National Consensus Conference on Community Paramedicine

Panel 5: Data, Performance Improvement, and Outcome Evaluation

Facilitator: Gary Wingrove

NASEMSO·NOSORH
JCREC
Joint Committee on Rural Emergency Care

North Central EMS Institute

COMMUNITY PARAMEDIC

Panel Members

- *Dia Gainor, MPA, Executive Director, National Association of EMS Officials*
- *Gregg Margolis, PhD, NREMT-P, Director, Division of Health Systems and Health Care Policy, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, DC*
- *Kevin McGinnis, MPS, WEMT-P, Chief, CEO, North East Mobile Health Services, Scarborough, ME*
- *Lori Spencer, RN, CCEMT-P, Captain, Baraboo District Ambulance Service, Baraboo, WI*
- *Ryan White, Health Economist, Eide Bailly, Lone Tree, CO*

Areas of Examination

- Current Practices
- Discussion of Gaps
- Research Questions
- Identification of Metrics and Methodologies
- Documentation
- Dissemination of Results

Kevin McGinnis MPS, WEMT-P
Maine EMS
Community Paramedicine
Coordinator

Medical Direction

- Primary Care & EMS Mix
  - Flexible Models to Meet Resource Availability
    - Small, Rural Facilities: Single Physician?
    - Medium Facilities: 1 PC & 1 EM/EMS?
    - Health Systems: 1 Physician Coordinating Many?
  - The Balancing Act
    - When is a patient interaction an EMS event?
    - When is a patient interaction a CP event?
    - What happens when an interaction transitions?

Supporting CP Programs - $$$

- Currently No Direct Funding Provisions
  - CMMI Grant: We've come a long way, baby!
  - Minnesota: Medicaid
  - Maine: Has Medicaid "No Transport"
- Future:
  - Demonstrate Value to:
    - Current Reimbursement Model Payers
    - Evolving Accountable Care Organizations
    - Evolving Medical Home Model Practices

Nova Scotia

- Clinic Model
  - 23-40 % ED Use Reduction
- Nursing Home Model
  - 60% ED Transport Reduction

Maine CP Project

- Collaboration:
  - Maine EMS (DPS)
  - Maine Office of Rural Health (DHHS)
- Components (Over 3 Years)
  - Develop On-Going Task Force
  - Develop Pilot Project Approach With Uniform:
    - Medical Direction/Quality Improvement Processes
    - Prospective Research Methodology
    - Integration Into Community Health Teams

Pilot CP Project Models

- Community Paramedic Model
  - Licensed Paramedic
  - 100-200 Hour College-Based Program
  - Primary Care/Emergency Medicine Oversight
  - Integrated in Community Health Team
- Enabled/Extended Health Services Model
  - Licensed Providers Within Their Scope
  - Limited/Selected Services
  - Additional Training, and Oversight as Appropriate
  - Integrated in Community Health Team

Pilot Project Data Requirments

- **Section 8: Data Collection and Plan** ***(must be submitted 45 days prior to requested start date)*** If this is an ECPPP, describe what data demonstrates the need for this project, if any. Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how Maine EMS will be included in this.
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- If this is a GCPPP, define the population to be served. For this population, describe how data will be collected to measure against, at a minimum, the following performance markers:
  - Number, type, and rate of CP patient interactions (e.g. interactions per patient per year)
  - Rate of hospital admissions (admissions per patient per year).
  - Rate of ED admissions (admissions per patient per year).
  - Rate of 9-1-1 calls for EMS (calls per patient per year).
  - Rate of hospital readmissions within 30 days of discharge (readmissions per patient
  - per year).
  - Rate of ED readmissions within 30 days of discharge (readmissions per patient per
  - year).
  - Primary care practice utilization rate (visits per patient per year).

