CP Implementation in MN

Over the past year we have witnessed a shift from not only a rural focus for CP but also to large urban health care systems.

Department of Labor Grant

- North Memorial, Health East, Allina ambulance and Hennepin Technical College receive a $250,000 grant from the Department of Labor
- Grant will train 100 CP's over the next three year period in Minnesota
- Above EMS services will provide significant in-kind contributions to match the $250,000 grant

CP's and the Triple Aim

- Population based
- Person-centered
- Primary care-focused
- Better health
- Better care at lower cost
- Improve the patient-family experience

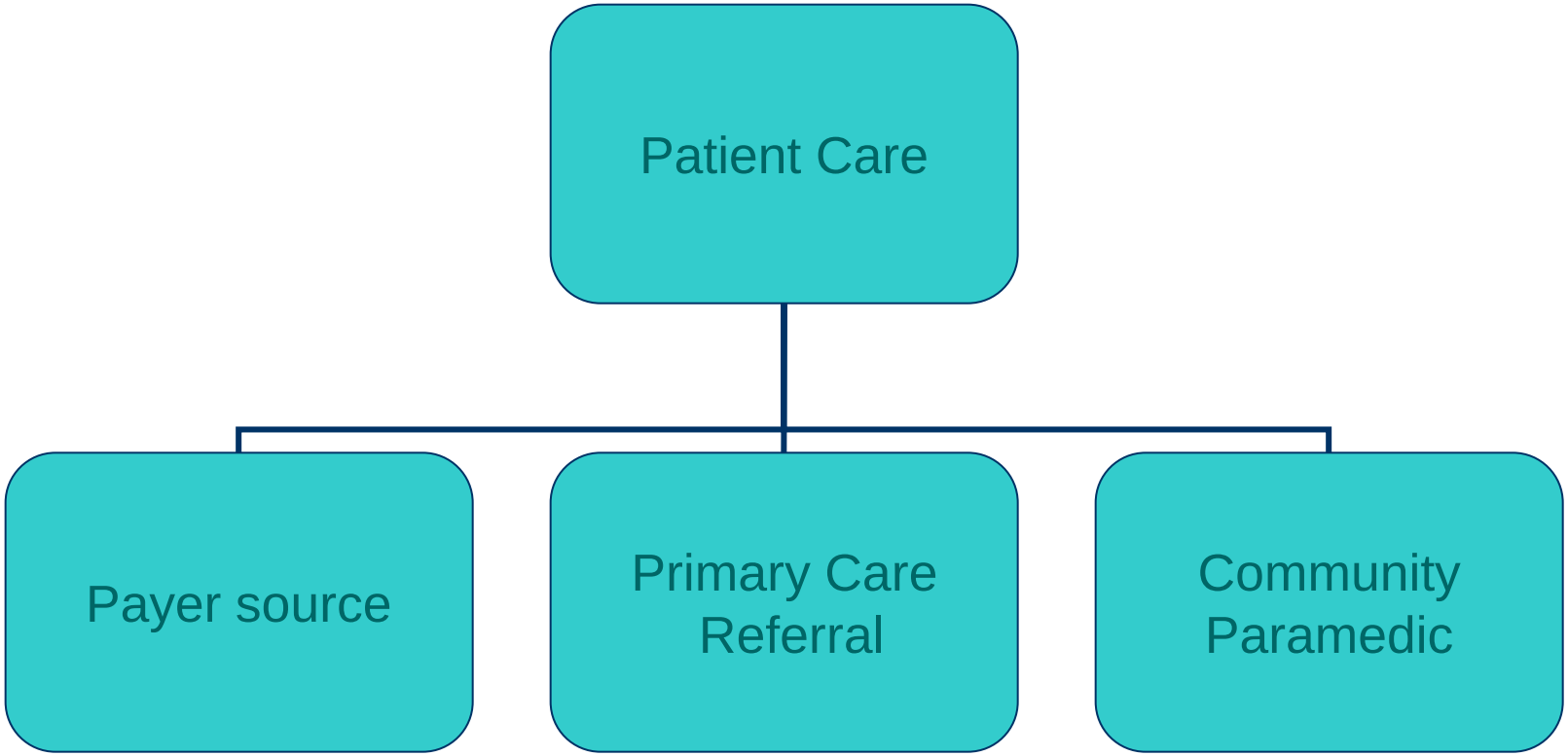
Payment models changing

- Total cost of care is a comprehensive reflection of a providers resource use, intensity, appropriateness and efficiency built around the services patients receive and the clinics, specialist and hospitals in which they receive the services
- Health Care Exchanges forming
- Bundled payment models also have a role for CP

Decreasing the Total Cost of Care

- Accountable care organizations forming
- Providers and hospitals taking on "risk" for defined populations
- Government payers in accountable care models now
- Managed care plan contracts factor in "shared savings" payments for providers - Goal to decrease the spend per member per month "PMPM"

