



Community Paramedicine

a healthcare system with
no boundaries

Pennsylvania's History of Community Based Care

- ✓ H1N1 Immunizations
- ✓ Deployments
- ✓ Hands-Only CPR



Our history of these simple acts has created an everlasting affect on the community

Community Paramedicine

Adapts to the **SPECIFIC** needs and resources of **EACH** community



Patient Focused • Focus on Provider Role • Reduce Emergencies

CULTURE OF PREVENTION

- Being great at response is NOT good enough
- Every EMS response is a “*Medical Failure*”



It's a big ship to turn

Potential Partners



*A collaborative effort
for the community*

Networking with Partners



Communication

The Benefits to the Healthcare System

- Reduce emergency department visits
- Target populations with financial burden of uncompensated care
- Reduce patient readmission rate
- Accountable Care Organizations



The Benefits to the Community



- Pediatrics
- Geriatrics
- New Mothers
- Diabetics
- Congestive Heart Failure
- Post-Surgical

The Benefits to EMS

Proficiently deliver care locally

Provide care with enhanced skills through targeted training

Better integration into mainstream healthcare

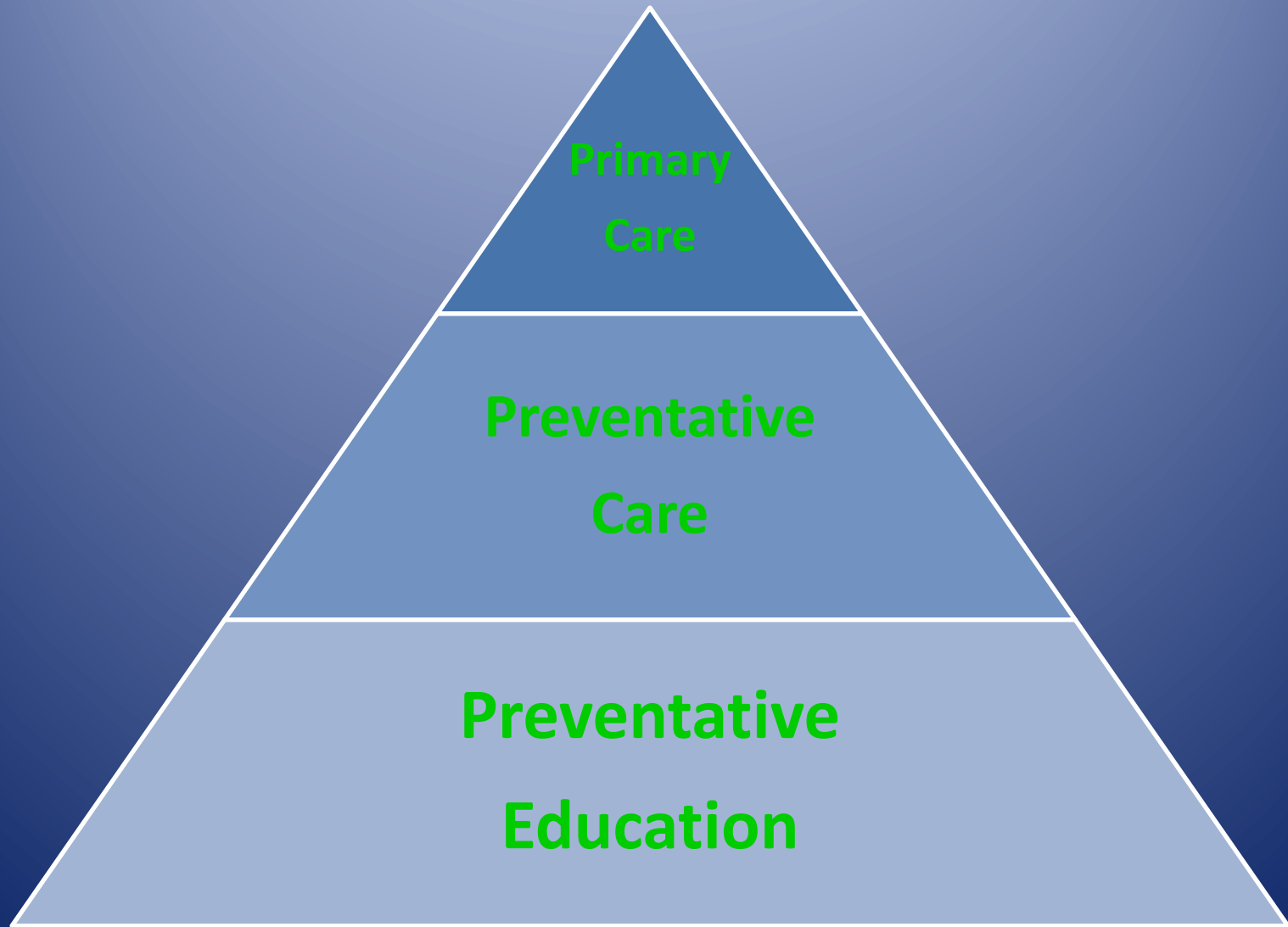
Recruitment initiative for seasoned providers

