COMMUNITY PARAMEDICINE

EMERGENCY MEDICAL SERVICES COMMUNITY BASED HEALTHCARE MANAGEMENT
FORT DODGE COMMUNITY PARAMEDICINE

• STARTED AROUND 2014
  • MARY KRUSE AND TROY MARTENS WERE INTEGRAL
• READY, FIRE, AIM
• EVIDENCE BASED PROJECT
• STARTED WITH JUST REFERRAL SYSTEM
  • NOW DO IM SHOTS
  • HAVE DONE SOME TRANSPORTS
  • ALWAYS IN COLLABORATION
Community Paramedicine

What is Community Paramedicine
A nationally emerging initiative to utilize on duty Paramedics to perform in home visits on patients that lack resources to stay healthy in their home.

Method:
- On duty trained paramedic crew visits home one time.
- Isolate patient needs based on home environment.
- Address immediate roadblocks to health and well being of patient.
- Referral to appropriate health/community agencies.

Benefits:
- Utilization of on duty hospital based medics with expertise and patient rapport skills.
- No additional health care cost.
- Increased referrals to outside entities.
- Immediately deployable work force.
- Decreased use of Emergency Services.
- Keeping patients healthy and in their own home.
- Increased staff satisfaction.

Case Study:
- 30 y/o male non-complaint seizure patient, frequent emergency services utilizer.
- One home visit: 24 minutes.
- Roadblocks found:
  - Outdated medications
  - Lack of PCP identification
  - Lacking medication management/education
  - Lack of home necessities
- Outcome:
  - PCP identified and appointment made for same day.
  - Referral to Public Health agency for overall health care maintenance.
  - Dramatic decrease of emergency services usage.
  - Cost savings estimated to be:

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We care for our community

Number of ED visits
FORT DODGE COMMUNITY PARAMEDICINE

• “CLINICAL” TIME WITH MINNESOTA CP
• WEB BASED TRAINING WITH HENNEPIN TECHNICAL COLLEGE IN MINNESOTA
  • KAI HJERMSTAD
  • DR. WILCOX
• JUST WITH THE REFERRAL AND HOME BASED ASSESSMENT-OVER $110,000 IN JUST OVER 100 VISITS
WHAT WILL WE LEARN TODAY

• WHAT IS COMMUNITY PARAMEDICINE
• WHAT IS “SCOPE OF PRACTICE” COMPARATIVELY
• WHAT HAS BEEN DONE AND IS BEING DONE
• HOW TO BUILD A COMMUNITY PARAMEDICINE PROGRAM
• HOW CAN YOU START TODAY TO EMPLOY COMMUNITY PARAMEDICINE
WHAT IS COMMUNITY PARAMEDICINE

• “THE USE OF PRE-HOSPITAL CARE PROVIDERS IN NON-TRADITIONAL ROLES”

• EMERGENCY MEDICAL SERVICES (EMS) OF THE FUTURE WILL BE COMMUNITY-BASED HEALTH MANAGEMENT THAT IS FULLY INTEGRATED WITH THE OVERALL HEALTH CARE SYSTEM. –EMS AGENDA FOR THE FUTURE

• GENERALLY SPEAKING IT IS USING THE FULL EXTENT OF WHAT A PREHOSPITAL PROVIDER CAN BRING TO THE COMMUNITY AT LARGE.

• USE OF CHAPTER 2 OF EVERY EMS TEXTBOOK
HISTORY IN THE MAKING

- EMS HAS TRADITIONALLY TAKEN PATIENTS TO GET THEIR CARE NEEDS MET
- CHANGES TO HEALTHCARE HAS “DECENTRALIZED” THIS PHILOSOPHY
  - PREVENTION IS PROMOTED
  - ACCOUNTABILITY IS ACKNOWLEDGED
  - RESOLUTION IS REQUIRED
- THROUGHOUT ALL THESE CHANGES EMS WAS LEFT OUTSIDE THE MEDICAL “SILO”
- COMMUNITY PARAMEDICINE WAS THE RESULT OF A KEY PLAYER BETWEEN ALL OTHER ENTITIES TEARING DOWN THESE SILOS TO BRING THE CARE NEEDS TO THE PATIENT.
Integrating information from multiple sources

