

CONNECT



COMMUNITY[®]
PARAMEDIC

Today's Presenter



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Community Health Education Coordinator

Our Mission

- Integrate EMS into healthcare
- Expand services, within existing scope of practice
- Base interventions on best scientific knowledge or best practices
- Develop SUSTAINABLE FUNDING



How We Got Started

The **evolution** of Community Paramedicine in Western Pennsylvania.



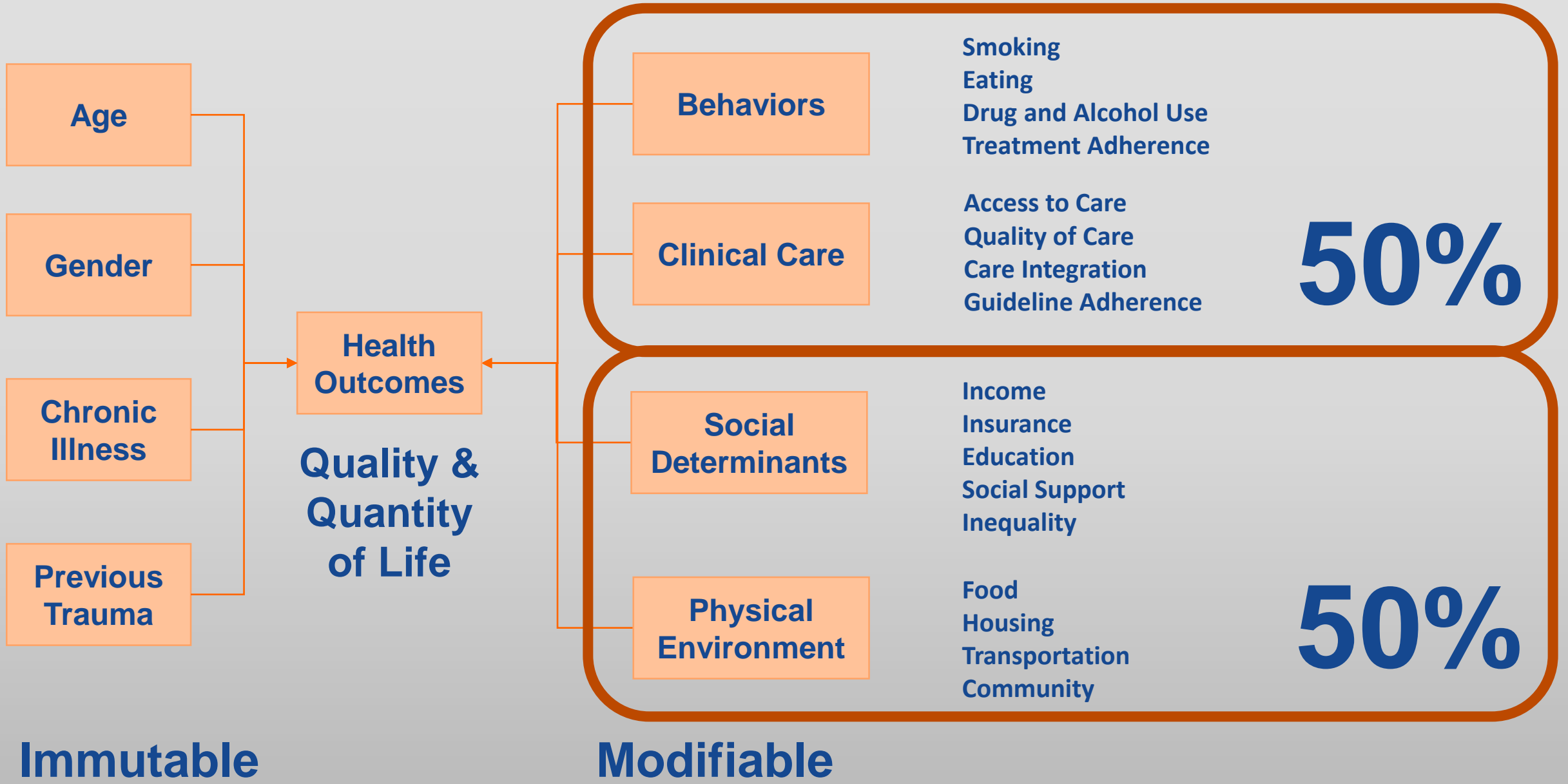
2003 **February**
The RK Mellon Foundation generously donates \$150,000 to the Center for Emergency Medicine of Western Pennsylvania Inc. to launch Emed Health, one of the earliest community paramedic programs in the country.