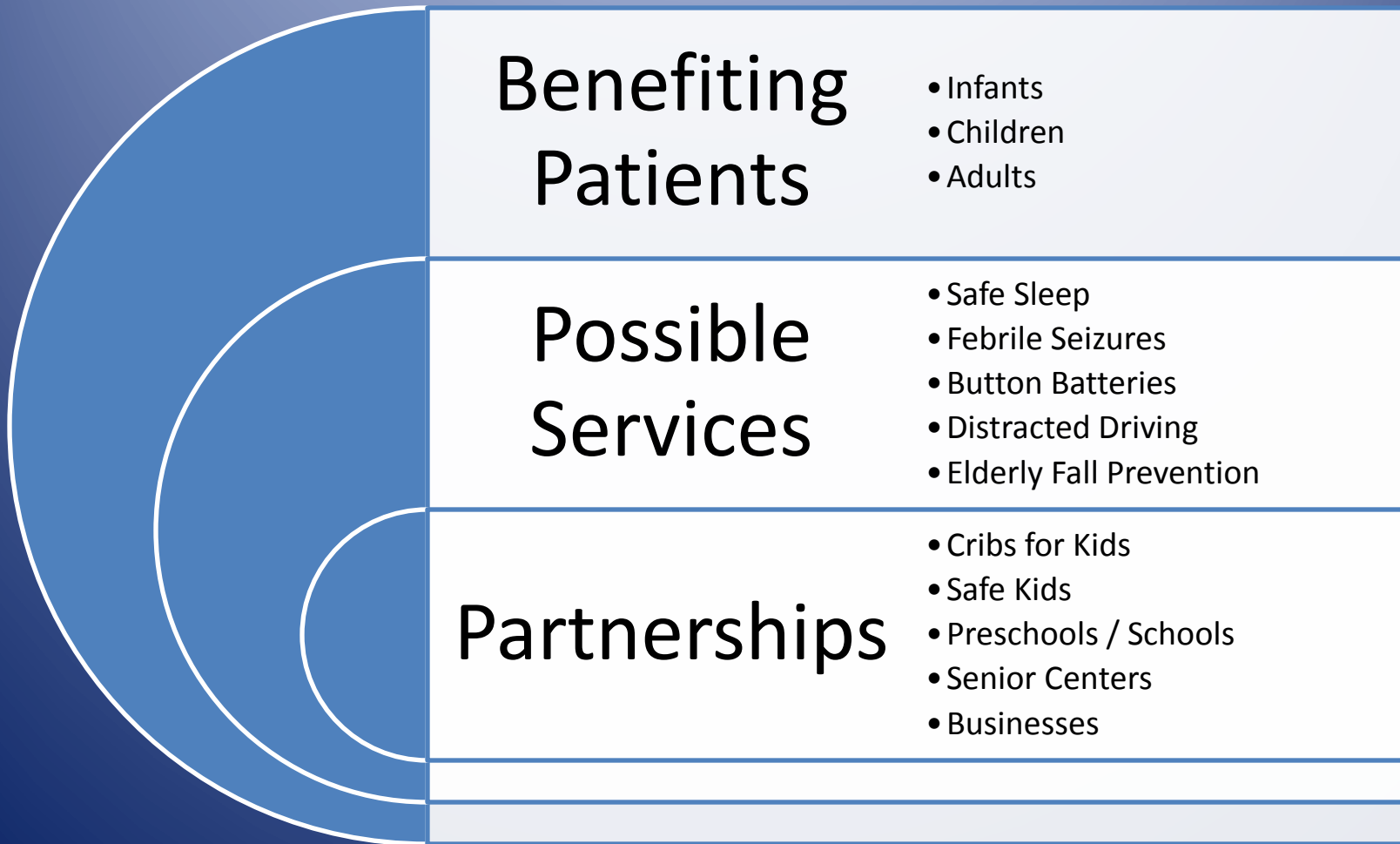
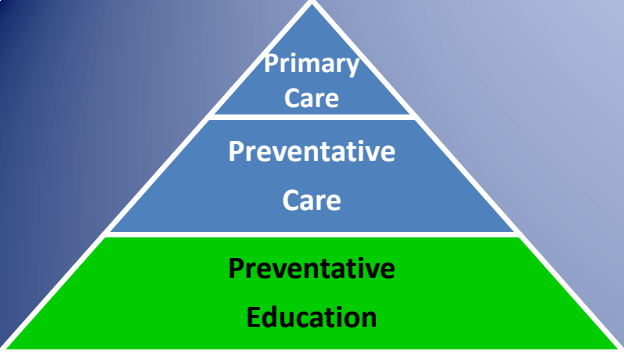
Career path development



