Local Planning for Community Paramedic

North Dakota Stakeholder Meeting 2012

Anne Robinson, Public Health Nurse Consultant

COMMUNITY PARAMEDIC

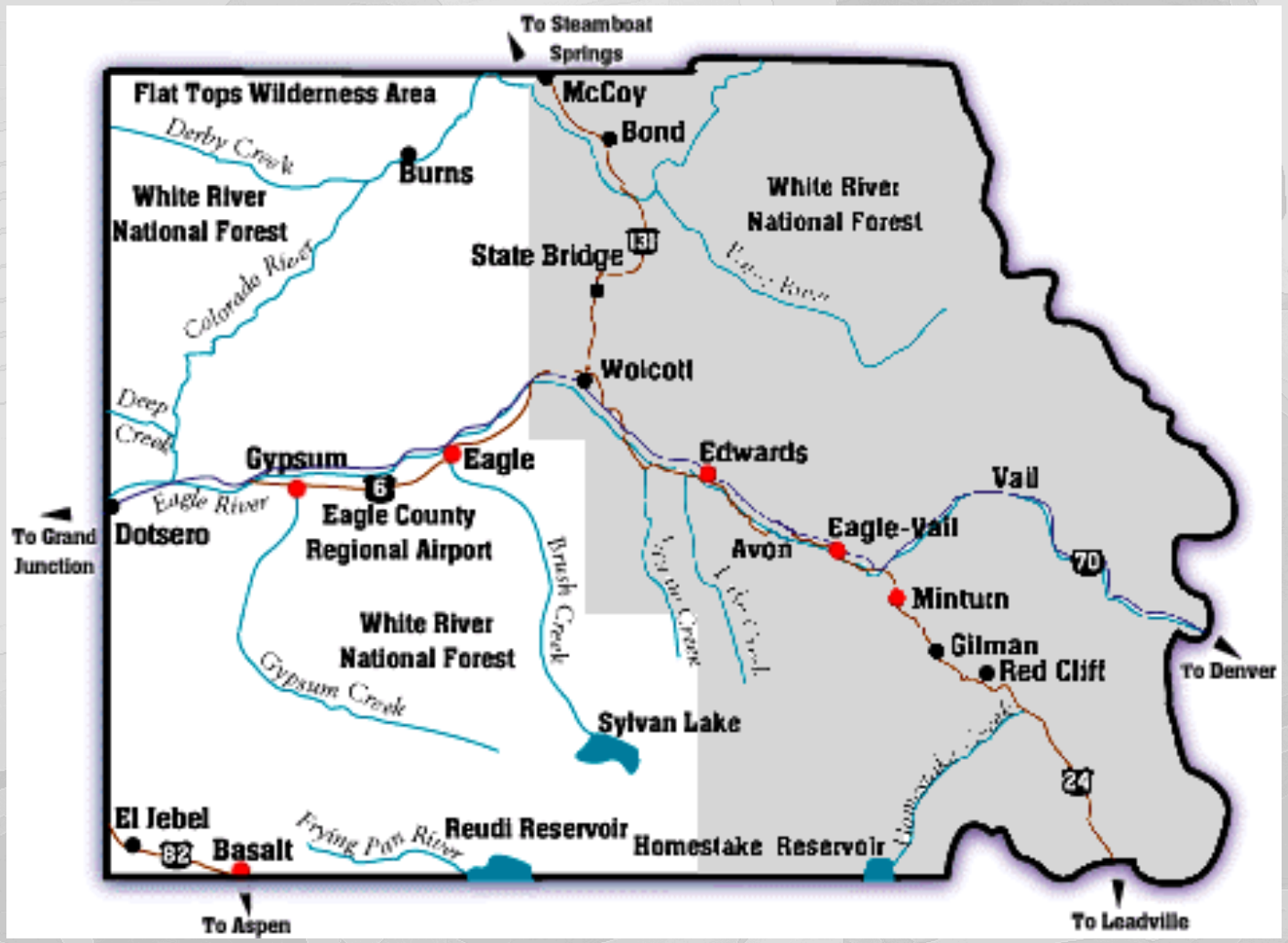
Agency versus Future Agencies

- WECAD Ready
- Future of Program
- Public Health Role
- Mobilize Program
- Create the Program

