Ann Clark

From: Patty Gambill
Sent: Thursday, March 01, 2018 4:15 PM
To: Ann Clark
Subject: information for BOC agenda
Attachments: Final presentation to commissioners in PDF.pdf

Importance: High

Ann,

I've attached the Community Paramedic Project information for the commissioners' s agenda packets for the March 19 meeting.

Thanks,
Patty

Ashe Community Paramedic Program

'Building Bridges'

March 19, 2018

Presentation to Commissioners of Ashe County

WILKES COMMUNITY COLLEGE | EXCELLENCE IN EDUCATION FOR MORE THAN 50 YEARS

Ashe Memorial Hospital
NOVANT HEALTH

ASHE MEDICS

Duke Endowment Grant

- Building on the great work of the AED team that brought AED's to the County, Ashe Memorial began conversations with Wilkes Community College and Ashe Medics to explore the possibility of applying for a grant through the Duke Endowment for a Community Paramedic Program.
- The Application was completed in June of 2017 and AMH received word in December of 2017 that the request for a 3 year grant had been approved.
- We will receive funding in the amount of:
  - $150.000 Year One- January - December 2018
  - $125,000 Year Two- January – December 2019
  - $100,000 Year Three- January – December 2020

Year One is in the Bank and work began January 1st.

So… We are here to share the program with you. Let me introduce the Team Members

Community Paramedic Team

- Laura Lambeth- CEO AMH
- Joe Thore- Project Director
- Nancy Kautz, Project Facilitator
- Melodie Shepherd- Grant Coordinator
- Melissa Lewis- Community Outreach AMH
- Douglas Helms- Assistant Director Ashe Medics
- Cody Darnell, Ashe Community Paramedic Program Coordinator
- David Blackburn- Ashe Baptist Association Director of Missions
- Patty Gambill- Director Ashe County Emergency Management
- Rebecca Greer- Director of Workforce Development & Community Education Ashe Wilkes Community College
- Rusty Zachary, Coordinator Fire/Rescue/EMS Ashe & Alleghany Wilkes Community College
- Nate McCoy
- Burt Prange

Role of the Three Partners

- Ashe Memorial Hospital- Will provide program oversight; fiduciary responsibility and ownership of capital purchases.
- Wilkes Community College will provide training and certification of Community Paramedics to include clinical and didactic education.
- Ashe Medics will provide onsite supervision, office space, office support and operation of the program

Needs Assessment

Primary care shortage

- **A Primary Health Care HPSA** (Health Professional Shortage Area) acknowledges the physician shortage in a service area. The physician shortage is calculated from pediatrics, ob/gyn, general internal medicine, and family practice physicians only.
- **A Dental Health Care HPSA** acknowledges the shortage of dentists in a service area. The dental shortage is calculated from general dentists only; however, age and auxiliary assistance are also factors.
- **A Mental Health Care HPSA** acknowledges the shortage of psychiatrists and core mental health professionals in a service area. The psychiatric shortage is calculated from ratios of population to mental health providers.
  - Ashe County is defined as a HPSA for Primary care, Mental Health Care and Dental Care. (Due to low-income population in addition to provider shortages)

Health Professional Shortage Area- http://www.hpsa.us/

Needs Assessment

Uninsured/Underinsured rates

- In 2014 Ashe County had an uninsured rate of 20% for the total population compared to NC at 15% and To US performers at 8%. [1]
- In 2014 Ashe County had an adult uninsured rate of 24%.

Access to care statistics

- In 2014 Ashe County had a population to physician ratio of 2,090:1 Compared to NC at 1,410:1 and the top US at 1,040:1. [1]
- In 2014 Ashe County had a preventable hospital stay rate of 80 compared to NC at 49 and Top US performers at 36.[1]

Needs Assessment

Readmission rates

- In 2014-2015 Ashe Memorial Hospital had a readmission rate of 15.8% compared with the Top 10% in NC of 14.5%.

Cost of healthcare in ER

- ER costs per-visit are generally 3 times higher than comparable care in an outpatient clinic.
- According to Johns Hopkins University, between 1997 and 2007, 13 percent of trauma patients returned to the emergency room within a month of discharge for routine follow-up care such as dressing changes.

Needs Assessment

Preventive services

- Falls are the 4th leading cause of unintentional injury death for North Carolinians of all ages.
- Unintentional Overdoses are the 1st. leading cause of unintentional injury death for Ashe County.
- In 2014 Ashe County had a drug overdose rate of 21 compared with NC at 14 and the top US performers at 9. [1]
- In 2014, 3,940 Ashe County residents; 15% of the population were food insecure.

