Community Health EMS

Chairman: Kevin Bollar

- Introductions

- Agenda
  - Ada County Community Paramedics Update
  - International Roundtable on Community Paramedicine Conference
  - Building a Focus Group
  - Open Discussion if Time Allows

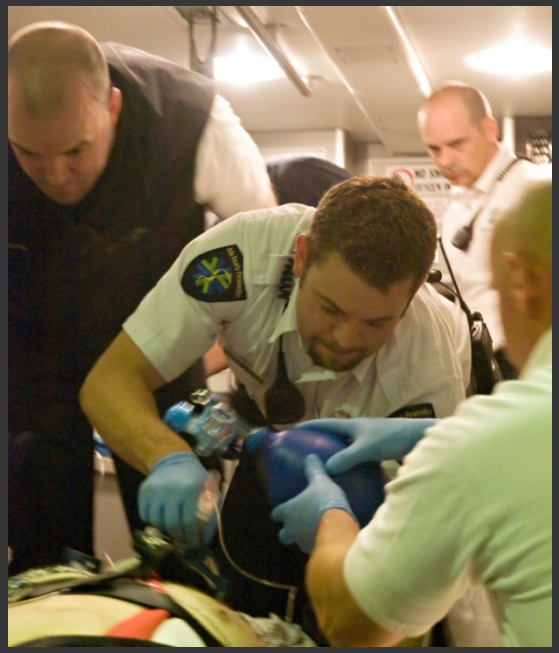
ADA COUNTY COMMUNITY PARAMEDIC

EMSAC – COMMUNITY HEALTH EMS SUBCOMMITTEE MEETING

OCTOBER 17TH , 2014

- Items To Be Reviewed –

- New Community Paramedics – Clinical Time
- Burning Man Update
- IRCP Conference
- Pacific Source CHE Grant
- Up-Dates
    - Involuntary Mental Hold
    - Mobile Season Flu Clinics
    - Pacific Source Vaccination Clinics
    - Bio-Metric Screenings
    - St Luke's Partnership
    - Field Referrals
    - Saint Alphonsus Partnership



Up and Coming Community Paramedics

- 3 More Individuals
- Hennepin Technical College
- Completed Didactic Hours
- Working on Clinical Hours – 196

Burning Man Update

10th International Roundtable on Community Paramedicine

Pre-Conference Clinical Experience:
August 24 - September 1, 2014
Burning Man, Black Rock Desert, NV

IRCP Conference:
September 2nd-5th, 2014
Atlantis Casino Resort, Reno, NV

Pacific Source Community Health Grant/Partnership

- Rejected!! ☺

- Feed Back

- Possibility

- Pacific Source and CP Programs
  - Teton Valley
  - Oregon
  - Ada County Partnership

Ada County CP Involuntary Mental Hold Emergency Department Diversion Program

- Working with Local Law Enforcement
- Goal – Direct Admission Mental Health Facility
- Expedite Care
- Direct Admission
- Screening Exam
    - Oral Toxicology Swab
    - Alcohol Breath Test
    - Vitals/ECG
    - Bed Assignment

Phase I - Pilot Only – Testing Efficacy of Medical Screening Criteria

No ED Diversions

Preliminary Data

Phase II

Ada County CP Involuntary Mental Hold Emergency Department Diversion Program

Phase II

- Started on September 8th
- 16:00-00:00
- Responding with Mobile Crisis (MCU)
- Call Type:
  - 58 Requests/Inquires
  - 40 Dispatches
    - 11 Patients
      - 6 Cleared
      - 5 Not Cleared

- Mobile Seasonal Flu Vaccination Clinics – Ada County Employees

- Started ☺
  - September 28th – EMS
  - October 5th – County Employees
  - All of October
- Goals
  - Maintain Rates – 800
    - 782
  - Increase Value Added Use
    - BP Screening – 270/Tracking Numbers - AHA
  - Plan
    - Information Campaign
    - Prize Drawings
    - Reminder to communicate with PCP
    - Time Ticket