Western Eagle County Ambulance District

- Formed in 1988 – Special Tax Authority
- Elected Board of Directors

Western Eagle County



Western Eagle County Ambulance District

- Population of 15,000
- ~1200 Calls per year
- Transport to 2 Hospitals

Average Transport time - 44 minutes

Average Time per call - 75.5 minutes

Important Factors

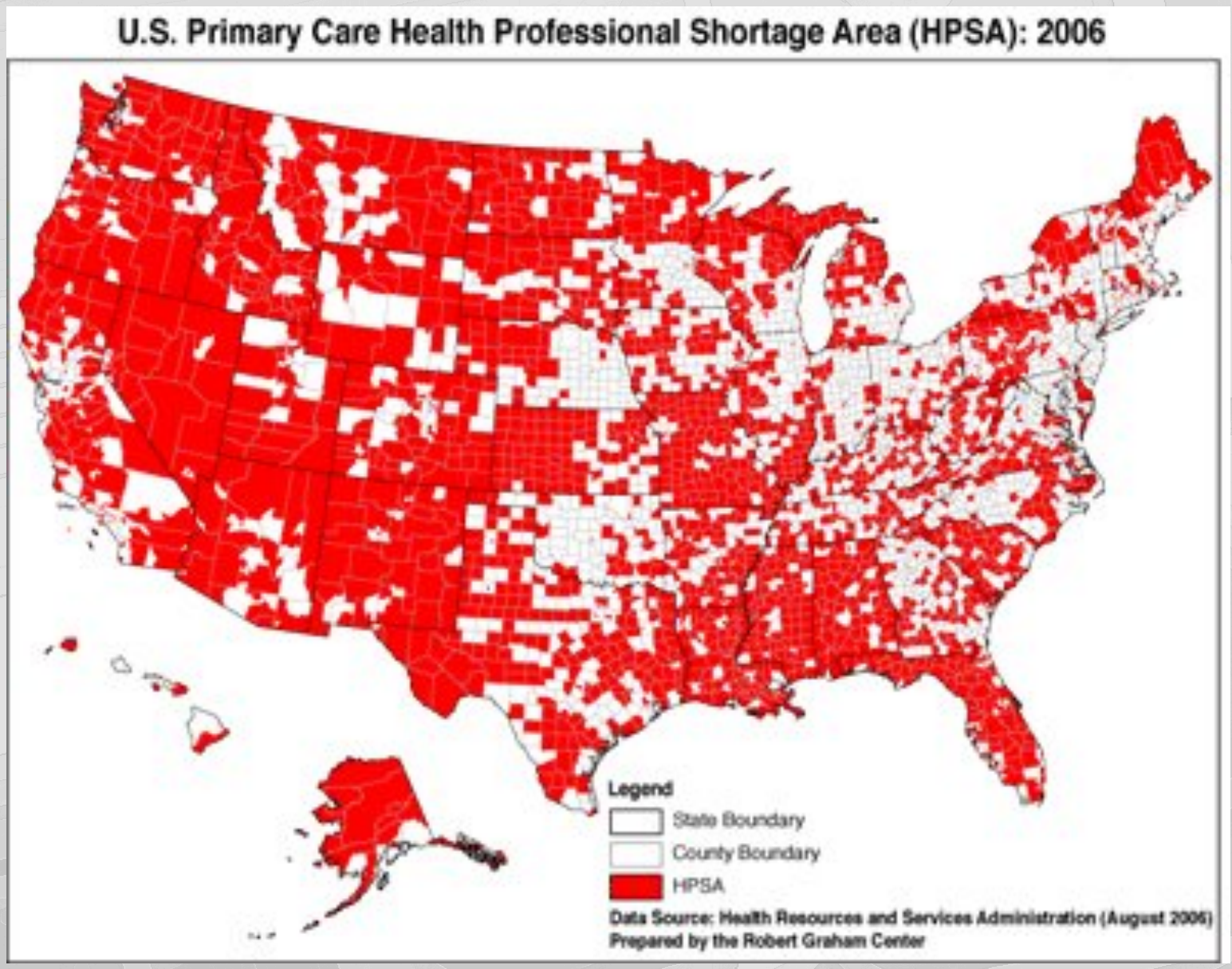
- Strong Medical Director
- Community Buy-in
- Agency Buy-in
- Protocols and Policies
- Staff willingness
- Trained Health Care Professionals

Current Efforts

- Community CPR 1,000+
- Fire Department Training
- Car Seat Checks
- Camp 9-11
- Senior Blood Pressure Checks
- Community Events

