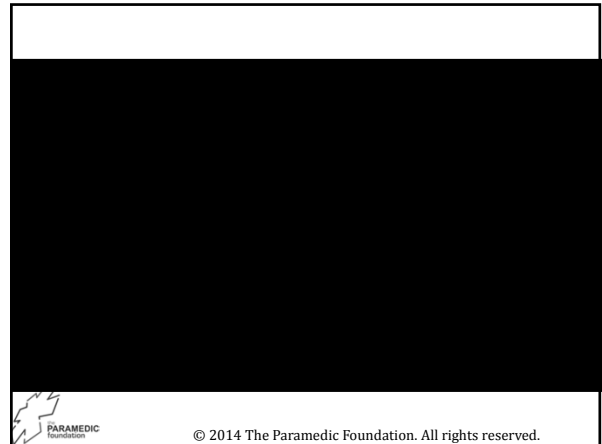


Community Paramedics: Here, There, (and soon) Everywhere



Omaha, Nebraska • October 29, 2014
Gary Wingrove, The Paramedic Foundation



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IRCP 2014



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Special Recognition



Photo via Twitter - @Jaguar getaway



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2014

- 208 Delegates - **Biggest IRCP Ever**
- 7 Countries
 - Australia
 - Canada
 - England
 - Ireland
 - Norway
 - United Arab Emirates
 - United States



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IRCP 2015

- Hosted by the Council of Ambulance Authorities of Victoria (Australia, New Zealand, New York)
- Week of October 12-18
- Melbourne, Victoria, Australia



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10 Years of International Collaboration



Our Governments Are Investing



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Our Governments Are Investing

- Minnesota - \$700,000 in Shared Savings From CP Indigent Care
- Australia - \$4,000,000 CP Workforce Grants
- Ontario - \$6,000,000 Expansion of CP Programs
- United States - 2012, \$13,500,000 Innovation Awards for CP Programs
- United States – 2014, \$29,200,000 Innovation Awards for CP Programs




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The Models

- Primary Healthcare
- Substitution
- Community Coordination



Blacker, N., Pearson, L., & Walker, T. (2009). Redesigning paramedic models of care to meet rural and remote community needs. *The 10th National Rural Health Conference*, Cairns, Australia, May 17-20, 2009. (Accessed via http://10thnrhc.ruralhealth.org.au/papers/docs/Blacker_Natalie_D4.pdf on November 30, 2011).



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Province of Nova Scotia


- Primary Healthcare: Long and Brier Islands (NP/CP)
- Substitution: Collaborative Emergency Centres (RN/CP)
- Community Coordination: Nursing Home Care (CP)

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Province of Nova Scotia: Results


- Primary Care:
 - Reduction of doctor visits by 28% and reduction in trips to the emergency department by 40%
- Substitution: Pending (Expanded to 5)
- Community Coordination: Early – 68% (Expanded to 17)
- System: \$2,380 to \$1,375 (-42%)



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Fort Worth, TX MedStar Mobile Healthcare


- Program Goals & Methods:
 - Reduce preventable 9-1-1 and ED use in High Utilizer Group (HUG)
 - Reduce preventable 9-1-1 and ED use using a *specialty trained RN in the 9-1-1 center*
 - Reduce preventable 30-day CHF readmissions
 - Reduce preventable observation admissions
 - Reduce Voluntary Hospice Disenrollment



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**Fort Worth, TX
MedStar Mobile Healthcare**


- **Outcomes:**
 - HUG - 54% reduction in 9-1-1 or ED use in enrolled patients during enrollment, 83% reduction post-graduation.
 - 9-1-1 Nurse Triage - 1,382 9-1-1 callers referred to RN, 566 (41%) referred to alternate disposition.
 - CHF Readmission - 23 patients enrolled that had a prior 30-day readmit AND the primary care coordinators believed a readmission was likely. Only 3 patients (13%) had a 30-day readmission.
 - Observation Admit Prevention - 73 patients enrolled. Only 3 patients (4%) had a revisit to the ED prior to PCP appointment.
 - Hospice Revocation Prevention - 114 patients at-risk for revocation enrolled, only 12 (11%) revoked.