Where did we Start?

3-Tiered Approach





What can we do?

**Diabetes
Prevention
Education**

**Mental Health
Connections**

**New Parent
Education**

**Chronic
Disease
Education**

**Distracted
Driving**

**Button
Batteries**

Safe Sleep

**Foreign Body
Airway
Obstruction**

Nutrition

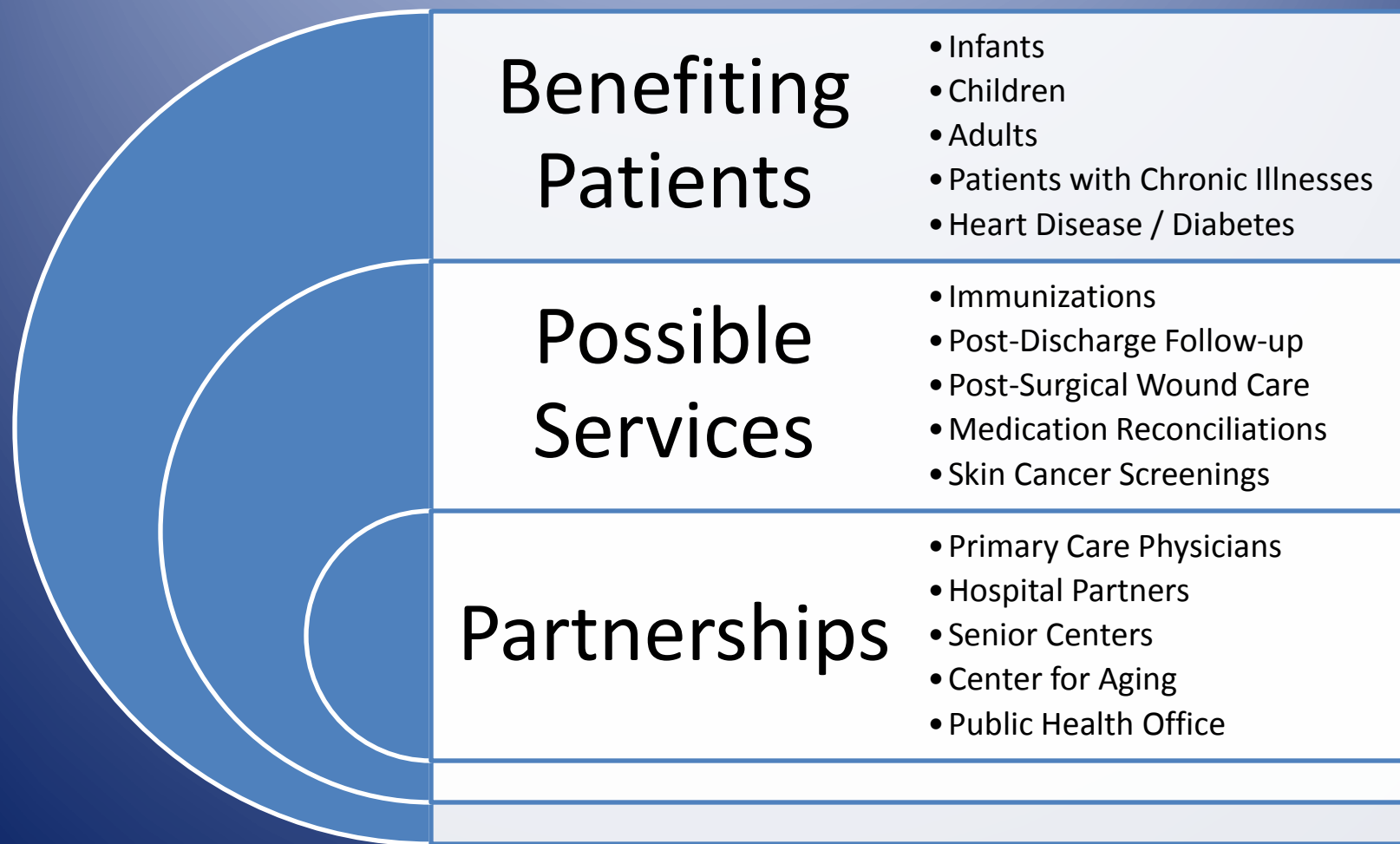
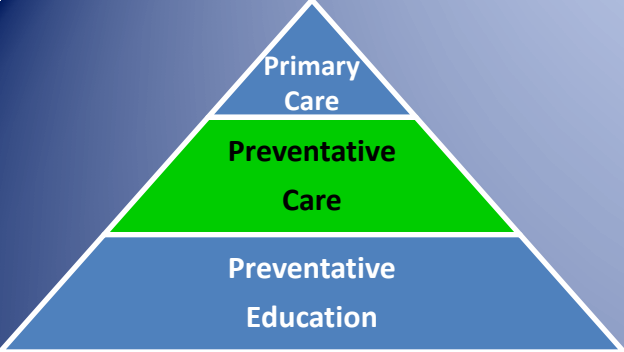
**Home Disaster
Preparedness**

**Trip Hazards
for Elderly**

**Seasonal
Education**

**Preventative
Education**





What can we do?

Blood Pressure Checks

Well Baby Checks

Post Discharge Compliance