PATROL
SHERIFF
ADA COUNTY

Blood
Pressure
Screenings

Pacific Source Vaccination Clinics

- Dates
  - September 22nd and 26th
  - Members 65 Years & Older

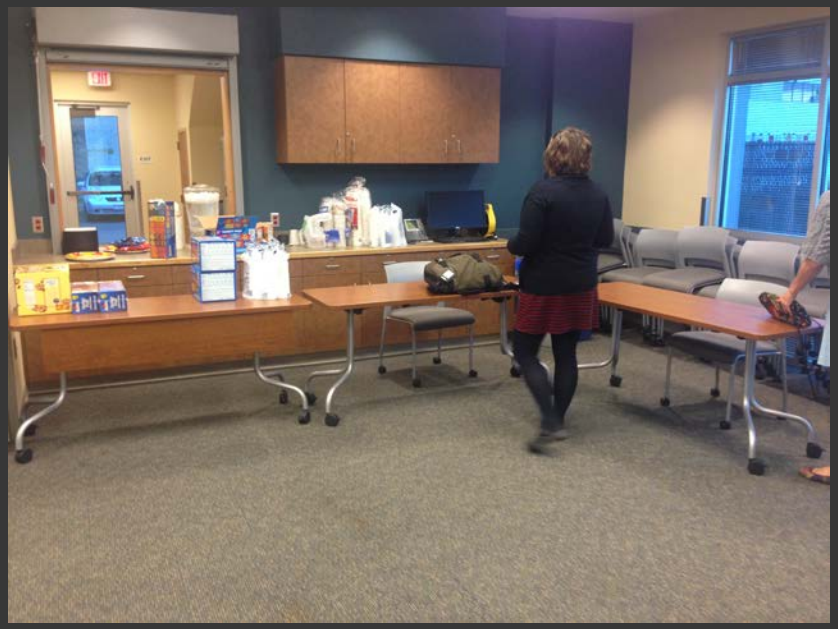
- Clinic Description and Plan
  - Vaccination – Ladds
  - BP Screening/Get Up & GO
  - Pharmacy Consult
  - Partner Tables
    - Ada County Vital Ride
    - Friends in Actions
    - YMCA
  - BP Readings – For CMS
  - Time Tickets
  - Follow-Up Survey

Pacific Source Vaccination Clinics

- Results
  - 124 Total Members
  - Mix of Vaccination Only & Value Added Options

- Tracking
  - Patient Experience
    - 70 Total Surveys (Couples will often fill out one form)
    - 6 Questions – Scale of 1-10
      - Customer Service
      - Vaccination
      - Wait Time
      - Facility
      - Overall Event
      - PS Experience

- Results
  - All Results Were 8 Or Higher
  - Comments Were All Positive
  - Request To Maintain & Enhance Partnership
  - Presenting Results To BOCC
  - Email Me For Exact Numbers



Free Preventive Care In Network
Annually
• Routine physical
• Mammogram
• Diabetes
• Flu shot
• Prostate cancer screening
Every 2 Years
• Blood pressure screening
• Fog and Pelvic exam
Six shorter recommendations
• Colonoscopy
• Blood fecal test
• Cholesterol screening

Ada County Employee Bio Metric Screenings

- 3 Days - Layout

- 467 Employees Screened in 8 Hours

- Feedback
  - The Bad and The Good

- Plan Moving Forward
  - Up Coming Screenings
    - Rest of This Month

- Ada County CP - Transitions Program - St Luke's Hospital System

- 30-Day Transitions Program
- Reduce Readmissions
- Empower Patients
- Patient Types:
  - CHF
  - COPD
  - AMI
- 2013 – 19 Total Patients
- 2014 – 30

CP Field Referrals

- 2013 – 73
  - All Partner Types
- 2014 – 51
  - All Partner Types
- New Field On-Line Referral Form
  - Easier to complete
  - Easier to track data

- Ada County CP - Transitions Pilot - Saint Alphonsus Hospital System

- 30-Day Transitions Program
- Reduce Readmissions
- Empower Patients
- Patient Types:
  CHF
- Canyon County
  - Clinical Time Almost Complete

Contract Phase

Clinical Expectations

Referral Guidelines

Personnel Responsibilities and Liabilities

Questions?

Ada County Paramedics

Questions?

