Community Health EMS (CHEMS) Administrator Training

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Shawn Rayne, Deputy Director of Operations
Ada County Paramedics

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Ada County Paramedics

June 22nd, 2016
THANK YOU!
OVERVIEW
(REFERENCE AGENDA)

- Statewide Healthcare Innovation Plan (SHIP) context
- Administrative training
- Current resources and opportunities
- Metrics to test concept
- Upcoming CHEMS projects
- Stakeholder engagement
- Adjourn for CHEMS Workgroup meeting, Pete Cenarrusa Building, 450 W. State St.
Statewide Healthcare Innovation Plan (SHIP) EMS Opportunities

- Funding to IDHW from Centers for Medicare and Medicaid Innovation (CMMI)
- Patient-centered medical home (PCMH) and moving from volume to value
- Triple Aim: improve patient care (quality and experience), improve population health, reduce costs
- CHEMS exists statewide outside of SHIP
- Opportunity to establish programs, develop resources, and test CHEMS concept
WHAT IS COMMUNITY HEALTH EMS (CHEMS)?

An evolving, innovative healthcare delivery model where emergency medical services (EMS) personnel extend the reach of primary care and preventative services outside of the traditional clinical settings and often into the patient’s home environment.

An expanded role and work within their current scope of practice.

Examples:
• Healthcare navigators for patients
• Transitional care for patients following hospital discharge
• Vaccinations
• Resource coordination
• Basic medical therapeutics
SHIP CHEMS Mentoring Resource

CHEMS Administrative Perspective

Shawn Rayne, Deputy Direct Of Operations
Ada County Paramedics
Ada County Community Paramedics History

- Began December 2011
- 2 FTEs. 4 Half Time Paramedics
- 1-3 Year Plan
- Additional Education – Colorado Mountain College
  * Multiple Clinical Sites
  * Continuing Education
- Community/Partner Stakeholder Engagement
- Program Focus/Pilot Development
  * Transitions Care with Hospital
  * Agency/County Health/Wellness Programs
  * System Focus
Current Programs and Pilots

- St. Luke’s CTP 30 Day
- CARES – ED Patient Follow Up
- Mental Hold Diversion
- At-Risk In-Field Patient Referral
- Vaccination Clinics
- Saint Als – CHF 30 Day
- CHEMS Task Force
- Liaison and Advisory Council
- Idaho State University - CP Education
- DOT – Public Health
- In Home Med Rec – SIACH
- ALS11 – Low & High Acuity Calls
Getting the “Buy In”

“The secret of getting ahead is getting started”
– Mark Twain
Do Your Homework!
Do Your Homework!

• What’s it going to cost to implement the program?
  • Personnel
    • Paid to train?
    • Promotion with pay?
    • Backfill while training?
    • Additional resource or perform during normal duty?

• Equipment
  • Vehicle
  • Uniforms
  • Durable medical equipment
  • Disposable supplies
  • Office supplies
Do Your Homework!

• Return on Investment (ROI)
  • Revenue?
  • Relationships?
  • Patient benefit?
  • Public benefit?
  • REVENUE!
Do Your Homework!

- Budget Process
  - When does your agency go through the budget process?
  - What fiscal year do you use?
  - Where would your program budget (cash) come from?
  - How would you receive revenue from non-traditional sources?
- Build A Program Budget!
Do Your Homework!

• Legal Issues
  • Contracts for service
  • Union contract
    • Change in working conditions???
  • Agency Liability

• You need an Attorney!!!!
Other issues?

- What other issues might come up in this discussion with your administration?
Revenue

• How do you make the money?
Revenue Sources

- Taxes?
- Hospitals?
- Payers/Insurance?
- Patients?
- Hospice?
- Others?
PHILOSOPHY
Based on our core principles, we value our personnel and develop their abilities to serve as Emergency Medical Service leaders, patient care providers, and healthcare advocates.

VALUES
- **Humanity** – to value every human being, and to demonstrate respect, dignity, understanding, and compassion in each interaction
- **Integrity** – a transparent honesty demonstrated by doing the right things for the right reasons, at all times
- **Trust** – a shared reliance in our character and competency for the benefit of all stakeholders; its success or failure is determined through our integrity, intent, capabilities and results
- **Excellence** – exceptional quality and service through innovation, collaboration, constant improvement, and recognition of achievement
- **Stewardship** – to deliver sustainable, high-quality service through responsible management and effective utilization of resources

MISSION
To care for you like we care for our own, we deliver pre-hospital healthcare focused on our values

VISION
- **Patient Care** – to be the premier out-of-hospital health care provider establishing best practices through innovation, research, education, and the development of evidence-based medicine
- **Emergency Medical Services System Development** – to provide leadership, resources, and modeling for the development of the most effective and efficient emergency medical services delivery system
- **Education** – to showcase excellence as a teaching institution by developing quality clinicians and leaders in the field of Emergency Medical Services
- **Community Leadership** – to serve our community through leadership, collaboration, partnership, education, and outreach

Darby Weston, Director
370 N. Benjamin Lane - Boise, ID 83704
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Personnel – Who’s right for CP?

- Experience requirements
- Commitment
- Burnout
Healthcare – Not Public Safety
Structure

- Who will your Community Paramedics report to?
- Will you have a Community Paramedic leading the group?
Selling this to your peers...