Opportunity Statement- Ashe County

- **Severe Primary Care Shortage**
- **Vulnerable uninsured populations and those with new health insurance plans without access to a provider** because of the increase in demand and inability to apply due to low income and lack of Medicaid expansion.
- **Cost of healthcare and Medicaid continues to rise** with Emergency Rooms being the most available alternative especially for those that cannot afford copays.
- **Access to care problems are exacerbated in rural areas** due to higher healthcare provider shortages, higher number of uninsured. a larger elderly population, and transportation barriers.

Community Paramedic Solution

The Community Paramedic model is an innovative, proven solution to provide high quality primary care and preventative services by employing an available and often underutilized healthcare resource.

Duke Endowment Grant

- **Year One-** Grant Funding= $150,000; In-Kind Funding= $77,590.24. This would cover personnel, office & medical supplies, facility, training costs and capital equipment, including an SUV. All the foundation of a good program with implementation of the pilot program to begin in October 2018
- **Year Two-** Grant Funding= $125,000; In-Kind= $75,434.44. This would cover, personnel (including 3% raise), office & medical supplies, facility and training costs. Expansion to all providers.
- **Year Three-** Grant Funding = $100,000; In-Kind= $76,303.98. This would cover: personnel (including 3% raise) office & medical supplies, facility and training costs. Evaluation and continued expansion.

Training/ Certification of Community Paramedics-

- The Course is slated to begin on March 27th, 2018 on the Ashe Campus of the Wilkes Community College.
- Course times: Tuesday and Thursday nights with some built in online modules.
- Total Class Hours: 154.75 hours, Clinical Component- 98 hours
- At the conclusion of the course, the candidate is eligible to sit for the International Board for Specialty Certification's Community Paramedic Exam. Upon successful completion of the exam, they will become CP-C (Community Paramedic-Certified).
- Wilkes Community College will be offering the local Community Paramedic Course for the region, right here in Ashe!!

How Does it Work

A primary care partner refers a patient to Emergency Medical Services (EMS) personnel to provide services in the home that are within their current scope of practice including: hospital discharge follow-up, fall prevention in the home, blood draws, medication reconciliation or wound care.

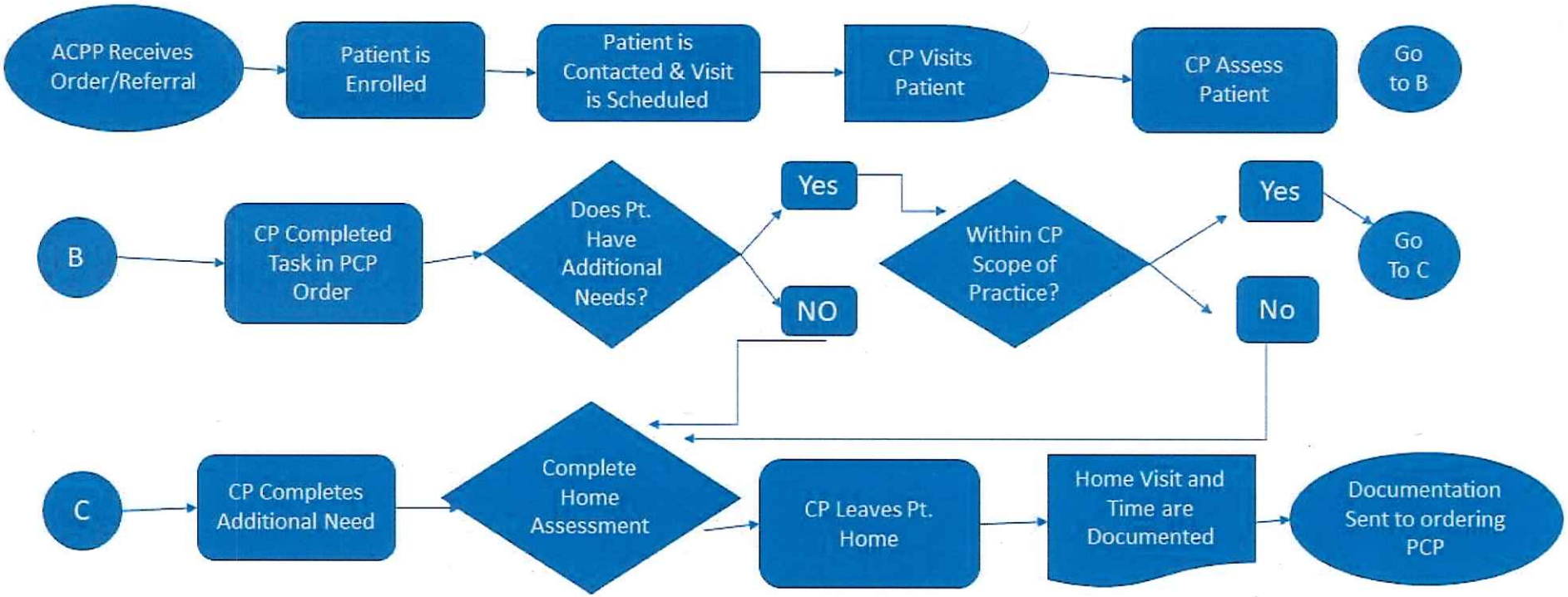
The Community Paramedic provides care and communicates health records back to the referring physician to ensure quality of care and appropriate oversight.

