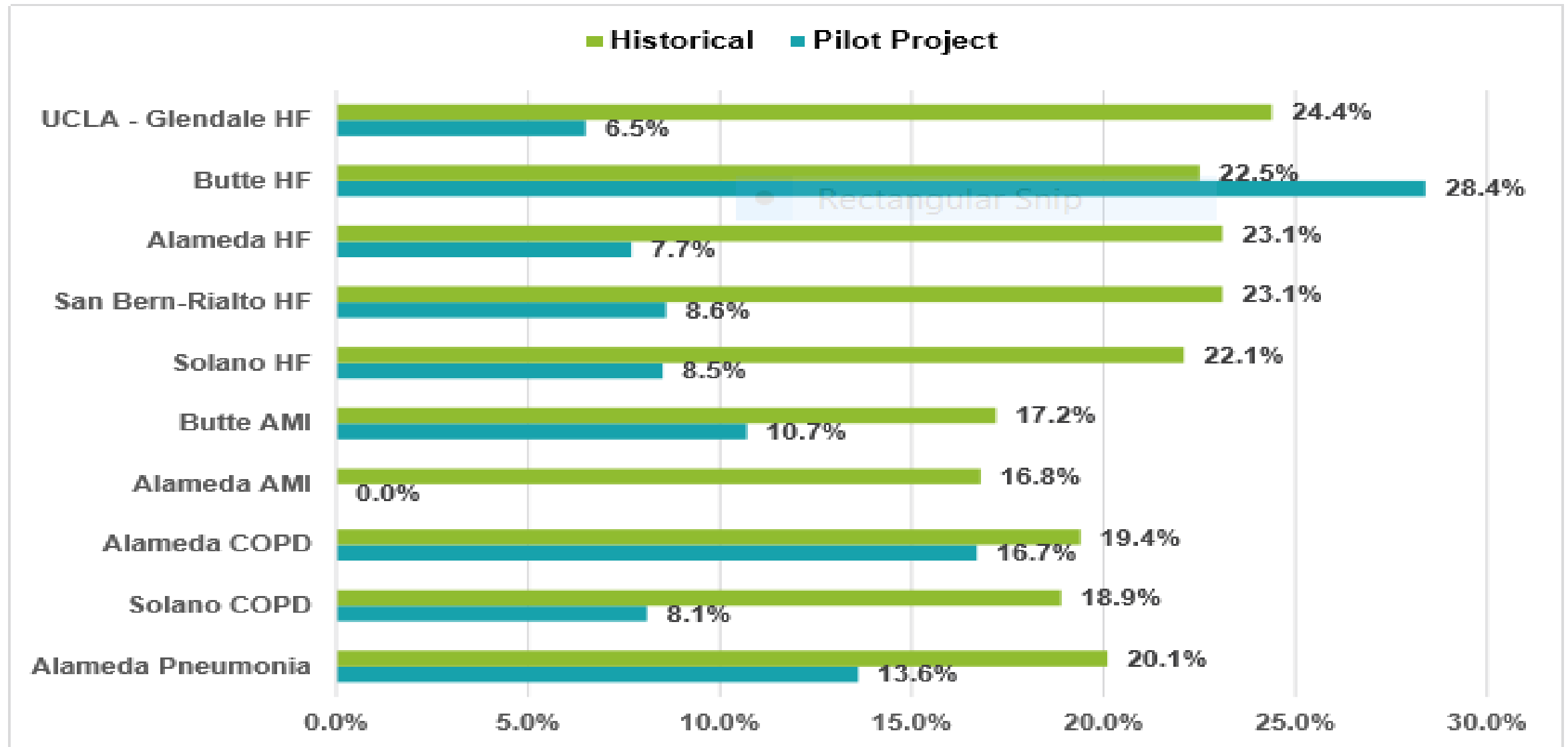
Alternate Destination – Urgent Care

Alternate Destination – Sobering Center

DOT

- Ventura County – Public Health + TB Clinic + CP
- 6 to 9 months of treatment
- Assigned Patients
 - Resist treatment
 - Verbally abusive
 - Sexually inappropriate
- TB Clinic – 722 missed doses (6.7%)
- CP – 2 missed doses (0.06%)

Figure 3. Readmissions within 30 Days for Post-Discharge Project Enrollees versus Partner Hospitals' 30-Day Readmission Rates, 2012–2015 (Cumulative; n = 1372 Patients)



Michigan – Special Studies

- Muskegon
- Clinton Area Ambulance Service Authority (CAASA)
- Henry Ford Health System- Superior
- Tandem 365 – Life EMS
- Livingston County EMS
- Medstar Macomb
- Hayes Green Beach
- RSVP-Bloomfield Township Fire Dept & Star EMS
- Emergent Health Partners (EHP)
 - JCA & HVA