Current Healthcare Crisis

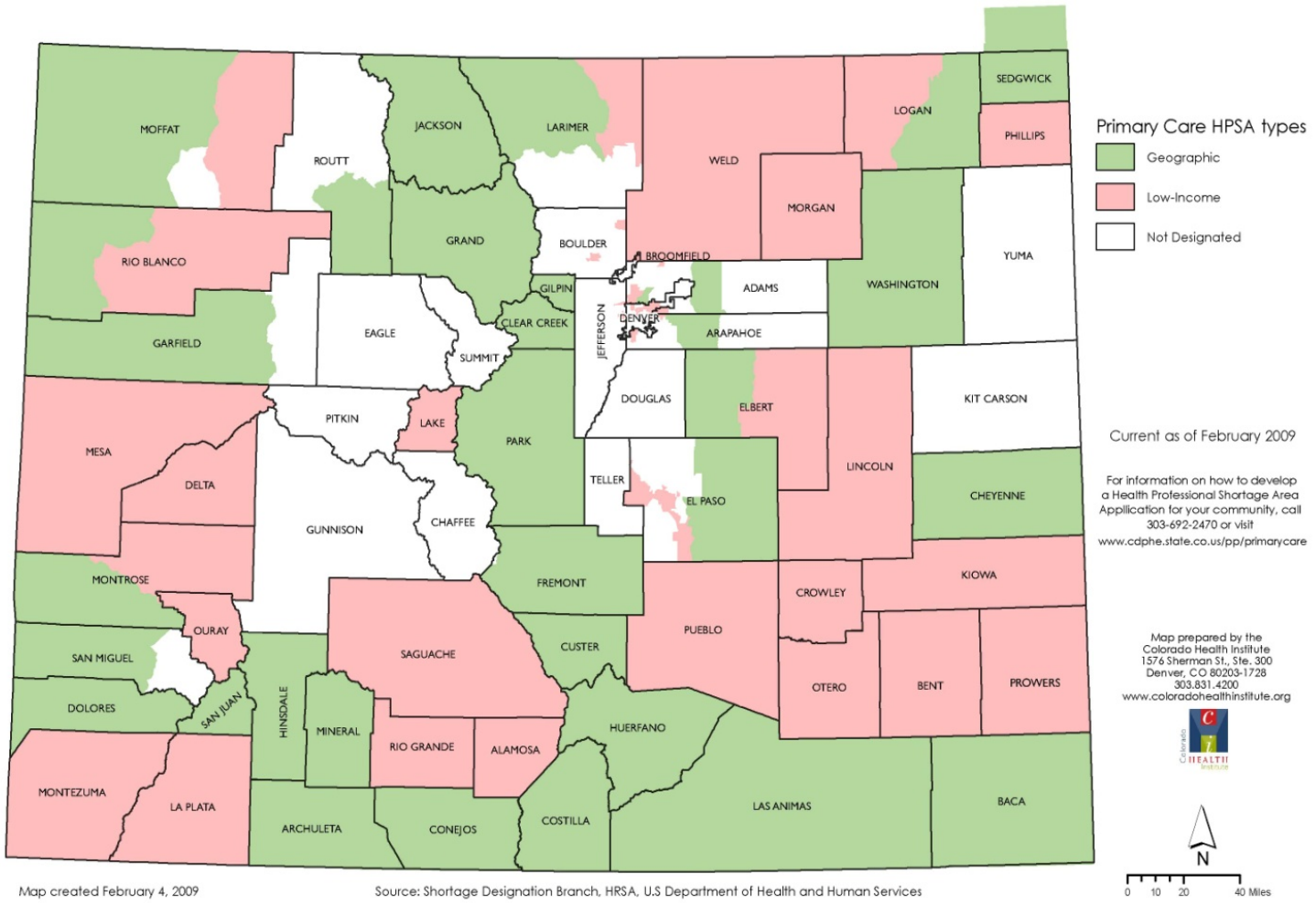
- Decreased access to primary care
- Increased uninsured/underinsured
- Increased ER visits
- High readmission rates
- Inconsistent coordinated, quality care


U.S. Primary Care Health Professional Shortage Area (HPSA): 2006
Legend
State Boundary
County Boundary
HPSA
Data Source: Health Resources and Services Administration (August 2006)
Prepared by the Robert Graham Center

Colorado Department of Public Health and Environment

Primary Care

Health Professional Shortage Areas (HPSAs)



Primary Care HPSA types

- Geographic
- Low-Income
- Not Designated

Current as of February 2009

For information on how to develop a Health Professional Shortage Area Application for your community, call 303-692-2470 or visit www.cdphe.state.co.us/pp/primarycare

Map prepared by the Colorado Health Institute
1576 Sherman St., Ste. 300
Denver, CO 80203-1728
303.831.4200
www.coloradohealthinstitute.org

N

0 10 20 40 Miles

Map created February 4, 2009

Source: Shortage Designation Branch, HRSA, U.S Department of Health and Human Services

Colorado Nursing Status

- 32% of the state's 61,000 nurses are 55 or older
- Average age is 49 and only 7% are under the age of 30
- Restricted number of nursing school graduates

Public Health Workforce

Uninsured Rates

- 15.8% US
- 17% Colorado
- 29% Eagle County
- 59% Western Eagle Co.

Readmission Rates to Hospital

- 50.2% in 30 days
- $17.4 billion Medicare in 2004
- $22.0 billion Medicare in 2009
- 2014 ???

