



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

## Delta Region Community Health Systems Development Program

# Community Paramedicine Program Opportunity

January 12, 2023

# The Center's Purpose

The [National Rural Health Resource Center \(The Center\)](#) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



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# Diversity, Equity, Inclusion, & Anti-racism



## **Building a culture where difference is valued.**

The Center is committed to DEI and anti-racism. We create an environment that reflects the communities we live in and serve; a place where everyone feels accepted and empowered to be their full, authentic selves; and where everyone belongs.

We understand the impact of and seek to defeat racism and discrimination in ourselves, our workplace, and the world. This guides how we cultivate leaders, build our programs and resources, and deliver our technical assistance.

We are an organization that honors, celebrates, and respects all dimensions of diversity. These principles are central to our mission and to our impact.

[Read more at ruralcenter.org/DEI](https://ruralcenter.org/DEI)



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# Delta Region Community Health Systems Development (DRCHSD) Program Supported By:



## Delta Regional Authority

U.S. Department of Health & Human Services



# HRSA

Federal Office of Rural Health Policy

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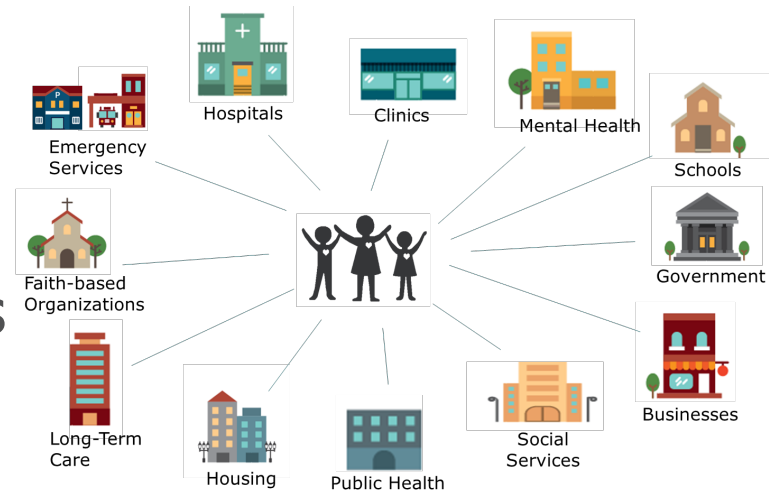
# Agenda

- Healthcare Transformation Landscape
- Community Paramedicine (CP) and Mobile Integrated Healthcare (MIH)
- Typical Services of CP
- CP Programs Whys and Wins
- The Center's CP Framework
- Questions and Comments
- Next Steps



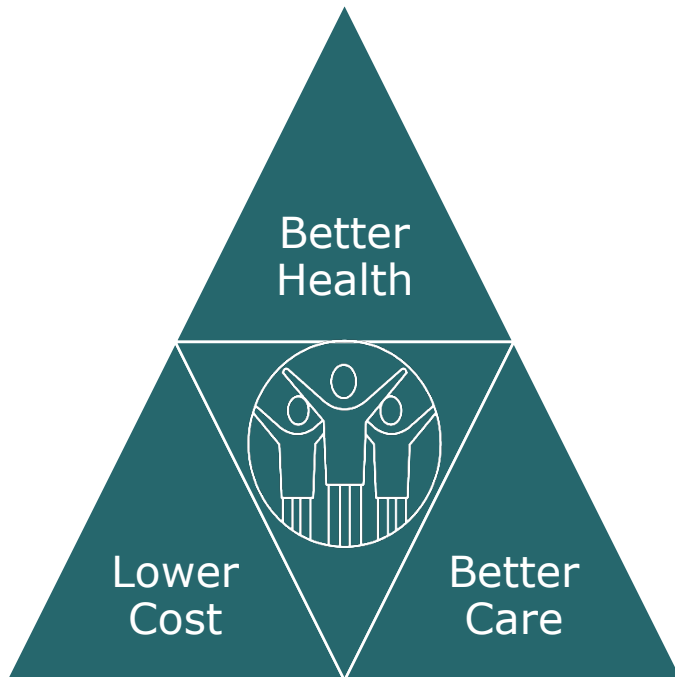
# DRCHSD Program Purpose: Develop a Sustained Local System of Care

