MICHIGAN HEALTH ENDOWMENT FUND



Community Integrated Paramedicine

Adding Value to Health Care

Community Integrated Paramedicine in Michigan MDHHS & BETP Vision

<u>Premise:</u> CP/MIH saves money, improves outcomes and provides care to those who may not otherwise receive it in a timely and/or economically feasible fashion. Ability to bridge gaps in the healthcare system

Goal: Find a way to promote these programs and help them become sustainable.

Opportunity & Plan

- ✓ Michigan Health Endowment Fund grant
- ✓ Two years \$500,000
- ✓ Replicate
- ✓ Regulate
- ✓ Educate
- ✓ Sustain

Challenges

- ✓ Language
- ✓ Standardization for replication
- ✓ Evidence in data
- ✓ Stakeholder identification
- ✓ Stakeholder engagement
- ✓ Stakeholder line of service requests

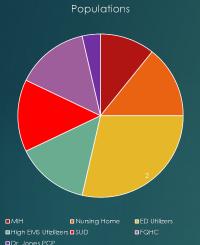
The Necessity of Community Care EMT? Organization

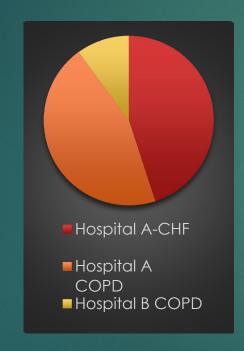
Advanced Care Practitioner?

22 hours classroom

Commonalities

340 hours of education





Differences

Questions

- Who are they?
- What are they doing?
- Who are they engaging with?
- What was their education?

Integrated Care Paramedic

Mobile Integrated Health Paramedic

Community Paramedic (CP)?

What are the service lines?

Hospital named program

And then there were two.....

Mobile Integrated Health

- Planned and predictable
- Follow up
- Focused population(s)
- Usually one main <u>partner</u>
- Education focused

Community Paramedicine

- Capable of all MIH
- Interfacing with the 9-1-1
 system navigation & critical thinking
- Numerous populations
- Multiple partners & resources
- Extensive education in breadth
 & depth

Community Paramedicine + Mobile Integrated Health = Community Integrated Paramedicine

How can CIP add value to the healthcare system?

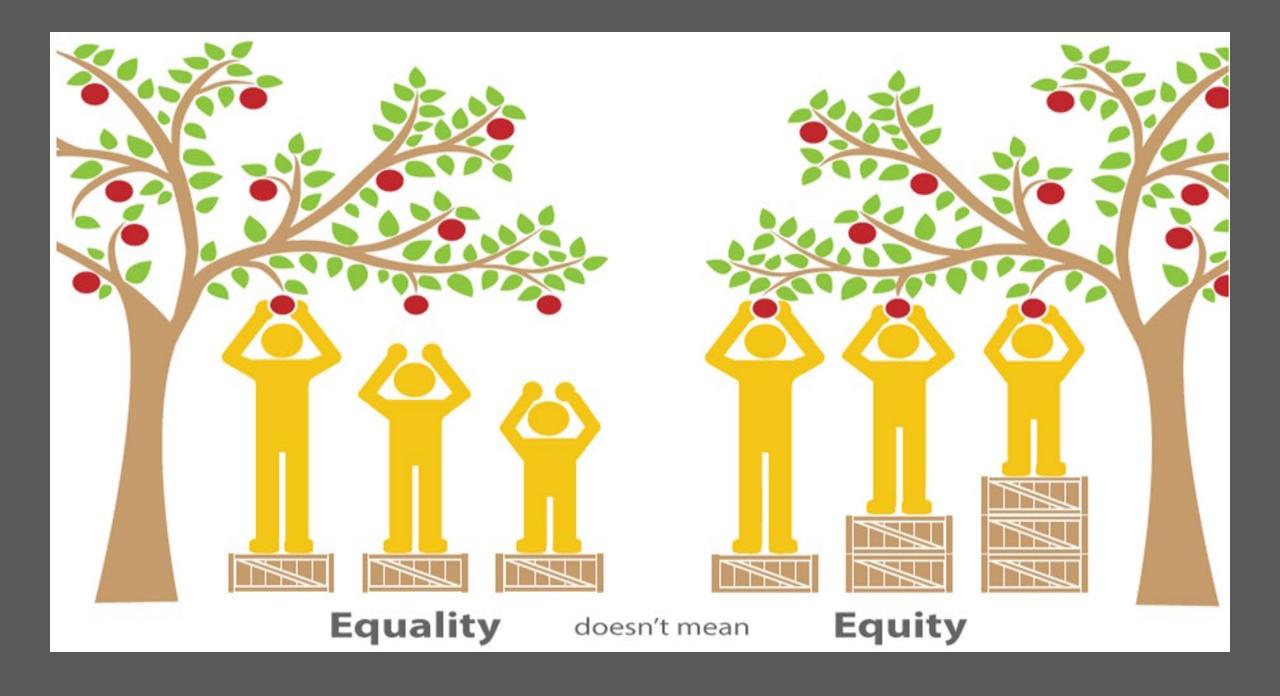
- Filling gaps (some...not all)
 - **√**Time
 - ✓ Budget
 - ✓ Talent