Patient Demand Characteristics

1000 POPULATION

250 SYMPTOMATIC EACH DAY

75 NEED NON-MD CARE

25 NEED MD PRIMARY CARE

Traditional Access Model

3 NEED MD SPECIALTY CARE

1 NEED HOSPITALIZATION

Patient care demands are critical supplier for office practice!!!
Reference: Wright Consulting

Eagle County Patient Demand

50,000 POPULATION

12,500 SYMPTOMATIC EACH DAY

3,750 NEED NON-MD CARE

1,250 NEED MD PRIMARY CARE

Traditional Access Model

150 NEED MD SPECIALTY CARE

50 NEED HOSPITALIZATION

Patient care demands are critical supplier for office practice!!!
Reference: Wright Consulting

Burleigh County Patient Demand

80,000 POPULATION

20,000 SYMPTOMATIC EACH DAY

6,000 NEED NON-MD CARE

2,000 NEED MD PRIMARY CARE

Traditional Access Model

240 NEED MD SPECIALTY CARE

80 NEED HOSPITALIZATION

Patient care demands are critical supplier for office practice!!!
Reference: Wright Consulting

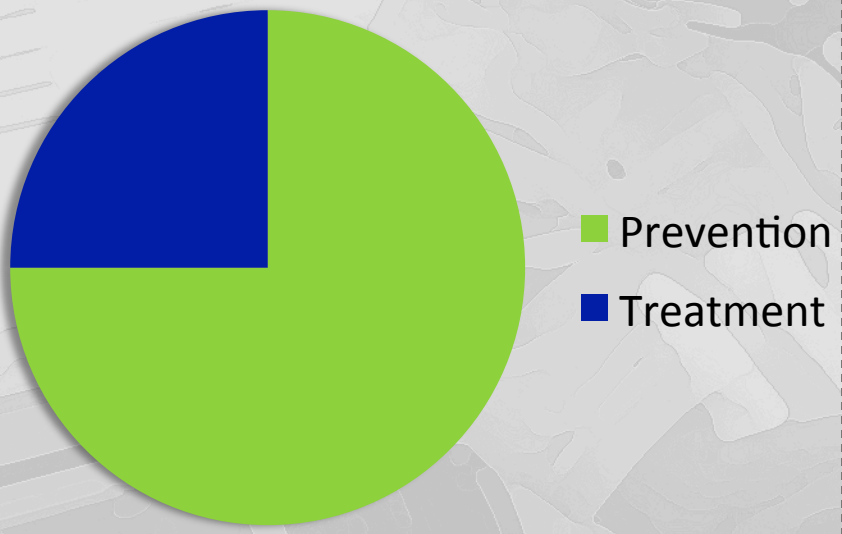
Public Health Goals

- Prevent Injury/Disability
- Prevent Illness
- Prevent Death
- Promote Births of Healthy Babies
- Promote a Healthy Lifestyle
- Assure Health Services

