What Happened
A Community Paramedic Program
YOU MEAN TO TELL ME

AMBULANCES AND TAXIS
AREN'T THE SAME THING?
“You got a better idea? The paddles are BROKEN. Just turn the key.”
Historically

- EMS began in the funeral homes with one protocol
  - Alive: Go to the hospital
  - Dead: Go to the funeral home

- Then came first aid training and urgency

- That was followed by having a certified EMT on board to treat the sick and injured
Today EMS Has Evolved

- Past: Transportation service that offered medical care
- Present: Trained and licensed providers of medical services......that also transport
- This evolution has continued with
  - Critical Care Paramedics
  - Flight medics
  - Tactical Medics
  - Community Paramedics
  - Many other specialties
EMS Innovation to Fill The Gaps in Healthcare

Whaat Happened
Community Paramedic Model

- Also identified as Mobile Integrated Healthcare Model in some Communities
- EMS concept driven by need to support and manage patients that initially were over utilizing ambulance services and even ER visits.
What Is Community Paramedicine

“The call before the 911 call”

EMS proactively engaging patients before a 911 call is necessary
EMS Reactive Versus Proactive Response

Identify the “at risk” individuals in our communities and intervene to prevent the next 911 call.

- Hospital referrals (HUG or 30 day readmission)
- Medic referrals (Immediate Concern) Police and F.D. as well
- Home Health referrals (Pt. doesn’t qualify or refuses services)
- PCP referrals (Dz education, home evaluation, missed office visits, and medical intervention in the home)
- Sometimes a patient will self-refer
Concepts Of Community Paramedic

- Improving health outcomes of medically vulnerable and under served
- EMS Proactively addressing unmet healthcare needs within the community
How we got here

- Many EMS services have been doing this for a long time with no formal program
- Healthcare is difficult to navigate, and follow up is not easily done by phone
- 2015-Arkansas Legislature past Rules Change
- Section of EMS and Stakeholders created Regulations for Training
  - Input from: Home Health, Hospice, AMA, ADH, Boards of Nursing, Physicians, Home health and Public Health, as well as the Ambulance association
- February 1, 2017: Rules adopted to allow Licensure
- 310 Hours of additional education to become CP
- No funding or reimbursement process was put in place. Have to find your own funding source to maintain. This is why there aren’t more in place.
State of Community Paramedic Arkansas

- Currently 18 Licensed CP in Arkansas
- Currently 3 Training Sites in Arkansas
Licensed Community Paramedic Services

- MEMS Little Rock
- Bella Vista FD
- North Arkansas EMS
- Baxter Regional EMS
Primary Focus of Programs

- Uniquely Modeled for Community Needs
- HUG’s Patients (911 / ER)
- Readmission Avoidance
- ACO Connection with Physicians
- Mental Health Engagement
- Medication Assessments / Lab Specimen
- Telehealth Component

Other (Facilitating Resource Management in the Community)
Engaging Community Stakeholders

- Alignment with Home Health
- Hospice
- Physician Clinics
- Hospitals
- Skilled Nursing / Assisted Living Facilities
- Mental Health Facilities
- DME Suppliers
- Emergency Medical Services
Engaging Payers & Identifying Revenue Sources

- Grants
- Hospitals
- Commercial / Governmental Payers
  *In State Commercial Payers are now actively contracting with CP providers*
- ACO / Physician Networks
- OTHER?
Additional Opportunities

- Concepts of Treat and Stay (CP involved in home visit)

- Connections with ACO Physician Groups
  * Population Health Management
  * In Home Visits (Pt not making regular office visits)

- Mental Health Connections

- Training Area Responders (Opioid Crisis / Narcan Admin)
The BRMC Program, over the last 6 years has enrolled 1157 Readmission avoidance pts.

The program has prevented the readmission of 1074 of these pts.

A 92.8% success rate!
Engaging patients where they are and managing their specific needs.

Avoiding judgement on patients circumstances and filling the gaps by managing their healthcare needs.

Empowering our patients to succeed
Pt #1
High Utilizer of ER services
High Utilizer of Ambulance Services
53yo male from January 1 to March 1: (59 days)
12 Ambulance
12 ER visits
Nicknamed “Turkey Sandwich” as that often cured him

After BRMC Community Paramedics took over...
The same 53yo male from March 2 to May 1:
(59 days)
0 Ambulance
1 ER visit

Bringing “Preventative” health services to an underserved and at risk community of patients.
Pt #2

CHF pt who had never been asked her opinion of need
Pt #3
Frequent readmission pt who had no modern resources
Community Programs expanding to meet the needs:

- Vulnerable Patient Populations
- Underserved Patient Populations
- Improved Patient Health
- Reduced Cost to Healthcare Systems and Payers
- Improved patient experience and satisfaction

Expanding Model Nationally
- 2013  5–6 Systems offering services
- 2019  500 Plus systems offering CP Services
Questions