How do we get gaps?

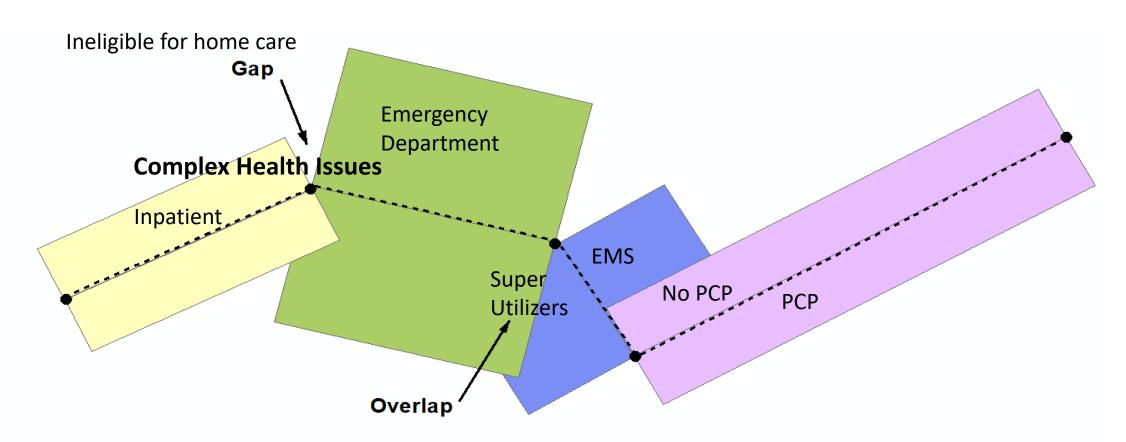
Health Equality - everyone receives the same resources & opportunities

Health Equity – creating opportunities that address the needs that prevent certain groups and populations from achieving the same health outcomes as others.

CIP - bridging the gaps and striving for health equity.



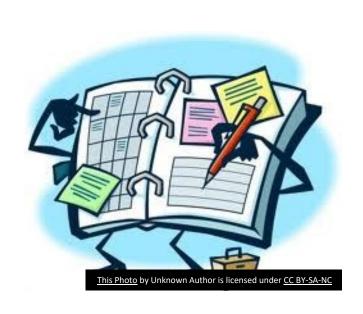
Gaps & Overlaps



The Panic Gap



- Post IP when was I supposed to call 9-1-1?
- Hospice didn't answer within 2 rings!
- Does this look right?

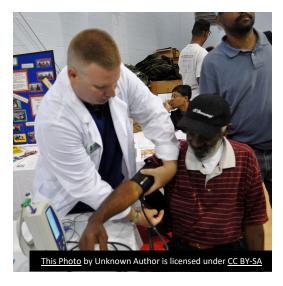




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The Scheduling and Eligibility Gap

- You aren't eligible for any home services
- You are eligible but we won't be there until Monday morning
- You are eligible but you don't want home health services?





The ER is not for turkey sandwiches and warmth gap

- Social Determinants of Health
 - Food Insecurity
 - Housing Insecurity
 - Weather
 - Loneliness

Use the Health System Appropriately Gap

Distance to PCP?
Transportation?
Day job with no leave time?





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Ask the questions



Why do people utilize the ED for primary care or in place of an urgent care?



Why do patients get readmitted within 30 days of discharge from inpatient?



Why are hospitalizations due to falls so prevalent?



Why do some people refuse home health services?



Why don't patients follow their discharge instructions?



Why does EMS do so many public assists (lift assists)?

How can CIP add value to the healthcare system?

