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

NATIONAL RURAL AND REMOTE DEMOGRAPHICS

- More elderly
- More immigrants
- More poverty
- Poorer health
KANSAS RURAL HEALTH CARE

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

THE COMMUNITY PARAMEDIC PROGRAM

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

EXPANDED SERVICES

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

KEYS TO COMMUNITY PARAMEDIC PROGRAM
FLEXIBLE

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

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

RESOURCEFUL

- Identifies what is available
- And what is missing
GAP-FILLING

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

COMMUNITY PARAMEDIC GUIDELINES

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

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
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

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
MINNESOTA COURSE CONTENT

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

THE CLINICAL EXPERIENCE

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

MEETING THE NEEDS OF ACCOUNTABILITY

The Quadruple Aim

- Expanding access for care
- Improving quality and efficiency of care
- Patient and family-centered care
- Managing the cost of health care services
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

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

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
Minneapolis 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

WHAT’S HAPPENING
AROUND THE NATION

- 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
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

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

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
<table>
<thead>
<tr>
<th>NORTH DAKOTA</th>
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<tr>
<td>- 2013 appropriation of $276,000 for pilot study</td>
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<td>- Funds to hire staff to initiate pilot and to gather data on results</td>
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<tr>
<td>- Focus on rural shortage of primary care health providers &amp; hospital re-admission issues</td>
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<tr>
<td>- Legislation passed in 2013 to allow for Community Paramedic</td>
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<tr>
<td>- Grants to support pilot programs</td>
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<td>- Pilot projects in up to 12 communities</td>
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<td>- First Community Paramedic training program in the fall of 2013</td>
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<tr>
<td>- Legislation passed in 2013</td>
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<tr>
<td>- Regulations in draft form to define minimum training requirement</td>
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<tr>
<td>- Two programs currently operating in St Louis area focused on hospital patient readmission, have reimbursement associated with this from hospitals</td>
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<tr>
<td>- Kansas City region in early planning stage</td>
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<tr>
<td>- Springfield area ...two hospital based services providing some C.P. services</td>
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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?
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

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

THANK YOU

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