



EMS Chief 101

Community Paramedicine

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Community Paramedicine

EMS Agenda for the Future, 1996

- **Vision statement**
  - **EMS will be community based health management**
  - **Fully integrated with the healthcare system**
  - **Treatment of chronic conditions**
  - **Community health monitoring**
  - **Integrated with other healthcare providers, public health, and public safety**
  - **Improve community health and result in more appropriate use of acute healthcare resources**

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NAEMT
Serving our nation's EMS practitioners.

What Exactly is Community Paramedicine?

- **Traditionally EMS put the patient in the ambulance and took them to the emergency room**
  - Not always cost effective
  - Not always in the patient's best interest

- **CP is a way of linking the patient with the:**
  - Right resource needed
    - At the right time
    - For a lower cost
  - Leading to:
    - Better patient care
    - Higher patient satisfaction

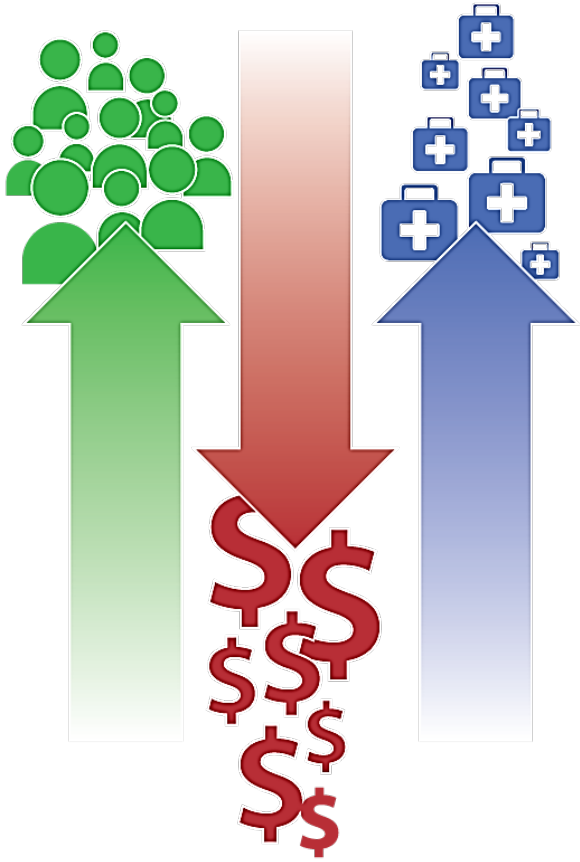
IHI Triple Aim

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Quadruple Aim

Applying the Triple Aim

- **Improved Patient Health**
  - Preventative Care
  - Patient Education
- **Improved Patient Experience**
  - Time Savings
  - More Effective
- **Decreased Healthcare Costs**
  - Prevention Cheaper Than Treatment
  - Less Duplication of Services



Changing The Way We Do Business

- **Patient Relationships**
  - More compassion/understanding required
- **Change In Treatments**
  - Education more important than skills
- **No Longer Time Sensitive**
  - Response and scene times irrelevant
- **Change In Care Setting**
  - In-home versus ambulance
- **Cannot Do It All Alone**
  - Need help of many other outside healthcare entities

Fire Department Model

- **FD does not spend most of their time putting out fires**
  - Fire prevention programs, building codes, inspections, smoke detectors, alarms, hydrants, etc.
  - Requires constant training to stay ready when needed
  - Taking the “fire” out of the “fire department”
- **EMS has realized that most of the time it is not an *“Emergency Medical Service”* but more of an *“Unplanned/Unscheduled Medical Service”***
  - CP programs can help shift 911 focus back to more acute type emergencies

CP Program Development

- **Most important aspect of developing a CP program is performing a thorough needs assessment.**
  - **What resources exist in your community?**
    - Public, private, non-profit
    - Any type of social services
    - Consider faith based group involvement
  - **Create partnerships with each of these resources.**
    - CP needs to know how they work
    - They need to know how EMS/CP work

CP Program Development

- **SWOT Analysis**
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats

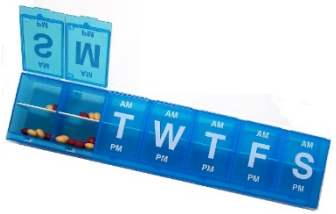
- **Gap Analysis**
  - Where are the gaps in service based on the needs assessment?
  - How can these gaps become opportunities for growth?
  - Can the weaknesses of the agency be improved to address these opportunities?

