

Community Paramedics and Social Determinants of Health

North Memorial Community Paramedics

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Feb 2017

IRCP



North Memorial
Health Care

AN APOLOGY TO ELEPHANTS

NARRATED BY LILY TOMLIN



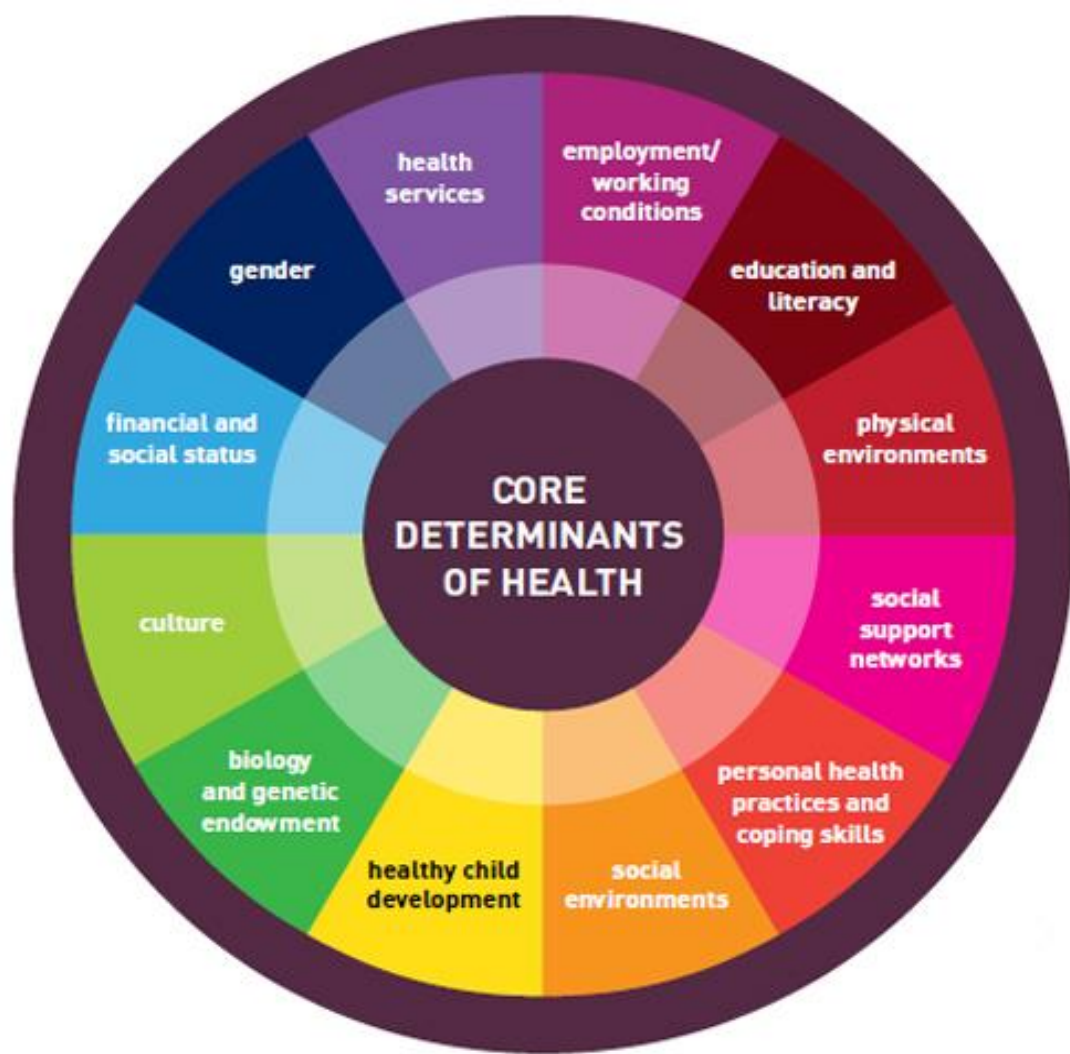
Social Determinants of Health

Why should EMS care?

