Redmond Fire and Rescue
Community Paramedicine
Objectives

- Understand what Home Health does
- Understand what EMS does
- Describe what we do together
- Identify where are the opportunities to work more collaboratively
Community Paramedicine

- Community Paramedic (CP) model:
  - Innovative solution providing quality primary care and preventative services by employing a currently available and often underutilized healthcare resource for vulnerable populations
  - Specialty of paramedicine
    - Flight paramedics
    - Tactical paramedics
    - Community paramedics
New Environment

- Performance based payments
- CCO’s—global payments
- Aligned incentives and risk sharing
Satisfaction Based Reimbursement

- Medicare:
  - What incentive/penalty does your local hospital receive?

- New CXO, chief experience officer responsible for maximizing satisfaction
  - Marriott trained
CMS Goal

- To be out of fee for service by 2020.
- CMS bonuses/penalties: values based purchasing and readmissions, based on quality
- Value based purchasing: QUALITY, best practices: satisfaction, STEMI, Stroke
EMS Value

• How has EMS done in proving value?
  – Studies?

• Dealwell.com for healthcare; Online bargaining for imaging procedures.
Access to healthcare and particularly primary care services is a growing concern.

- Primary care providers are in short supply

Uninsured patients are often less likely to seek out preventive care services, and are more likely to go to the emergency room for non-urgent care, increasing the cost of healthcare.

- One in our CP program

In rural areas, the problem is exacerbated because of a higher rate of uninsured, compared to urban settings, and shortage of healthcare providers.
Healthcare

• Einstein's definition of insanity
  – Repeating the same behavior and expecting a different outcome
Models: Opportunity (Eagle Co. EMS CO)

- Addresses access to primary care services
- Paramedics have the training, expertise and scope of practice to provide certain services
  - Direct service providers: prevention, emergencies, evaluation, triage, disease management
  - Assessments, blood draws, wound care, diagnostic cardiac monitoring, fall prevention, med reconciliation, post operative follow-up
  - Experience with taking health care into a home
How does it work? Blurring of roles?

• A primary care partner refers a patient to EMS personnel to provide services in the home that are within their current scope:
  – Hospital discharge follow-up
  – Fall prevention
  – Blood draws
  – Medication reconciliation or wound care

• CP provides care and communicates with the referring partner to ensure quality of care and appropriate oversight
Role of the Community Paramedic

• Collaboration: Public Health, Home Health, Nursing, etc.

• Assessing and evaluating community services and systems to identify gaps between the community and health care system and services

• Serve as direct care in home, advocates, facilitators, liaisons, and resource coordinators
Goals

• Improve health outcomes among medically vulnerable populations

• Save healthcare dollars by preventing unnecessary ambulance transports, emergency department visits, and hospital readmissions
Current Models

- Wake County, N.C.
  - Advanced Practice Paramedics
  - No expanded scope of practice
  - Within the 911 system
Current Models

- Eagle County, C.O.
  - Community Paramedics
  - Operate outside the 911 system

- Proof of concept model
  - COPD, CHF, Childhood asthma...
Proof of concept (Eagle Co.)

- PCP referral: CP home visit for long term respiratory disorder
- Hx of COPD, home O2, albuterol and advair
- Home visit yields SpO2 @ 86%; LS: wheezes
- Administers neb treatment, 12 lead, med reconciliation, finds two advair unopened
MedStar, Ft Worth, T.X.

- Advanced Practice Paramedics/CP’s
- Mixed
- Enrolled 21 patients with over 800; 911 calls
- Decreased 911 usage by 78% for those patients
- Equated to:
  - $968,000 in charges by EMS
  - $3,692 per visit ER charge
Beyond Emergency Response

• Paramedic evolving role
  – Expanded role vs. expanded scope
  – Train for more primary health care
• International success of alternative model of ambulance practice
  – (Toronto, Australia, Nova Scotia, U.K., etc.)
• International Roundtable of Community Paramedicine (IRCP)
FAQ’s

• Does a CP replace current healthcare systems like home health care or primary care physicians?
  – No, CP is an extension of the primary care provider to provide care to patients without access

• Does a CP have the right training?
  – Additional education is provided to CP specific to providing preventative care in the home

• What is the difference between CP and Home Health?
Redmond Fire & Rescue (RF&R)