2011 **August**
Allegheny County EMS Council, the CONNECT Congress of Neighboring Communities and Center for Emergency Medicine of Western Pennsylvania, Inc. meet to develop the CONNECT Community Paramedic program. This initiative was the first attempt to create a multi-agency, multi-hospital and multi-payer Community Paramedic program in the country.

2013 **September**
Two-year funding received from UPMC, Highmark, and the Highmark Foundation .
CONNECT Community Paramedics begin to visit patients.

2016 **September**
269 patients helped by CONNECT Community Paramedics. Program continues on no-cost extension from original grant and continues to transition to self-sustaining model.

Future **Vision**
CONNECT Community Paramedic programs evolves into a regional program, with sustained funding through Pennsylvania Medicaid, commercial health insurance and other population health initiatives.



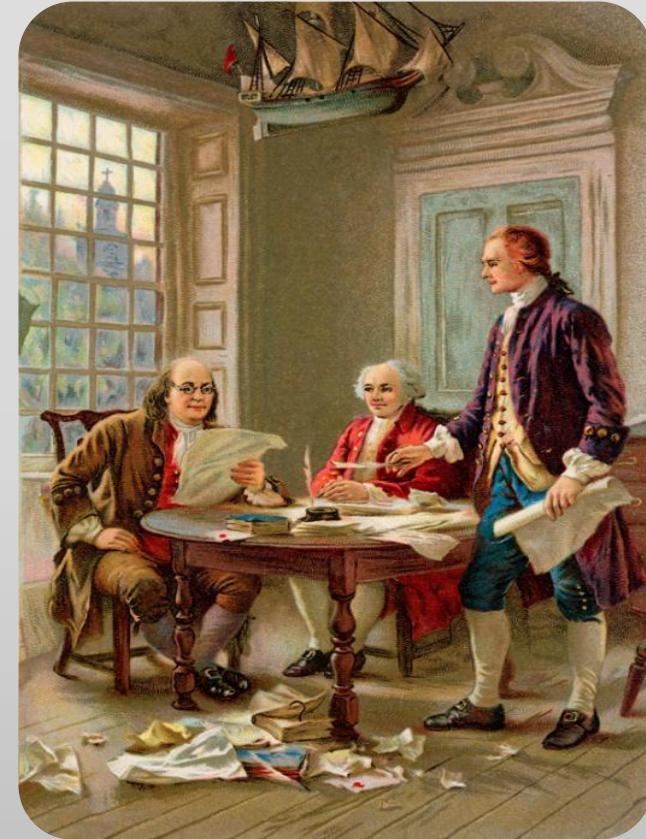
Patient Assessment

C Clinical
P Psychological
S Social Support

M Meals
E Environmental
R Records
I Income
T Transportation
S Skills

Our History

- Immunizations
- Biometric screenings
- Asthma
- Care transitions



Immunization

- **MedicVax**
 - Completed in 2003
 - 2075 adults immunized in the first year
 - Partnered with health department
 - 49% did not receive an immunization in the previous year
 - 34% reported that they probably would not have been vaccinated elsewhere

ORIGINAL CONTRIBUTIONS

INFLUENZA IMMUNIZATIONS PROVIDED BY EMS AGENCIES: THE MEDICVAX PROJECT

Vince N. Mosesso, Jr., MD, C. Richard Packer, MS, NREMT-P, Joan McMahon, RN, MPH,
Thomas E. Auble, PhD, Paul M. Paris, MD