- ◆ Diversity of thought
- ◆ Value Proposition
- ◆ Intersection of Public Health, Safety, Community Service and Wellness

Goal and Objectives

- Discuss SDOH and how we address them in our program
- Each Participant should:
 - Be able to list 2 SDOH
 - Appreciate the cultural perspective on SDOH
 - Gain understanding of how they could impact SDOH





Language



North Memorial
Health Care

The two parties view balance and equality differently

Democrats

Imbalance in levels of health is unjust.

Equality should be our goal.

- Equal distribution of resources
- Equal treatment for all
- Equal outcomes

We need to “level the playing field”

Society bears primary responsibility for inequality, thus to fix it requires more change in society than in the individual.



Republicans

Imbalance in levels of health is natural.

Equality is unrealistic and unfair.

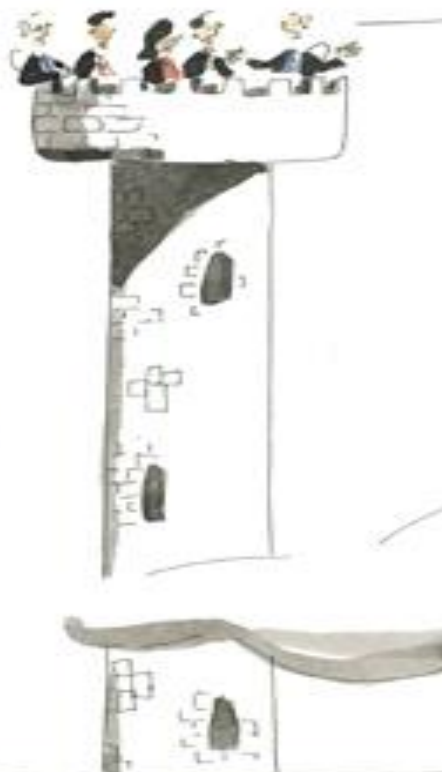
- Tailor distribution of [limited] resources to particular needs, not same for all
- Cannot guarantee equal outcomes.

We need to raise the bottom.

Both society and individual choices create disparities, thus social aid must be balanced against individual responsibility.



