Community Integrated Paramedicine

Adding Value to Health Care
Community Integrated Paramedicine in Michigan
MDHHS & BETP Vision

**Premise:** 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 Organization

Commonalities

Differences

Questions

- Who are they?
- What are they doing?
- Who are they engaging with?
- What was their education?
<table>
<thead>
<tr>
<th>Mobile Integrated Health</th>
<th>Community Paramedicine</th>
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<tbody>
<tr>
<td>• Planned and predictable</td>
<td>• Capable of all MIH</td>
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<td>• Follow up</td>
<td>• <strong>Interfacing with the 9-1-1 system</strong> – navigation &amp; critical thinking</td>
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<td>• Focused population(s)</td>
<td>• Numerous populations</td>
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<td>• Usually one main <strong>partner</strong></td>
<td>• Multiple partners &amp; resources</td>
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<tr>
<td>• Education – focused</td>
<td>• Extensive education in breadth &amp; depth</td>
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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.
Equality doesn’t mean Equity
Gaps & Overlaps

Ineligible for home care

Complex Health Issues

Emergency Department

Inpatient

EMS

Super Utilizers

No PCP

PCP

Overlap

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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?
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?
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 payment model that rewards healthcare providers for providing quality care to patients.

Value is defined by three principal components. Value to the patient; cost, quality and predictability for the health provider; it is off-setting the risks borne by the payer.

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.....
**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](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
Core Competency

Scope & Role
Home Safety
Medication Review & Diversion Prevention
Social Determinants of Health
Cultural Competencies
Communication
Home Medical Devices
Provider Safety
<table>
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<th>Procedures</th>
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<tr>
<td>Feeding Tubes</td>
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<tr>
<td>Urinary Catheters</td>
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<tr>
<td>Ostomies</td>
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<tr>
<td>Testing/Collection/Diagnostics</td>
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<tr>
<td>Immunizations &amp; Vaccinations</td>
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<tr>
<td>Dialysis</td>
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<tr>
<td>Central Venous Catheters (CVC)</td>
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<tr>
<td>Nasal Packing</td>
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<tr>
<td>Cardiovascular Adjuncts</td>
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<td>Trach Care – Advanced and non-emergency</td>
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<td>Medication Pumps</td>
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<td>Medication Assisted Therapy</td>
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<td>Populations</td>
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<td>COPD/Asthma</td>
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<td>Cardiac: CHF/Post MI/Hypertension</td>
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<td>Pneumonia/Respiratory Infection</td>
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<td>Orthopedic Surgical Intervention</td>
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<td>Diabetes Mellitus</td>
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<tr>
<td>Sepsis Identification</td>
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<tr>
<td>Neurological Conditions (stroke, trauma, organic)</td>
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<td>Substance Use Disorder</td>
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<tr>
<td>Behavioral Health/Mental Health</td>
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<td>Mother/Baby/Prenatal/Postpartum</td>
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Flexible

Rural vs. Suburban vs. Urban
Special Studies Aren’t Meant to Last Forever
Questions?