

Our future: spread the health, not the healthcare

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Over Decade of International Collaboration

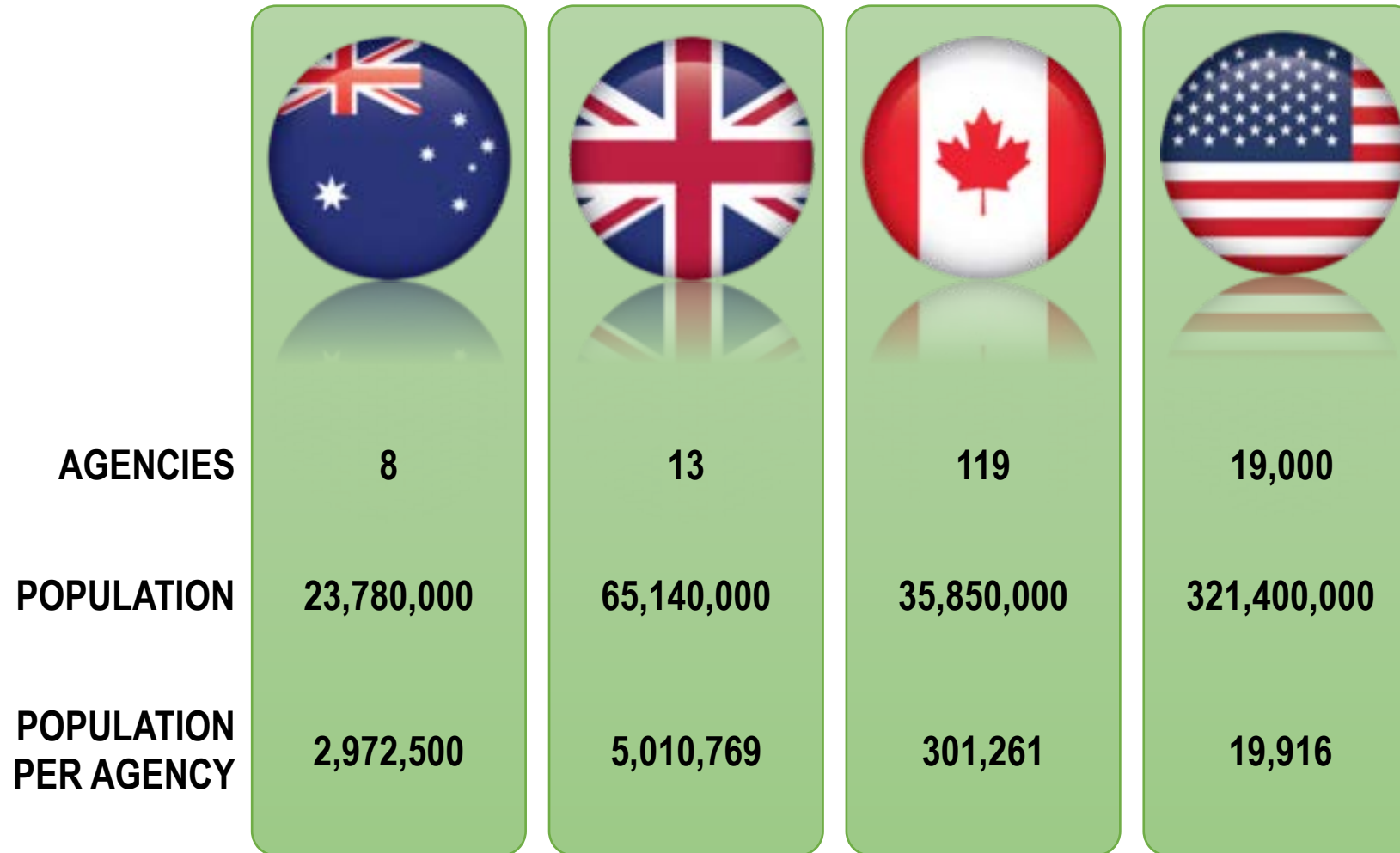
- Our Governments Are Investing



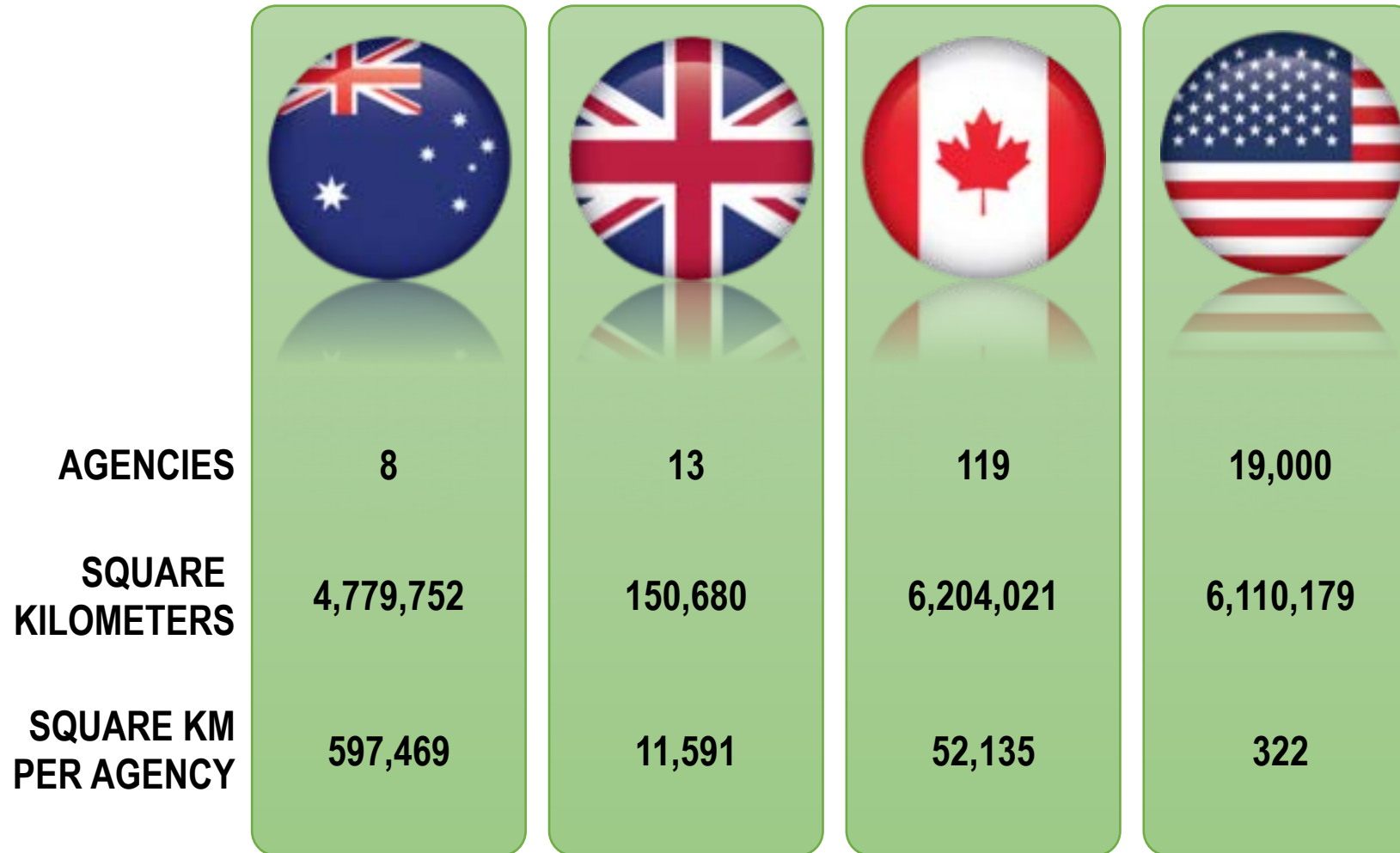
- Minnesota - \$800,000/\$1,500,000/3,400,000 in Shared Savings From CP Indigent Care