In addition, the Program works with the Hospital and Public Health to provide preventative services throughout the community.

Ashe Community Paramedic Program

"Building Bridges"

Home Visit Flow Chart



Program Goals- Long Term Outcomes

- By December 31, 2020 there will be a **5% reduction in admissions** for ambulatory sensitive conditions due to improvement in care coordination.
  - Baseline: Rate of 80 (County Health Rankings) as compared to NC at 49 and top US performers at 36.
  - Target: Rate of 76
  - Measure: 2020 rate in County Health Rankings/ 76

Program Goals- Long Term Outcomes

- By December 31, 2020 Improvement in Management of Chronic disease for referred patients as identified by reaching the listed targets
  - **Decreased A1C for 80% of referred diabetic patients**
    - Baseline= 0 (Since we assume that most of the patients with diabetes will be difficult to manage)
    - Measure= # of referred diabetic patients with decreased A1C/100 % of referred patients with diagnosis of Diabetes.
  - **B/P within optimal range for 60% of referred hypertension patient**
    - Baseline=0 (Since we assume that most of the patients referred will be difficult to manage)
    - Measure= # of referred patients reaching optimal range/100% of the referred patients with diagnosis of hypertension.

Program Goals- Long Term Outcomes

- **Improved compliance with medication regime for 80% of referred behavioral health and chronic disease patients.**
  - Baseline= 0 (Since we assume that most of the referred patients will be difficult to manage)
  - Measure= # of referred patients reaching optimal range/100% of the referred patients.

- **10% Reduction in readmission rates for identified high risk patients**
  - Baseline= 0 (Since we assume that most of the referred patients will be difficult to manage)
  - Measure= # of referred patients reaching optimal range/100% of the referred patients.

Program Goals- Long Term Outcomes

- By December 31. 2020 there will be a **10% Reduction in total 911 calls**
  - Baseline= 3110 calls
  - Target = 2799 Calls
- Measure= # of calls/2799

Frequently Asked Questions

- **Q: Does a Community Paramedic replace current healthcare systems like home health care or primary care physicians?**

A: No. Community Paramedic is an extension of the primary care provider to provide care to patients without access, and does not replace the specialized services available in a home health care model or physician office.

- **Q: Community Paramedic have the right training to provide primary care?**

A: Additional training is provided to Community Paramedics specific to providing preventive care in the home within their current scope. However, services provided do not fall out of the currently defined scope of practice for EMS personnel. Wilkes Community College will be implementing the Community Paramedic Certification program through this grant.

- **Q: Is the quality of care compromised by using a Community Paramedic vs. a primary care provider?**

A: No. A Community Paramedic provides care under the supervision of a physician, so the quality of care is consistent with care provided in a clinic setting,

Advantages

Decreases workload and increases quality and efficiency of managing patients in a primary care and public health settings by utilizing EMS Personnel through non-traditional methods

EMS personnel are integrated throughout the healthcare system, improving access and decreasing healthcare cost

Community Paramedic certification provides a job opportunity where EMS volunteer work is often the only sustainable model in rural areas

EMS personnel currently have the training, expertise and scope of practice to provide essential primary care services

The program has a proven track record locally and internationally

What This Means for the County

- Decrease in cost of Medicaid
- Gaps in Care identified and addressed.
- Decrease in inappropriate use of the ED

- And….. Better health outcomes for the vulnerable population.

Questions

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