Muskegon Program



- June 21, 2016
- **ProMed**, White Lake Ambulance Authority, Oceana EMS
- Mercy Health/Mercy Health Hackley
- West Michigan Regional Medical Consortium (WMRMC)
- Reduce hospital re-admissions post discharge and help with transition of care from hospital to Primary Care Provider
- Strokes and Trauma
- Case Management, sub-acute rehab, nursing home/rehab

Muskegon Wins

- Matter of Balance Instructors
- CVA/TIA Diagnosis (June-June)
 - 2015/2016 Inpatient readmissions: 56%
 - (N-1378)
 - 2016/2017 Inpatient readmissions: 13%
 - (N-1847)

CAASA Program



- **To provide quality and compassionate care in the home environment in partnership with the patient, caregivers, and their primary care provider to allow for the highest quality of health and life possible.**
- **Anyone identified as in need of services**
- **Local PCP's, Pathway (local health department), DHHS Adult Protective Services, local critical access hospital, EMS crews**

CAASA Wins

- 1 Patient 2016: 48 ambulance transports and 65 Emergency Department visits
- Quarter 1 2017: 0 and 0

Henry Ford: Superior



- January 01, 2016
- Post discharge support, readmission prevention, PCP engagement
- CHF, COPD
- In-patient case management

Unique

- HFHS MIH/CP Program
- Training Program
- Health Plan
- Emergency Department
- Physician
- Integration and Communication
- 30 day readmission

Medstar
Macomb



- Medstar – Texas
 - Mobile Healthcare Program
 - 9-1-1 Nurse Triage
 - Data Masters

Medstar Macomb Wins

- QTR 1 2017:
 - Reduced readmissions of enrolled patients from $\geq 20\%$ to 3%

Tandem 365



- May 14, 2014
- Life EMS
- Kent, Ottawa, Allegan, Kalamazoo permission- 1 Tandem Medical Director
- “A community collaboration empowering others to achieve better health, reduce costs, and improve quality.”
- 55 and older (typically) who require assistance managing complex medical problems
- Insurance plans – Priority Health

Tandem 365

- *Integrated Care Paramedics (ICP's)*
- *Document in an electronic medical records system*
- *Conversations are logged through a three way call with a voice logger to record the conversation*
- *Involved in daily interdisciplinary team (IDT) discussions*
- *Summary reports are provided to Medical Control Directors.*
- *No new skill set is implemented without medical director knowledge and approval.*

Emergent
Health
Partners
(EHP)
Community
Paramedic
Programs

Huron Valley
Ambulance (HVA) –
August 2015

Jackson Community
Ambulance (JCA) -
March 2016

The program mission is
to focus on ER diversion
and readmission
prevention

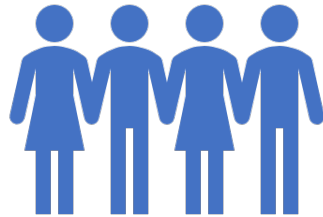


EHP Discoveries and Wins



- Efficiency
 - Dispatch Center
 - 10-12 patients/24-hours
- Quarter 1
 - 849 patient contacts
- Potential Patients Identified
 - 8,000 year
 - 22 day

Community Paramedic Work Group



- Meets monthly
- Every other month – general CP Work Group
- Alternate months – subcommittee
 - Community Assessment
 - Scope & Role
 - Education
 - Sustainability/Payers
 - To come: Data, Protocol, Regulatory, Advertising

Different Models - proposed

- ### Community Integrated Paramedicine
- Community Paramedicine Programs
 - Driving force is an EMS agency, possibly a medical control authority with a community focus.
 - Connecting dots, reducing utilization
 - Mobile Integrated Health Programs
 - Driving forces is a hospital, health plan, or a stand alone
 - 30 day readmission avoidance

Community Assessment



- Intuition - Gaps
- Available Data – only if you ask the right questions
- Resources
 - Who knew?
 - 211
 - Referral is a two way street

Scope and Role

- Medication Reconciliation
- Home Safety Checks
- Social Barriers
- First line antibiotics
- Foley catheters
- Wound Care
- IV Starts/Changes
- Alternate Destination Transports
- Post-Discharge Follow-Up
- Chronic Disease
 - Episodic assistance
 - Education
 - Post-discharge monitoring

Education

Standardized Curriculum

Approved by MDHHS

May include more than one level
or provider

Required continuing education

Sustainability

0098-Treat no Transport

Hospital Savings

Partner Programs

Primary Care Physicians

Private Insurance

Medicare/Medicaid

Data,
Protocol,
Regulation,
Advertising

Data – 40 National measures

Protocol – Established and expanding,
formalizing to match scope & role

Regulation –
Endorsement/Certification/Licensure

Advertising – How do we connect?

National Consensus Conference on Community Paramedicine: Summary of an Expert Meeting

-
- Education and Expanded Practice Roles.
-
- Integration of CP Providers with Other Health Providers.
-
- Medical Direction and Regulation.
-
- Funding and Reimbursement.
-
- Data, Performance Improvement, and Outcome Evaluation.
-
- Community Paramedicine Research Agenda

What does CP Education Look Like?

