

2015 CAA Conference 11th Annual IRCP

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Melbourne, Australia

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- North Central EMS Institute (USA)

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- Medical Director MNSCU EMS Programs
- Clinical Associate Professor University of Minnesota, Departments of Family Medicine and Emergency Medicine

Introduction

- The dilemma: access to health care is becoming more difficult (rural and Metro)
- Complicated by increasing numbers of elderly, immigrants, the uninsured, and mentally challenged
 - Between 2010 and 2050, U.S. population will increase by 42% (310 to 439 million)
 - More diverse racially aggregate minority population will become the majority by 2042.
 - By 2030, 20% will be >65 year of age.

Introduction

- Further impacted by the Federal Accountable Health Care Act passed in 2013
- Compounded by a lack of primary care providers (MD, NP, PA)

Minnesota's Response

- In an effort to address these issues, Minnesota in 2007, funded a pilot program to educate skilled paramedics to increase their role in providing primary care unto the needy members of their communities
- A "Flex Grant" was provided by the Minnesota Department of Health, Office of Rural Health, to train 10 ACPs to this role.

Minnesota's Response

- I was the Medical Director of the program.
- In 2011, Minnesota passed legislation to assist in paying these providers to do their work.
- In 2012, the Minnesota Department of Employment/Economic Development, provided a \$250,000 Jobs Skills Partnership grant to EMS organizations who wished to train a portion of their paramedics in pursuing this career path

Minnesota's Response

- NMMC, Allina Health, Hennepin County and Health East participated in this initiative.

The Training Program

- MnSCU, through Hennepin Technical College and later Inver Hills Community College, provided the academic curriculum.
- The curriculum was developed by the North Central EMS Institute (Susan Long MA, BA, AS, ACP, President)
- It was heavily supported by Gary Wingrove ACP, Mayo EMS and fine-tuned by many national and international instructors.

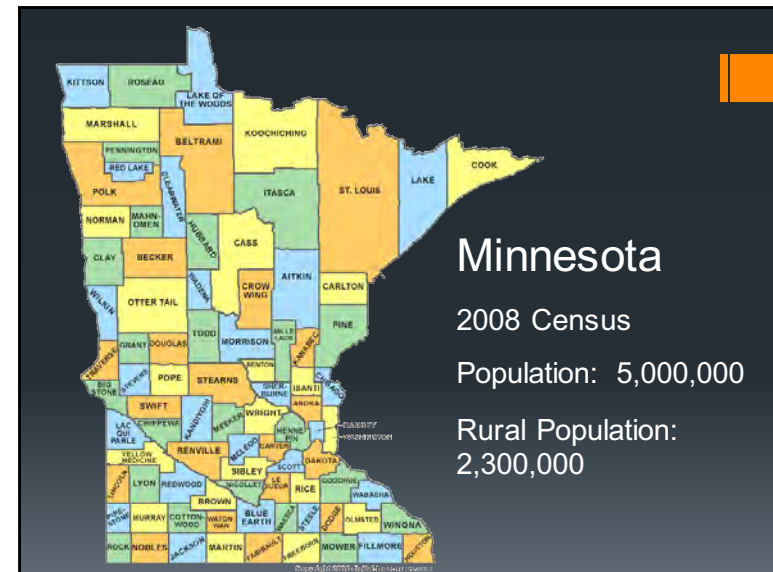
The Training Program

- The program consists of 114 Didactic Hours and 196 clinical hours which leads to the attainment of 14 credits toward a degree.
- Since its inception Hennepin Technical College has trained over 100 Minnesota ACPs to this certification (over 600 national/international candidates).
- Inver Hills Community College presently has 10 students in its program
 - Kai Hjermstad ACP/CP – HTC coordinator
 - Dave Borrett ACP/CP – Century College/IHCC coordinator



Community Paramedicine Programs in Minnesota 2015

United States



Metropolitan Focus



Metro Community Paramedicine Programs



North Memorial Community Paramedic Program

North Memorial Health Care

- Two Hospitals (One Level One Trauma Center)
- Ambulance Services
 - Multi-state: Critical Care, Air Care, Ground Services
- Primary and Specialty Clinics
 - 14 Primary Care Clinics certified as Healthcare Homes
- Urgent Care and Urgency Centers

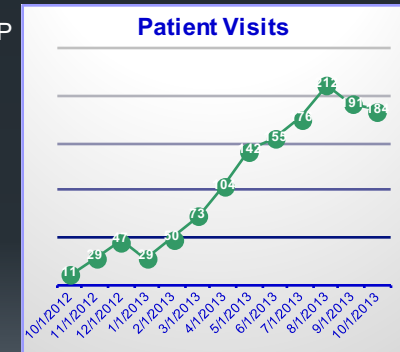
Population Overview

- 455 patients served
- 4,500 total visits
- Payer Mix: (85% public payers, and of that 50% Medicaid)
- Diagnoses: MI/CVA (Anti-coagulation), Behavioral Health, CHF, Diabetes
- Referrals come from all members of the care team and multiple settings: ED, Home Care, Primary Care
- Initial Referral Triggers
 - Not quite homebound: ineligible for Home Health services
 - Polypharmacy
 - High ED utilization