North East Mobile Health Services Pilot Project

- Home Health Integration
- Nursing Facility Intervention Study
- Trauma Center Field Telemedicine Visits
- Falls

North East Mobile Health Services: *In Home Fall Evaluation & Recommendation for:*

Name of Patient_____

911 "fall call" without transport on: _____	→	Referral to this program: _____	→	N.E.M.H.S. home visit fall evaluation on: _____ By: _____	→	Dr Anderson review/suggestions on: _____ y: _____	→	For PCP: _____ • Patient specific rec. • Neuro-cog screening • Geriatric reference

Was this fall a non-specific manifestation or an acute illness (10% of falls)?

FEVER? NEW PAIN?

NEW/WORSENING:

Check all that apply

Fall History

Compromised by cognitive impairment? Y N

Patient has fallen _____ times during the past year.

Patient attributes fall to _____.

Patient feels: dizzy when standing heart palpitations

symptoms of low blood sugar difficulty rising from chair

Social Narrative

Mr/Ms _____ is a _____ native, retired _____,

has lived _____ years here with: wife husband

other _____. Family involved includes _____.

Spends time _____. Has used a

Cane walker for past _____ years because of

_____.

Fall Focused Physical Exam

- General appearance: _____
- Temp = _____
- Neurocognitive screening exam – see back page
- Orthostatic
  - Sitting _____/_____ pulse_____
  - Standing _____/_____ pulse_____
- Mucus membranes: moist dry
- Axilla: moist dry
- Skin turgor: good bad
- Cardiovascular
  - Murmur: Y N
  - Pulse regular Irregular
  - Lower extremity edema No edema
- Respiratory effort: Normal Abnormal
- Integrated neuromuscular function

  Cerebellar — finger-to-nose

  Vestibular

  Proprioception—great toe

  Sensation — light touch

  Patellar reflex

  Quad strength: rise from chair without using assist

  Balance—best stance: _____

  Gait— NL ABN

Neurocognitive Screening Sweet 16[1]

		Score	Points
1.	What is the year?	_____	1
2.	What is the date?	_____	1
3.	What is the day of the week?	_____	1
4.	What is the month?	_____	1
5.	Can you tell me where we are?	_____	1
6.	What city are we in?	_____	1
7.	What state are we in?	_____	1
8.	What room of the house are we in?	_____	1
	Word test:		
9.	Apple	_____	1
10.	Table	_____	1
11.	Penny	_____	1
	Number test:		
12.	2 – 4 – 9	_____	0
13.	8 – 5 -2 – 7	_____	0
	Backward number test:		
14.	4 – 1 – 5	_____	1
15.	3 – 2 – 7 – 9	_____	1
	3 objects to remember		
16.	Apple	_____	1
17.	Table	_____	1
18.	Penny	_____	1
	TOTAL	_____/16	

EMT Impressions

_____

_____

_____

_____

_____

_____

_____

Recommendations

- HHVN Home Safety Exal, PT/OT

  Contact: _____
- Encourage ongoing balance, strength, gait training via resources we provided to your practitioner
- Consider these medication changes
- Consider the disease/drug interactions
- Ensure minimum Vitamin D of 800 IU daily

Signature: _____

AGS Efficacious Fall Prevention Interventions

- Level A Recommendations
  - Adaptation or modification of home
  - Exercise- particularly balance, strength and gait
- Level B Recommendations
  - Withdrawal or minimization of psychoactive medication
- Level C Recommendations
  - Withdrawal or min other medication
  - Management postural hypertensive

Reference Resources

- SMAA
- Geri Center Fall Clinic
- Geri Y
- Home Visit for Older Adult Program
- Matter of Balance

This project is funding by _____.
Efficacy will be studied by follow up phone calls to your patients.

Kevin McGinnis, MPS, EMT-P
State Community Paramedicine Coordinator
k.mcginnis@roadrunner.com
207-512-0975

http://cpif.communityparamedic.org

Discussion

- Best Practices and Models
- Discussion of Gaps
- Research Questions and Activities
- Action Plan for National Agenda (Who, What, When, Where?)