- Australia - \$4,000,000 CP Workforce Grants
- Ontario - \$6,000,000 Expansion of CP Programs
- United States – \$13,500,000 Innovation Awards for CP Programs
- United States – \$29,200,000 Innovation Awards for CP Programs



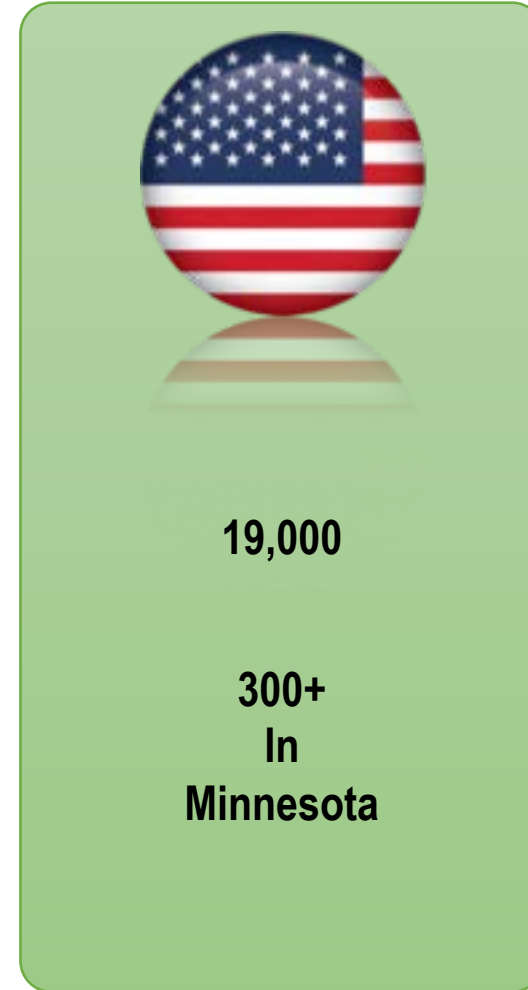
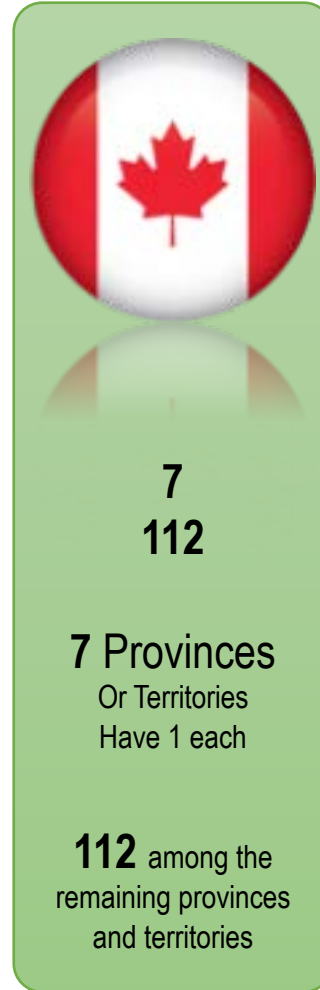
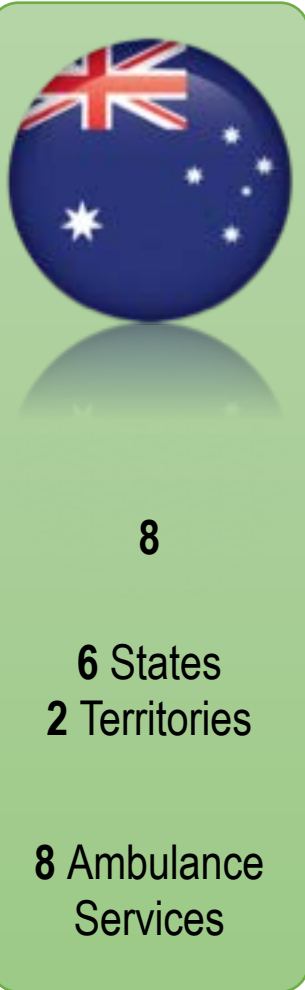
Side by Side Comparison



