

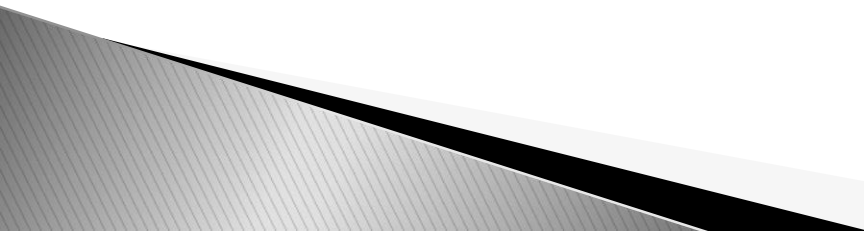
COMMUNITY PARAMEDICINE

A NON-TRADITIONAL
APPROACH TO FILLING HEALTHCARE GAPS

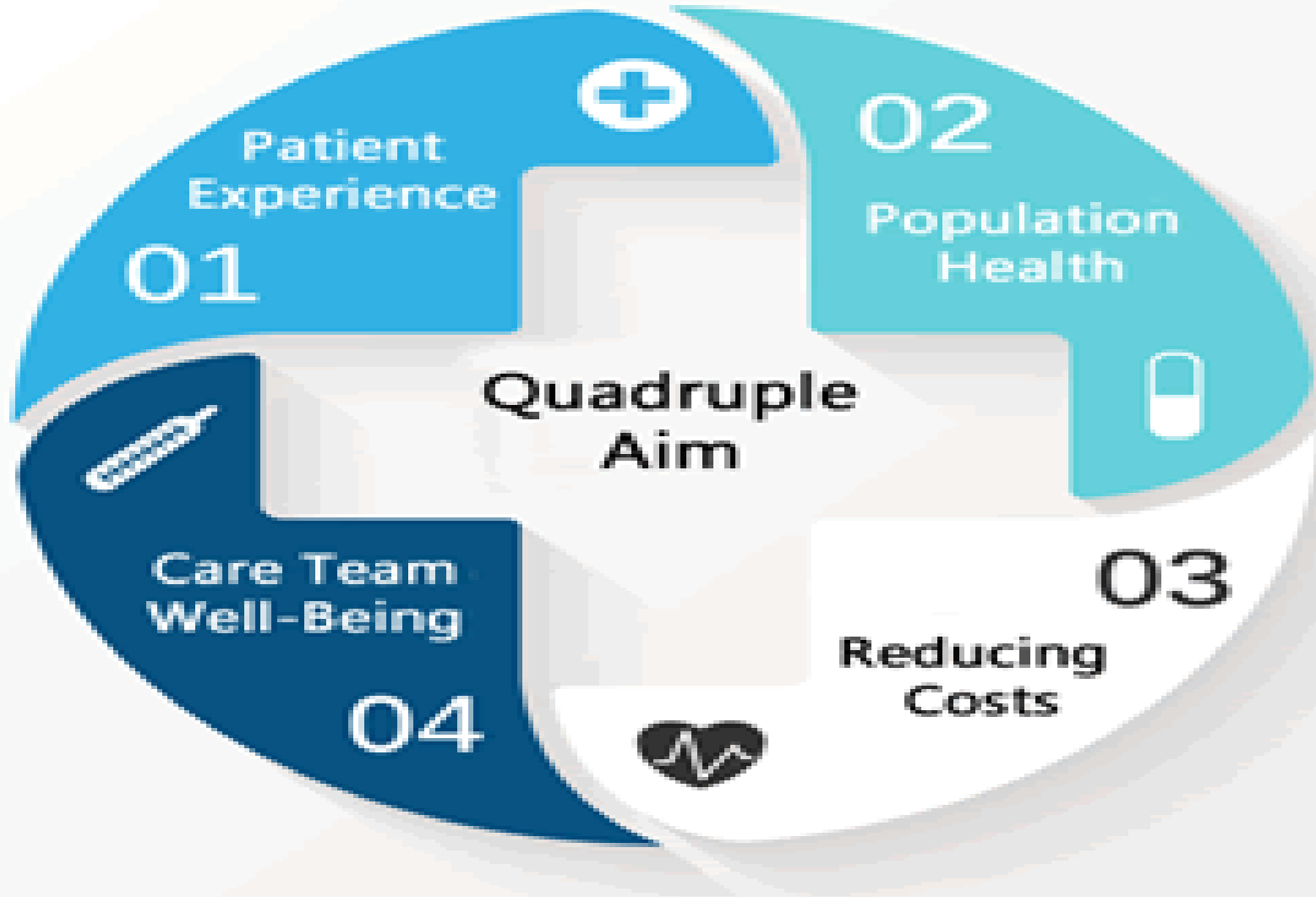
Jared Oscarson, EMS Director
Dodge Center Ambulance
dcambdirector@ci.dodgecenter.mn.us



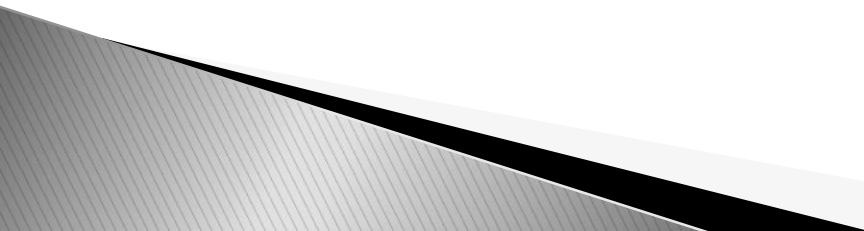
Overview

- ▶ **Current healthcare access and emergency care systems**
 - ▶ **Community Paramedicine models in Nevada**
 - ▶ **Integration and collaboration within healthcare infrastructure**
 - ▶ **Legislative efforts for CP**
- 

