NC Department of Health and Human Services
Office of Rural Health

Community Paramedicine

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Objectives

• Assess your ability to partner with state Emergency Medical Services (EMS) educators on Paramedicine program
• Determine the counties within your state that would benefit from a Community Paramedicine (CP) program
• Learn how to convene stakeholders and manage expectations for a CP program
• Describe how to create a plan to request funds for a CP program
About the Office of Rural Health (ORH) and Our Mission

• First state office (1973) in the nation created to focus on the needs of rural and underserved communities
• Assists underserved communities by developing and funding innovative strategies for improving:
  • Access to health care
  • Quality of health care
  • Cost-effectiveness of health care

State Fiscal Year 2018 Office Facts:
• Administered over 300 contracts
• Spent $31.6 million from state, federal, and philanthropic sources
• Returns over 88% of its budget directly to NC communities
• Provided over 1,300 technical assistance activities

While we do not provide direct care, our programs support numerous health care safety net organizations throughout North Carolina.
Programs at ORH

**Placement and HPSA Services**
Recruit providers and designates health professional shortage areas.

**NC Rural Health Centers**
Supports state designated rural health centers that serve the entire community.

**NC Community Health Grants**
Supports the primary care safety net system with increasing access to health care for vulnerable populations.

**NC Farmworker Health Program**
Supports medical, dental, and educational services for members of the North Carolina agricultural labor force and their families.

**Rural Health Information Technology Program**
Provides technical assistance to improve the use of Electronic Health Record (EHR) Systems and the use of health information exchange.

**NC Rural Hospital Program**
Funds operational improvement projects for the benefit of all critical access hospitals and eligible small rural hospitals.

**NC Medication Assistance Program**
Provides free and low-cost medications donated by pharmaceutical manufacturers to patients who cannot afford them.

**NC Statewide Telepsychiatry Program**
Supports psychiatric evaluation of patients through videoconferencing technology in emergency departments.

**NC Analytics & Innovations**
Support data analytics, shortage designations, and pioneering efforts to improve health.
SFY 2018 Map of ORH Coverage

Note: Sites may cover multiple counties in addition to its designated county location.

Legend

- **Health Information Technology Program**
  - Electronic Health Record Grantee (77 Counties)

- **Service Points Receiving ORH Support**
  - State Designated Rural Health Center (17 Sites Covering 36 Counties)
  - Medication Assistance Program Grantee (107 Grantees Covering 96 Counties)
  - Community Health Grantee (141 Grantees Covering 97 Counties)
  - Farmworker Health Grantee (13 Grantees Covering 63 Counties)
  - Provider Placement (85 Placements Covering 41 Counties)
  - Critical Access Hospital (20 Sites Covering 19 Counties)
  - Small Rural Hospital (12 Sites Covering 11 Counties)
  - Telepsychiatry Site (54 Sites Covering 41 Counties)

*Numbers inside of symbols indicate number of sites, grantees, or placements, based on symbol.*
What is Community Paramedicine?

EMS Agenda for the Future, 1996

- Vision statement
  - EMS will be community based health management
  - Fully integrated with the healthcare system
  - Treatment of chronic conditions
  - Community health monitoring
  - Integrated with other healthcare providers, public health, and public safety
  - Improve community health and result in more appropriate use of acute healthcare resources
What is Community Paramedicine? Continued

• Traditionally EMS put the patient in the ambulance and took them to the emergency room
  • Not always cost effective
  • Not always in the patient’s best interest

• CP is a way of linking the patient with the:
  • Right resource needed
    • At the right time
    • For a lower cost
  • Leading to:
    • Better patient care
    • Higher patient satisfaction
What is Community Paramedicine? Once More
What is Community Paramedicine? Final

• **Improved Patient Health**
  - Preventative Care
  - Patient Education

• **Improved Patient Experience**
  - Time Savings
  - More Effective

• **Decreased Healthcare Costs**
  - Prevention Cheaper Than Treatment
  - Less Duplication of Services
NC Office of Rural Health Hospital Program

• Flex Supplement Funds
• Education with Critical Access Hospitals (CAHs) on community paramedicine program
• Development of ORH plan
• Collaborate and learn from Office of EMS
• Hire staff with EMS/paramedicine
• Support clinics and primary care to participate
NC Office of Rural Health Community Paramedicine

• Clay County EMS
  – Request For Applications (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)
  – Assessment/Report out
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 / Primary Care Provider (PCP) Rotation
    - Pharmacy Rotation
    - Nutrition Education
    - Community Clinic Rotation
    - Case Management / Social Work Rotation
Challenges

