

NC Department of Health and Human Services

Office of Rural Health

Community Paramedicine

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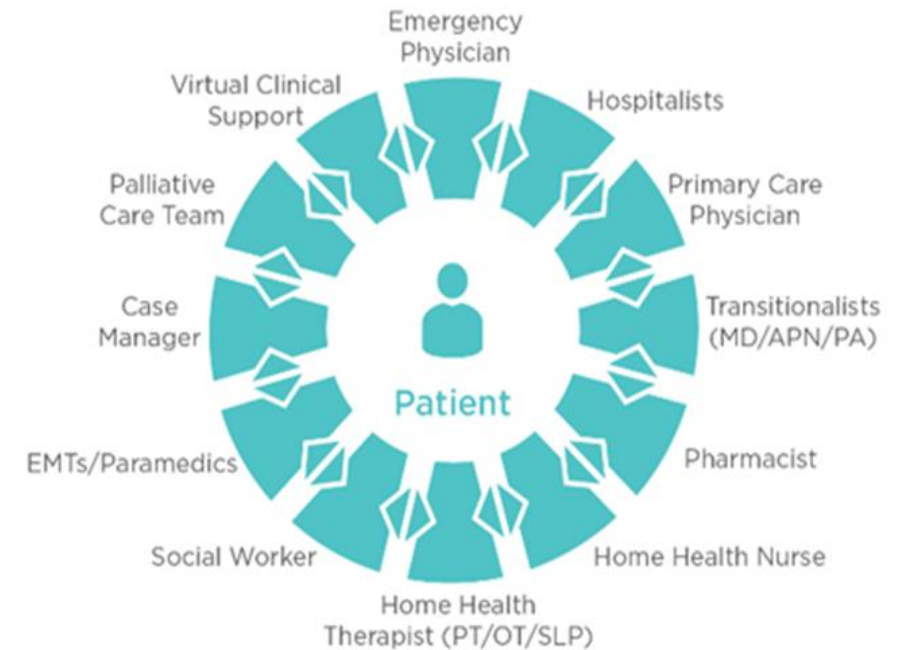
- **What are biggest opportunities with hospital utilization?**
 - **Avoidable ED use (i.e. more appropriate for PCP, Urgent Care, etc.)**
 - **Avoidable admissions and readmissions (specifically readmission DRG penalties)**
 - **Higher than average length of stay**
- **Limited access to primary care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

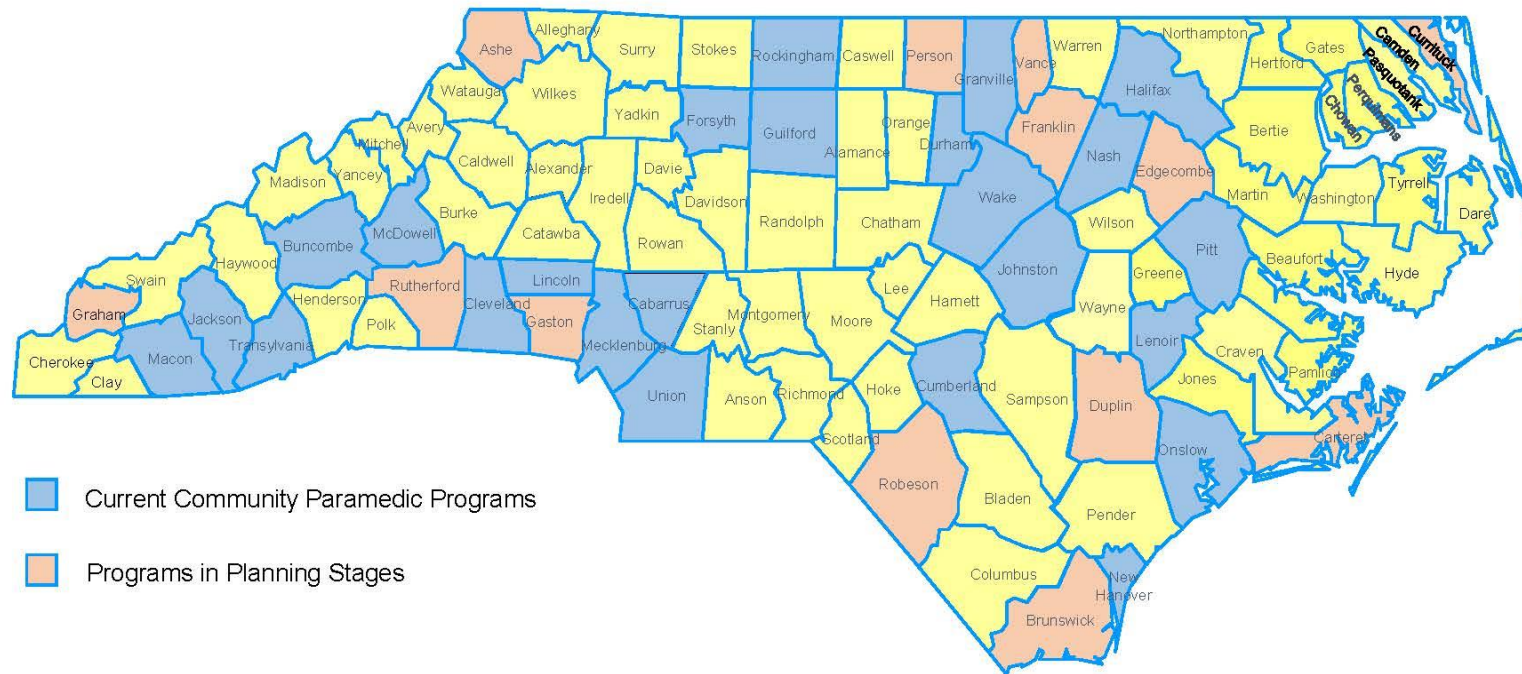
- Collaborative, consistent care coordination
- Interdisciplinary
- Rapport in field setting
- High acuity clinical interventions