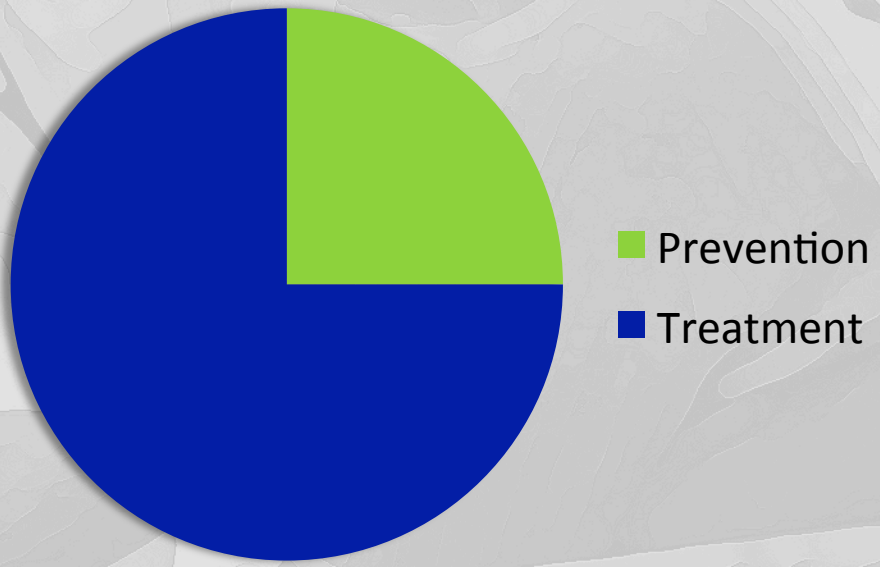
Eagle County's Public Health Agency

Population Health Care

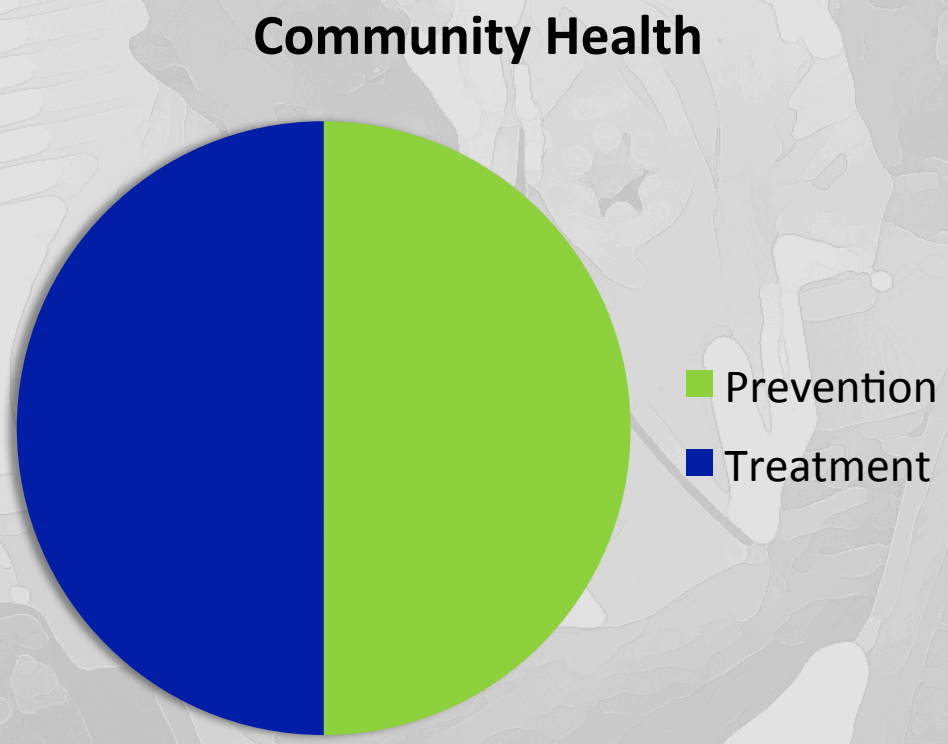
Public Health



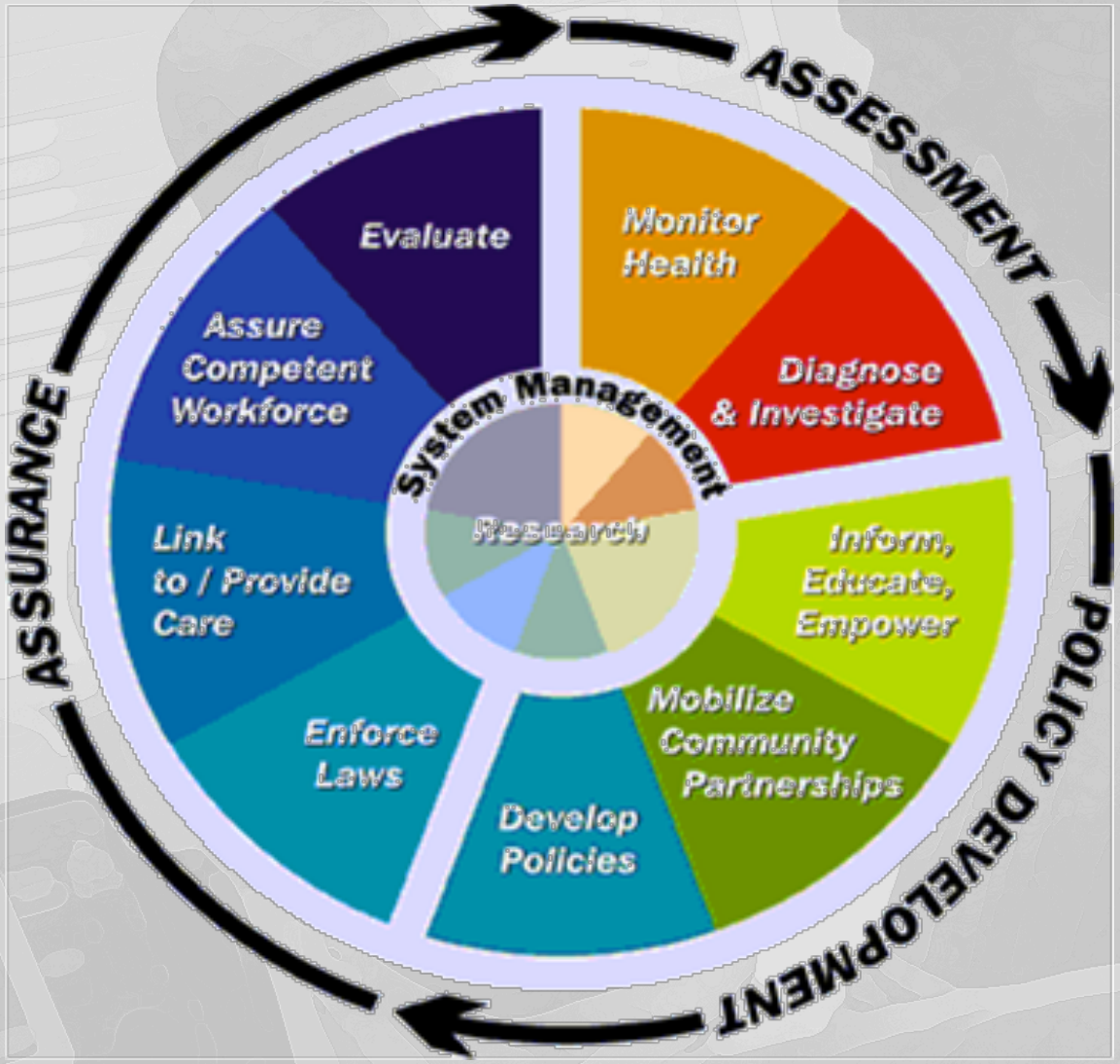
Medical Care



Community Paramedic

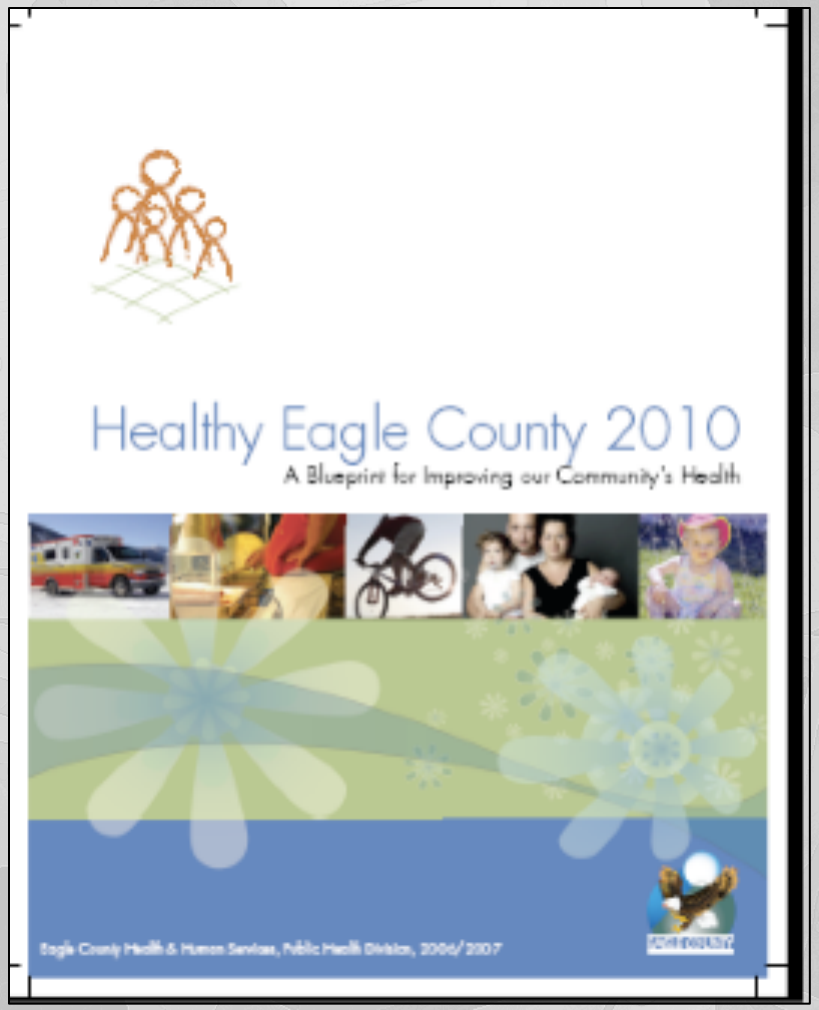


Core Public Health Functions



What do we do about it?

Health Assessment and Planning



Healthy Eagle County 2010 Goals

- Increase Access to Health Care
- Reduce Premature Deaths from Chronic Disease
- Increase Oral Health Resources
- Reduce Motor Vehicle Crash Injuries and Deaths
- Increase Mental Health and Substance Abuse Treatment Services

Healthy Eagle County 2010 Goals

- Increase Access to Health Care
- Reduce Premature Deaths from Chronic Disease
- Increase Oral Health Resources

Findings: Access to Health Care

- **68%** of Latino households have no health insurance
- **38%** of households have problems accessing medical care
- **80%** of ER Visits are Primary Care

Priority Areas

1. Post hospital discharge and linking patients to primary care
2. Well Child/Neonatal checkups and child wellness and prevention
3. Chronic disease and prevention
4. Public Health prevention programs

Community Paramedic WECAD?