THE IVORY TOWER



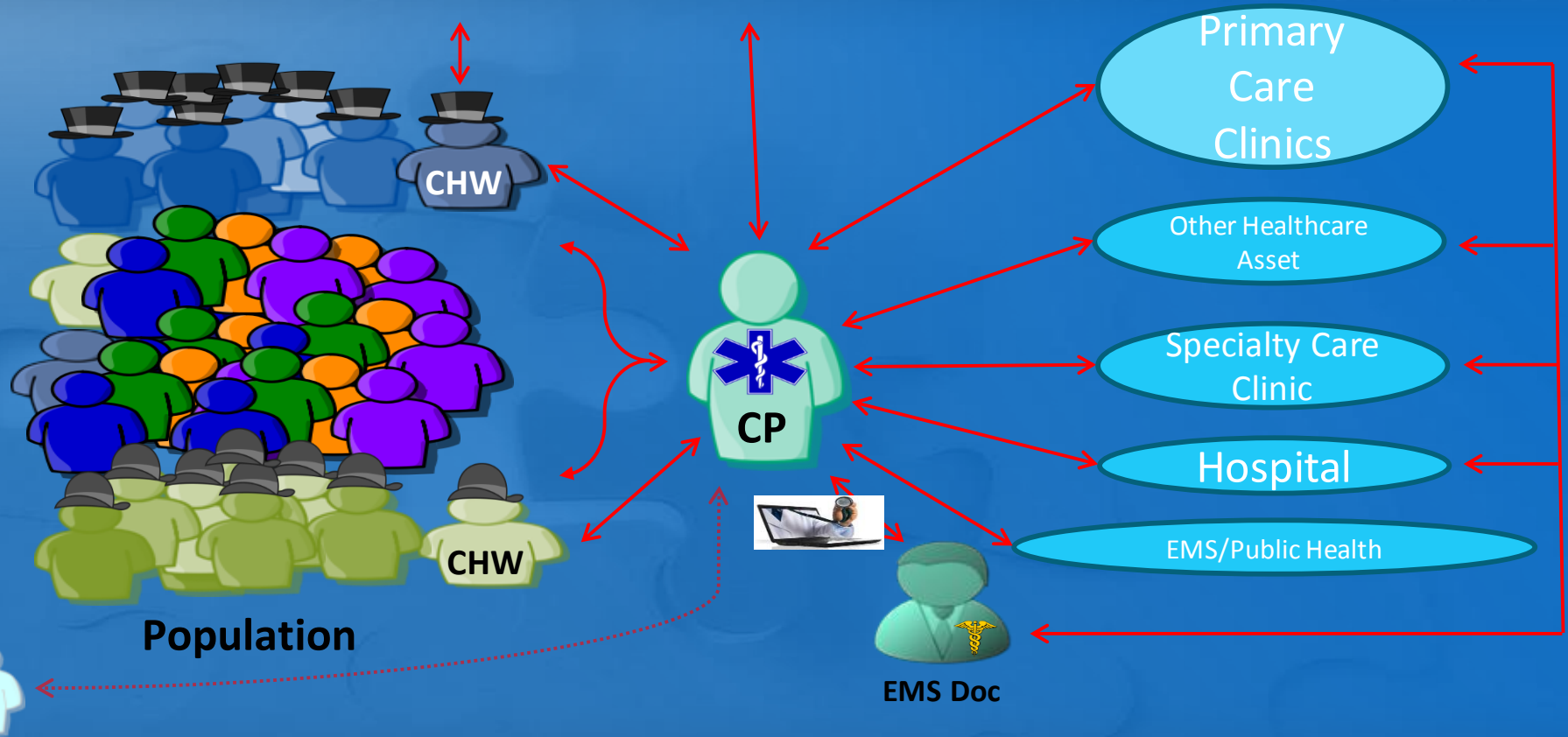
**THE
REAL
WORLD**

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Community Paramedicine



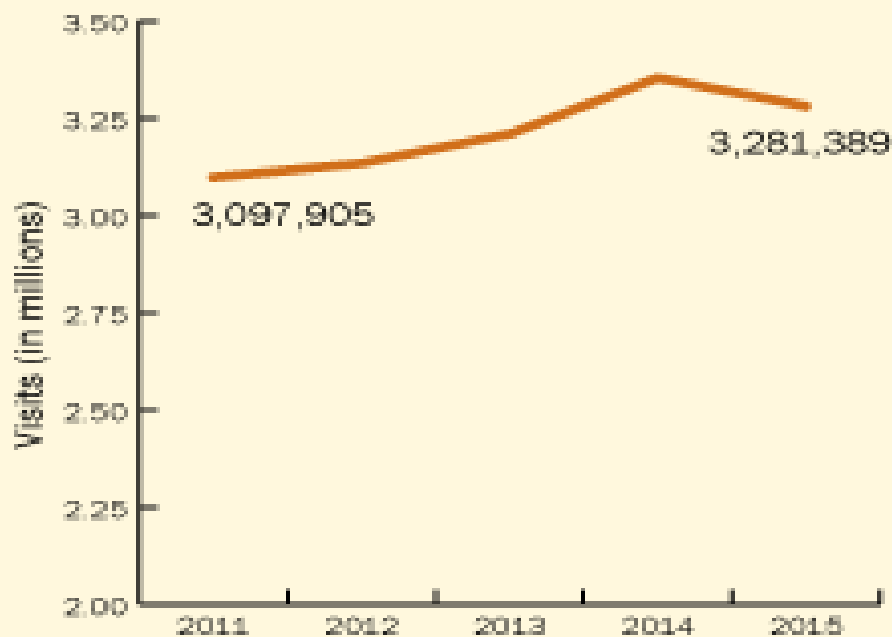
COMMUNITY NEED ASSESSMENT PROCESS CHART





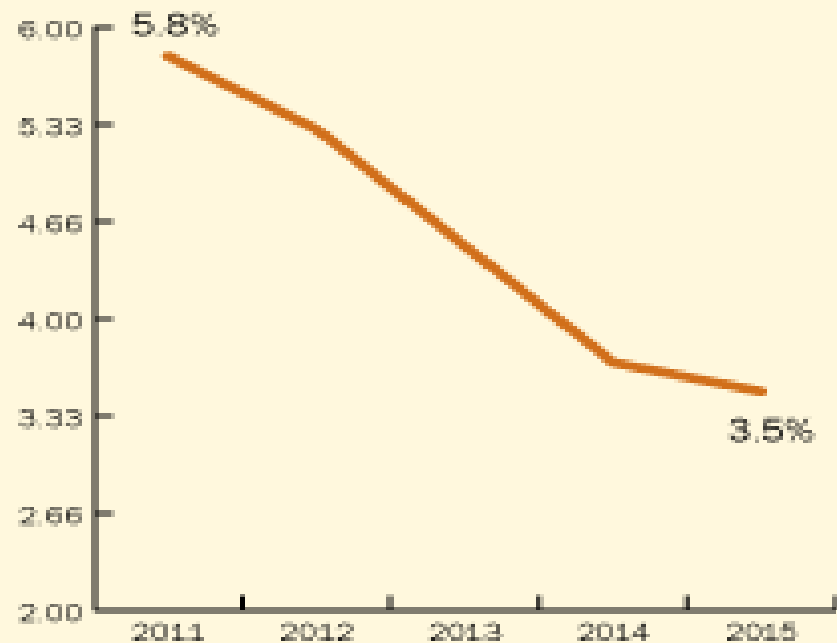
Food insecurity

Food shelf visits, 2011-2015



