New Hanover Regional Medical Center

Leading Our Community to Outstanding Health

NHRMC EMS

New Hanover Regional Medical Center

Community Paramedicine

- **An EMS System utilizing credentialed personnel who have received additional training as determined by the EMS system Medical Director to provide Knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines defined in the EMS system plan.**

- Paramedics who operate in expanded roles
- Improve access and fill gaps without duplicating services
- Serve as healthcare navigators
- Address specific community or organizational needs

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Mobile Integrated Healthcare

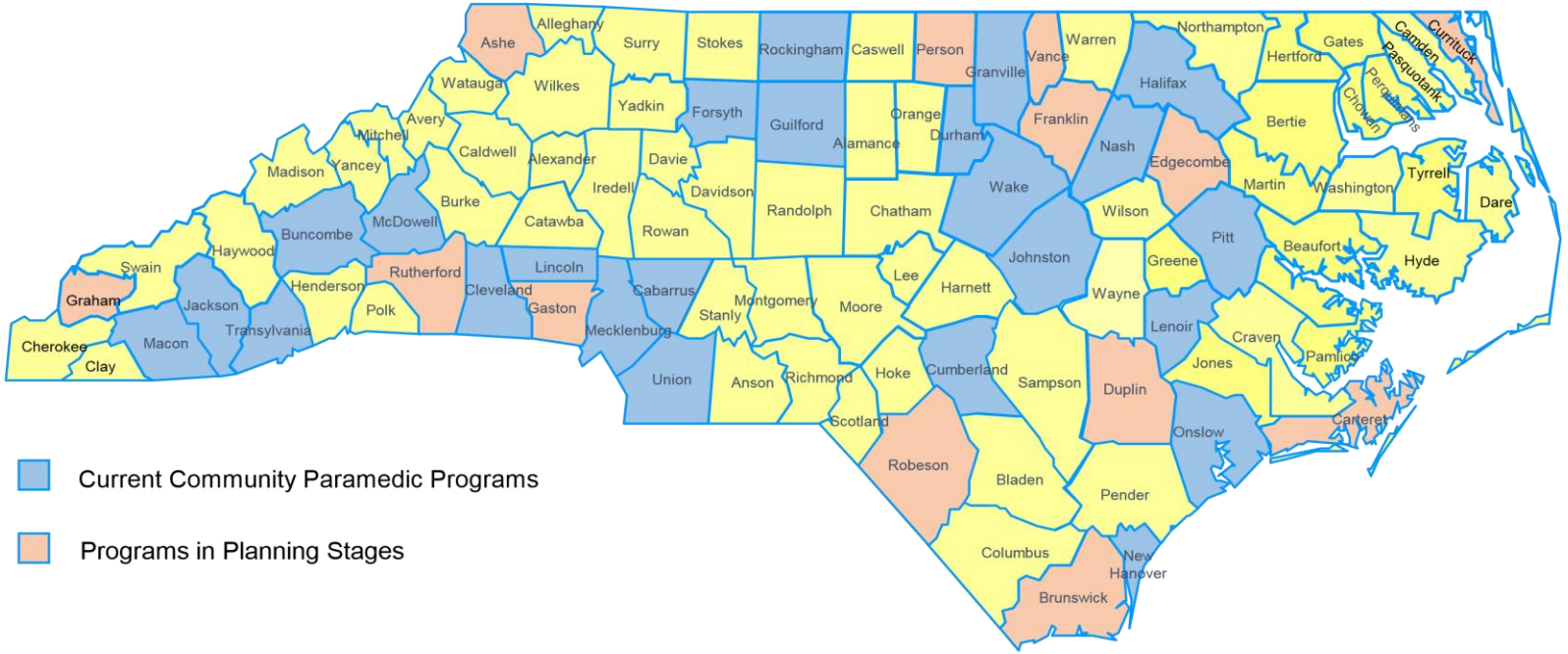
- **Utilizing credentialed personnel who have received additional training as determined by the Alternative Practice Setting medical director to provide knowledge and skills for healthcare provider program needs.**

- Uses mobile resources in the out of hospital environment
- Patient centered multidisciplinary integrated healthcare