Medication Reconciliation

Immunizations

Monitoring Diabetics

Mental Health Connections

Hospice Assist

CPAP/Sleep Apnea

Oxygen Saturation Checks

Swimming Pool Safety

Public Health Activities

Physical Assessments

Wound Care

Home Safety Checks

Fluoride Varnishing

Disease Investigation

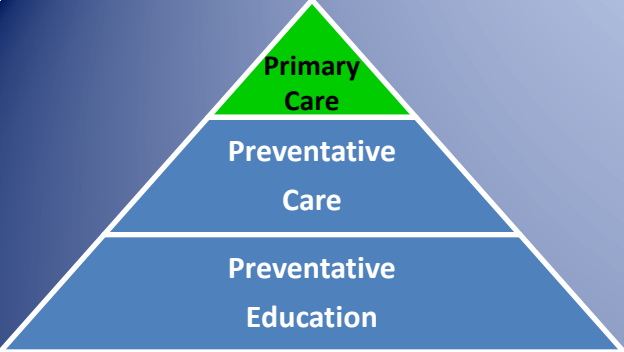
Skin Cancer Screenings

Weight Checks for CHF

Sodium Intake

**Preventative
Care**





Benefiting Patients

- Infants
- Children
- Adults
- Wounded Veterans
- Palliative Care
- Patients with Acute Injury or Illness