Source: Food shelf reports to MN DHS. Analysis by Hunger Solutions Minnesota.

Unemployment rate, 2011-2015



Source: MN DEED, Local Area Unemployment Statistics.

North Memorial Community Paramedics



Novel Solutions



Partnerships





We

Social Workers

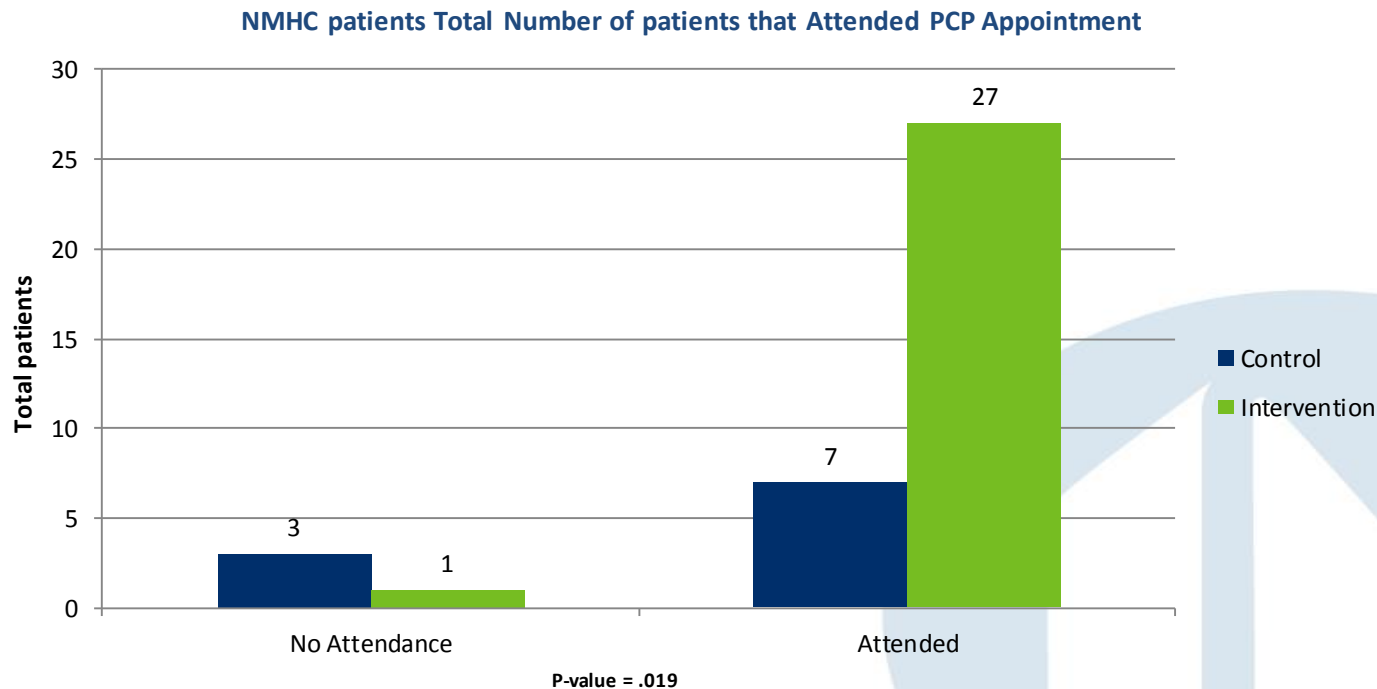


Metrics: How Will We Measure Success?