Program Types

- High Volume EMS Utilizers
- High Volume ED Utilizers
- High Risk Re-Admission Discharges
- Mental Health/Behavioral Health/Substance Abuse
- Falls Prevention
- EMS Refusal Follow-Up

Program Types

- **Specific Disease Process Programs**
  - Diabetes
  - CHF/COPD/Pneumonia
  - Pediatric Asthma
  - Infection/Sepsis
- **Resource Navigation**
- **Disaster Planning for Special Needs Population**



Program Barriers/Solutions

- **Funding**
  - **Funding is always mentioned as the primary barrier to creating a CP program.**
  - **Possible sources:**
    - Grants
    - Hospital partnerships
    - Tax based funding
    - Subscription programs

- **Reimbursement Status**
  - 1115B Medicaid waiver
  - ET3 Program

Program Barriers/Solutions

- **No National/State Standard**
  - Turn this into a positive
  - Program is custom made for your needs, not a “one-size-fits-all” approach
  - In order for any CP program to be successful, it must be uniquely based on the community it serves
  - Requires lots of planning in development stages
    - NCOEMS staff/resources are here to help

Program Barriers/Solutions

- **Training/Education**
  - NC CP/MIH Coalition Curriculum
    - 40 Hours
      - **Resource Navigation**
      - **Motivational Interviewing**
      - **Complex Care Management**
      - **Behavioral Health**
  - Local module
    - Specific training based on local program
    - Must include clinical component, hours determined by the system

- **National Training Programs Also Available**

Education Program

- **Introduction to Community Paramedicine 4hrs**
  - Definition
  - Review different CP / MIH programs
  - Community Health Assessment
  - Transitioning from emergency care provider
  - Compassion Fatigue
  - Community Paramedic Assessment
- **Patient Safety / Harm Reduction 4hrs**
  - Home Safety
  - Falls
  - Fire
  - Access/Mobility
  - Disaster Evacuation Plans (Pre-Planning)
  - Vaccines
  - Special Populations

Education Program

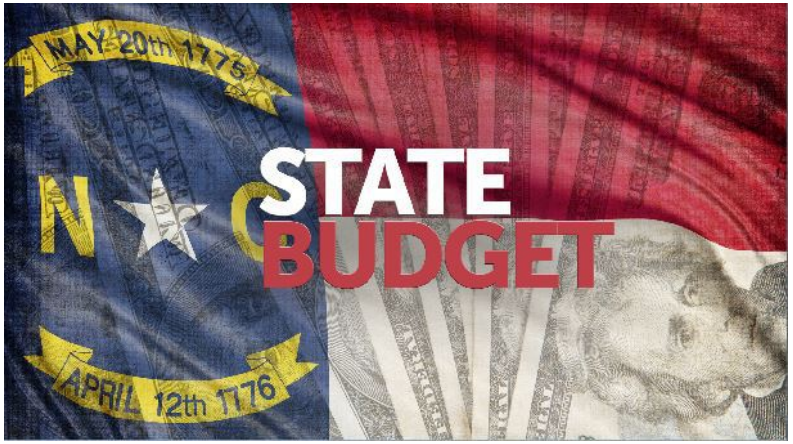
- **Complex Care Management 20hrs**
  - Chronic Disease Management
  - CHF/COPD/DM
  - Motivational Interviewing
  - Patient Care Plans
  - Medication Review / Reconciliation
  - Nutrition and Special Diets
  - Wound Care
  - Review Laboratory Test / Reports
  - Advance directives / Hospice
  - Social determinants of health
  - Food, Housing, Transportation, Trauma Informed Care
  - Review of Payer sources
  - Patient Navigation
  - Case Management and resource integration
- **Behavioral Health/Substance Abuse 12hrs**
  - Understanding Behavioral Health
  - Mood Disorders
  - Anxiety Disorders
  - Dementia
  - Schizophrenia
  - Eating Disorders
  - Crisis Intervention/ Navigation
  - Suicidal Patients
  - Verbal De-escalation Techniques
  - Substance Use Disorders