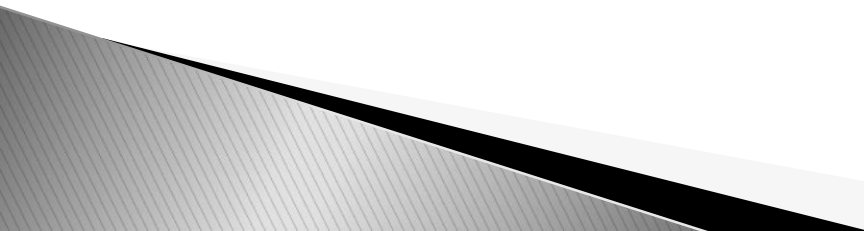
Quadruple Aim



Healthcare Access

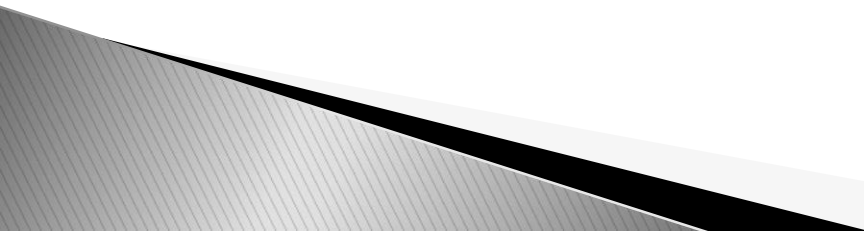
- **Community healthcare resources are needed**
 - **Hospitals are working towards developing healthcare systems based on value, quality and population health**
 - **Policymakers are embracing alternative care methods and payment models**
 - **Emergency Departments = Access**
 - **Emergency Departments = Safety nets**
- 

What CP is not?

- ▶ Replacement of other healthcare providers or services.
 - ▶ New project to divert revenue away from other healthcare organizations
 - ▶ Increase in scope of practice for EMS providers
- 

What is Community Paramedicine?

Primary Care Centered:

- Integrated into primary care teams
 - Access to healthcare
 - Navigation within healthcare system
 - Care plan education and follow up
 - Compliance with care plan
 - Communication with ordering Physician
- 

What is Community Paramedicine?

- ▶ 9-1-1 Centered:
- ▶ **Treat/No Transport**
 - Assess, evaluate, consult, release
- ▶ **Treat/Refer**
 - PCP
- ▶ **Treat/Transport Alternative Destination**
 - Urgent Care, Mental Health
- ▶ **Assess/Treat/Ambulance Transport**
 - Assessment and treatment, ambulance

CP vs Paramedic



Nevada Models

- ▶ **REMSA– Reno, Nevada**
- ▶ **Ambulance Transport Alternatives**
Urgent Care Centers, Community Triage Centers,
Mental Health Hospitals

In-home service after discharge from hospital
Medical care plan adherence, point of care lab
testing, personal health literacy

Nurse Health Line
Protocol driven Assessment and Navigation
Recommended level of care
24-hour phone follow up

Nevada Models

- ▶ **HGH EMS Rescue, Winnemucca, Nevada**
- ▶ **In home care post discharge from ED and PCP**
 - Local Physician led
 - In home POC testing
 - Personal health education
 - Care plan assurance and home assessments
 - Immunizations
 - Navigation within healthcare system
 - Decrease ER admission and readmission
 -



EMS Reimbursement Models

Fee for Service – Medicare Ambulance Fee Schedule, Medicaid, third party payers, self pay

Payment only for transport

ED only destination following 911 response

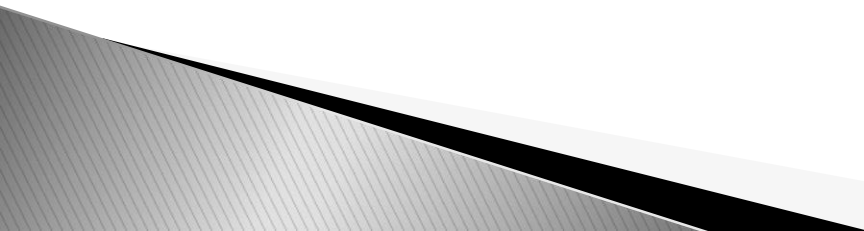
The Future of EMS Systems

New Model of EMS Care and Payment

Principles

Balanced triage	Prudent layperson definition of emergency
Patient-centered	Patient choice <i>and</i> consent
Integrated	Emergency care, primary care, mental health, social needs
Stakeholder-engaged	Tailored strategies for clinical partners
Payor-aligned	Referral to in-network care
New health information technologies	Exchange of patient records and data
Evidence-based	Use of new data analytics across all domains

Legislative Initiatives

- ▶ **Stakeholders**
 - ▶ **Broad and enabling**
 - ▶ **Data requirement**
 - ▶ **Reimbursement models**
 - ▶ **Community needs assessment**
- 

Moving forward

EMS organizations must move away from the emergency only mentality

