The International Roundtable on Community Paramedicine

Powerful Partnerships - How to scale Community Paramedicine

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The Journey to IRCP 2022

Lessons Learned: Common Pitfalls of Community Paramedicine Programs

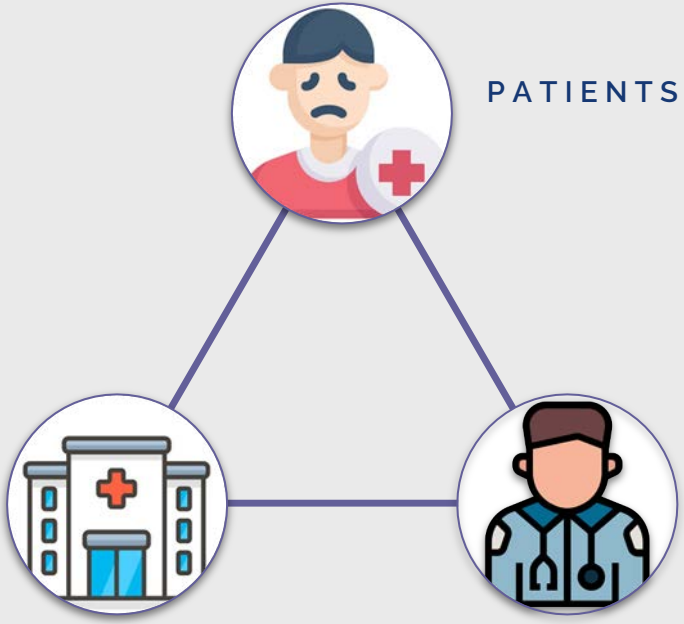
1) Clinical programs and care models that are overly 911-centric and relied too heavily on Primary Care systems

1) Programs that lack basic technology integration that allow for simple referral management and outcome measurement through data analysis

1) Wrong or incomplete stakeholders - especially when it comes to payors

1) Financial models that do not take into account the actual unit economics/cost of the care and the cost saving

The Importance of Partnerships



PATIENTS

HEALTH PROVIDERS AND PAYORS

COMMUNITY PARAMEDICS

Clinical programs and care models that are overly 911-centric and rely too heavily on Primary Care systems

The Problem

- Repacking 911 services; **not understanding actual needs and "drivers"**
- **Primary Care** systems are **over taxed** and **providers do not understand** service offerings
- **Consumers are shifting away** from traditional Primary Care offerings
- **Enrollment is never seamless**

Possible Solution

- Start with **understanding the needs of your partners**, especially the payors
- Bring to market **solutions truly engineered to address gaps** at the local level
- **Stand up a Joint Venture or leverage telehealth**
- Develop an engagement strategy that is **multi-channe**l

Partnership Model

- Conduct a **blank page exercise** with all potential partners
- Identify **practices or systems** that are **innovative** or have **capacity**
- **Seek referrals directly from plans or other non-traditional partners**
- **Evaluate where capacity may exist, take a deep dive into telehealth options**
- **Leverage partners** to improve engagement

Programs that lack basic technology integration that allow for simple referral management and outcome measurement through data analysis

The Problem

- Few EMS systems have **live integrations for PCR or referrals** with providers or payors
- **Claims data** has not been a valued data point for most EMS systems and Community Paramedic programs
- **Measuring clinical and financial outcomes** is a new territory for most EMS systems

Possible Solution

- Plan & invest in EHR integrations as part of the **Minimally Viable Product (MVP)** or consider using **the partner's EHR**
- **Request claims and ADT data early and often;** consider third party platforms
- Develop a **data governance and measurement plan**, leverage expertise and resources of other partners

Partnership Model

- **Health Systems** value data, understand referral workflow complexities and often welcome charting in their EHR
- **Partner with Payors**, asking for claims data is a normal request, be prepared to tell the why
- Think out of the box, partner with **freelance data scientists, PCR vendors, payors, or academic institutions**

Financial arrangements that do not take into account the actual unit economics/cost of the care and the cost saving

The Problem

- Early reimbursement models considered **Community Paramedic services as a % of a traditional office visit**
- Low Utilization and Routing are the **forgotten cost driver of Community Paramedic interventions**

Possible Solution

- From the onset of partner and payor engagement **evangelicalize the value not the cost savings**
- Never assume your system will always have excess capacity, your **pricing strategy should be fair - not cheap "There is no mission without a margin"**
- **Have a plan for scaling** up (and down) as early as possible

Partnership Model

- **Invest in subject matter expertise (actuarial)** prior to, during, and after program development
- **Understand the win for payors** and **tell your story of value**
- Build **financial models and pro formas that are accurate**, tab outside services to support this - **consider interns or MBA/MHA students**

Wrong or incomplete stakeholders - especially when it comes to payors

The Problem

- An **insane focus on readmission**
- Overlooked the **true drivers of cost to health plans**, even when they were light weight
- Limited focus on **prevention, risk capture**, and **gap closure**
- Failure to understand the **EMS cost drivers for payor partners**

Possible Solution

- Start with **sharing the value and scope**, let the **partner identify the need**
- **Educate yourself and research what the true cost drivers** are in your local system
- Engineer programs that seek to address **cost drivers**, Medical Loss Ratio (**MLR**), and **quality performance**
- Prepare a call plan and **be ready to hear about other pain points**

Partnership Model

- Review relevant material and leverage the success of other programs, but **let the partner share about their needs**
- **Go in knowing more about the partner than they do about you**
- Develop your **program around the partners' AOP or loss drivers**
- **Be willing to make concessions** on other service lines

Thank You!

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