Side by Side Comparison



Number of Ambulance Services By Country



2005





COMMUNITY[™] PARAMEDIC

curriculum 3.0
educational resource manual • first edition



Community Paramedicine Landmarks

- 2005 – First IRCP
- 2007 – First curriculum and pilots
- 2009 – Second version and pilots
- 2012 – Third version
- 2015 – ISBC Exam
- 2019 – Second Generation curriculum (Fourth version, first segmentation)



Global Paramedic Leadership Alliance



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



How paramedics helped Blue Cross Blue Shield of New Mexico reduce ER usage, readmissions

by Leslie Small | Aug 9, 2017 8:01am

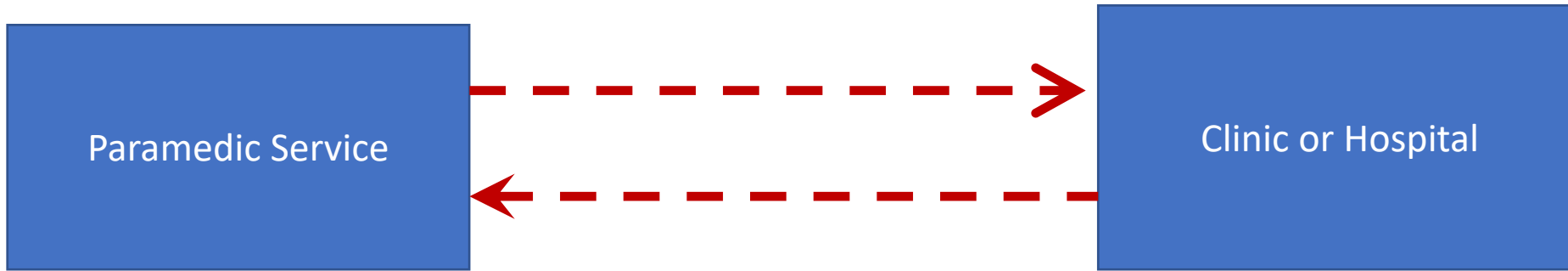


As part of a partnership with Blue Cross Blue Shield of New Mexico, paramedics in Albuquerque conduct house calls with certain patients so that they don't end up in the ER or readmitted to the hospital. (BCBSNM)

