MIH Outcome Measures Worksheet - Community Paramedicine Intervention

Agency:	
Location:	
Number of enrolled patients:	

Agency entered information field	
Hard coded field	

ID	Measure	Input Description	Value	Output Goal	Result
Q1	Primary Care Utilization	Number of enrolled patients with an established PCP relationship upon graduation		Increase the number and percent of patients utilizing a Primary Care Provider (if none upon enrollment). {Higher Values Desirable}	
		Number of enrolled patients without an established PCP relationship upon enrollment			
Q2	Medication Inventory	Number of medication inventories with issues identified and communicated to PCP		Increase the number and percent of medication inventories conducted with issues identified and communicated to PCP. {Higher Values Desirable}	
		Number of medication inventories completed			
Q3.1	Care Plan Developed	Number of patients who have an identified and documented plan of care with outcome goals established by a physician and facilitated by the CP		Increase the number and percent of patients who have an identified and documented plan of care with outcome goals established by a physician and facilitated by the CP. {Higher Values Desirable}	
		All enrolled patients			
Q3.2	Care Plan Developed	Number of patients with a plan of care communicated by the patient's PCP		Increase the number and percent of patients who have an identified and documented plan of care with outcome goals established by the patient's PCP and facilitated by the CP. {Higher Values Desirable}	
		All enrolled patients			
Q4	Provider Protocol Compliance	Number of plan of care deviations without medical direction support.		Eliminate plan of care deviations without specific medical direction supporting the deviation. {Lower Values Desirable}	
		All patient encounters/interventions			
Q5	Unplanned Acute Care Utilization (e.g.: emergency ambulance response, urgent ED visit)	Number of patients who require unplanned acute care related to the CP care plan within 24 hours after a CP intervention.		Minimize rate of patients who require unplanned acute care related to the CP care plan within 6 hours after a CP intervention. {Lower Values Desirable}	
		All CP visits in which a referral to Acute Care was NOT recommended			
Q6	Adverse Outcomes	Number of adverse events resulting from a CP intervention		Minimize adverse effects (harmful or undesired effects) resulting from a medication or other treatment related to CP intervention. {Lower Values Desirable}	
		All patient encounters/interventions			

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Q7	Community Resource Referral	Number of referrals to community resources (3 referrals for 1 patient = 3 referrals)		Increase portion of patients referred to community resources for reconciliation of immediate social, transportation and environmental hazards and risks. {Higher Values Desirable}	
		Number of enrolled patients with an identified need			
Q8	Behavioral Health Services Referral	Number of patients with an established therapeutic relationship with behavioral health resources.		Increase portion of patients referred to a behavioral health professional for behavioral health intervention. {Higher Values Desirable}	
		Number of enrolled patients with an identified need			
Q9	Case Management Referral	Number of patients with an established therapeutic relationship to case management resources		Increase portion of patients referred to case management services. {Higher Values Desirable}	
		Number of enrolled patients with an identified need			
E1	Patient Satisfaction	Overall Score (out of max = 5)		Optimize patient satisfaction scores by intervention. {Higher Values Desirable}	0
E2	Patient Quality of Life	Overall Score on Enrollment		Improve patient self-reported quality of life scores. {Higher Values Desirable}	
		Overall Score on Graduation			
U1	Ambulance Transports	Number of unplanned ambulance transports up to 12 months post-enrollment		Reduce rate of unplanned ambulance transports to an ED by enrolled patients. {Higher Reduction Desirable}	
		Number of unplanned ambulance transports up to 12 months pre-enrollment			
U2	Hospital ED Visits (90 days)	ED visits up to 12 months post-graduation		Reduce rate of ED visits by enrolled patients by intervention. {Higher Reduction Desirable}	
		ED visits up to 12 months pre-enrollment			
U3	All-cause Hospital Admissions	Number of hospital admissions up to 12 months post-graduation		Reduce rate of all-cause hospital admissions by enrolled patients by intervention	

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U3	All-cause Hospital Admissions	Number of hospital admissions up to 12 months pre-enrollment		{Higher Reduction Desirable}		
U4	Unplanned 30-day Hospital Readmissions	Number of actual 30-day readmissions		Reduce rate of all-cause, unplanned, 30-day hospital readmissions by enrolled patients by intervention.		
		Number of anticipated 30-day readmissions		{Higher Reduction Desirable}		
U5	Length of Stay	ALOS by DRG for enrolled patients at end of implementation year X		Reduce Average Length of Stay by enrolled patients by DRG.		
		ALOS by DRG for patients NOT enrolled at the end of implementation year X		{Higher Reduction Desirable}		

