

## COMMUNITY PARAMEDICINE/ MOBILE INTEGRATED HEALTHCARE & KANSAS



Community  
Paramedic  
PROVIDING CARE

Kansas  
Emergency  
Medical  
Services  
Association  
(KEMSA)

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### THE ACCESS DILEMMA RURAL AND REMOTE

- 1/4 of Americans live in rural and remote areas
- 1/3 of Kansans live in rural areas
- Only 10% of America's doctors practice in rural areas
- 4 times as many rural and remote residents travel > 30 miles for health care compared to urban residents

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### NATIONAL RURAL AND REMOTE DEMOGRAPHICS

- More elderly
- More immigrants
- More poverty
- Poorer health



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## KANSAS RURAL HEALTH CARE

- Shortage of primary care professionals in rural areas
- Funding shortfalls
- Access to care
- Hospital Discharge Re-Admission Problems

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### PRIMARY CARE HEALTH PROFESSIONAL UNDERSERVED AREAS REPORT Kansas 2014

Kansas Department of Health and Environment  
Bureau of Community Health Systems  
Kansas Primary Care Office

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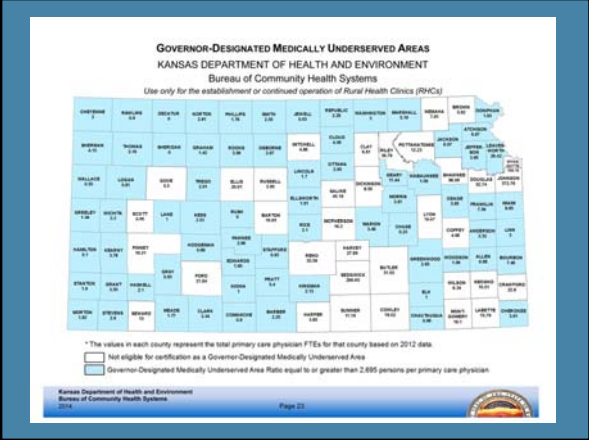
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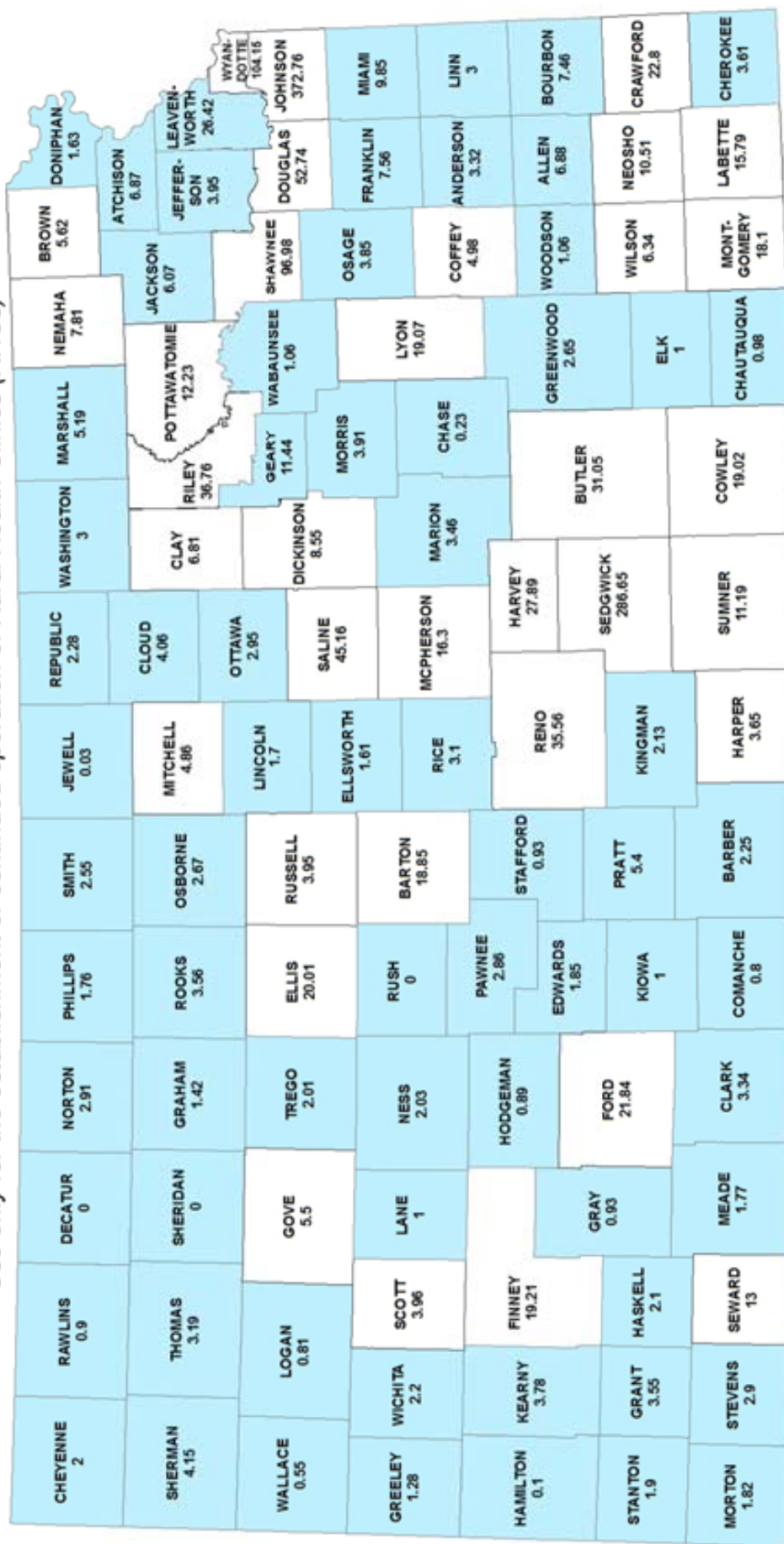
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**GOVERNOR-DESIGNATED MEDICALLY UNDERSERVED AREAS**  
**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**  
 Bureau of Community Health Systems