- Hospital Inpatient
- Ambulatory
- Urgent Care
- Surgery Center
- Long Term Care
- EHR
- Home Health
- Emergency Room
- Patient
- Radiology
- Laboratory
- Pharmacy
SCOPE OF PRACTICE-FOR COMPARISON

HISTORICALLY:
PARAMEDIC-SKILLS/PROTOCOLS

CONTINUED EDUCATION

MOVING FORWARD:
COMMUNITY PARAMEDIC=CLINICAL CARE PLAN/SOCIAL DETERMINATES/SKILLS
SCOPE OF PRACTICE

• INITIAL TRAINING IS FOCUSED ON EMERGENT TREATMENT.

• CONTINUED EDUCATION TAUGHT AREAS SUCH AS CHRONIC DISEASE MANAGEMENT
  • WELL WITHIN SCOPE OF PRACTICE
  • VALUED EDUCATION TO SEASONED MEDICS
WHAT HAS BEEN DONE

• NATIONALLY
  • COLORADO, MINNESOTA, ARKANSAS HAVE COORDINATED AND SEASONED PROGRAMS
  • MULTIPLE STAKEHOLDERS ALREADY PREDICTING MILLIONS OF DOLLARS SAVED
  • CURRICULUM BEING DEVELOPED

• LOCALLY
  • PARTICIPATION IN HEALTHCARE COALITION INFRASTRUCTURE FOR EMS
  • MIH-CP EMBRACED
  • EMS AGENDA FOR THE FUTURE. THIS COORDINATES WITH MIH-CP

• IDPH
  • TOOLKIT
  • STATE LEVEL SUBCOMMITTEE WITH STAKE HOLDERS
PROGRAMS ALREADY IN IOWA!!!!

- MERCY OF DES MOINES/EMS-COORDINATED INTEGRATED CARE
- FORT DODGE FIRE/EMS AND UPH TRINITY-COMMUNITY REFERRAL SYSTEM/REDUCTION OF USE
- SIOUX CITY/SCI JUST LAUNCHED-REDUCTION OF SUPERUSERS
HOW DO YOU BUILD A MIH-CP PROGRAM

- PROVIDERS!!!
  - SEASONED MEDICS
  - MEDICAL DIRECTORS
  - COLLABORATIVE HEALTHCARE PARTNERS-THIS MAY NEED TO BE CREATED
  - CULTIVATE PROFESSIONALISM-EDUCATE TO BUSINESS PLANS, CRITICAL CONVERSATIONS, ETC.

- NEEDS ASSESSMENT
  - CHNA
  - COMMUNITY HEALTH RANKINGS
  - DATA USA

- RESOURCE ASSESSMENT
  - AVAILABLE ASSETS, SUCH AS PUBLIC HEALTH AND HOSPITAL AND OTHER HEALTHCARE PARTNERS
  - AVAILABLE RESOURCES TO OFFER TO THE COMMUNITY
HOW TO BUILD A MIH-CP PROGRAM

• ONCE NEEDS AND ASSETS ARE DETERMINED:
  • EDUCATE
  • DOCUMENTATION

• MATRICES
  • METRIC IDENTIFICATION
  • MANAGEMENT AND EVALUATION

EXPECT CHALLENGES

• RESOURCES AVAILABLE ON IDPH BETS WEBSITE TO GUIDE IF NEEDED
• EMS IS A COVERED ENTITY (HIPAA)
WHAT CAN YOU DO TODAY

- EMBRACE INTEGRATION
- EMBRACE INNOVATIONS AND DISRUPTIONS IN HEALTHCARE DELIVERY
- EMPOWER ALL THOSE IN HEALTHCARE TO:
  - BREAK DOWN SILOS
  - COLLABORATION DOESN’T DESTROY COMPETITION
WEBSITES

- COUNTY HEALTH RANKINGS
- DATA USA
- IDPH-MIH CP
QUESTIONS