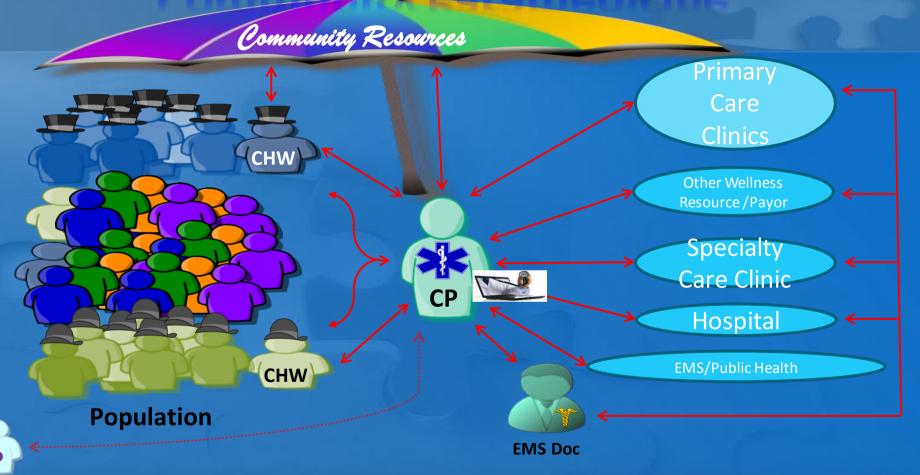
Community Paramedicine: Social Determinants of Health: Pediatrics Asthma

North Memorial Community Paramedics Pete Tanghe, MD Feb 2017 IRCP



Community Paramedicine



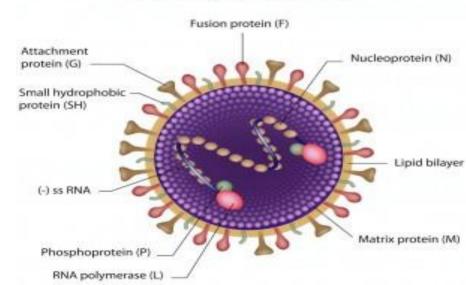
Goal: Share our Pediatric Outreach Programs

Objectives:

Each Participant should:

- 1. Be aware of the drug Synagis and how CPs could help care systems decrease costs
- 2. Understand how population analytics can guide CP & primary care interventions

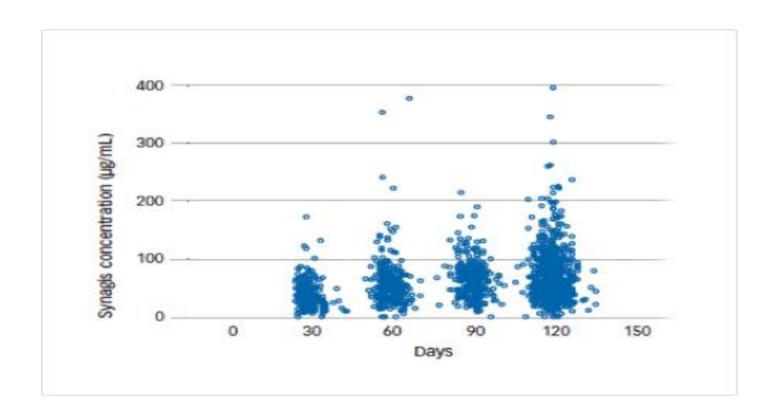
Respiratory Syncytial Virus





Community Paramedics, NICU and Synagis





Opportunity and Training

- Hospital paying \$7000 to cover initial injection
- Plan for medics to give first dose at home for \$200.
- Community Medics
 - Shadow team in NICU
 - NICU bridge to home
 - Vitamin K injections to practice
 - Learn the NICU resources
 - Meet the families



Synagis Outcome

- CPs gained additional knowledge
- System improved, money saved
- CPs have connected with Neonatologists
- CPs have started other newborn visits
- We have improved our intake process







Search Q

About Us

Services & Solutions

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Submitting Data

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Provider Tools and Resources