Putting CP into Rule

- **10A NCAC 13P .0102**
  - "Community Paramedicine" means an EMS System utilizing credentialed personnel who have received additional training as determined by the EMS System Medical Director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines defined in the EMS system plan.
  - "Mobile Integrated Healthcare" means utilizing credentialed personnel who have received additional training as determined by the Alternative Practice Setting medical director to provide knowledge and skills for the healthcare provider program needs.
- **10A NCAC 13P .0506**
  - Practice setting includes CP specifically

NCOEMS CP Grant

- **SL 2015-241 Section 12A.12(a-e)**
  - **Designated $350,000 for CP Programs**
    - $210,000 New Hanover Regional EMS
    - $140,000 TBD (up to $70,000 each)
  - **Grant application developed and distributed**
  - **Selection committee results**
    - McDowell County EMS
    - Wake County EMS



NCOEMS CP Grant

	Region	Population	System Type	Program Focus
McDowell	West	Micropolitan 44,996	County Based	911/ED Reduction
New Hanover	East	Medium Metro 202,667	Hospital Based	Re-Admission Reduction
Wake	Central	Large Central Metro 900,993	County Based	Alternative Destination

NCOEMS CP Grant

- **Preliminary report submitted to General Assembly**
  - Submitted June 1, 2016
  - Basic information regarding selection process and site self-evaluation tool
- **Final report to General Assembly**
  - Submitted March 1, 2017
  - Agency data reported
  - State projections

NCOEMS CP Grant

- **SL 2017-57 Section 11G.1.(a-c)**
  - Two year extension of pilot programs
  - Increased funding amount (700k)
  - Report due to GA November 1, 2019
- **2019-2021 Budget TBD**
  - Governor's budget scheduled for March release

DMH/DD/SAS Grant

- **Department of Mental Health, Developmental Disabilities, and Substance Abuse Services**
- **Grant administered in two phases**
- **Phase I**
  - 2014-2015, $5,000 Grants to EMS agencies for training (CIT, Crisis Intervention Team)
- **Phase II**
  - 2015-2016, 2017-2018, Reimbursement model trial
    - $164.00 for on-site EMS evaluation and treatment/no transport
    - $211.00 for on-site EMS evaluation and treatment/transport to appropriate alternative destination

DMH/DD/SAS Grant Participants

- **Alliance Behavioral Healthcare**
  - **Wake EMS and Durham EMS**
- **Cardinal Innovations Healthcare Solutions**
  - **Orange EMS, Halifax EMS, and Franklin EMS**
- **CenterPoint Human Services**
  - **Forsyth EMS, Stokes EMS, and Rockingham EMS**
- **Partners Behavioral Health Management**
  - **Lincoln EMS**

