

Beaumont-Innovations in Emergency Care
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COMMUNITY PARAMEDICINE – A COMPREHENSIVE APPROACH



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COMMUNITY PARAMEDIC, WHAT IS IT AND WHY DO WE NEED IT?

A new model of EMS to improve customer service

- Hospitals
 - Changes in healthcare reimbursement
 - Federal ACA
 - ACO's and BPCI
 - Hospital emergency department volume
- Patients
 - Not all patients need an emergency department
 - Social or environmental issues
 - Primary care
 - Home care
- EMS Crews
 - Rising call volume

HOSPITAL PENALTIES – A PERSPECTIVE

- Up to 7% of Medicare funding at risk
 - Readmission penalties
 - Patient satisfaction
 - Other performance metrics

Hospitals are encouraging HVA to think differently.
We are accepting their challenge!

WHERE DOES IT START?

Call Center – 9-1-1 Medical Call Diversion.

- 24/7 PSAP with licensed EMTs and paramedics
 - Additional training
- Identify a small subset of callers
 - Minor medical issues
 - 2-1-1 referrals
 - Social work
- More cost efficient than nursing triage
 - Due to low volume
 - Difficult to measure impact

AFTER HOURS ANSWERING SERVICES

Call Center – Services for Physicians, Home Health, PACE and Insurance Providers.

- What happens at night?
 - Call 9-1-1?
- A new type of triage system managing clinical pathways
 - Home Health
 - DME
 - PACE
 - Physician offices
 - Insurance providers
 - Specialty services

CALL CENTER - TELEMATICS

Call Center – Telematics.

- Monitor patient home activity and vital signs remotely on behalf of whoever is following their care
- Episodic response if a home care or physician visit is not available in a timely manner.
 - Goal is to reduce ED visits
- 500+ LifeLink home installations in southeast Michigan
 - Several of these have prevented ambulance response

SUPPORTING SKILLED NURSING FACILITIES

Community Paramedic - Support for Skilled Nursing Facilities.

- 24/7 Availability
- Provides a patient/physician interface with diagnostic capabilities
 - Basic labs
 - 12-Lead ECG
 - IV Therapy
 - Video consultation
- Goal – To treat the patient in place reducing frequency of transport to the emergency department

AFTER THE HOSPITAL

Community Paramedic – Follow Up Preventive Care.

- Home visits following discharge
 - CHF/COPD
 - Pneumonia
 - Orthopedics
 - MI/CABG
- ED Follow up/Referrals
 - Respiratory complaints
 - Diabetics
 - Borderline patients
- Not intended to replace home health care
 - After hours support

ROLE IN COMPLEX CARE TEAMS

The HVA Call Center and our Community Paramedics are available to partner with our hospitals, physicians, home health care agencies and other external entities to manage the health of our community's most costly patients.

HVA's role in such a partnership might be to keep the patient out of the 9-1-1 system, provide telephone support for the patient's health pathway, or to provide a community paramedic response on a moment's notice when things don't go as planned.

WHAT DOES IT COST?

Program costs for our initial Community Paramedic program:

- One paramedic on duty 24/7- \$625,000 annually for Washtenaw County.

A fully utilized Community Paramedic unit can handle about 10-12 patients per 24-hours.

Growth potential - We have identified as many as 8,000 patients per year (22 per day) where a community paramedic response might be appropriate.

FUNDING

- Currently no benefits under the Medicare or Blue Cross ambulance benefit.
- Emergent Health Partners (HVA parent organization)
- Washtenaw County Board of Commissioners
 - \$98,000 to assist in startup costs
 - \$35,000 from the State of Michigan
- Grants
- What about the future?
 - Sustainable funding sources

WHEN DID IT START

- In August, 2015, HVA (and our partners at Livingston County Ambulance) begin deploying one Community Paramedic, 24/7 around the clock in each of Washtenaw and Livingston counties, in specialized non-ambulance vehicles.
- JCA went live in March of 2016.
- The Community Paramedic is sent, with or without an ambulance, to non-acute 9-1-1 requests for medical service.
- This program functions under the existing state public health code with medical control authority oversight.
- Unlike most day to day paramedic interactions, community paramedics will consult with an emergency physician during each patient encounter.

WHAT WAS THE PURPOSE

- Respond to these minor medical requests for service, with a goal of treating some of these patients in place, or connecting them with more appropriate follow up care. Our Follow up care partners are:
 - Area Agency on Aging
 - Catholic Social Services
 - Home Health Care
- While at the patient's side, these paramedics work under the supervision of emergency physicians at St. Joseph Mercy-Ann Arbor, with full two-way video conference capability (Vsee).
 - Emergency physicians still have face to face dialogue with the physician

ADDITIONAL EQUIPMENT AND MEDICATIONS

- ALS Equipment
 - 12-lead ECG monitor
 - IV Fluids
 - Medical Control Drug Box
- i-STAT point of care testing
 - Chem8+ and PT/INR
- Spirometers
- Scale
- Doppler Ultrasound
- Home care supplies
 - Wound Care
 - Ostomies
 - Indwelling catheters
- Support program information
- First dose antibiotics
 - Ciprofloxacin
 - Cephalexin
 - Clindamycin
 - Azithromycin
- NSAIDs
 - Ibuprofen
 - Acetaminophen
- Afrin
- Lasix
- Potassium
- Pyridium
- Zofran ODT
- Cab Vouchers

DOES IT WORK?

- Outcome data is being collected and reports are provided to the MDHHS and various stakeholders about the program's effectiveness, safety and whether it saves healthcare dollars.
- We are currently working with the State of Michigan on how the different programs work.
- Constantly monitoring metrics and data provided by our community paramedics.
- Always looking for new opportunities!

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THANK YOU!

- Questions???