- Filling gaps (some...not all)
 - **√**Time
 - ✓ Budget
 - ✓ Talent

Promed Ambulance - Muskegon

Focus: Post discharge follow up for strokes

Referrals: Case management (Mercy Health Partners)

- Matter of Balance Instructors
- ADL/memory aids (notebooks)
- Visual/coloring books for impairment explanation
- Resources/physical, mental, emotional rehabilitation



Program began June 21, 2016

- CVA/TIA Diagnosis (June-June)
 - 2015/2016 Inpatient readmissions: 56%
 - (N-1378)
 - 2016/2017 Inpatient readmissions: 13%
 - ► (N-1847)

Clinton Area Ambulance Service Authority Focus: Community

▶ 1 Patient 2016: 48 ambulance transports and 65 Emergency Department visits

Quarter 1 2017: 0 and 0

Medstar Macomb

Focus: COPD/CHF patients

Referrals: Case Management (HFHS)



Post discharge support, readmission prevention, PCP engagement



QTR 1 2017:

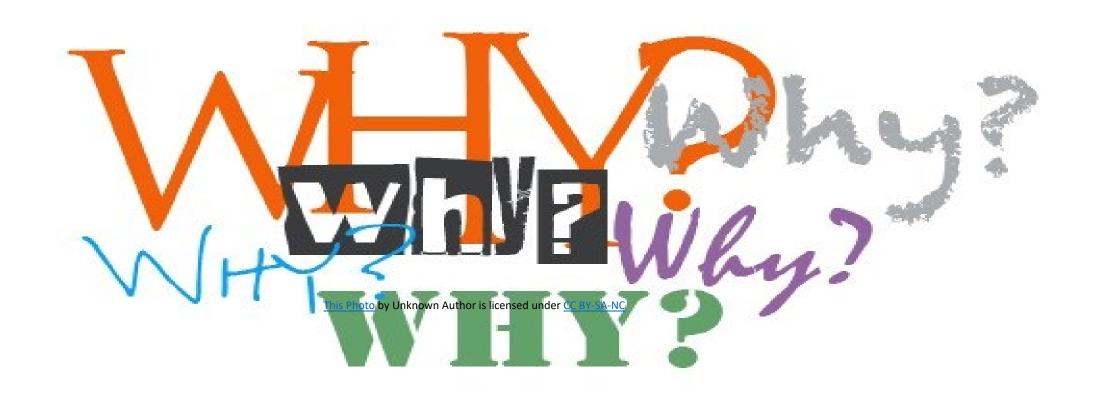
Reduced readmissions of enrolled patients from >20% to 3%

Is there a universal definition for value? How do we measure it?



- Value-based healthcare, also known as value-based care, is a <u>payment model</u> that rewards healthcare providers for providing quality care to patients.
- Value is defined by <a href="https://doi.org/10.1001/jhp-10.1001/j
- Value based care means care where the clinical benefits outweigh the risks and the cost.

What is the programs 'why'? Why did you think you needed a program? Your value is probably your why.....





FALL RISK REDUCTION ASSESSMENT

Goal: Implement CIP practices that will aid in the prevention of falls within the home. Falls are one of the leading causes of trauma injury in Michigan.

Question to be answered: Do fall risk reduction assessments decrease the number of falls/injuries/hospitalizations?

How will this be proven? https://www.mdch.state.mi.us/pha/osr/chi/HOSPINJ3/FRAMETT1.HTM
hospitalization or injury that required intervention. Watch for a reduction in rates by county or by local health district? Also look for a reduction in the number of lift assists/citizen assists performed on the agency side?

Metrics

Reduction in the number of falls (by dispatch code) in the service area that CIP program is functioning. Reduction in the number of hospitalization due to falls within the county or local health district. Percentage of visits the fall risk reduction assessment is performed – 80% of initial visits or 80% of all visits if it is a simpler process. Filter to 65 and older for the state criteria (65 y/o is statistically significant).

Other Data

Medication Review

- Helping to organize and understand
- Contacting the appropriate resource when something erroneous or questionable is noted