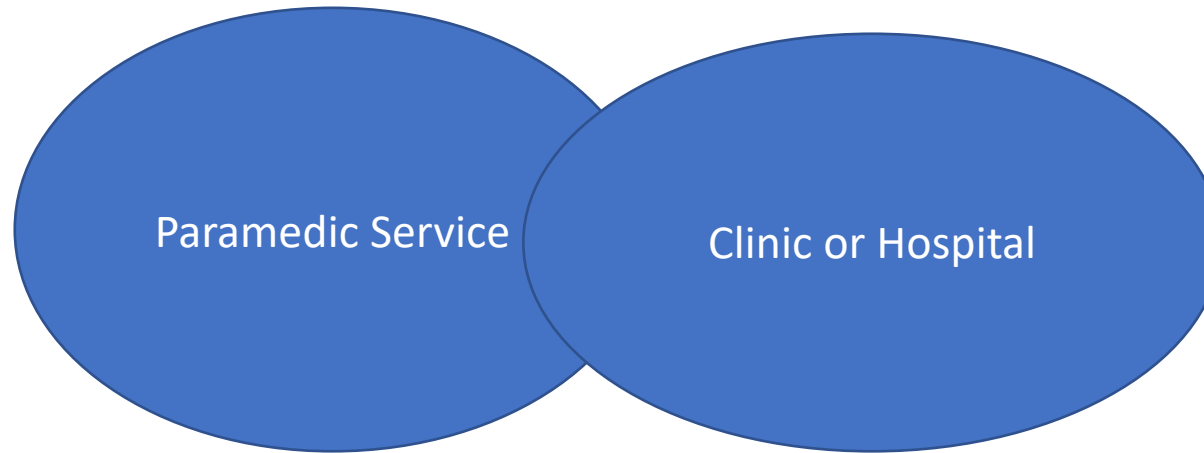
Anatomy of a paramedic service

- 100,000
- 15,000
- 11,000
- 700
- 160
- 26
- 5
- -12% (5% plus -7% = -12%)
- Service area population
- Number of CP visits 2016
- Number of 9-1-1 patients, 2016
- Enrolled CP Patients
- Paramedics
- CP Paramedics
- Daily CP FTE
- Reduction in 9-1-1 calls (annual average increase, decrease 2016, total reduction)

Is this integration?



Or is this integration?



Minnesota

- Shared Savings Model
- Integrated Health System (hospital, clinic, paramedics)
- Community Paramedics: 50% ambulance, 50% clinic
- \$800,000/\$1,500,000/3,400,000 in Shared Savings From CP Indigent Care

NORTH MEMORIAL HEALTH CARE

- 600 square mile Hennepin County coverage area
- 50 square miles of lakes and rivers
- 1.5 M residents
- 18 clinics (specific to NMHC)
- Level 1 trauma services
- Multi-state paramedic system
 - Air care division
 - PCP services
 - ICP services
 - ACP services
 - CP services
- 2 hospitals
 - Maple Grove hospital (Maple Grove) 100 bed
 - North Memorial hospital (Robbinsdale) Metro area 350 bed



Our approach to care delivery by grouping

- Care transitions
 - ✓ Improved experience
 - ✓ Readmission focus
 - ✓ Increased primary care access
- Chronic disease management
 - ✓ Increased primary care access
 - ✓ In home disease monitoring
- Community engagement
 - ✓ Attribution
 - ✓ Capture
 - ✓ Leakage
 - ✓ Increased primary care access

North Minneapolis
is MN's most severe
food desert

67,000
residents

30
convenience stores

1
supermarket



North Market

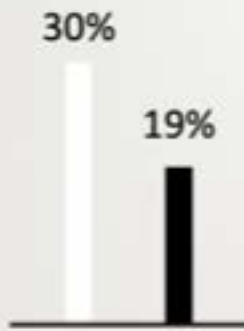
More than a grocery store.



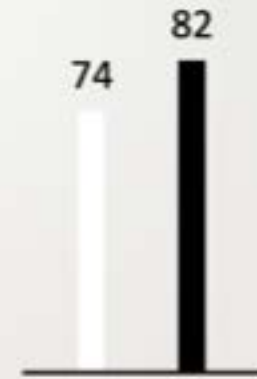
Intentional collaboration between
Pillsbury United Communities and
North Memorial Health Care