Simple approach to a model



Partners in Developing a CP model

- Hospitals
- EMS Medical Directors
- Primary care
- Home health
- Hospice
- DHS/MDH
- Public health
- Affiliated clinics
- FQHC's
- Community health center look a likes
- Commercial and governmental payers
- State EMS board
- SNF/Transitional care
- Geriatrics

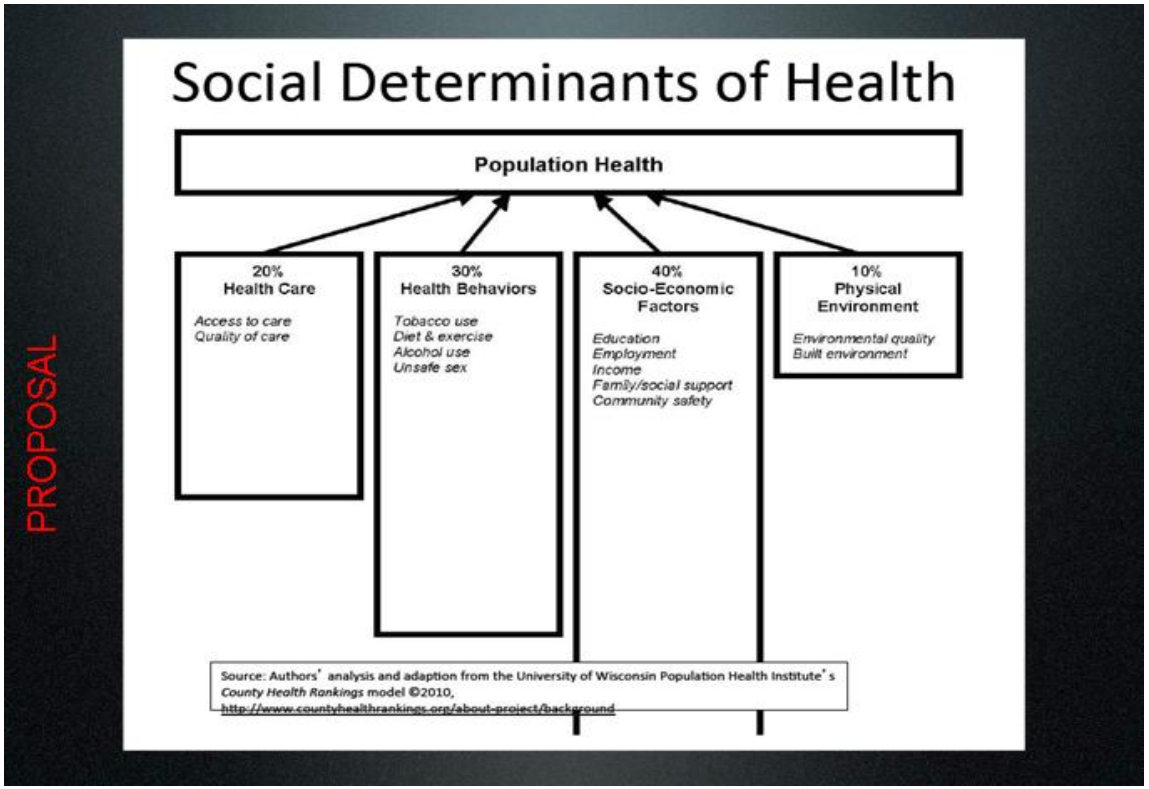
Key to CP program success

- Recognition of CP as a provider in law
- Certification necessary to even discuss payment model
- Needed state agency recognition of CP and a recourse for complaints and continuing education
- Verification and certification of CP curriculum by a state agency

Who needs educating about a CP

- Trade associations representing health care
- State legislators and Health Committee chairs
- Governors and their health staff
- Departments of Health and Human Services
- Our own EMS industry
- The general public

Social Issues



Providers asked to control cost and address patient behaviors

- Reduce ED utilization
- Reduce admissions and readmissions
- Expand primary care
- Encourage health care home usage for complex patients
- Community benefit plan - broad health goals to improve population health

Community based needs Resources are disconnected

North Memorial Implementation

- Initially trained 10 community paramedics for an urban program
- Interviewed and offered jobs in primary care in a dual role Ambulance/CP
- CP seen as a career ladder for current 911 medics
- Heavy involvement from EMS and primary care medical directors

Urban Model for Community Medic

- Service area has a large Government payer mix
- CP's will target 3 initial medical conditions in defined patient populations:
  - Congestive heart failure
  - Diabetics
  - Mental Health

Rural Model for a CP Program

- Joint venture in NW MN with a Critical Access Hospital, Public Health and North Memorial Ambulance
- Grant from office of Rural Health and Primary Care to train 5-6 CPs to complete assessment
- Grant's purpose is to develop a template other CAHs can use to complete a community needs assessment as required in Federal law.