Timeline

- October 2008 – Dawn of Idea
- February 2009 – Idea Solidifies
- March 2009 – Where's the Handbook?
- May 2009 – Nova Scotia

Nova Scotia

Nova Scotia

Islands' Health Center
Communities Working Together
Nurse Practitioner's Office
Emergency Health Services
Paramedic Base
EHS
Emergency Health Services
South West Health
NOVA SCOTIA
Sponsored by Freeport Village Commission

Timeline

- June 2009 - Staff/Board buy in
- June and July 2009 – Partner Engagement
- D-Day 7/29/09 -Community Info Meeting
- Fall 2009 – Partner with College
- Fall 2009 – Form CP Committee
- Fall 2009 – Solidify CP Curriculum
- Fall 2009 – Grants $$$
- Winter/Spring 2010 - Training
- September 16, 2010 Initial Rollout
- June 1, 2011 FULL Rollout

5 Year Pilot Program

- 100% Physician/Medical Provider ordered

- Collaboration with Insurance Companies, Medicare and Medicaid

Expanded Role v. Expanded Scope

- Current Paramedic Practice
- Areas of Focus
- Community Paramedic Curriculum
- Filling the Gaps

Procedures

- Blood Pressure checks
- Well Baby Checks Weights
- Bili Checks Heel Stick
- Immunizations
- Length Head and Circumference
- Diabetes – Pt Education
- Post Discharge
- Medication Compliance
- Mental Health Connections
- CPAP
- BiPap Sleep Apnea
- Oxygen Sat checks
- Otoscope
- Blue Tooth Stethoscope
- Digital Equipment / Camera
- Home Medication Compliance and Dispensing Tools
- Antibiotic Infusions
- Suture and Staple removal
- Home Dialysis
- Vaccines
- Intravenous Catheter Changes
- Asthma Management MDI Uses
- Peak Flows
- Steroid uses
- Prevention
- Public Health Activities
- Immunizations
- Pt Documentation SOAP Notes
- History & Physical
- Mobile ISTAT Lab Work
- Home Safety Elderly and Child Wound Care
- Post Op Other Wounds
- Catheters - Foley, Straight Cath
- Cardiac Rehab
- Stroke Rehab
- Fluoride Varnishing
- Disease Investigations

CP Process

- Identify Patient
  - EMS, ED, Hospital, Primary care, Public Health, Home Health, Hospice
- Create Order
- Schedule Patient
- Patient Visit
- Pt follow-up with PCP

How to Engage Partners

It's just Lunch….(No Diet Allowed)

- Create your message and talking points
- Community Leaders
- Nurses, Physicians, APN
- Home Care Agencies
- Local and State partnerships

Case Study # 1

- Referral - Physician office requests CP to visit home of a long time pt for respiratory check
- Pt had appointment for SOB and called to cancel stating she was too ill to drive in

Prior to the Visit

- Chart is faxed to CP office and is reviewed by paramedic
- Pt is called and an appointment is scheduled

Patient

- 71 year old female
- Hx of COPD and depression
- Current medications: 02 (1.5L via NC), Advair, Albuterol, Atrovent
- NKDA

What did we prevent?

- Ambulance? Urgent Care? ED?
- At the time of CP call the pt was not critical
- Pt was on a downhill slide and was feeling too short of breath to even to make it to the doctor that day, which could have resulted in a 911 call

Case Study Fictitious

- “Joey”
- 9 month old
- Influenza like symptoms
- No history of other illness

Journey through the healthcare system…

- DAY 1
  - ED visit
- DAY 2
  - Clinic visit, f/u to ED visit
- DAY 3
  - ED visit
- DAY 4
  - Clinic visit, f/u to ED visit
- DAY 5
  - ED visit, Admission to hospital
- DAY 6 - Day 8
  - Hospital Stay
- DAY 9
  - Clinic visit, f/u to hospital stay

Average Healthcare Costs

$60 per Clinic visit
$560 per ED visit
$5,217 per day in hospital

Joey's Health Care Cost

$16,891

Community Paramedic Model

DAY 1

ED visit

DAY 2

Clinic visit, f/u to ED visit

DAY 3 - 9

Community Paramedic visit

Cost Savings:

$16,271

Measurable Results/Outcomes

1: Reduce rehospitalizations by 50%

2: Ensure all patients in a medical home

3: Calculate cost savings of Community Paramedic Program versus cost of on-going care/hospital care