ABSTRACT

Objective. Emergency medical services (EMS) agencies may be an underutilized resource for provision of preventive health services. This study sought to demonstrate the feasibility for EMS agencies to provide influenza immunizations. **Methods.** This prospective, observational cohort study was conducted with urban, suburban, and rural EMS agencies that volunteered to participate. EMS managers and paramedics attended an orientation program, and then developed and implemented recruitment strategies. Adult volunteer subjects who met Centers for Disease Control and Prevention criteria for influenza vaccination were enrolled. Paramedics obtained informed consent, determined subject eligibility, administered the vaccine, and observed each subject for 10 minutes. Paramedics, EMS managers, and subjects completed surveys; EMS managers reported costs and resource utilization. Data were analyzed descriptively. **Results.** Ninety paramedics from 15 EMS agencies in three counties participated. Subjects were recruited by print and broadcast media and enrolled at 73 events held at retail establishments, community events, EMS stations, churches, senior citizen complexes, and private residences. Of the 2,075 adults immunized, 1,014 (49%) did not receive influenza vaccination in the previous year. Seven hundred five (34%) reported that they probably would not have been vaccinated elsewhere. Fixed cost for each immunization was \$3.42. The EMS managers estimated their variable costs to range from zero dollars (volunteer agencies with all donated expenses) to \$15.31 per immunization. No adverse events were reported. Subjects, paramedics, and EMS managers indicated a high level of satisfaction with the project.

Conclusion. The MEDICVAX Project demonstrated the feasibility of EMS agencies to safely provide influenza immunizations. The project reached some adults who likely would not have been immunized. **Key words:** emergency medical services; emergency medical technicians; immunization; influenza; preventive health services.

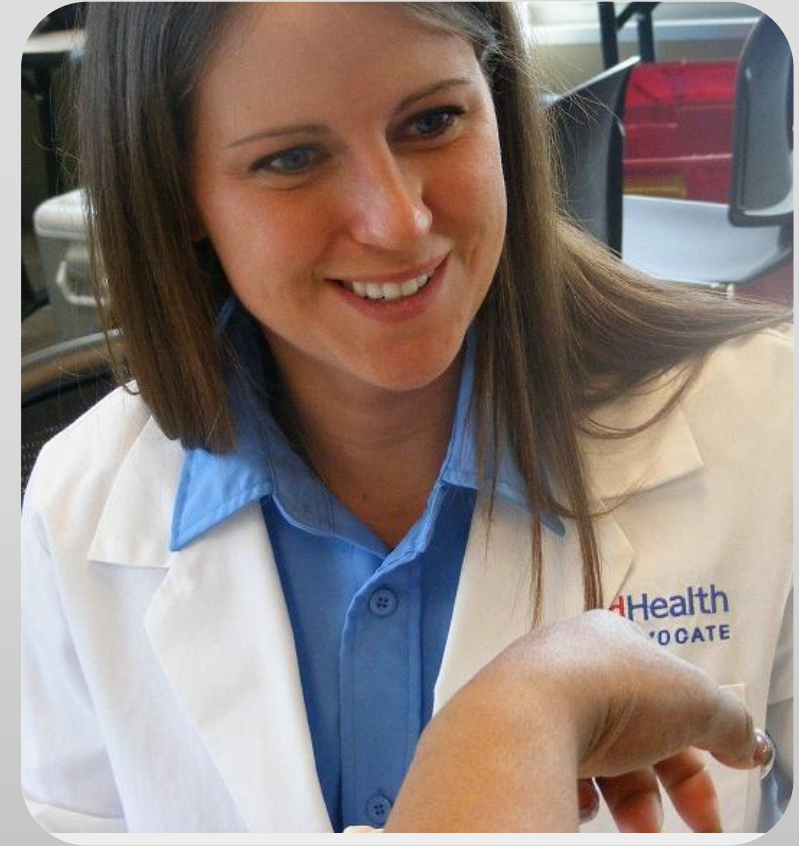
PREHOSPITAL EMERGENCY CARE 2003;7:74-78

Influenza leads to needless morbidity and mortality in adult and elderly Americans,¹ accounting for 20,000 deaths and 114,000 hospitalizations among American adults each year.² Among persons aged 65 years and older, the influenza vaccination rate was only 63% in 1997.³ The Centers for Disease Control and Prevention (CDC) recommend immunization against influenza for all persons with emphasis on targeting high-risk groups,³ which include: persons aged 65 years and older, residents of nursing homes and chronic-care facilities, adults and children with chronic medical conditions, women who will be in their second or third trimester of pregnancy during the influenza season, health care workers, and those who provide care for persons in these groups. The influenza vaccine is 70% to 90% effective in preventing clinical illness of healthy persons aged <65 years and 80% effective in preventing death in older adults.^{4,5} Immunization also decreases medical costs.⁶ One cost-effectiveness meta-analysis estimated a cost savings of \$60,000-\$4,000 per illness averted among healthy persons aged 18-64 years.⁷