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**Fort Worth, TX
MedStar Mobile Healthcare**


- **Program Funding**
 - Patient enrollment fee from referring agencies; or
 - Patient contact fees from referring agencies
 - Direct funding from hospitals for 9-1-1 Nurse Triage
 - Per enrolled patient/per month for Hospice program



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Reno, NV Regional Emergency Medical Services Authority (REMSA)


- **Program Goals & Methods:**
 - Create new care and referral pathways
 - Post-discharge in-home follow-up care
 - The Nurse Health Line
 - Community Health Paramedics transition of care
 - The Ambulance Transport Alternatives



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Reno, NV Regional Emergency Medical Services Authority (REMSA)


- **Outcomes:**
 - These programs will safely improve patient-centered care, reduce ambulance transports, reduce emergency department visits, reduce hospital readmissions, improve patient satisfaction and reduce overall health care costs.



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Reno, NV Regional Emergency Medical Services Authority (REMSA)


- **Program Funding**
 - Three-year, \$9.5 million Health Care Innovation Award (HCIA) grant from the Centers for Medicare & Medicaid Innovation.



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**Wake County, NC
Wake County EMS**

- **Program Goals & Methods:**
 - **Respond:** Advanced Practice Paramedics are positioned such that they frequently encounter high-acuity patients, particularly those in cardiac arrest
 - **Reduce:** Falls in Assisted Living Facility program
 - **Redirect:** Offer transportation and treatment options in patients with mental health and substance abuse issues



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Wake County, NC Wake County EMS

• Outcomes:

- **Respond** - For 2013, there was an overall survival of 14%, 90% of whom were neurologically intact. Patients with an initially shockable rhythm had an overall survival of 38%, with a 98% neurologically intact survival
- **Reduce** - We have evaluated over 150 patients (with the goal of evaluating 1500 in order to validate the protocol); interim safety analysis is pending, but we know of no adverse outcomes related to the protocol. Protocol is attached.
- **Redirect** - APPs provided the initial EMS response to 1,503 calls over a 1-year period.



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Wake County, NC Wake County EMS

• Program Funding

- Self-funded



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Pittsburgh, PA Center for Emergency Medicine – Western Pennsylvania

• Program Goals & Methods:

- Improve patient outcomes and experience of care
- Reduce preventable ED visits and hospitalizations
 - Primary focus - familiar faces and vulnerable patients
- Regional service delivery model with referrals from 45 EMS agencies and 15 hospitals in Allegheny County (Pittsburgh and surrounding communities)
- Complete psycho-social assessment by Community Paramedic, who then serves as patient navigator, patient advocate and health coach to get patient enrolled in applicable social service agencies.



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Pittsburgh, PA Center for Emergency Medicine – Western Pennsylvania

• Outcomes:

- Over 250 patients referred to program since launch in September.
- One patient with 29 EMS trips to ED prior to our involvement for uncontrolled hypoglycemia. Since enrollment, back 1 time for a problem with his fistula. Estimated savings of \$21,000 in avoided EMS trips and ED costs.



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Pittsburgh, PA Center for Emergency Medicine – Western Pennsylvania

• Funding

- Two year, \$500,000 grant funded by (very) competitive integrated delivery systems.



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St. Louis, MO Christian Hospital EMS

• Program Goals & Methods:


- Navigate non-medical emergency patients from using EMS and ED.
- Reduce EMS and ER abuse for non-medical emergencies.
- Decrease financial loss in ER and EMS for non-medical emergencies.
- Patients are triaged and receive a medical screen.
 - If no medical emergency exists we will not transport to the hospital. We will treat at home, make an appointment to the Health Resource center or set up appointment with their PCP.



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**St. Louis, MO
Christian Hospital EMS**


- **Outcomes**
 - Navigated 1,100 non-medical emergency patients away from the ER
 - Decreased EMS and ER volume 11% respectively
 - 22% decrease in EMS and ER use with this group since the 10th of February.