• 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/counties, 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

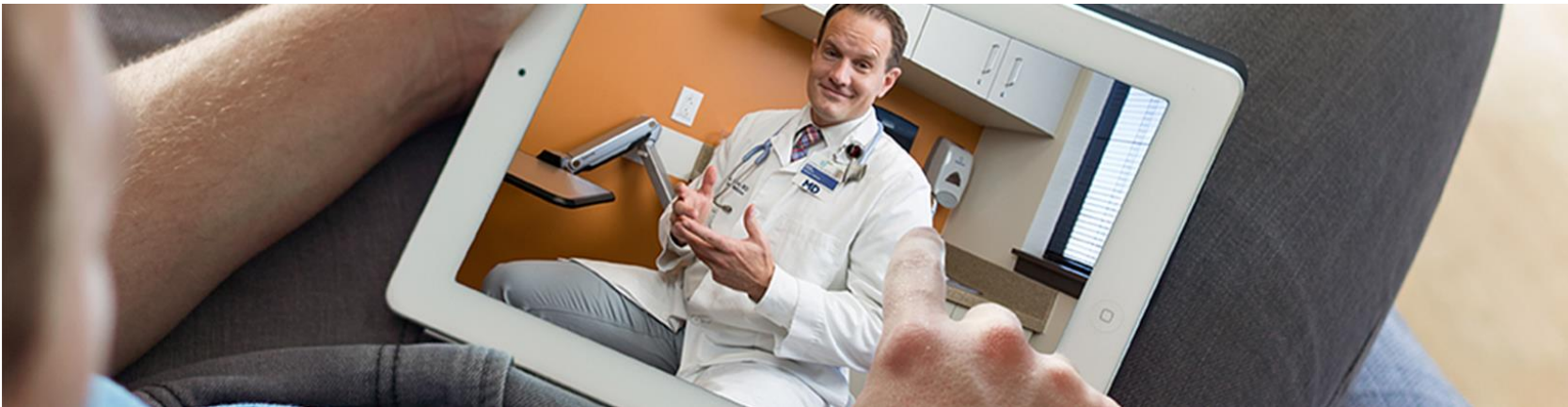
- Total: 308 hours of didactic and clinical training
 - **64 hours of classroom**
 - **48 hours of online modules**
 - **196+ hours of clinical training**
 - **Hospice Rotation**
 - **Cardiology Rotation**
 - **Cardiovascular Rotation**
 - **Behavioral Health Rotation**
 - **Internal Medicine / PCP Rotation**
 - **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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<https://www.ncdhhs.gov/divisions/orh>

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