Possible Services

- Infant Well Visits / Checks
- Oral Care
- Basic Hearing & Vision Testing
- Home Treatment

Partnerships

- Primary Care Physicians
- Hospital Partners
- Extended Care Facilities
- Local Veterans of Foreign Wars

What can we do?

Bili Checks – Heel Stick	Post Discharge Care	Wound Care	Blue Tooth Stethoscope	Antibiotic Infusions	Suture and Staple Removal
Suturing of Minor Lacerations	Home Dialysis	Intravenous Catheter Changes	Peak Flow	Mobile Lab Work	Catheters – Foley, Straight
Cardiac Rehab	Stroke Rehab	Diabetic Feet Screenings	Wounded Warrior Needs	Vision and Hearing Screenings	Palliative Care

**Primary
Care**



Find the Gaps



How will we pay for this?

- ACO/ CMS
 - Bundle Payments vs. Scheduled Fee for Service
- Healthcare Corporations
- Community Members
- Private Businesses
- Service Organizations
 - VFW, Rotary, Kiwanis
- Highmark Foundation





Current Programs

Alaska

Nova Scotia

Minnesota

Queensland,
Australia

Eagle,
Colorado

Red River
Project, New
Mexico

Guanajuato,
Mexico

Fort Worth,
Texas

Pittsburgh,
Pennsylvania

Harrisburg,
Pennsylvania

Lancaster,
Pennsylvania



Premier Example: The Programs

- Low acuity 911 callers referred to a specially trained RN who helps find appropriate resources for the medical issue

9-1-1 Nurse Triage



- Patients using 911 15 + times in 90 days
- Regular in-home visits (30-90 days enrollment)
- Connects patients to appropriate resources

EMS Loyalty Program



- CHF patients at risk for a 30-day readmission
- Referred by Case Manager or PCP
- In-home visits
- In-home diuresis

CHF Readmission Avoidance



- Hospice patients at risk of family calling 911
- Identified by hospice agency

Hospice Revocation Avoidance



- Working with local ACO
- Patients to be admitted for 23-hour observation sent home and provided in-home overnight visit and assessment

Observation Admission Avoidance





Premier Example: The Results

Significant decline in 9-1-1 calls

- Between July 2009-August 2011 decreased volume of 9-1-1 calls by 58% (186 enrollees)
 - From 342.3 to 143.3 monthly calls

Corresponding declines in EMS and ED charges and costs

- Annual EMS transport costs falling by over \$900,000
 - From \$1,577,472 to \$660,128
- Annual EMS charges falling by over \$2.8 million
 - From \$4,929,600 to \$2,062,899
- Annual ED charges falling by nearly \$9 million
- Annual ED costs falling by over \$1 million

**The difference between charges and costs stems from the many uninsured patients being served and the low rate of reimbursement by public payers.*