• Fear of unknown/changing EMS roles
• Equipment/transportation
• Training/education
  – State dependent, county needs
• Stakeholder agreement
• Funding to sustain program
  – County, private, NC ORH
Benefits of CP Program

- Increased referrals to primary care
- Community Engagement
- Continuity of care to/from hospital
- Shared savings/Accountable Care Organization (ACO) model
- Hospital 30 day readmit reduction
- Decreased Emergency Department (ED) volumes
- Decreased EMS calls
- Medicaid cost savings
The State of Community Paramedicine in North Carolina Today
CP Programs in North Carolina

Current Community Paramedic Programs

Programs in Planning Stages
Program Types

• High Volume EMS Utilizers
• High Volume ED Utilizers
• High Risk Re-Admission Discharges
• Mental Health/Behavioral Health/Substance Abuse
• Falls Prevention
• EMS Refusal Follow-Up
Program Types, Continued

• Specific Disease Process Programs
  • Diabetes
  • Congestive Heart Failure (CHF)/Chronic Obstructive Pulmonary Disease (COPD)/Pneumonia
  • Pediatric Asthma
  • Infection/Sepsis

• Resource Navigation

• Disaster Planning for Special Needs Population
Funding Sources

• **Grants**
  • Endowments
  • State Department of Health and Human Services (DHHS) and DMH Grants
  • Emergency Triage, Treat, and Transport (ET3) Model Grant Funding

• **Hospital Partnerships**

• **Tax-Based Funding**

• **Subscription Programs**

• **Billing/Reimbursement**
  • 1115B Medicaid Waiver
State Grant Funding

• SL 2015-241 Section 12A.12(a-e)
  • Designated $350,000 for CP Programs
    • $210,000 New Hanover Regional EMS
    • $140,000 TBD (up to $70,000 each)
  • Grant application developed and distributed
  • Selection committee results
    • McDowell County EMS
    • Wake County EMS
### State Grant Funding, Continued

<table>
<thead>
<tr>
<th>Region</th>
<th>Population</th>
<th>System Type</th>
<th>Program Focus</th>
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<tbody>
<tr>
<td>McDowell</td>
<td>West, Micropolitan 44,996</td>
<td>County Based</td>
<td>911/ED Reduction</td>
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<tr>
<td>New Hanover</td>
<td>East, Medium Metro 202,667</td>
<td>Hospital Based</td>
<td>Re-Admission Reduction</td>
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<tr>
<td>Wake</td>
<td>Central, Large Central Metro 900,993</td>
<td>County Based</td>
<td>Alternative Destination</td>
</tr>
</tbody>
</table>
State Grant Funding, Once More

• **Preliminary report submitted to General Assembly (GA)**
  • Submitted June 1, 2016
  • Basic information regarding selection process and site self-evaluation tool

• **Final report to General Assembly**
  • Submitted March 1, 2017
  • Agency data reported
  • State projections
State Grant Data and Results

In FY16: 3,055 patient visits on 824 new patients

FY 2016 Re-Admission Rates

- High Risk CP Patients: 13%
- All CP Patients: 11%
- NHRMC Hospital Average: 18%
State Grant Data and Results, Continued

- **New Hanover Regional Medical Center EMS**
  - Pilot on high volume utilizers, looked at 20 of top users
  - Over 1 year period:
    - 32.7% \(\downarrow\) call volume
    - 27.9% \(\downarrow\) transports
    - 40.4% \(\downarrow\) ED visits
    - 17.9% \(\downarrow\) IP stays
    - 21.7% \(\downarrow\) total charges
    - $78,621 $\downarrow$ median charge per patient
Evaluated 1,191 MH/SA patients for alternative destination

- 53%: No Transport (251)
- 21%: Transported to the ED (637)
- 17%: Transported to Psychiatric Hospital (103)
- 9%: Transported to Alternative Location (200)
State Grant Funding, Again

• SL 2017-57 Section 11G.1.(a-c)
  • Two year extension of pilot programs
  • Increased funding amount (700k)
  • Report due to GA November 1, 2019

• 2019-2021 Budget TBD
  • Currently being debated between House/Senate/Governor
State Grant Funding, Final

• DMH/DD/SAS Grant
  • Phase I
    • $5000 Grants to EMS Agencies for CIT and CP Training
  • Phase II
    • Trial Reimbursement Model
      • $164.00 for on site EMS evaluation and treatment/no transport
      • $211.00 for on site EMS evaluation and treatment/transport to an appropriate alternative destination

• Public Health PORT Grant
  • Post Overdose Response Team
    • Training, Equipment, Harm Reduction Measures
Contact Information

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