Despite the devastating consequences of influenza, only 63% of persons over the age of 65 years receive

Worksite Wellness

- Conducted biometric screenings on 20,000+ health professionals
- Increase clinical staff receiving flu shots
- Consistently ranking high in participant satisfaction



Asthma Program

- Description
 - In home visits for uninsured patients with asthma admission
 - 4-5 visits



Asthma

- Asthma education
- Peak flow meter
- PCP follow up
- Action plan
- Trigger management

Saved average of \$1216



Safe Landing Program

- Description
 - In home post discharge follow-up
 - 1-2 visits



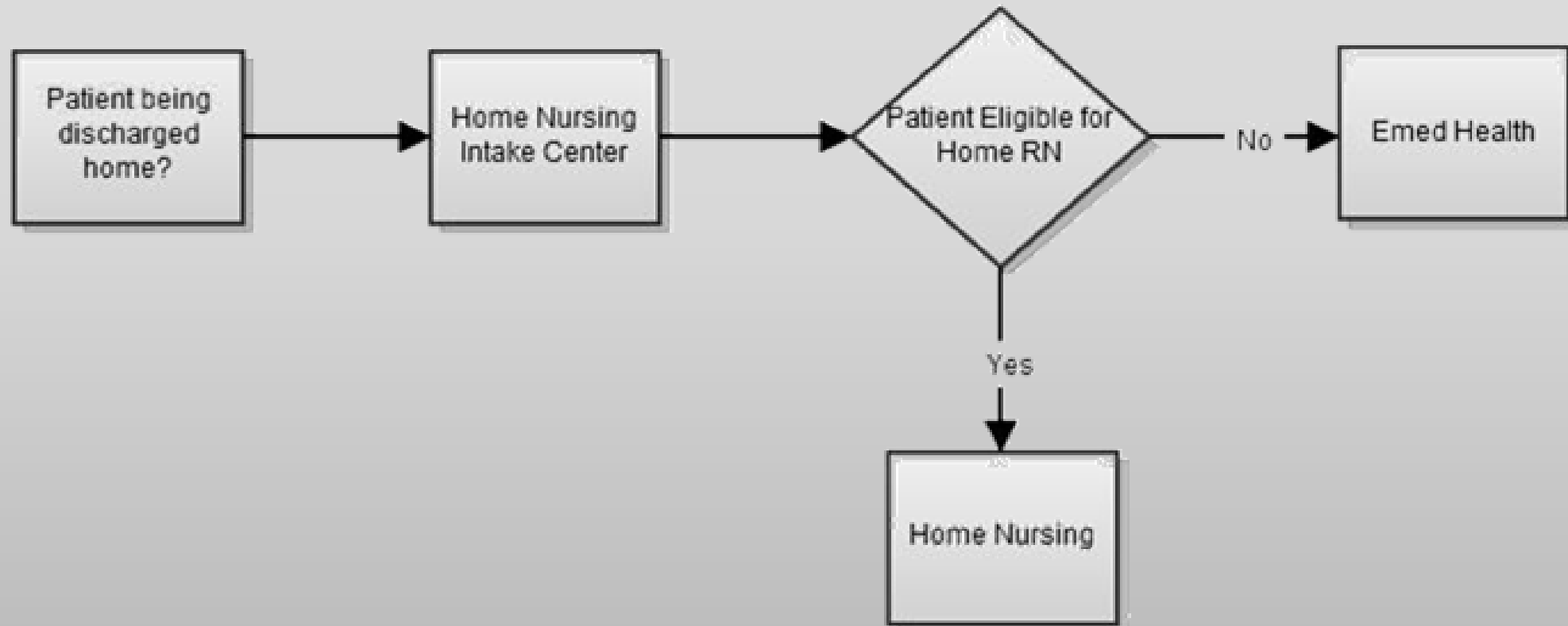
Safe Landing Components

- Medication reconciliation
- Personal medical record
- Symptom response plan
- PCP follow up appt

No readmissions in 30 days



Safe Landing Referral



Pittsburgh

CONNECT Community Paramedic Program

- 15 hospitals
- 45 EMS agencies
- 2 health insurance providers
- > 50% COPD readmissions decrease
- \$2 Million NET savings