- Increase care coordination
- Improve quality of care and patient experience
- Build awareness of local services
- Reduce by-passing of local services
- Enhanced partnership and collaborative relationships
- Increase long-term viability of the organization
- Sustain a local system of care to prepare for population health



# Patient Centered Value-based Care

## Triple Aim | Healthcare 3.0 | EMS 3.0



- Patients over profit
- Value-based & outcome incentives
- Primary care valued
- Addressing root causes of health conditions
- Patients own health history and data
- Evidence-technology empowered
- Healthy living is rewarded

- Patient-centered 24/7 access to appropriate care
- Improve patient quality and satisfaction
- Impact population health outcomes
- Reduce cost
- Enhance patient acquisition of community resources

NAEMT. (2016). *The EMS Transformation- Moving to "EMS 3.0"*. NAEMT News.  
<http://www.naemt.org/docs/default-source/2017-publication-docs/2016-spring-naemt-news---ems-transformation.pdf>





## HEALTHCARE IS TRANSFORMING

Our nation's healthcare system is transforming from one that rewards volume of care to one that rewards value, known as "Healthcare 3.0."

Outcomes and performance data



## URGENT AND EMERGENT CARE REMAIN CORE TO EMS



24/7  
emergency  
medical  
dispatch  
(911)



Rapid response,  
medical  
assessment  
and treatment



Urgent cardiac,  
stroke,  
trauma, mass  
casualty/disaster  
care



Emergency and  
critical care transport

## BUT EMS MUST OFFER EXPANDED SERVICES



Nurse advice



Post-discharge  
follow up,  
preventive care



Chronic disease  
management  
and support



Alternative transportation  
or referral to community  
health or social services  
resources

## EMERGENCY CARE + EXPANDED SERVICES = VALUE

EMS is uniquely positioned to support our nation's healthcare transformation by assessing and navigating patients to the right care, in the right place, at the right time. Let's move our profession to EMS 3.0.



Better patient health



Lowered costs

# EMS 3.0

***"EMS can contribute to our nation's healthcare transformation by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population EMS 3.0 health, and reduce healthcare costs – this is 'EMS 3.0.'"***

NAEMT. [EMS 3.0](#) [Ebook]. National Association of Emergency Medical Technicians.



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# Community Paramedicine vs Mobile Integrated Healthcare

Community paramedicine and mobile integrated healthcare are **both** patient centered, mobile services offered outside of medical facilities.

## Mobile Integrated Healthcare (MIH-CP)

an administrative organization of multi-disciplinary medical, nursing, and other practices which may or may not involve EMS paramedicine providers



## Community Paramedicine (CP)

an extension of EMS paramedicine practice and services that allows paramedics and EMTs an expanded role by assisting with public health and primary healthcare to cover healthcare gaps in communities



# Community Paramedicine Scope

Public Health Education,  
Case Management  
Provider Referrals to  
Primary Care and Ancillary  
Community Health Services



Non-Emergent Medical  
Services; Wellness, Post-  
Discharge, Screening,  
Immunizations, Diagnostics  
Medication Reconciliation



Assess Additional SDOH  
Needs, Safety Risk,  
Substance Abuse,  
Behavioral and Mental  
Health Services



Improve ED Utilization,  
Chronic Care Management,  
Remote Patient Monitoring  
Home Health, Hospice and  
Emergency Management  
Efforts



# Community Paramedicine Whys and Wins



Paul Miller – Division  
Chief, Crawfordsville,  
IN CP Program



Richard Belle-  
Operations Director,  
Acadian Health, LA



# The Center CP Program - Framework



# Questions or Comments



# Next Steps

- Community Paramedicine Webinar #2-  
January 19, 2023





# DRCHSD Community Paramedicine Contact

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