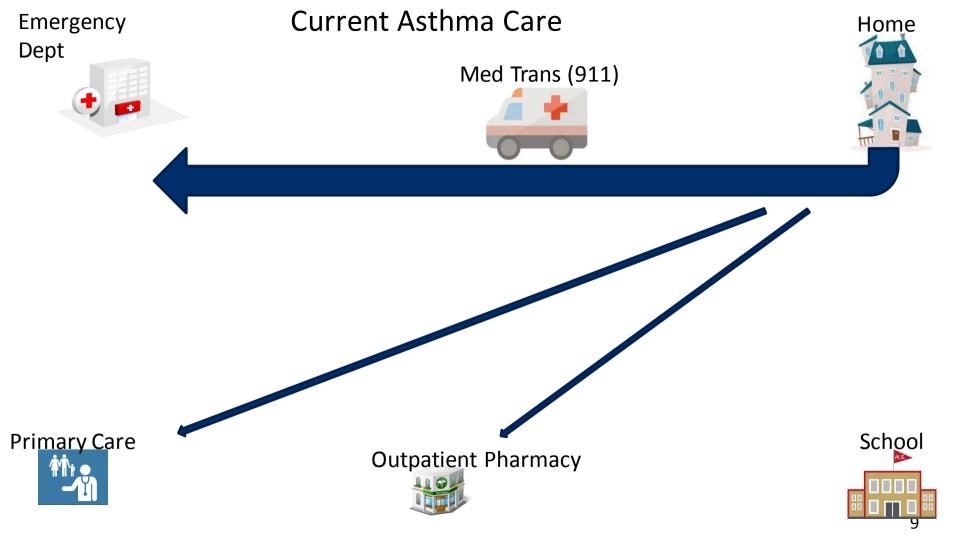
Our tools and resources for providers and health professionals are developed to complement the categories of data that we report. While some tools are specific to individual measures, other resources incorporate materials and information for both health care providers and patients. From links to measure-specific tools to a provider- and patient-friendly depression toolkit, MNCM is dedicated to connecting you with resources that support performance, practice, and reporting.

We create and share provider tools and resources with several goals in mind:

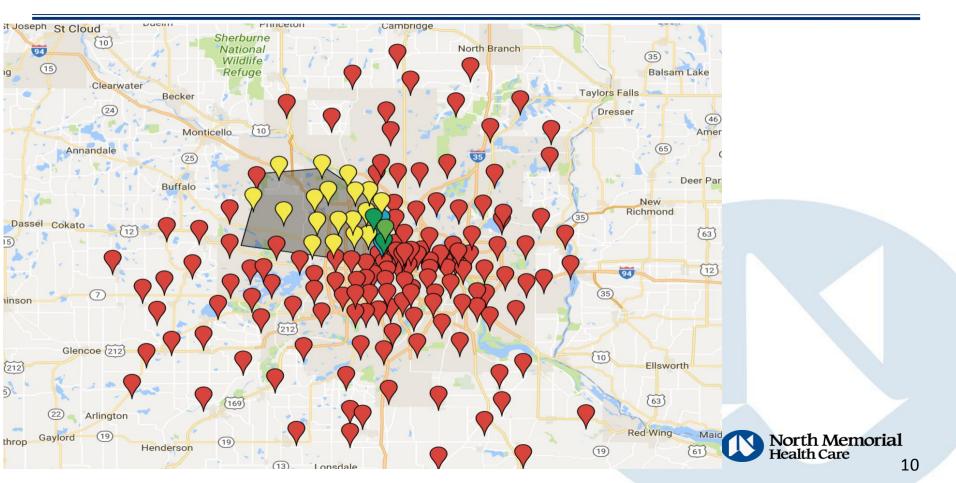
- > Improve care delivery practices based on current guidelines
- Share materials and information that help patients and providers manage care and treatment goals
- > Facilitate opportunities to collaborate with colleagues and consumers

CALENDARS AND PLANNING RESOURCES

- MNCM Slate of 2017 Measures (PDF) Measures approved by the MNCM Board of Directors for public reporting in 2017.
- MNCM DDS 2017 Planning Calendar (PDF)
 Download the latest Direct Data Submission (DDS) calendar.
- MNCM 2017 Q&A Sessions Calendar (PDF) View the expected topics for this year. Topics may be revised, as necessary.



Pediatric Asthma risk view



Emergency Der*

Phase 1- *first 100*





Community Paramedics

Visit #1

- in home environment assessent w/ photos
 - housing letter drafted in EPIC
- provide and compile asthma care backpack:
 - controller and rescue meds
 - [asthmaaction plan] (if available)
 - pharmacy and clinic info
- schedule/empanel with primary care clinic
- MDH info sheets in appropriate language



- reinforce asthma education
- review as thma care backpack, complete contents:
 - AAP from PCP visit
 - newly prescribed meds
- follow up on items as directed by PCP
- ACT if not completed

Visit #3

graduation to an asthma health pilot











3 Visits

- Initial
- Follow up
- Graduation



Documentation example: ped's asthma

Let's Talk Triggers

- Known Triggers include: {ASTHMA PRECIPITATING FACTORS:408}
- Obvious allergens in the home: {Asthma allergens: 19070}
- 10 steps for making your home asthma-friendly (with handout)
 - Does anyone smoke in the home? Yes, no
- Do you have dust-mite covers for mattresses? Yes, no
- Have you heard the air-quality report during the weather report? Yes, no
- Has someone dusted this month? Yes, no
- Are there pets in the house? {YES:11706}
- Have you seen cockroaches in the house? Yes, no
- Do you need to use pesticide sprays in the house? Yes, no
- Have you noticed mold anywhere? Yes, no
- Are you able to ventilate the bathrooms and kitchen? Yes, no
- Do you have @HIS@ Asthma Action Plan posted in the home? Yes, no

\$EPA

Indoor Environments Division Office of Air and Radiation (6609J)