Measurable Results/Outcomes

4: Injury prevention versus potential costs associated with no prevention

5: Number of vaccinations given and Public Health visits

Initial Findings

- June 27 – December 31, 2011
- 25 patients / clients
- 70 visits

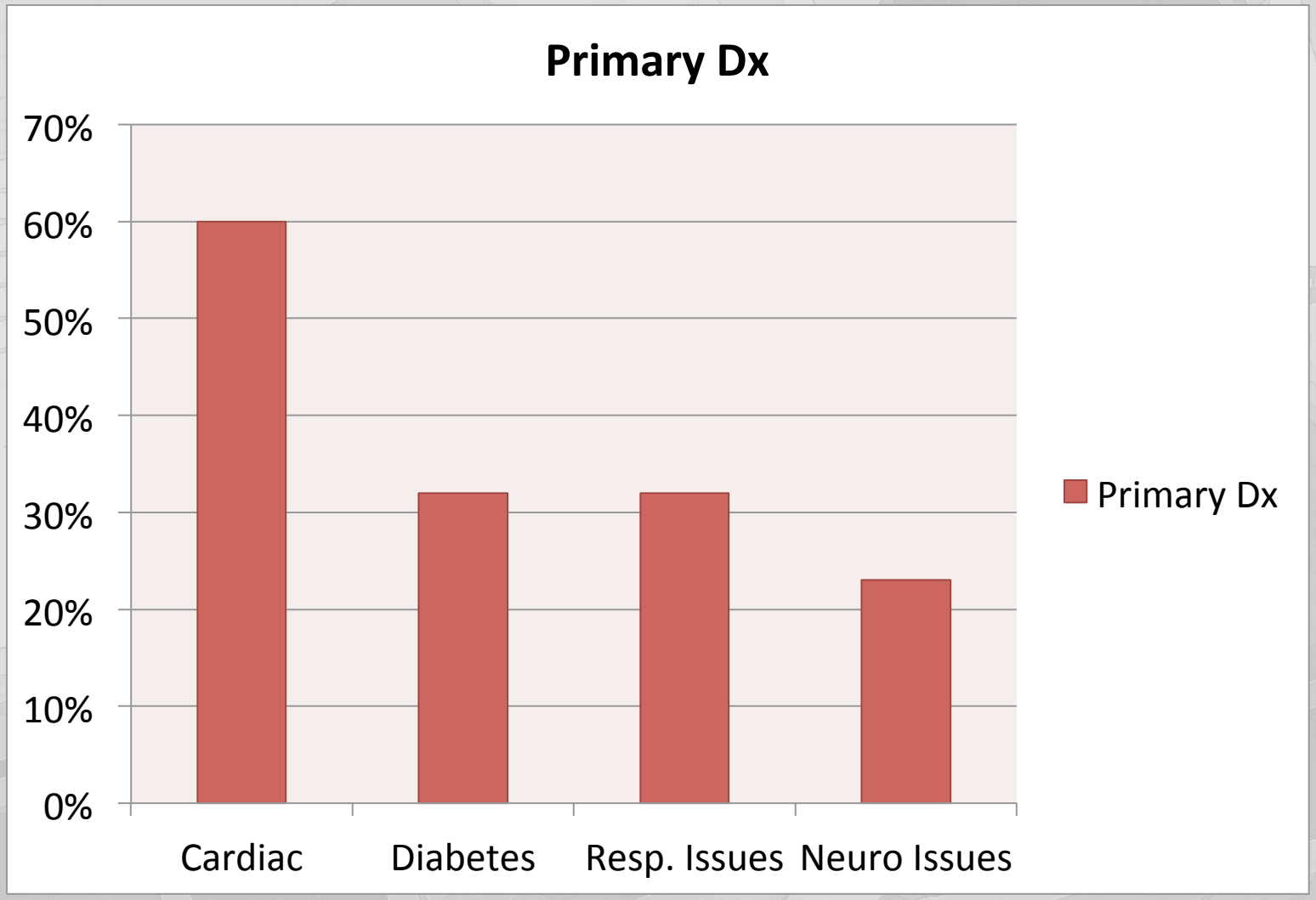
Initial Findings

- 60% of patients had more than one health issue
- 60% of patients were over age 65 and had underlying health conditions
- 14% of patients were recently discharged from the hospital, and had an unrelated, underlying medical condition or risk factor

Initial Findings

- Prevented
  - 2.5 Physician visits per patient
  - 36% ambulance transport reduction
  - 36% ER visit reduction
  - 5% admission/readmission

Initial Findings



Initial Cost Savings

- $1,507 average savings per visit
- $4,451 average savings per patient / client

Initial Cost Savings

- $205,000 SAVED!

www.communityparamedic.org

Over 2,000 Downloads since October 2011

Contact Information

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www.wecadems.com/cp.html

www.communityparamedic.org

Questions?

Thank You