A public health crisis

OBESITY



LIFE EXPECTANCY

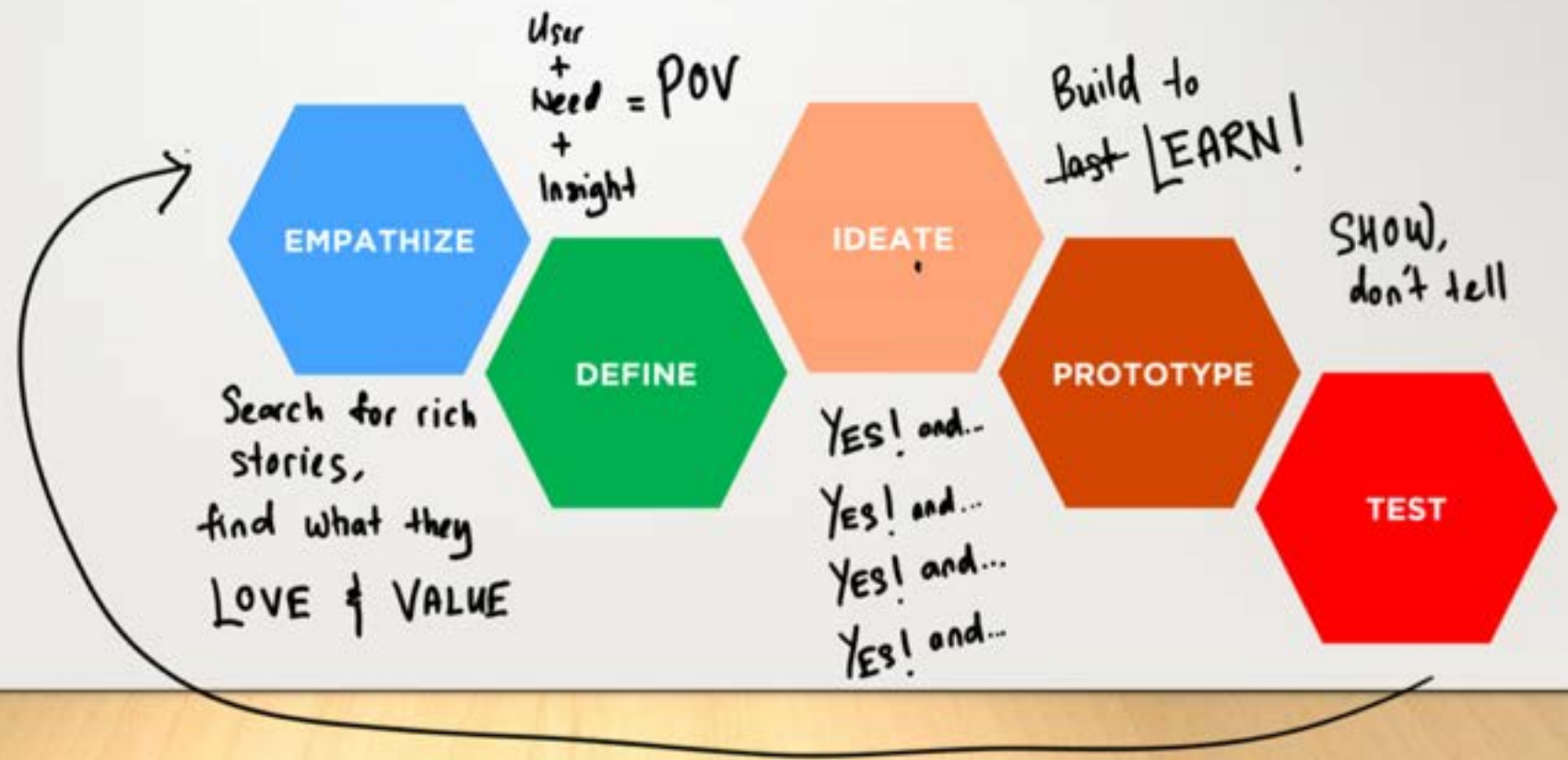


NORTH MINNEAPOLIS VS. CITY-WIDE

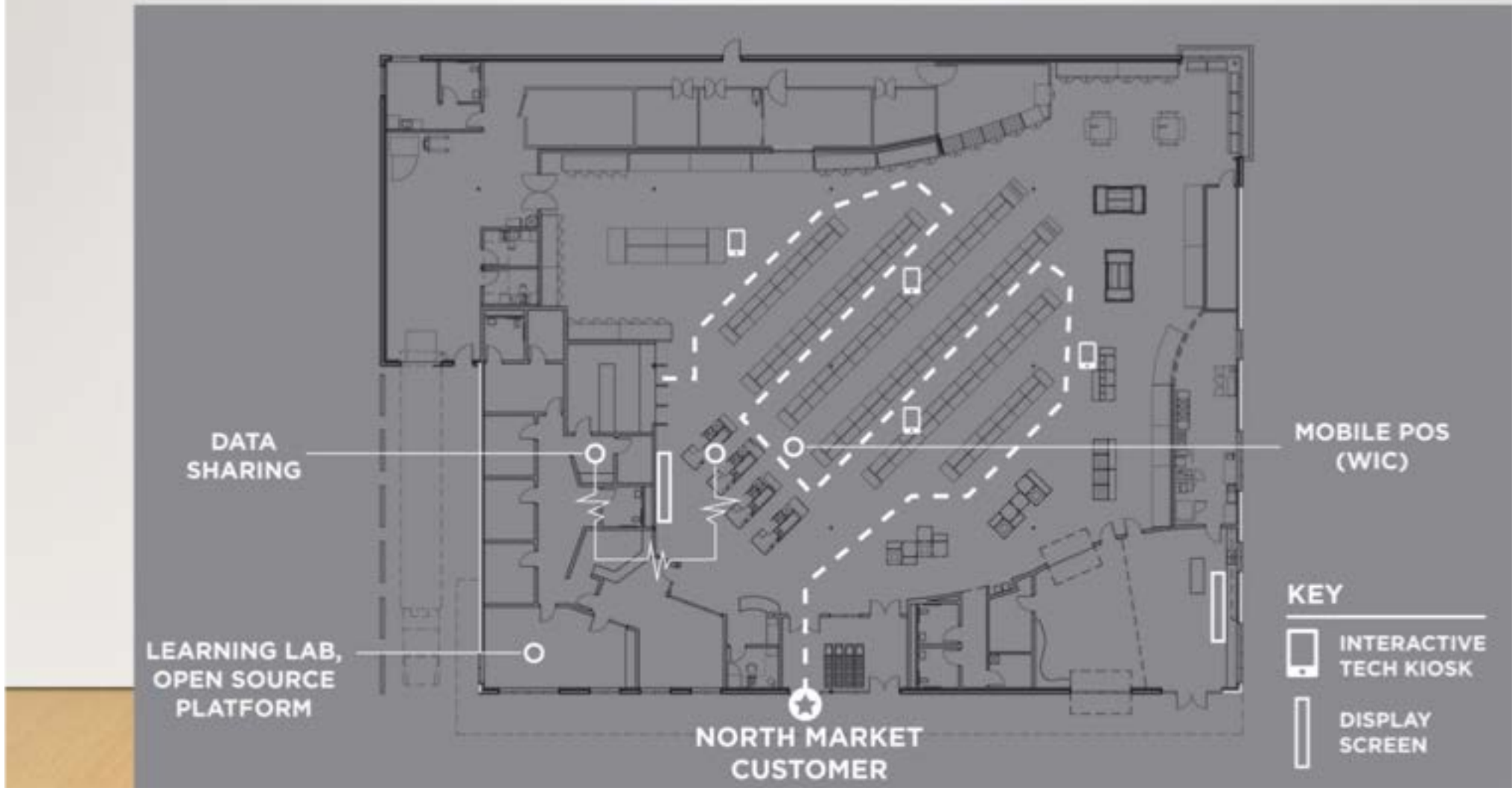


Purposeful Integration

Human-centered design, a new way to engage the community



A²⁰ customer journey map



Services to be provided by community paramedic;