Current Programs

Legacy

- Referral source: EMS and ED
- Vulnerable

REDO

- Referral source: UPMC Health Plan
- Substance abuse

PORT

- Referral source: EMS and Court Systems
- Substance abuse

MyCC

- Referral source: UPMC Health Plan
- Persistent Mental Health Disorders

IDD

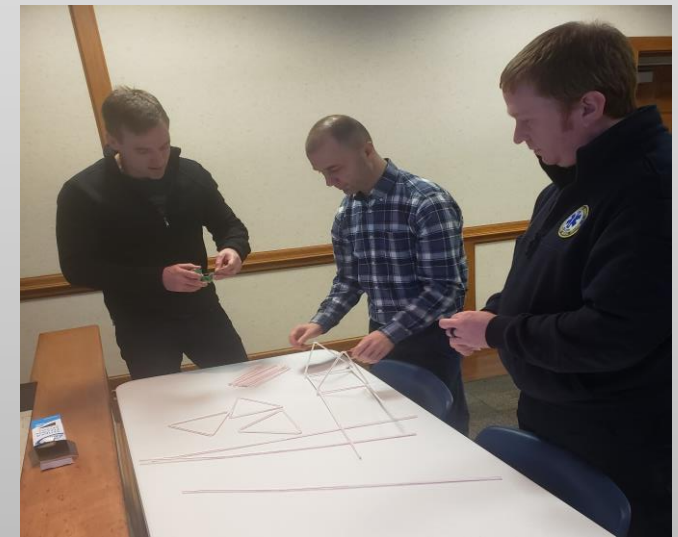
- Referral source: Allegheny County Office of Intellectual Disabilities
- Individuals on emergency **PUNS** (Prioritization of Urgency of Needs for Services) list

SAMHSA Grant

- 4 year grant
- 6 counties
- Collaboration with Pitt PERU (Program Evaluation and Research Unit) and Westmoreland Drug and Alcohol
- Initial training Opioid Stigma Reduction
- Training and development of Naloxone Leave Behind Program
- Development of Community Paramedic Program

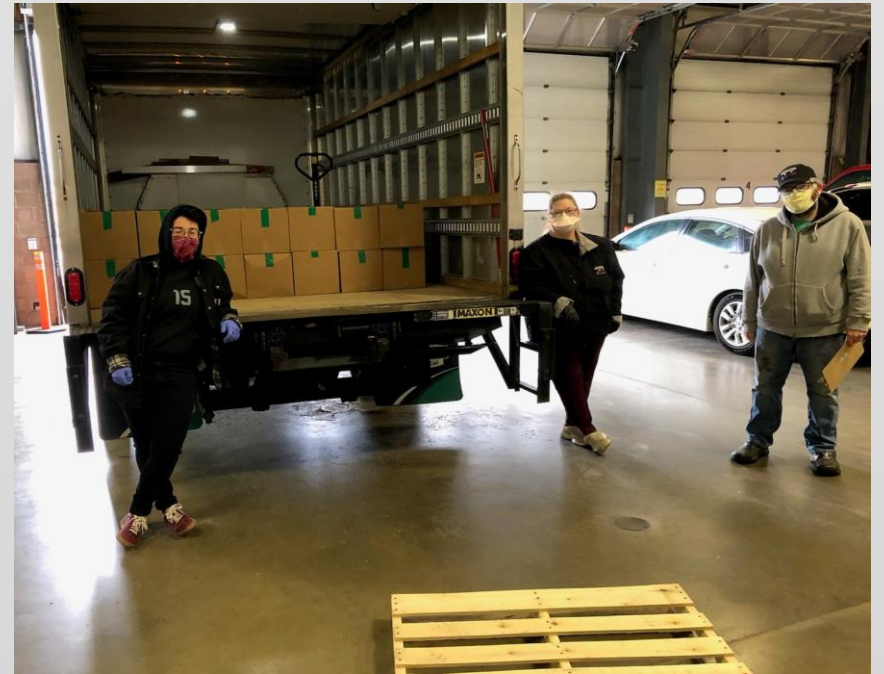


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Community Partners

- Greater Food Bank of Pittsburgh
- Global Links
- East End Thrift Shop
- Peer Specialist



Day in the Life



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Keep in Touch 😊

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