Social Determinants of Health

• Identification of and referrals for

Areas of Education



Core Competency



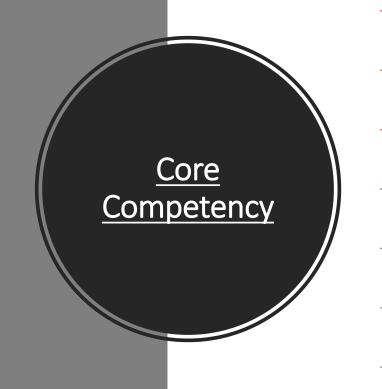
Procedures



Populations



Clinical Experience



Scope & Role

Home Safety

Medication Review & Diversion Prevention

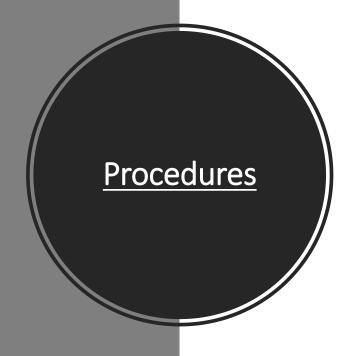
Social Determinants of Health

Cultural Competencies

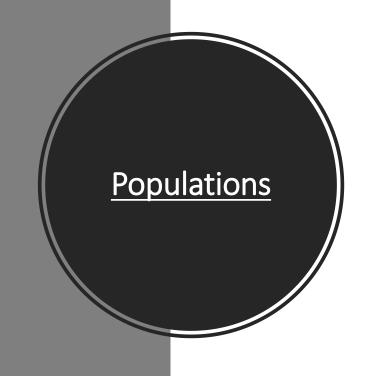
Communication

Home Medical Devices

Provider Safety



Feeding Tubes Urinary Catheters Ostomies Testing/Collection/Diagnostics **Immunizations & Vaccinations** Dialysis Central Venous Catheters (CVC) **Nasal Packing** Cardiovascular Adjuncts Trach Care – Advanced and non-emergency **Medication Pumps Medication Assisted Therapy**



COPD/Asthma

Cardiac: CHF/Post MI/Hypertension

Pneumonia/Respiratory Infection

Orthopedic Surgical Intervention

Diabetes Mellitus

Sepsis Identification

Neurological Conditions (stroke, trauma, organic)

Substance Use Disorder

Behavioral Health/Mental Health

Mother/Baby/Prenatal/Postpartum

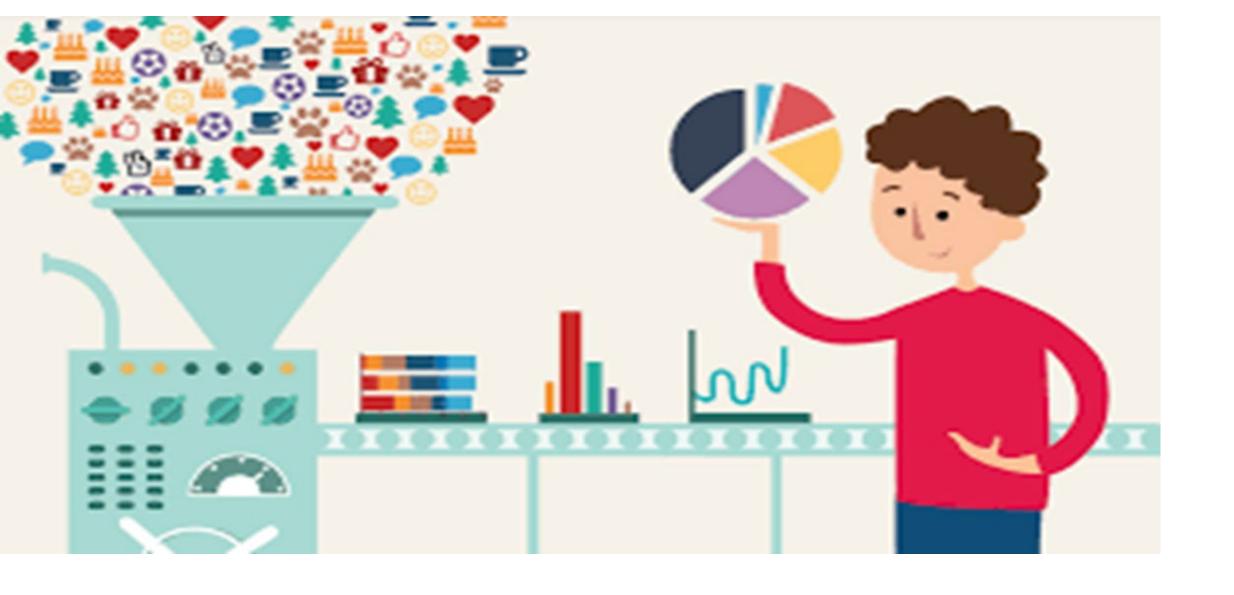




Flexible



Rural vs. Suburban vs. Urban



Special Studies Aren't Meant to Last Forever

Questions?