#1 Support healthy eating – improve health literacy



Direct Care

- Wound care
- IV hydration
- Advanced Life Support Assessment
- Resuscitation
- Listening
- Access EMS physician prescription
- Suturing
- Triage

Medication Reconciliation

- Medication education- side effects/indications
- Monitoring for side effects
- Medication error prevention
- Depo injection

Health Screening

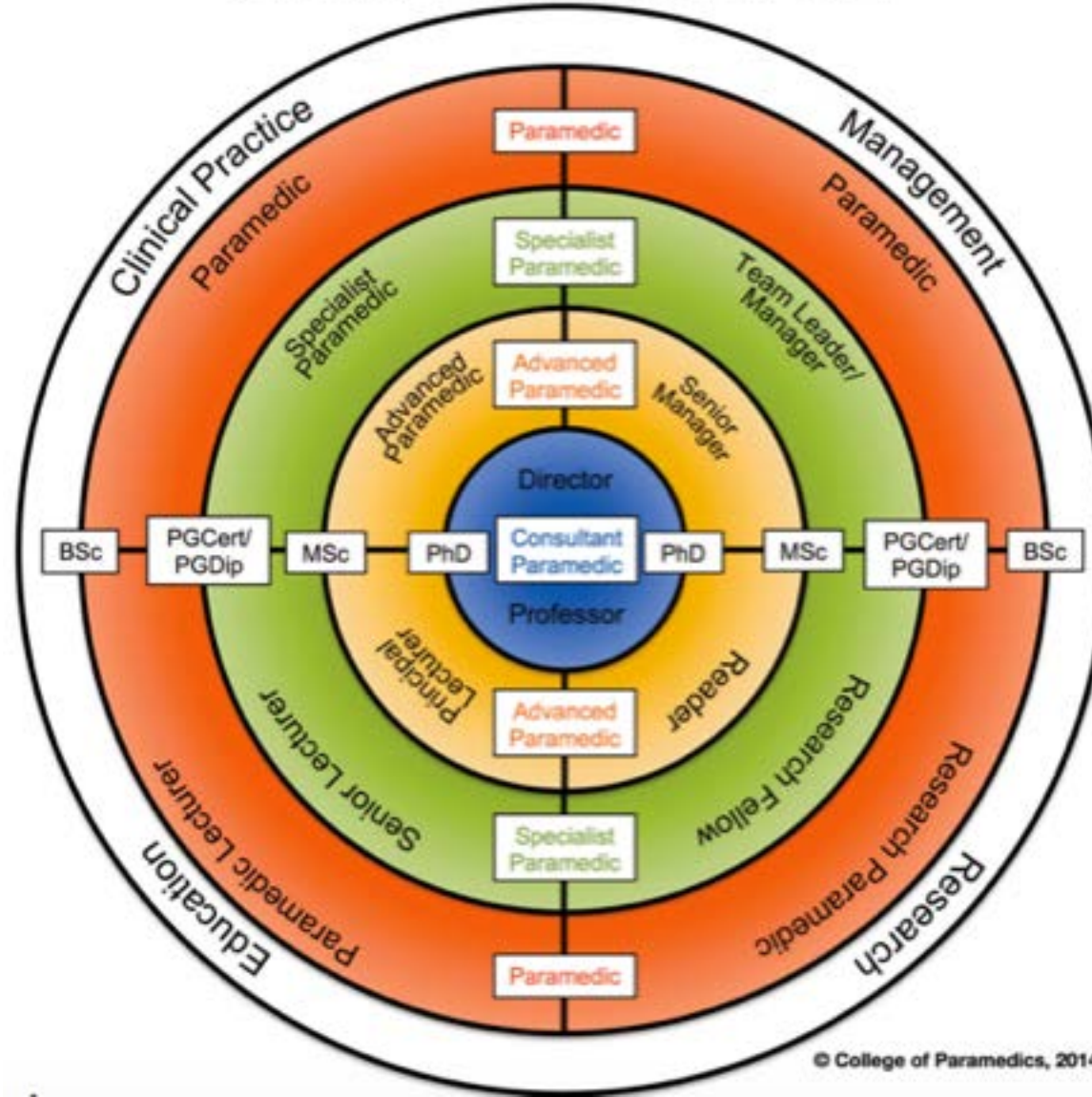
- Hypertension
- Diabetes
- STI
- Asthma care and treatment
- Asthma education
- Asthma care and treatment
- mantoux

Lab Testing

- Pertussis
- Strep Throat
- UTI
- INR
- Basic Metabolic Panel/electrolytes
- CBC
- Other labs PRN

Our Gift From the UK

College of Paramedics Career Framework 2014



© College of Paramedics, 2014

UK & Australia

- Home visits by Community Paramedics model dominant

Specialist Paramedic (SP)*

Post-Registration and PGDip in a subject relevant to their practice, typically critical care or primary care.
HE - Level 7

Their post-graduate education is designed to develop knowledge, abilities, and clinical expertise to an enhanced level of practice, to allow complex decision making, competence and judgement in their area of specialist practice. In the workforce, SPs are used to provide additional assessments to enable diagnosis and treatment, which may include the administration of appropriate medications, including those from patient group directions (PGD).