Mark Babson, Ada County Paramedics

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International Roundtable on Community Paramedicine Conference (IRCP)

Mindi Anderson, CHEMS Bureau Representative

Full trip report located under CHEMS webpage at www.idahoems.org

- Attended conference held in Reno 3-5 September 2014
- Burning Man one week prior
- Conference attendee's from Ada, Canyon County, & EMS Bureau
- Largest IRCP to date with 7 countries represented

Fire Services

- Rico Rico Fire Department (Southern Arizona)
  - Population of 22,000 and considered Rural
  - Over 50 years Fire Service has been providing EMS
  - U.S Fire Service calls in 2012
    - 21.7 million EMS calls
    - 2.4 million false alarms
    - 1.4 million actual fires
  - Good at fire prevention
  - Where there is a Fire Station there may not always be EMS but there will always be Rural Fire Services

Public Health Preparedness

- Calgary EMS Flood (Alberta, Canada)
  - 80,000 people evacuated within 32 communities to 6 sites
  - 400 water rescues done within 15 hours
- 10 Community Paramedics roaming coverage deployed
  - Provided Primary Care and Urgent Care from 0600-2200
  - 1 Physician & 1 Pharmacist
- 80% or 185 patients were diverted from Emergency Department
- Goals of utilizing Community Paramedics
  - Less utilization of Emergency Department
  - Continuation of care

Public Health Preparedness

- Demographics
  - Frail and elderly
  - Lower socioeconomics
  - Homeless
  - Chronic disease
  - No social support networks
- Secondary surge
  - Lack of medications
  - Immunization needs
  - Mental illness
  - Minor trauma

Education

- UCLA EMS Research Department
  - Report card gave an “F” in the way California provides EMS
  - Average wait time was 344 minutes
- California Healthcare Foundation Report
- UCLA awarded a contract to develop curriculum
  - Conducted a survey across the U.S
  - 35 Colleges accredited to teach CP/Projected 167 in 5 years
  - Focuses on 7 different modules
- Long term goals of education is to provide career pathway and higher education with an emphasis on CP

Institute for Healthcare Improvement

- Focused on Triple Aim
  - Experience of care
  - Health of a population
  - Per capita cost
- Triple Aim Model Introduction
  - Healthcare
  - Public Health
  - Social Services
- IHI monitoring the nation for CHEMS/MIH/CP

Data Measurements and Accreditation

- MEDSTAR Mobile Healthcare (Ft Worth, TX)
  - 14 cities covering w/population of 880,000
  - Implemented Medical Control Advisory Board
  - Focused on Triple Aim
  - Created Program to allow for payers to enroll 95 patients
  - Total charges avoided were $4,261,804
  - Reimbursable charges were $1,990,057
  - Total cost savings $2,271,47
- Accreditation with NCQA Disease Management
  - 1st EMS Agency

CHEMS Bureau Report

Mindi Anderson, CHEMS Bureau Representative

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Building a Focus Group

- June 2014-Request to create a working group
- Create data points for CHEMS
- Concepts to couple with CHEMS
  - 5-Star Rating
  - Population Health
  - Aligning with Triple Aim

Focus Group Generated Task Force

- Update talking points FAQ's on CHEMS
- Set parameters for agencies providing non-transport/non-emergent EMS Care in PERCS
- 10+ agencies interested in CHEMS within Idaho but lack taking the first step
- Recommendation was made to request a task force be established to meet prior to February 2015 EMSAC meeting to progress from "CHEMS is a good idea" to action.
- Task force will consist of EMSAC CHEMS subcommittee and other stakeholders already discussing CHEMS in the state.

Conclusion

– Open discussion

- No new updates from Rural Health, awaiting to hear results of award of Model Test Proposal submitted to CMS.
- Creating a Task Force will help to begin the ground work regardless if there will be funding, the EMS community has to get serious about exploring CHEMS further.
- Reminder: New Rule went into affect that allows for CHEMS to be designated as an EMS operational declaration. IDAPA 16.01.03 reads:

*"**03. Community Health EMS**. The community health EMS operational declaration is available to an agency with a prehospital operational declaration that provides personnel and equipment for medical assessment and treatment at a non-emergency scene or at the direction of a physician or independent practitioner.*

Conclusion

- Online conference calls will be established to define the goals and meetings for the one year task force.
- Per approval by the EMS Bureau Mindi Anderson will coordinate further