EPA 402-F-04-017 May 2004

CLEARING THE AIR OF ASTHMA TRIGGERS

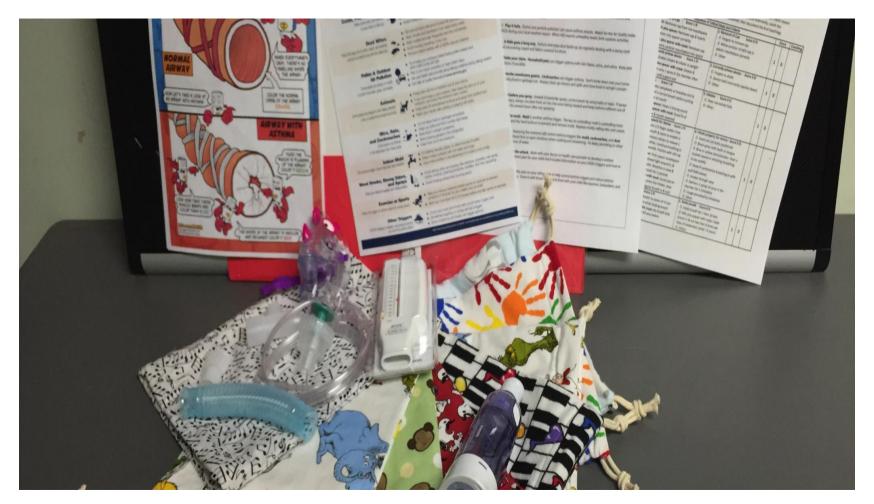
10 Steps to Making Your Home Asthma-Friendly

- 1. **Take it outside.** One of the most common asthma triggers in the home is **secondhand smoke**. Until you can quit, smoke outside, not in your home or car.
- 2. **Good night, little mite! Dust mites** are also triggers for asthma. For mite population control, cover mattresses and pillows with dust-proof (allergen impermeable) zippered covers. Wash sheets and blankets once a week in hot water.
- 3. **Play it Safe.** Ozone and particle pollution can cause asthma attacks. Watch for the Air Quality Index (AQI) during your local weather report. When AQI reports unhealthy levels, limit outdoor activities.
- 4. **A little goes a long way.** Reduce everyday dust build-up, by regularly dusting with a damp cloth and vacuuming carpet and fabric-covered furniture.
- 5. **Stake your claim. Household pets** can trigger asthma with skin flakes, urine, and saliva. Keep pets

Phase 2- emergency discharge **Emergency** Dept **Med Trans** (911)**ED** Asthma Discharge **Community Paramedics** Visit #1 Visit #2 in home environment assessent w/ photos - reinforce asthma education housing letter drafted in EPIC - review as thma care backpack, complete contents: provide and compile asthma care backpack: - AAP from PCP visit controller and rescue meds - newly prescribed meds [asthmaaction plan] (if available) follow up on items as directed by PCP pharmacy and clinic info - ACT if not completed schedule/empanel with primary care clinic Visit #3 graduation to an asthma health pilot Primary Care **Outpatient Pharmacy**



Home



Emergency Dept

Phase 3- school TEAM

Med Trans=



Home

ED Asthma Discharge

Community Paramedics





- housing letter drafted in EPIC
- provide and compile asthma care backpack:
 - controller and rescue meds
 - [asthmaaction plan] (if available)
 - pharmacy and clinic info
- schedule/empanel with primary care clinic



- reinforce asthma education
- review as thma care backpack, complete contents:
 - AAP from PCP visit
 - newly prescribed meds
- follow up on items as directed by PCP
- ACT if not completed



graduation to an asthma health pilot









Emergency

Phase 4- in home EMS treatment

Dept ...



in home treatment

- low risk patients w/o Hx of hospitalization
- referred to CP, PCP to follow





Visit #1

- in home environment assessent w/ photos
 - housing letter drafted in EPIC
- provide and compile asthma care backpack:
 - controller and rescue meds
 - [asthmaaction plan] (if available)
 - pharmacyandclinicinfo
- schedule/empanel with primary care clinic



Visit #2

- reinforce asthma education
- review as thma care backpack, complete contents:
 - AAP from PCP visit
 - newly prescribed meds
- follow up on items as directed by PCP
- ACT if not completed

Visit #3

- graduation to an asthma health pilot









Questions/Improvements?

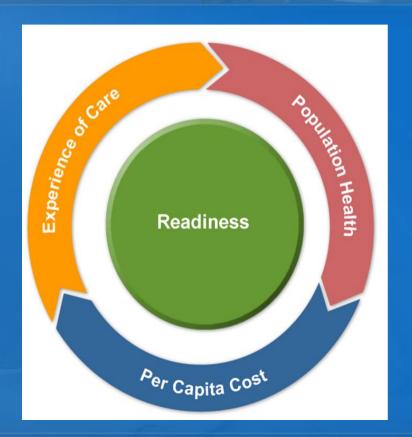
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Follow up

Graduation