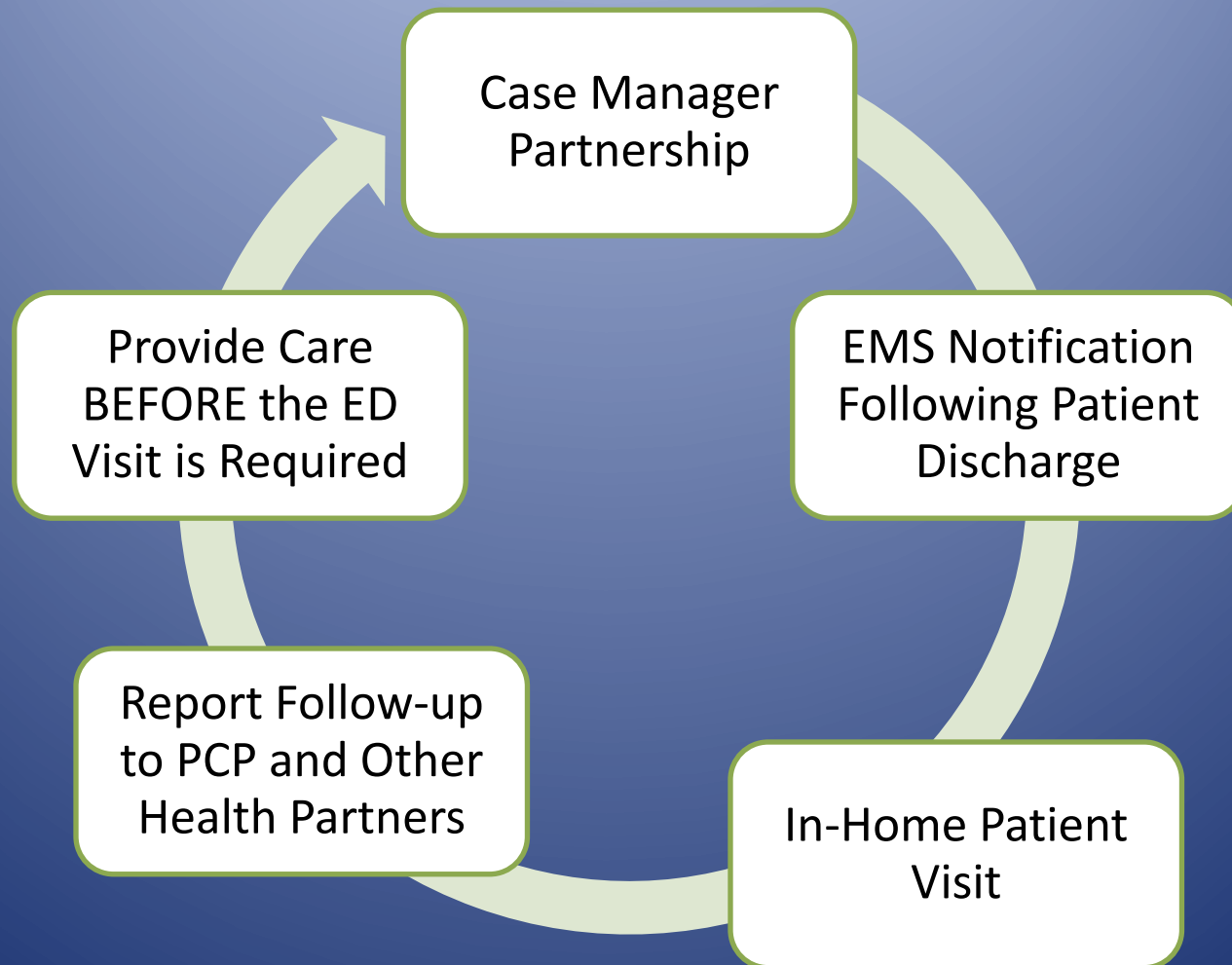
**Consequently, full charges are set at a level that allows adequate collections to cover costs*

Freed-up ED capacity

- Freed-up more than 14,000 bed hours

Since its inception: saved more than \$3.3 million in healthcare expenditures and reduced
9-1-1 use by 86.2%

Example of how this **COULD** Work



Current Initiatives

It all starts by simply picking a target group

New Parent Program • Patient Navigator • Congestive Heart Failure



The Reality and Prevention Possibilities

She is about to accidentally take her husband's medications

He is about to take the same medication twice



Considerations

- Community Needs
- Provider Selection
 - Personality
 - Capability
- Organizational Resources
 - Various depending on partnerships
- Laws
 - EMS
 - Home Healthcare



Moving Forward

Create Internal Preventative Culture

- Provider Wellness
- Prevention Messages at Meetings

Begin to Identify Partners

Begin to Identify Internal Staff

Begin to Identify Needed Resources

- Education
- Implementation Tools



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