DMH/DD/SAS Grant Participants

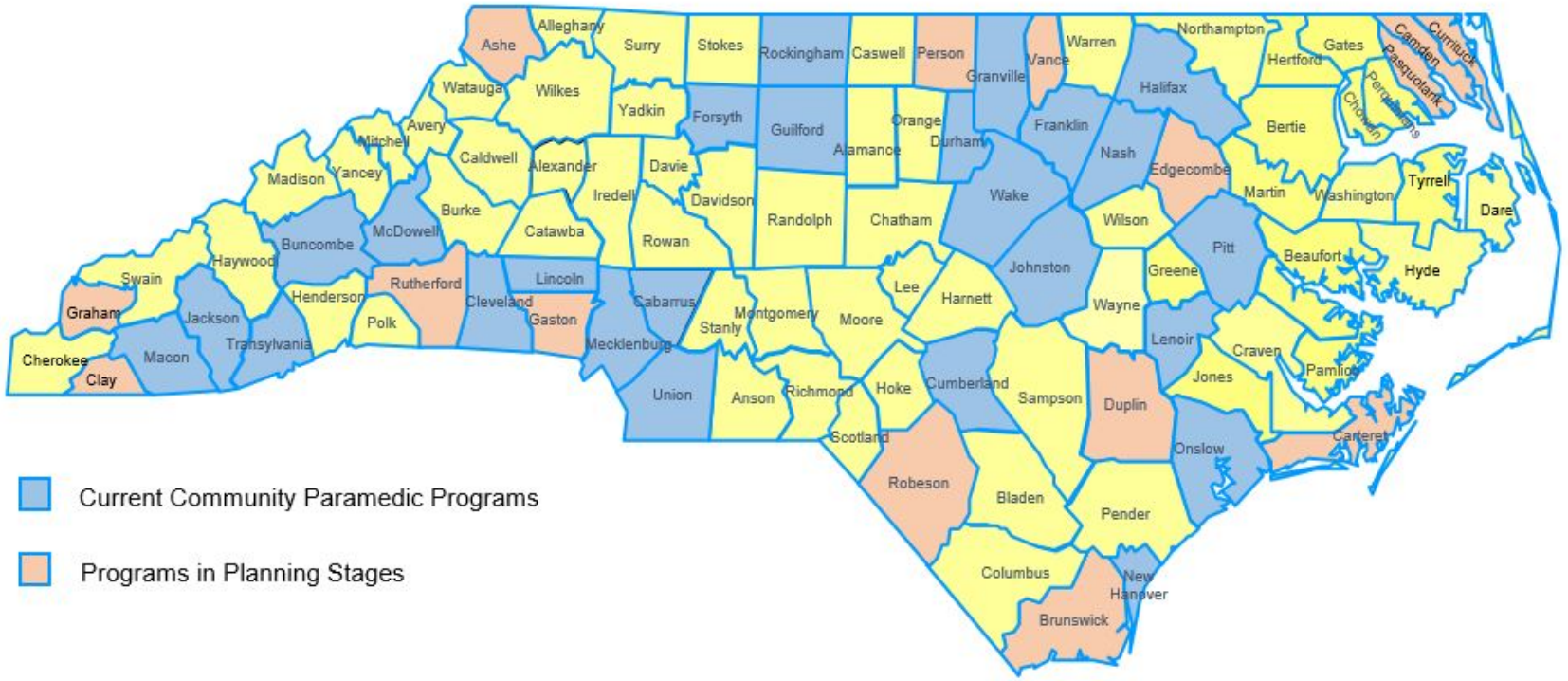
- **Sandhills Center**
  - Guilford EMS
- **Smoky Mountain LME/MCO**
  - McDowell EMS
- **Trillium Health Resources**
  - Onslow EMS and Brunswick EMS

Post Overdose Response Teams

- **Federal Grant to DPH**
- **Partnership with OEMS/PDH**
- **Applications taken December 2018**
- **Awards made January 2019**

County	Amount
Alexander County EMS	$6,000
Guilford County EMS	$20,000
Macon County EMS	$20,000
McDowell County EMS	$20,000
Onslow County EMS	$20,000
Pasquotank Camden & Perquimans County EMS	$30,000
Stanly County EMS	$20,000

Community Paramedicine in NC



Future Plans

- **Continue working towards reimbursement**
- **Data driven research on CP**
- **Continue helping local agencies in development of programs across the state**

Summary and Questions

Contact Information

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