Measures	Type	Target Condition
Confidence of patients being able to care for themselves	Outcome	25%
Improved Functional Status	Outcome	TBD
Overall Readmission Rate	Outcome	5%
Time to get into PCP	Process	7 days
PCP Appointment Compliance	Process	90%
Timely CP Follow up	Process	48h*
Medication Safety	Process	No incorrect meds taken

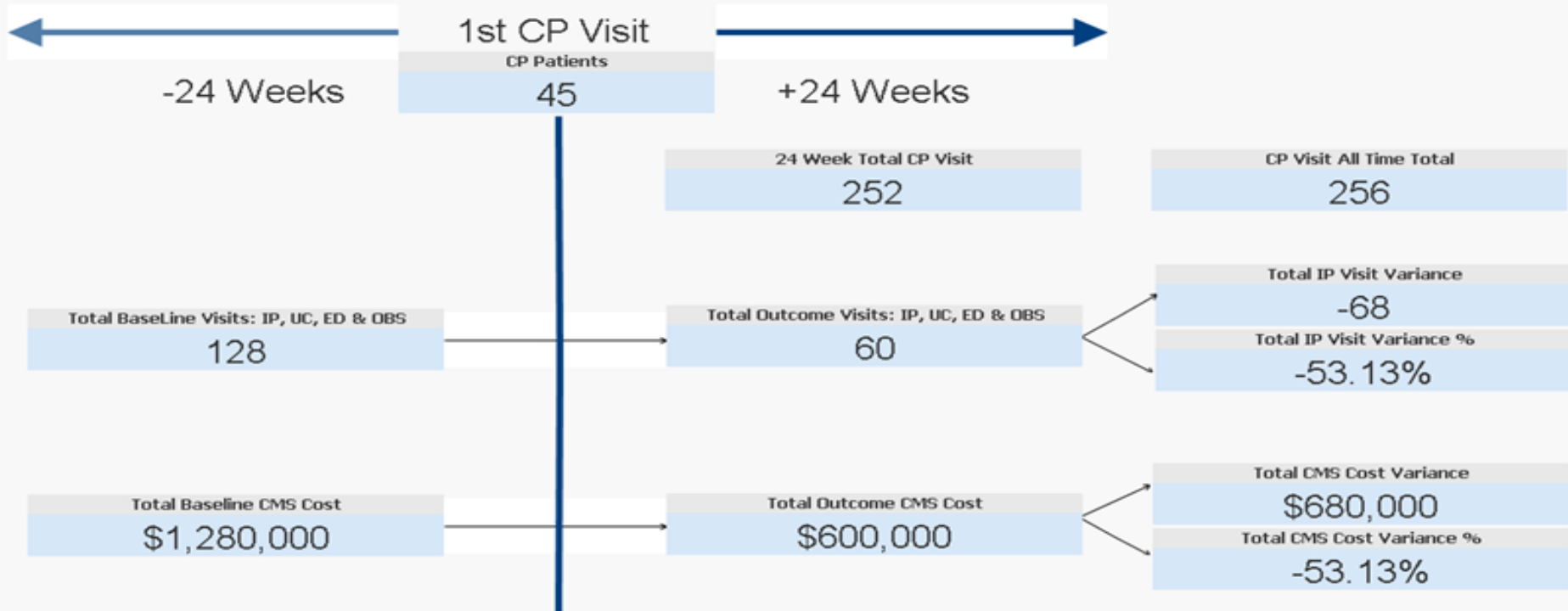


Impact on compliance

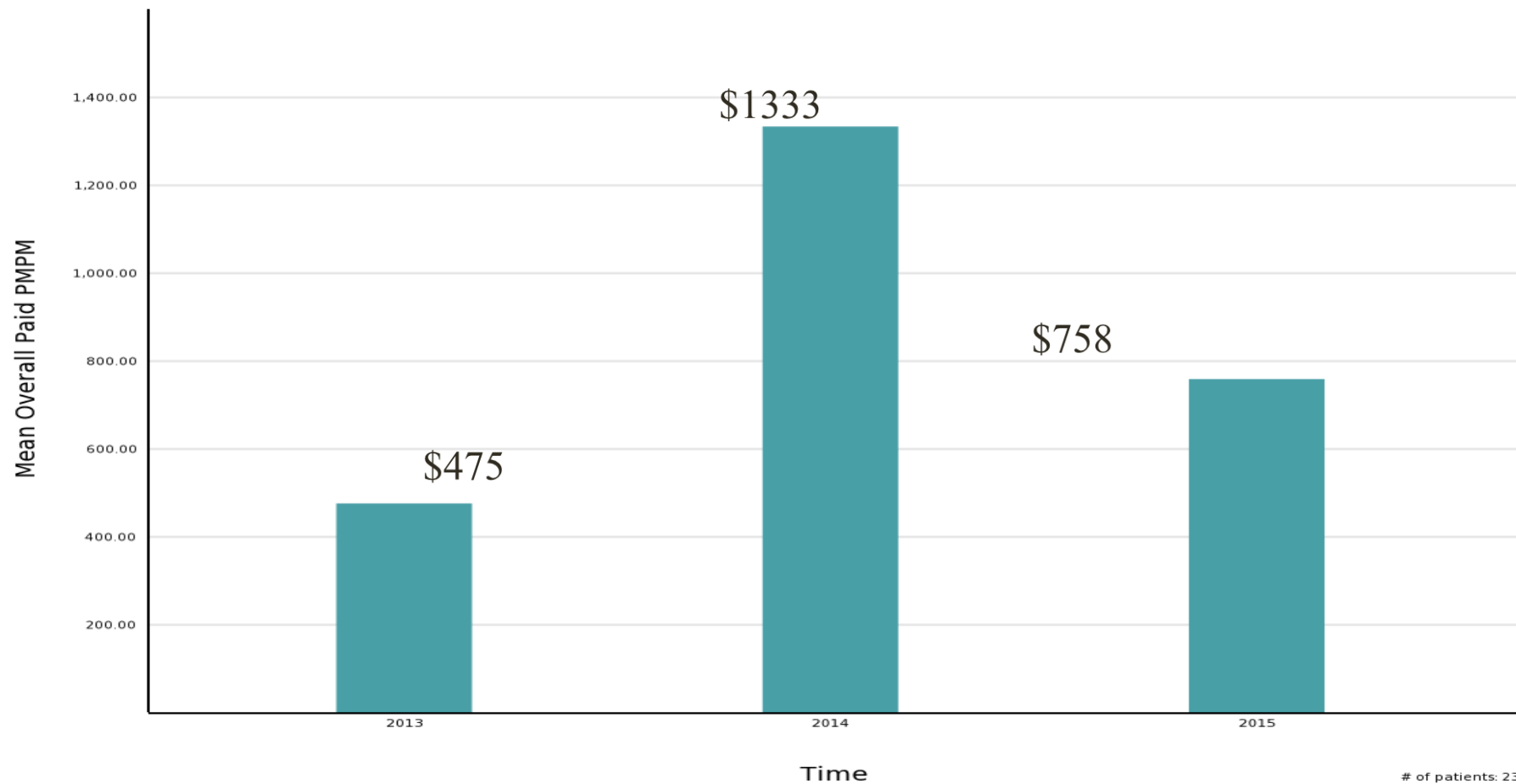


Initial Data Review - Population

North Memorial Community Paramedic Analysis



CP: First Intervention in 2014 Group's PMPM over Time



SDOH resources

- <https://www.coursera.org/browse/life-sciences?languages=en#medicine-and-healthcare>
- <http://www.rwjf.org/en/our-focus-areas/topics/social-determinants-of-health.html>
- <http://www.rwjf.org/en/search-results.html?u=&k=social+determination+of+health>

Questions/Improvements?

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