- Professional Boundaries
- Interactions
- Social Determinants of Health
- Cultural Competence
- Pathophysiology
- Lab Values
- Plan of Care
- Chronic Diseases Management
- Mental Health
- Communication Strategies
- Hospice and Palliative Care
- Nutrition
- Pharmacology
- Immunizations

Chronic Disease

Monitoring

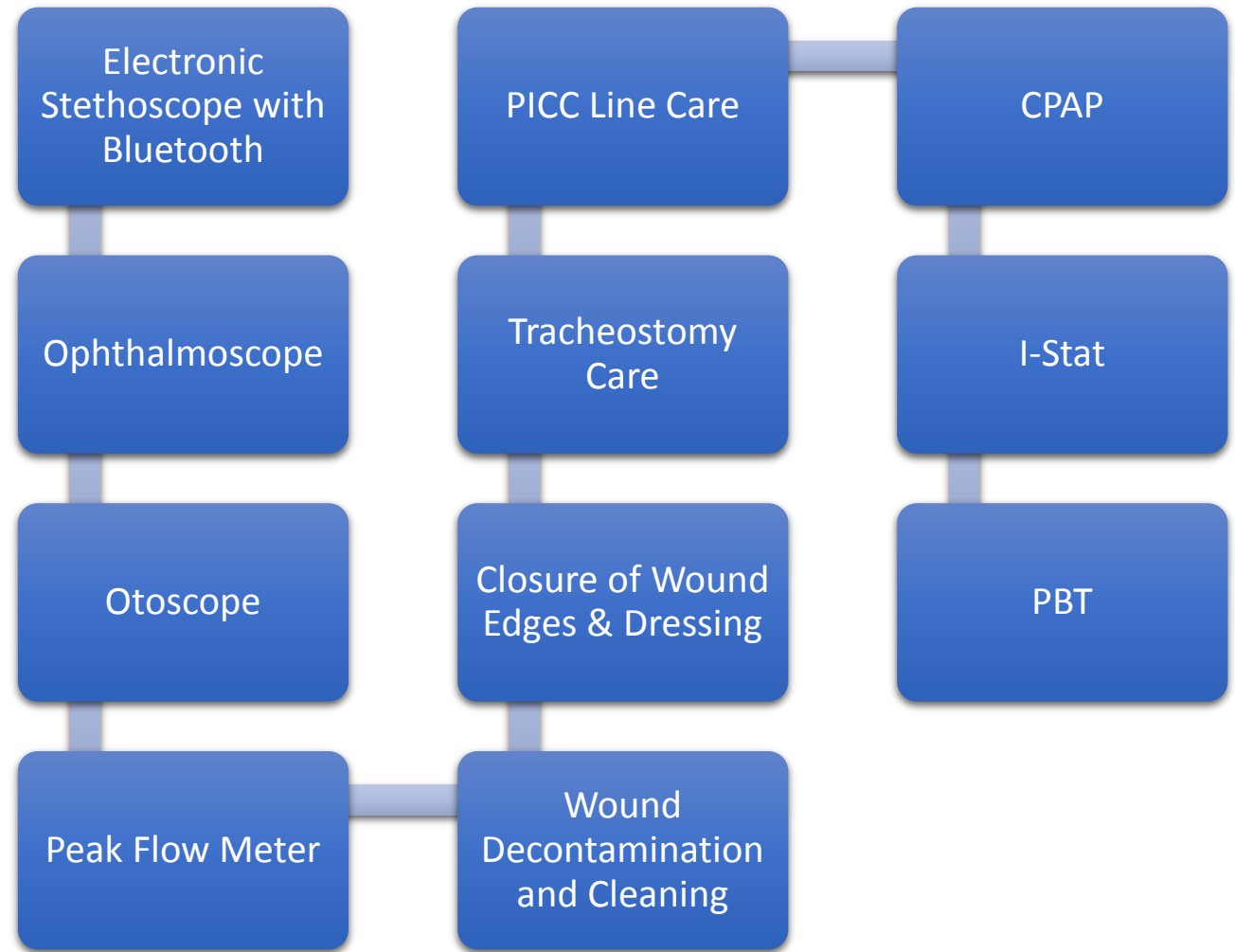
- Iceberg Analogy
- Point of Care Testing

Management

- Medication Reconciliation
- Referral
- Medication Administration

Patient Education

Equipment & Skill Set Snapshot



What can we
do for you ?

Think outside of the box

Examples of filling the gap

Examples of safety net

Non-competition

Thoughts from Today

- Jon Ramey/Georgia Asthma Coalition
 - Arrest story – they know it, over and over.
 - Financial aspect & environmental triggers – see things that they can't or won't articulate
- Robert Wahl/Chronic Disease Epidemiology
 - We use your data – thank you!
 - We see different
- Lisa Knight-Urban League
 - Vodka, toothbrush, water bottle, E without a stop light
 - One small piece in the wreckage