- What are some of the concerns you might get from peers?
Political Considerations

- Will there be a political component to all of this for your agency?
Stakeholder Engagement

- Involve others!
- Who would you involve in your area?
- Think of groups you’ve never interfaced with
RESOURCES TO SUPPORT PROGRAM DEVELOPMENT

- **Education**
  - Idaho State University Community Paramedic Program
  - Tuition - State EMS and Preparedness Bureau

- **Mentoring Programs**
  - Program Training – In Person (Blackfoot Fire)

- **External & Internal Engagement Strategies & Tools**
  - PPT Presentation & Conference Call Training
  - On-Site Meeting Support Option (Blackfoot Fire Stakeholder Meeting)
  - Regional SHIP Manager Connection
  - Internal Outreach – In Development

- **CMMI Funding Request**
  - Tiered Funding Opportunities & Deliverables
Mentoring & External Outreach Development

Mentoring Programs

Program Training

Contact Mark Babson
mbabson@adaweb.net
208-287-2993

Ada County Paramedics - Blackfoot Fire Department
Initial Community Paramedic Training
Monday, March 7th, 2016 – 370 N. Benjamin Lane, Boise ID 83704

Training Day Agenda

9:00-9:30
- Introductions and General Program Overview

9:30-10:15
- Review Mental Health Diversion Program

10:30-12:30
- Review the CARE Program - Saint Alphonsus Health Systems Partnership
- Possible Site Visit – Saint Alphonsus Hospital Emergency Department

12:30-1:15
- Lunch

1:15-2:00
- Review Ada County Community Paramedics’ Field Referral Program

2:00-3:00
- Review CHEMS Talking Outreach/Talking Points
- Open Roundtable Discussion – Personnel Questions
- Next Steps

(Contact Information: Mark Babson - mbabson@adaweb.net - 208-287-2993
Emily Shaw - eshaw@adaweb.net - 208-287-2991)
MENTORING & EXTERNAL OUTREACH DEVELOPMENT

External Engagement Strategies & Tools

PPT Presentation & Conference Call Training

Contact Mark Babson

On-Site Meeting Support

Contact Mary Sheridan

Regional SHIP Manager Connection

Contact Mary Sheridan
CHEMS - Testing the Concept...

**Goal:** Identify metrics, data collection mechanisms, and data reporting strategies to test CHEMS.

**Points of Alignment:** Triple Aim, SHIP Priorities, PCMH/medical-health neighborhood concept

**Development Strategy:**

- Planning, facilitation, member recruitment, great participation
- 32 members, diverse expertise and statewide representation
- Subject matter expert: Matt Zavadsky, MedStar Mobile Healthcare, National Measures Design Team
- 3 full-day facilitated meetings between January-March 2016
NATIONAL MEASURES DESIGN TEAM

Mobile Integrated Healthcare Program
Measurement Strategy Overview

Aim
A clearly articulated goal statement that describes how much improvement by when and links all the specific outcome measures; what are we trying to accomplish?
- Develop a uniform set of measures which leads to the optimum sustainability and utilization of patient centered, mobile resources in the out-of-hospital environment and achieves the Triple Aim® — improve the quality and experience of care; improve the health of populations; and reduce per capita cost.

Measures Definition:
1. Core Measures (BOLD)
   a. Measures that are considered essential for program integrity, patient safety and outcome demonstration.

2. CMMI Big Four Measures (RED)
   a. Measures that have been identified by the CMS Center for Medicare and Medicaid Improvement (CMMI) as the four primary outcome measures for healthcare utilization.

3. MIH Big Four Measures (PURPLE)
   a. Measures that are considered mandatory to be reported in order to classify the program as a bona-fide MIH or Community Paramedic program.

4. Top 17 Measures (Isolated)
   a. The 17 measures identified by operating MIH/CP programs as essential, collectable and highest priority to healthcare partners.
   b. These measures are isolated in this document for ease of reference.

Notes:
1. All financial calculations are based on the national average Medicare payment for the intervention described. Providers are encouraged to also determine the regional average Medicare payment for the interventions described.
2. Value may also be determined by local stakeholders in different ways such as reduced opportunity cost, enhanced availability of resources. Program sponsors should develop local measures to demonstrate this value as well.
Quality and Experience Measure: Patient health-related quality of life

Utilization Measure: Reduction in emergency department use

Cost Measure: Expenditure savings related to a reduction in emergency department use

Quality Measure: Patient connection to primary care provider

Quality and Safety Measure: Medication inventory to identify and reduce medication discrepancies
CMMI Funding Request
(Reference document to CMMI for details)

**Tier 1**: Agency Commitment: $3,000

**Tier 2**: Stakeholder Engagement: $1,999

**Tier 3**: CHEMS Clinical Rotations and Community Paramedic Program Completion: $2,000

**Tier 4**: Program Implementation: $3,000
CHEMS MEASURES
COLLECTING/REPORTING REQUIREMENTS

**Measures Selection:** Patient Population/Program Specific

**Collecting:** TBD

- Tablet On-Site: During or After Patient Encounter
- Phone Survey
- Assistance Available

**Reporting:** TBD

- Quarterly
- Assistance Available
Much Left to Do...

- CHEMS Workgroup “kick-off” this afternoon
- Outreach talking points, PowerPoint presentation & training on use and development of outreach tools
- Educating stakeholders and facilitating linkages: PCMHs, regional collaboratives, Medicaid Healthy Connections, public health district SHIP staff
- Recruiting 2nd paramedic cohort and 1st BLS cohort
- CHEMS EMT education strategy
- Telehealth
- Developing mentoring resources and learning collaborative approach to continuing education
- Site visits by staff to support stakeholder engagement
FEEDBACK/QUESTIONS?