- Needs Assessment
  - Behavioral/Mental health!
- COHC/CCO Transformation Funds Grant
Central Oregon Health Council (COHC)

- CCO governing board
- Role: Strategic Health Plan, annual plan, global budget framework

COHC Community Advisory Council (CAC)

- Chair sits on the Health Council
- Role: Ensure CCO focuses on Health Assessment and Health Disparities

COHC Clinical Advisory Panel (CAP)

- Chair sits on the Health Council
- Multidisciplinary; Role: Our standards of clinical care

COHC Operations Council (Ops)

- Regional Leaders in the areas of public, physical, and behavioral health
- Role: Assures major initiatives are carried out
Redmond Fire & Rescue Transformation Funds Pilot

- Redmond Fire & Rescue
- Mosaic Medical
- St Charles Healthcare
- CCO-Pacific Source Community Solutions
  - Medicaid patients
RF&R Goals

- Sustainability/Triple Aim (improve outcomes, increase patient satisfaction, reduce costs)
- Prevent ER visits & admissions/readmissions
- Measurable Data
  - Prevention?
RF&R Patient Disposition

- CHF
- Diabetes
- COPD
- 911 frequent callers
- Operate outside of the 911 system
Entry point

• Referrals:
  – Physicians
  – ER and RN navigation coordinators
  – Home health services
  – Other health care professionals

• May result in a CP visit or a unified home visit
# Community Paramedic Patient Referral Form for Medicaid Recipient

**Patient Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Order</td>
<td>Requested Starting Date for Service to Begin</td>
</tr>
<tr>
<td>Client Name</td>
<td>Last, First, Middle, DOB, Gender</td>
</tr>
<tr>
<td>Physical Street Address</td>
<td>City/Town, State, Zip Code, Phone Number</td>
</tr>
<tr>
<td>Mailing Address (if different)</td>
<td>City/Town, State, Zip code, Secondary Phone</td>
</tr>
</tbody>
</table>

**Insurance** (For research purposes only):  
- [ ] No  
- [ ] Yes, if yes, company: __________________________

**List Diagnosis in the Box Below**

**Requested Prevention Assessments (If applicable)**

- [ ] Nutrition Assessment  
- [ ] Social Evaluation / Social Support  
- [ ] Home Safety Inspection

**Laboratory Specimen Collection**

- [ ] Blood Draw  
- [ ] Urine Collection

**Requested Care to Be Provided by the Mobile Health Paramedic**

- [ ] Cardiovascular  
- [ ] Respiratory  
- [ ] General  
- [ ] Other Orders/Information (Optional)

**Please Include the Most Recent:**

1. Face Sheet  
2. History and Physical  
3. Home Medication List  
4. Patient’s Discharge Instructions

**Referring Physician or Nurse Signature (Must be signed)**

- Contact Number: __________________________
- Referring Physician or Nurse: __________________________  
- (Please Print)

**Fax Report**

- [ ] Fax report back to referring physician  
- [ ] Fax report back to: __________________________

**Fax Number:** __________________________

**Disclaimer:** All visits will be accomplished as soon as possible; some patients may not be enrolled. All services provided must be within the scope of practice of a paramedic as described in OAR 447-02-0030. Paramedics will verify that orders fall within this scope of practice and will contact you if orders need clarification or further instruction.

**Please Call 541-504-5020 to Confirm That This Document Was Received Via Fax to Redmond Fire and Rescue.**
Hospital Discharge Patient

- Patient may not have a good understanding of post discharge instructions or the health care plan
- CP provides in home care and medication administration/reconciliation
  - Case Story: 3 days post discharge, IDDM
    - Diet
    - Duplicate medications
    - Post discharge instructions
Sustainability/Reimbursement

• Discuss strategies with hospital
  – Hospital discharge and readmit < 30 days

• Discuss with payors, what do they want to measure (CCO)
  – > 30 days post discharge

• One CHF admit cost CMS (MedStar, Tx)
  – Ave $17,500 per hospital admit
  – 30 day readmission rate CHF = 24.7%
  – 52% of readmissions did not see their Dr (NEJM)
  – Day 31+ very large expenses
Thank you

A special Thank You to MedStar Mobile Healthcare, T.X. and Eagle County EMS, C.O. for use of their information and pioneering programs!

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