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Care Team Engagement

- Hub Model: 3 Clinics per CP
- Daily huddles with Care Coordinator
 - Hub model promotes active goal-setting and completion
- Routine touchdown at sites
- Real-time messaging
- CC care team on chart communication



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Logistics - Scheduling

- Monday through Saturday 14 hours a day
 - Three CPs on most shifts
- 65 patient visits a week
 - Central scheduler manages all the traffic
- Referrals go into a central scheduling work queue
 - Automatically prompts registration and attaches referral
- CPs broken out into six geographic "zones"

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Initial Data Review – the Value Discussion

- Analysis of North Memorial EMR data shows that CPs reduce utilization of hospital, emergency care for patients selected for program because of over-utilization of ED
- Comparison of utilization 8 and 12 weeks before and after initiation of CP intervention shows up to a 50% reduction in inpatient/ED utilization
- Applying national average cost data for inpatient/ED allows a conservative cost savings of \$8,500 per patient (based on fewer readmissions/ED visits) within specified time frame

Average cost of ED visit (Truven Health Analytics):

http://img.en25.com/Web/TruvenHealthAnalytics/BMP_12260_0113_AvoidableERAdmissionsRB_WEB_2868.pdf

Average cost of hospitalization (AHRQ): <http://www.hcup-us.ahrq.gov/reports/statabriefs/sb181-Hospital-Costs-United-States-2012.pdf>



Allina Health Community Paramedic Program

Allina Health

13 hospitals
 57 Allina Health clinics
 23 hospital-based clinics
 16 retail pharmacy sites
 2 ambulatory care centers
 Retail Pharmacy
 Laboratory
 Home Care, Hospice and Palliative Care
 Durable Medical Equipment
 EMS system

Allina Health EMS

- Cover more than 1,000,000 people
- Provide
 - Critical Care and 911 ground services
 - Dispatch services with mobile capabilities
- Multiple sites: urban and rural
- Interfacility and wheelchair transport
- 600 employees
 - 12 Community Paramedics

Patient Overview

- 365 patients served
- 700 total visits
- Currently not charging for CP visits
- Diagnoses seen:
 - Mental Health; Congestive Heart Failure; Acute MI; COPD; Diabetes; Sickle Cell Anemia
- Referrals come from members of the care team and multiple settings: ED, Home Care, Care management

Logistics - Scheduling

- Seven days a week – 12 hour shifts
- 15-20 patient visits a week
 - CP schedule visits
- Have an unmarked SUV for behavioral health transports
- Will be adding hours for after hours Hospice needs in near future

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AHEMS Results

- MVHI – Acute MI patients
 - 2015 - 64 patients, 3 % readmissions
- High readmission predicted patients
 - Less than 5% readmission rate
 - 78% of ED high utilization patients
 - No return to ED within 30 days

Hennepin County EMS

- Serve 14 municipalities, covering 266 square miles and a population of over 700,000.
- CP staffing - 3.7 FTEs



Hennepin EMS CP Goals

- Increase client access to health and social services
- Improve client engagement with therapy
- Decrease Emergency Department and EMS utilization
- Decrease admission and readmission rates

Salvation Army Harbor Light

- Grant Funded
- CP staffed Friday-Monday 14:00-00:00
- Results
 - 480 patient contacts
 - In first 5 months, ↓ unnecessary 911 calls by 7%

Patient Dispositions



Home Visits

- CHF
- Diabetes
- Hepatitis C
- Lab draws

Community Paramedicine, Rural

- Scott County

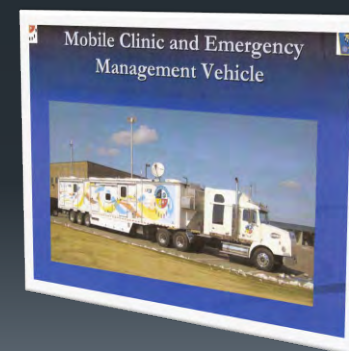


The CP Programs

- Scott County Health Care Collaborative
 - This program came into existence in 2009
 - The first Minnesota program to use CPs
 - Its made up of a partnership including the Mdewakanton Sioux Community, Scott County Public Health, and the Faith Communities of Scott County
 - Provides medical care freely to the uninsured, under insured of Scott County
 - Medical Director: Michael R. Wilcox MD
 - Coordinator: Merrilee Brown, RN; Scott County Public Health Nurse Director

SHAKOPEE MDEWAKANTON SIOUX COMMUNITY

● Mobile Clinic

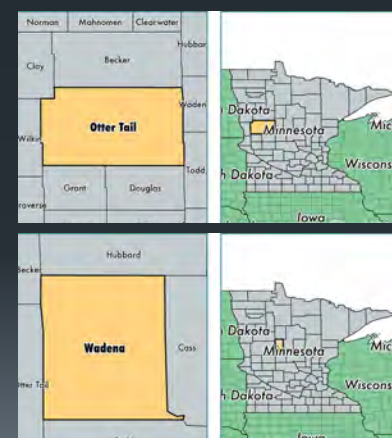


SCOTT COUNTY MED-FIRE CLINICS

- Med-Fire medical van travels to five areas throughout Scott County every two weeks
- 14-20 patients per session
- Access issues – cannot afford insurance
- Identify a medical home