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**St. Louis, MO
Christian Hospital EMS**


- **Program Funding**
 - Awarded \$100,000 grant from the hospital foundation, contracts pending with private payers and ACO



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**Eagle County, CO
Eagle County Paramedics**


- **Program Goals & Methods:**
 - Ensure all patients have a medical home
 - Reduce re-hospitalizations by 50%
 - Post discharge follow-up
 - Primary care follow-up
 - Injury Prevention – Community
 - Social Services Adult Protection visits
 - In home lab services
 - Starting new Mental Health and Substance abuse program with County and Hospital



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**Eagle County, CO
Eagle County Paramedics**


- **Outcomes:**
 - CP Team was part of hospital team that reduced readmissions in our local hospital last year over 75%
 - N=1100 patients that fit criteria Initial Readmit rate was 4.26% decreased to 1.01%
 - Health Care Expenditure Savings per patient visit \$1,279



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**Eagle County, CO
Eagle County Paramedics**


- **Program Funding:**
 - Self-funded



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**Minneapolis, MN
North Memorial Medical Center**


- **Program Goals & Methods:**
 - 16 CPs in 3 Primary Clinics in the North Minneapolis area.
 - 12-14 patients per 12 hour shift
 - Assigned patients by a clinic coordinator
 - Patients need to have a care plan or be in a medical home
 - Medical home and care plan avoids duplication of service
 - Focus on patients with chronic disease with a heavy emphasis on Diabetics.
 - Assistance with wound management
 - All lab work completed on-site
 - Tracks frequent ER utilization with follow-up



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**Minneapolis, MN
North Memorial Medical Center**


- **Outcomes:**
 - Outcomes continue to be tracked unofficially, with outcomes subjectively, felt to be very positive.
 - Work at the state level to develop a common data base to show the positive results of using a CP.



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**Minneapolis, MN
North Memorial Medical Center**


- **Program Funding:**
 - CPs integrated in a Medicare shared savings ACO program with 10,000 enrollees
 - CPs primarily target the MA population in a state Health Care Delivery System demo (HSDS) with 6,000 enrollees.
 - Medical assistance covers eligible CP services at the rate of \$60 an hour of the patient is in a primary care plan or assigned to a medical home.



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**San Diego, CA
San Diego Fire-Rescue Department & Rural/Metro Ambulance**


- **Program Goals & Methods:**
 - **Reduce 9-1-1 use in High Utilizer Group (HUG)** patients using specially trained paramedics who both proactively and reactively surveille the 9-1-1 system and intervene to provide care coordination.
 - Proactive interventions are initiated in response to first responder electronic referrals, as well as predictive data algorithms which focus on classification of vulnerabilities (such as in-home fall risks, upcoming substance abusers and mental illness).
 - Reactive interventions are initiated when a patient is electronically ranked in a weekly top 10 position for 9-1-1 use.
 - The program uses data mining technology to surveille, predict, identify and alert on patients of interest in near real-time.



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**San Diego, CA
San Diego Fire-Rescue Department & Rural/Metro Ambulance**


- **Outcomes:**
 - A pilot study of 51 individuals with ≥ 10 EMS transports within 12 months demonstrated RAP success.
 - EMS transports declined 37.6% from 736 to 459 ($p=0.001$), resulting in a 32.1% decrease in EMS charges from \$689,743 to \$468,394 ($p=0.004$).
 - EMS task time and mileage decreased by 39.8% and 47.5%, respectively, accounting for 262 ($p=0.008$) hours and 1,940 ($p=0.006$) miles.
 - ED encounters at the one participating hospital declined 199 to 143 (28.1%), which correlated with a decrease in charges from \$413,410 to \$360,779 (12.7%).
 - IP admissions declined from 33 to 30 (9.1%) and IP charges declined from \$687,306 to \$646,881 (5.9%). Hospital length of stay was reduced from 122 to 88 days (27.9%).
 - Across all services, total charges declined by \$314,306.



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**San Diego, CA
San Diego Fire-Rescue Department & Rural/Metro Ambulance**

- **Program Funding**
 - Funded by Rural/Metro Ambulance



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iCPRnet
International community paramedic research network



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Community Paramedicine

SPECIAL Pre-conference Workshop: Steps to Set Up a Community Paramedicine Program, Including a Planning Workshop


Dates: Monday - May 12, 2014
Time: 9:00 am - 5:00 pm



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Questions?



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