Standards



Defence Research and
Development Canada

Recherche et développement
pour la défense Canada

CAN UNCLASSIFIED

DRDC | RDDC
technologysciencetechnologie



Community paramedicine:

Framework for program development

Authored by CSA Group

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PSPC Contract Number: W7714-166142
Technical Authority: Michel Ruest, Paramedic Portfolio Manager
Contractor's date of publication: June 2017



Community paramedic — a paramedic who has completed a formal and recognized educational program and has demonstrated competence in the provision of health education, clinical assessment and monitoring, point of care diagnostics, and treatment modalities within or beyond the role of traditional emergency care and transport.

Community paramedicine program — a program that uses paramedics to provide immediate or scheduled primary, urgent, and/or specialized healthcare to vulnerable patient populations by focusing on improving equity in healthcare access across the continuum of care.

Figure 1
Framework for community paramedicine program development
 (See Clause 1.2.)



Figure 2
Models of care example
(See Clause 6.1.3.)

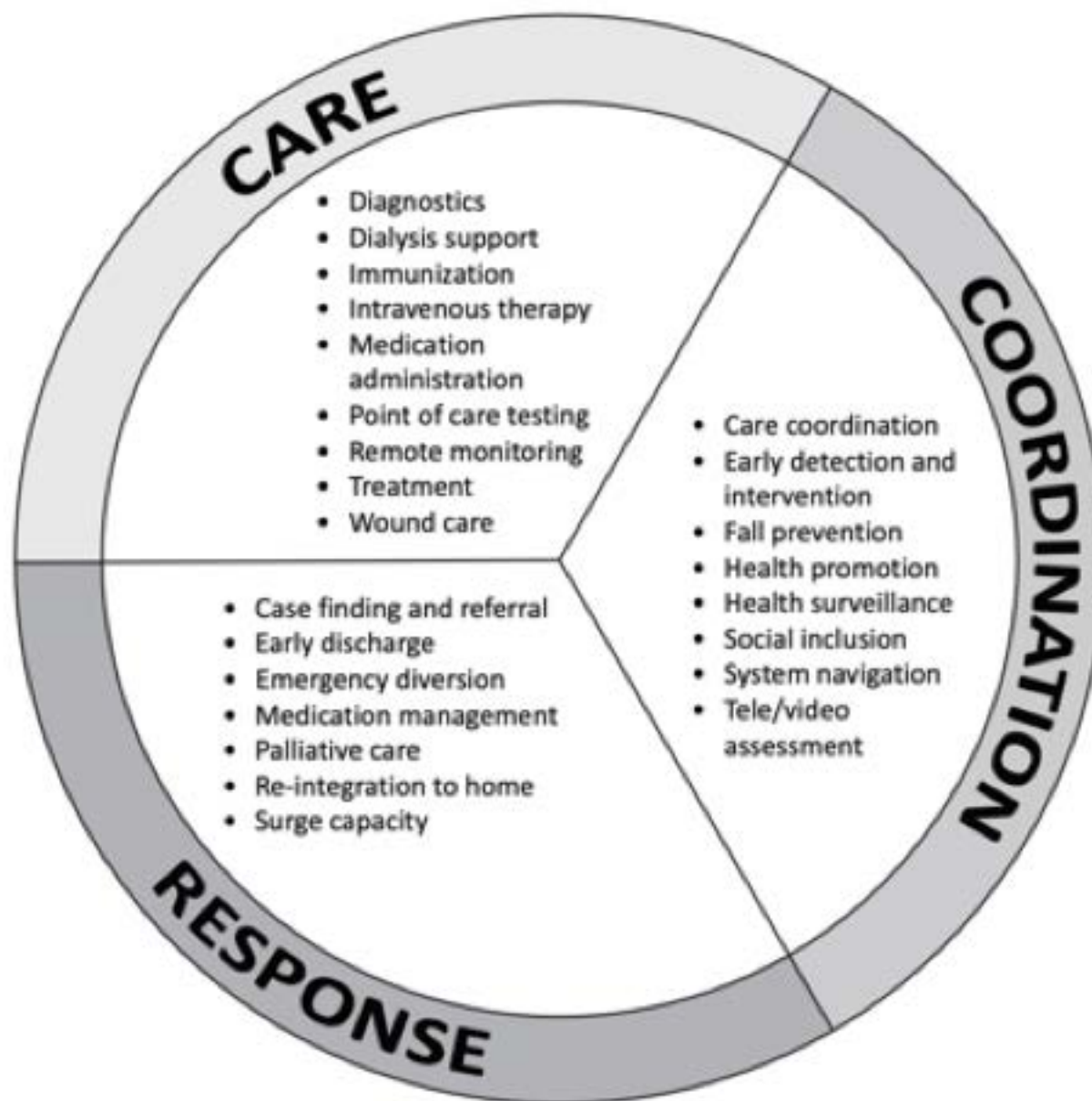
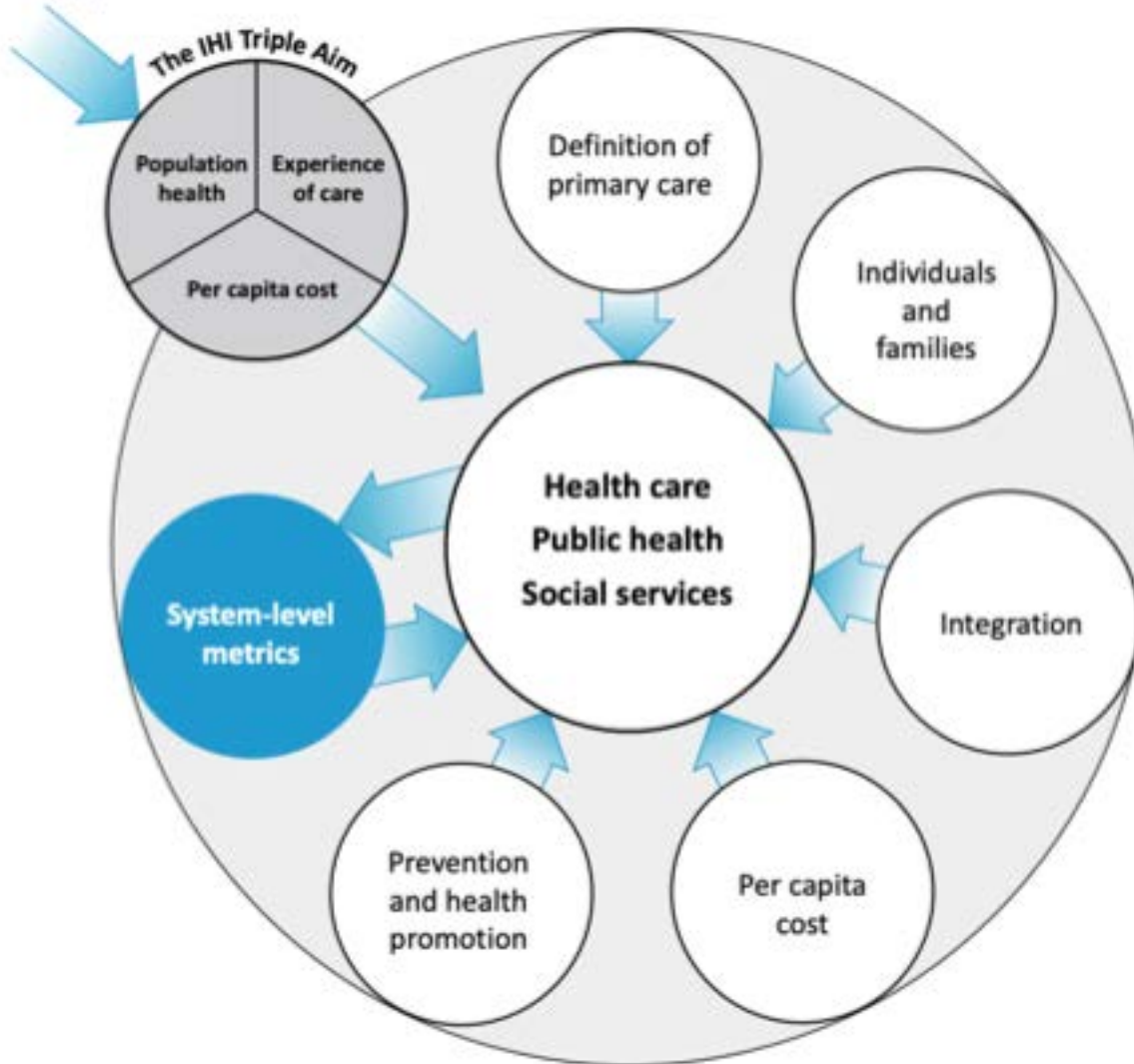