Otter Tail/Wadena Counties



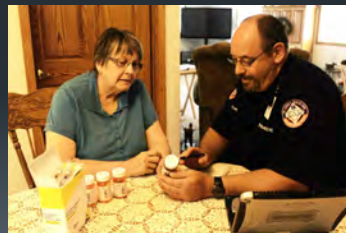
The CP Programs

Tri-County Health Care EMS

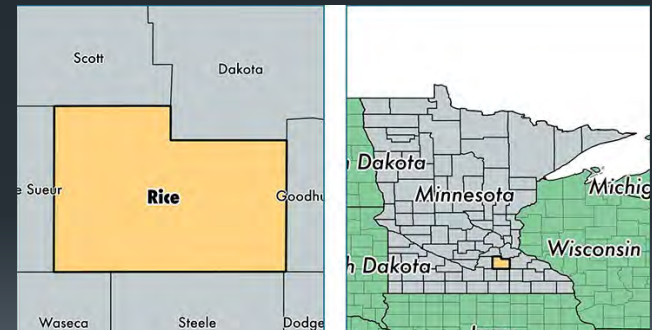
- This program came into existence in 2013
- Has 5 CPs providing 24/7 accessibility to health care
- They work in partnership with Wadena Public Health to address gaps in health care determined by Wadena County Community Health Survey and TCHC's health needs assessment
- The partnership ensures local stakeholders are involved in providing a solution to the county's health needs.
- The initiative is tied to the hospital's readmission program and the medical assistance readmission program.

The CP Programs

- The CPs do the following tasks during their home visits:
 - lab draws for long term care patients and home bound patients
 - Trach-tube stoma care
 - Bladder scans
 - Medication administration to mentally ill patients
 - Medication reconciliation
 - Medication Education
 - 12 Lead EKGs for long term care patients
 - IV starts for long term care patients
 - Wound care
 - Home Safety assessments
 - Post surgical visits (orthopedic care)
 - Assist with transport of mentally ill and chemically dependent patients to higher levels of care.
- Medical Director: John Pate, MN
- Coordinator: Allen Smith BS, NREMT-P

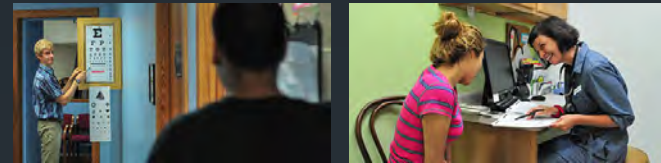


Rice County



Health Finders Collaborative

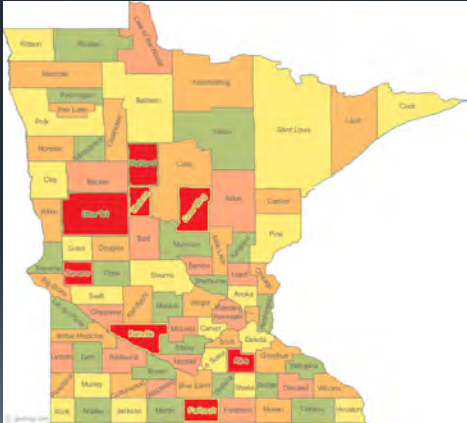
- Health Finders Collaborative is a “free clinic” providing access to healthcare for the uninsured/underinsured
- Came into existence in 2005 under the direction of a number of concerned citizens within the county
- Last year (2014), HFC provided clinical care for over 700 Rice County residents
- There is a large number of Hispanics, and Somalis who receive care through the clinic
- Many of them are at the poverty level of income



- The CPs work within the clinic as “front line” health care workers
 - Their “in community” care is directed by the Clinical Case Manager (Health Coach)
 - Their focus is upon the management of chronic disease
 - Diabetes Mellitus
 - Congestive Heart Failure
 - Chronic Obstructive Pulmonary Disease
 - Mental Health/Neurological Disease

- CPs serve as “navigators” for resource access (medications, food, transportation, respite care, palliative care/hospice)
- Partnerships with hospital, clinics, Public Health Services, and the faith communities of Rice County.
- Funding is by grants and billing (State Medicaid)
- Medical Director: Michael Wilcox, MD
- Program Coordinator: Charlie Mandile, MBPH

Other Rural Programs



Additional CP Programs in Rural Counties

- Renville
- Crow Wing
- Hubbard
- Park Rapids
- Stevens
- Faribault
- Itasca

Rural Focus

- Licensure of EMS in each county to a level of part time Advanced Life Support
- CP Care provided during the downtime of a paramedic's 911 responsibilities
- The financing of providing part time Advanced Life Support supplemented by the additional work as a CP Provider
- May address some staffing needs in rural counties as well (lack of daytime volunteers)

Summary

- One size doesn't fit all
- CPs can improve the quality of life for our patients
- CPs can help steer patients to the right resources

Questions



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