COMMUNITY PARAMEDICINE

A NON-TRADITIONAL APPROACH TO FILLING HEALTHCARE GAPS
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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

01 Patient Experience

02 Population Health

03 Reducing Costs

04 Care Team Well-Being
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

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<th>Prudent layperson definition of emergency</th>
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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