*Use only for the establishment or continued operation of Rural Health Clinics (RHCs)*



\* The values in each county represent the total primary care physician FTEs for that county based on 2012 data.



Not eligible for certification as a Governor-Designated Medically Underserved Area



Governor-Designated Medically Underserved Area Ratio equal to or greater than 2,695 persons per primary care physician





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**DEFINITION OF CP**

- “a state licensed EMS professional who has completed a formal internationally standardized educational program ... and has demonstrated competence in the provision of health education, monitoring and services beyond the roles of traditional emergency care and transportation...”
- Fully integrated in the healthcare system, data drive, patient centered team based

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**THE COMMUNITY  
PARAMEDIC PROGRAM**

- Expand role, *not* scope
- Assess and identify gaps between community needs and services
- Improve quality of life/health

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## THE IDEA

- Paramedics already know how to deliver care locally
- Assess resources and make decisions
- They can fill gaps in care with enhanced skills through targeted training

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## EXPANDED SERVICES

- Primary care
- Emergency care
- Public health
- Disease management
- Prevention
- Wellness
- Mental health

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## KEYS TO COMMUNITY PARAMEDIC PROGRAM



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## FLEXIBLE

- Identify specific needs in community health care
- Standardized curriculum, modified for communities

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## ADDRESSING THE NEEDS OF THE UNDERSERVED

- Target populations with problems in access to health care
- Address special population issues
  - Rising health disparities
  - Aging
  - Decreasing medical workforce

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## RESOURCEFUL

- Identifies what is available
- And what is missing

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## GAP-FILLING

- Creates “health home” for citizens
- Eyes, ears, and voice of community

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## COMMUNITY PARAMEDIC GUIDELINES

- Essential oversight by community care providers
- Practice where designated underserved
- Approved and welcomed
- Funding specific to locale

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## CARING FOR HIGH-RISK PATIENTS

- Patients taking 10 or more medications
- Patients who have tight therapeutic window medications such as “warfarin”
- Patients who have 3 or more chronic diseases
- Patients with mental health and disabling conditions

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## HOSPITAL PATIENT RE-ADMISSION

- CMS fines hospitals for re-admission of patients within 30 days of discharge
- Community Paramedics providing scheduled follow-up home visits
- Community Paramedics report to primary care professionals

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## MINNESOTA C.P. EDUCATION

- Currently certified as a paramedic
- College based, 200 hrs. classroom, 100-200 hrs clinical rotations
- Primary Care/Social Services focus
- Problem Solving

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## MINNESOTA COURSE CONTENT

- Chronic disease management
  - Cardiac, respiratory, diabetes , neurological
- Pathophysiology
- Pharmacology
- Mental health
- Text books

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## THE CLINICAL EXPERIENCE

- Primary care
- Community Health/Hospice
- Wound care
- Behavioral
- Cardiology & respiratory
- Pediatrics & geriatrics
- Networking




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## MEETING THE NEEDS OF ACCOUNTABILITY

### The Quadruple Aim

- Conducting the necessary readiness analyses and enabling a ready medical work force.
- Improving quality and health outcomes for a defined population. Advocating and incentivizing healthy behaviors.
- Patient and family centered care that is seamless and integrated. Providing patients the care they need, exactly when and where they need it.
- Managing the cost of health care provided. Eliminating waste and unwanted variation.



