• What are biggest opportunities with hospital utilization?
  • Avoidable ED use (i.e. more appropriate for PCP, Urgent Care, etc.)
  • Avoidable admissions and readmissions (specifically readmission DRG penalties)
  • Higher than average length of stay

• Limited access to primary care and specialty care?
  • PCP Offices (timeliness of appointments, transportation)
  • Home Health (payor source limitations)

• Patient population payor source?
  • Medicare, Medicaid, Commercial, Self-Pay, VA, Charity Care
    • Bad debt
    • Low reimbursement
    • Penalties
• Why Community Paramedicine?
  • Collaborative, consistent care coordination
  • Interdisciplinary
  • Rapport in field setting
  • High acuity clinical interventions

  • Objectives include:

  • Point of Care testing
  • Lab Draw/Drop Off
  • Navigation BACK TO PCP as medical home
  • Medication Inventory – Reconciliation (with Pharmacist or PCP)
  • Social Needs Assessment
  • Driving towards self-management
  • Patient disease education
  • Health literacy management
Community Paramedic Programs in NC
Current North Carolina Programs

- Atrium Health - Transition Clinic and Readmission Reduction
- Mission Health - ACO Care Management
- Cape Fear Valley - ACO Care Management & Readmission Reduction
- UNC Wayne - CHF Readmission Reduction
- Lenoir County - COMPASS Program
- McDowell County - Reduction of ED utilizers, Post Overdose Response Team
Robyn pause for: Summarize (if needed)

Questions

Nick transition to planning and implementation
(ORH working with 2 EMS/countyies, RHC, FQHC)
NC ORH Community Paramedicine Pilots

• Clay county EMS
  – RFA/Paramedicine contractor (1-2 months)
  – Stakeholder meetings (3-6 months)
  – Planning/needs assessment (1-3 months)
  – Training (1 month)
  – Implementation/Assessment (TBD)
  – Final report (12 months)

• Graham County EMS
  – EMS/ORH collaboration (6 months)
  – Training (1 month)
  – Stakeholder meeting (2 months)
  – Implementation/roll out (TBD)
CP Educational needs

- Total: 308 hours of didactic and clinical training
  - 64 hours of classroom
  - 48 hours of online modules
  - 196+ hours of clinical training
    - Hospice Rotation
    - Cardiology Rotation
    - Cardiovascular Rotation
    - Behavioral Health Rotation
    - Internal Medicine / PCP Rotation
    - Pharmacy Rotation
    - Nutrition Education
    - Community Clinic Rotation
    - Case Management / Social Work Rotation
Community Paramedic Home Visit

• Review
  − Medical History
  − Medications
  − Discharge Instructions

• Identify Barriers to Care
  − Correct or Refer

• Physical Assessment

• Home Safety Inspection

• Patient Education

• Labs-Point of Care Testing

• PRN Interventions
  • IV Medications (Lasix, Steroids, Fluid administration, etc.)
  • Nebulized Medications
  • Blood Draws
  • Cardiac Monitoring/12 Lead EKG Analysis
The Virtual Visit

- Improves patient access to healthcare
  - Primary Care
  - Specialty Care
  - Decrease ED Utilization
- Reduces patient exposure
- Patient Provider can see patients living conditions
Challenges

- Fear of unknown
- Changing EMS role, focus and skills
- Training/education
- Stakeholder agreement
- Equipment/transportation
- Hospital collaboration
- Funding/sustainability
Benefits of Paramedicine

• Increased referrals for RHC
• Home health referrals
• Shared savings ACO
• Hospital 30 day readmit reduction
• Improved outcomes and patient satisfaction
• Community engagement/education
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