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C1	**Ambulance Transport Savings**	Number of ambulance transports by enrolled patients 12 months post-graduation		Reduce Expenditures for unplanned ambulance transports to an ED pre and post enrollment or per event. **{Higher Reduction Desirable}**	**$0**
		Number of ambulance transports by enrolled patients 12 months pre-enrollment			
		Average payment per transport			
		Expenditure per CP patient contact			
		Number of CP patient contacts for enrolled patients.			
C2	**Hospital ED Visit Savings (90 days)**	Number of ED visits by enrolled patients 12 months post-graduation		Reduce Expenditures for unplanned ED visits pre and post enrollment or per event. **{Higher Reduction Desirable}**	**$0**
		Number of ED visits by enrolled patients 12 months pre-enrollment			
		Average payment per ED visits for enrolled patients			
		Expenditure per CP patient contact			
		Number of CP patient contacts for enrolled patients.			
C3	**All-cause Hospital Admission Savings**	Number of hospital admissions by enrolled patients 12 months post-graduation		Reduce Expenditures for unplanned hospital admission pre and post enrollment or per event. **{Higher Reduction Desirable}**	**$0**
		Number of hospital admissions by enrolled patients 12 months pre-enrollment.			
		Average Payment per Hospital Admission			
		Expenditure per CP patient contact			

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		Description			Goal		
		Number of CP patient contacts for enrolled patients.					
C6	Total Expenditure Savings	Calculated savings for each enrollee (ATS+HEDS + (ACHAS or UHRS)+USNFS))			Total expenditure savings for all CP interventions		$0.00
		Calculated expenditure of the CP interventions for intervention per enrollee, including alternative sources of care expenditures			{Higher Value Desirable}		
C7	Total Cost of Care	Total cost of care for enrolled patients for 12 months post-enrollment			Reduce total healthcare expenditures for enrolled patients		$0.00
		Total cost of care for enrolled patients for 12 months pre-enrollment			{Higher Reduction Desirable}		
B1	Practitioner (EMS/MIH) Satisfaction	To be determined based on tools developed			Optimize practitioner satisfaction scores		0
B2	Partner Satisfaction	To be determined based on tools developed			Optimize partner (healthcare, behavior health, public safety, community) satisfaction scores		0
B3	Primary Care Provider (PCP) Use	Number of PCP visits during enrollment			Optimize number of PCP visits resulting from program referrals during enrollment.		0
B4	Specialty Care Provider (SCP) Use	Number of SCP visits during enrollment			Optimize number of PCP visits resulting from program referrals during enrollment		0
B5	Behavioral Care Provider (BCP) Use	Number of BCP visits during enrollment			Optimize number of BCP visits resulting from program referrals during enrollment		0
B6	Social Service Provider (SSP) Use	Number of SSP visits during enrollment			Optimize number of SSP visits resulting from program referrals during enrollment		0
B7	Emergency Department Capacity	Number of ED visits post-enrollment			Decrease number of hours of ED bed utilization by CP patients during measurement period.		0.00
		Number of ED visits pre-enrollment			{Higher Values Desirable}		
		Average door to disposition time for all ED patients					

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B8	System Capacity - PCP	Number of patients referred to PCP services that were unable to receive PCP services due to lack of PCP capacity		Number and percent of patients unable to receive PCP services that they would otherwise be eligible to receive as a result of lack of PCP system capacity		
		Number of patients referred to PCP services				
B9	System Capacity - SCP	Number of patients referred to SCP services that were unable to receive SCP services due to lack of SCP capacity		Number and percent of patients unable to receive SCP services that they would otherwise be eligible to receive as a result of lack of SCP system capacity		
		Number of patients referred to SCP services				
B10	System Capacity - BCP	Number of patients referred to BCP services that were unable to receive BCP services due to lack of BCP capacity		Number and percent of patients unable to receive BCP services that they would otherwise be eligible to receive as a result of lack of BCP system capacity		
		Number of patients referred to BCP services				
B11	System Capacity - SSP	Number of patients referred to SSP services that were unable to receive SSP services due to lack of SSP capacity		Number and percent of patients unable to receive SSP services that they would otherwise be eligible to receive as a result of lack of SSP system capacity		
		Number of patients referred to SSP services				