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## COMMUNITY PARAMEDIC ACHIEVING THE QUADRUPLE AIM



- Viable option for improving the experience of care, improving the health of populations and reducing per capita costs of health care
- Bridge existing health care gaps, avoid duplication
- Reduce the cost of overall health care expenditures
- Reduce stress on vulnerable patients and improve care coordination
- Reduce hospital readmissions and emergency department utilization and avoid penalties

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## CP PAYMENT & DELIVERY MODELING

- Community Paramedic solutions span health care finance, government reimbursement modeling and care delivery innovations
- In the brave new world of PMPM, capitation and shared savings for total cost of care, and a drive for the premium dollar, CP offers new solutions across the continuum of care and types of services...
  - Fire
  - Hospital
  - Private Services
  - County/City Governments
- From initial 911 call to primary care integration

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## FUNDING

- Minnesota, Medicaid \$60/hr. for Community Paramedic Services
- Fort Worth & Minn, Contracts with hospitals for follow-up visits following hospital discharge
- Fort Worth, Cardiology / Hospice / Home Health contracts
- Minn., Insurance Companies
- Federal Government, CMS / Medicare

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**Minnesota Reimbursement  
Established in Medicaid**

- Authorized Medicaid Coverage
  - Health Assessment, Immunizations and Vaccinations, Chronic Disease Monitoring and Education, Laboratory Specimen Collection, Medication Compliance, Hospital Discharge Follow-up Care, Minor Medical Procedures as Approved by Medical Director
- Primary Care Provider Order Required
- Medical Director Bills Medicaid

SF 1543  
Established  
Reimbursement

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**WHAT'S HAPPENING  
AROUND THE NATION**

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**MINNESOTA**

- State legislation in 2011 to allow for Community Paramedics to function
- Created training requirements
- Followed several years of study and discussion with various groups of health care stakeholders
- Several programs now functioning
- Underserved, hospital re-admission, frequent EMS/ED users
- State Legislation in 2012 authorized Medicaid payment

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## FORT WORTH, TEXAS

- In operation since 2009
- Using existing resources
- Nationally acclaimed
- Collaborative with other area health care stakeholders
- Services include, hospital re-admission, hospice, home health care back-up, cardiology patient visits
- Use of triage nurse
- Revenue covering cost of services

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## NEBRASKA

- Legislation in 2012 to allow for Community Paramedic
- Private firm in Omaha area providing C.P. services
- Scottsbluff has a pilot C.P. program focused on Pneumonia and CHF patients following hospital discharge

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## COLORADO

- Proposed Legislation in draft form
- Western Eagle County Colorado
- Early proponent (2009)
- Rural/Wilderness
- No Hospital in County
- Limited Primary Care Services in the Community; none after hours
- National Model of Expanded Services to fill gap of Primary Care Services

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## NORTH DAKOTA

- 2013 appropriation of \$276,000 for pilot study
- Funds to hire staff to initiate pilot and to gather data on results
- Focus on rural shortage of primary care health providers & hospital re-admission issues

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## MAINE

- Legislation passed in 2013 to allow for Community Paramedic
- Grants to support pilot programs
- Pilot projects in up to 12 communities
- First Community Paramedic training program in the fall of 2013

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## MISSOURI

- Legislation passed in 2013
- Regulations in draft form to define minimum training requirement
- Two programs currently operating in St Louis area focused on hospital patient readmission, have reimbursement associated with this from hospitals
- Kansas City region in early planning stage
- Springfield area ...two hospital based services providing some C.P. services

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**LAUNCHING A CP PROGRAM**

- LEGISLATIVE AND REGULATORY
- MEDICAL DIRECTION
- TRAINING
- IMPLEMENTATION
- REIMBURSEMENT

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**THE GROWING KANSAS IDEA**

- KEMSA offering forums this spring/summer around Kansas for EMS personnel and local health care providers
- Gathering of data
- Areas in early planning stage
  - Sedgwick County
  - Kansas City Area
- Kansas Hospital Assoc
- Kansas Medical Society
- Board of Nursing
- Board of EMS
- Others?

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## KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION (KEMSA)

- KEMSA was formed in 1996 and is a non-profit organization dedicated to the improvement of EMS in Kansas. KEMSA has members throughout Kansas and in surrounding states at every level of EMS.
- Our Mission: To be a unified voice for interested entities dedicated to continued improvement of the total emergency medical service system throughout Kansas.
- Our goals include:
  - Providing a Unified Voice
  - Promoting Education
  - High Standards
  - Quality Patient Care
  - Forums for EMS
  - Communication



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## NATIONAL ENGAGEMENT WITH C.P.

- National Association of EMT's
- National Association of State EMS Officials
- National Association of EMS Physicians
- American College of Emergency Physicians
- National EMS Management Association
- National Association of EMS Educators
- International Academies of Emergency Dispatch
- Association of Critical Care Transport
- North Central EMS Institute
- Paramedic Foundation
- American Ambulance Association
- American Nurses Association

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## THANK YOU

- Credit to Minnesota Community Paramedic leadership who allowed KEMSA to use some stock material for this presentation.

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