Figure 4
Design of a triple aim enterprise
(See Clause 7.6.1.2.)

Define "quality" from the perspective of an individual member of a defined population



Two types of models have emerged

- Affecting the 9-1-1 call
- Primary/specialty/public health integration

Two differing skill sets

- Paramedic with education that makes them a safe decision maker for disposition
- Paramedic with education that enables them to integrate and be part of a primary/specialty/public health team.

Education Levels

- Primary Care Technician
 - Community Paramedic Technician
 - 44-88 hours of education
 - 4 college credits
- Community Paramedic Clinician
 - 300 hours of education
 - 14 college credits
 - International certification exam



What's Coming





16th Meeting
June 15-16, 2019



Paramedic Chiefs of Canada Leadership Summit 2019

June 12 - 14, 2019 Charlottetown, PEI CANADA



[CLICK HERE for more info!](#)

US Model 2020 Changes

- ET3 in the Medicare Program (Medicaid optional)
- Two programs:
 1. Paramedic Service: Conditions of Participation
 - Transport to alternative destinations
 - Treatment in place by mid-level or MD
 - Treat and release with telemedicine (paid separately)
 - Year 3: up to 5% bonus for meeting performance measures
 - 9-1-1 Communication Centers: Cooperative Agreements
 - Creation of triage line in dispatch

Re-aligning Incentives for Future State

New options help individuals get the care they need and enable ambulances to work more efficiently.