NHRMC EMS Community Paramedic Education

- 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 / PCP Rotation
    - Pharmacy Rotation
    - Nutrition Education
    - Community Clinic Rotation
    - Case Management / Social Work Rotation

Community Paramedicine in North Carolina



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NC Community Paramedicine Pilot Programs
2017 Report to the Joint Legislative Oversight Committee on Health and Humans Services

- McDowell County EMS – High EMS / ED Utilization Reduction
  - $102,833.00 savings in 6 months

- New Hanover Regional EMS – Hospital Readmission Reduction
  - 5 – 7% Reduction in readmission when compared to the hospitals readmission rate
  - Enrolled 20 high utilizers - $558,000.00 decrease in expenses in one year

- Wake County EMS – Alternative Destinations for mental health and substance abuse patients
  - Identified 1191 patients for potential alternative destinations over 10 months
  - 251 remained at home
  - 303 transported to alternative destination

NC Hospital CP / MIH Programs

- ACO Based
- 3.5 FTE’s
- Top 5% High Utilizers
- Top 5% High Risk For Readmission
- Achieved shared savings in every risk contract that used community paramedics

MISSION HEALTH

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NC Hospital CP/MIH Programs

- Transitional Clinic Based
- 9 FTE’s
- High Risk Readmission Reduction
- Works in the Transition Clinic and provides home visits

Carolinas HealthCare System is Atrium Health

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NHRMC Community Paramedic Program

- 5 FTE’s
  - Dedicated Community Paramedic Role
  - Approximately 3500 visits annually
- High Risk Readmission Reduction
- EMS and ED Familiar Face Reduction
- MSSP Transition of Care and Utilization Reduction
- Special Projects
  - Opioid Reversal Follow Up / QRT Collaboration
- Ambulatory Practice Collaboration
  - Cape Fear Heart
  - Orthopedic Pre-Op
  - Transition Clinic / Vidyo
  - Primary Care Providers

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- **Inclusion Criteria**
  - Live within 30 mile radius of NHRMC main campus
  - Referred by a healthcare provider (MD, RN, Case Manager, etc.)

- **Exclusion Criteria**
  - Followed by skilled nursing home health
  - Live outside the service area
  - Hospice or SNF
  - Dialysis
  - Concern for community paramedics safety

NHRMC Community Paramedicine

- Patients are typically followed for the first 30 days post discharge for readmission reduction. Sometimes longer if patient requires continued support.

- Patients seen for care management or utilization reduction are typically followed 30 - 90 days.

- *One time/ PRN visits*, typically referred by a provider, for specific clinical interventions to avoid the emergency department or admission. (IV Lasix push, labs, EKG, etc.)

- *“Cold Call” visits* (referred by health professional) or post prehospital administration of naloxone without transport to the emergency department.

NHRMC Community Paramedic Home Visit

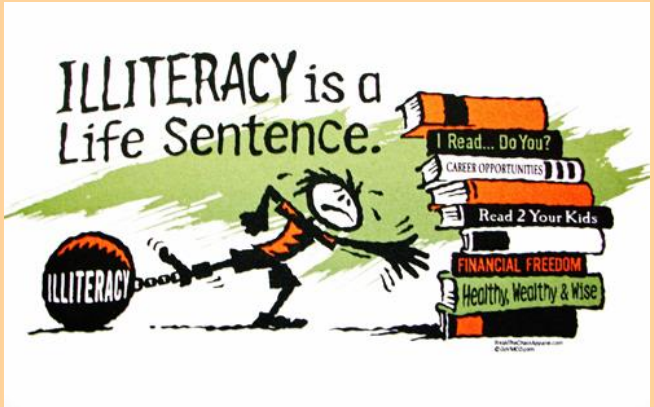
- **Review**
  - Medical History
  - Medications
  - Discharge Instructions
- **Identify Barriers to Care**
  - Correct or Refer
- **Physical Assessment**
- **Home Safety Inspection**
- **Patient Education**
- **PRN Interventions**
  - IV Medications (Lasix, Steroids, Fluid administration, etc.)
  - Nebulized Medications
  - Blood Draws
  - Cardiac Monitoring/ 12 Lead EKG Analysis

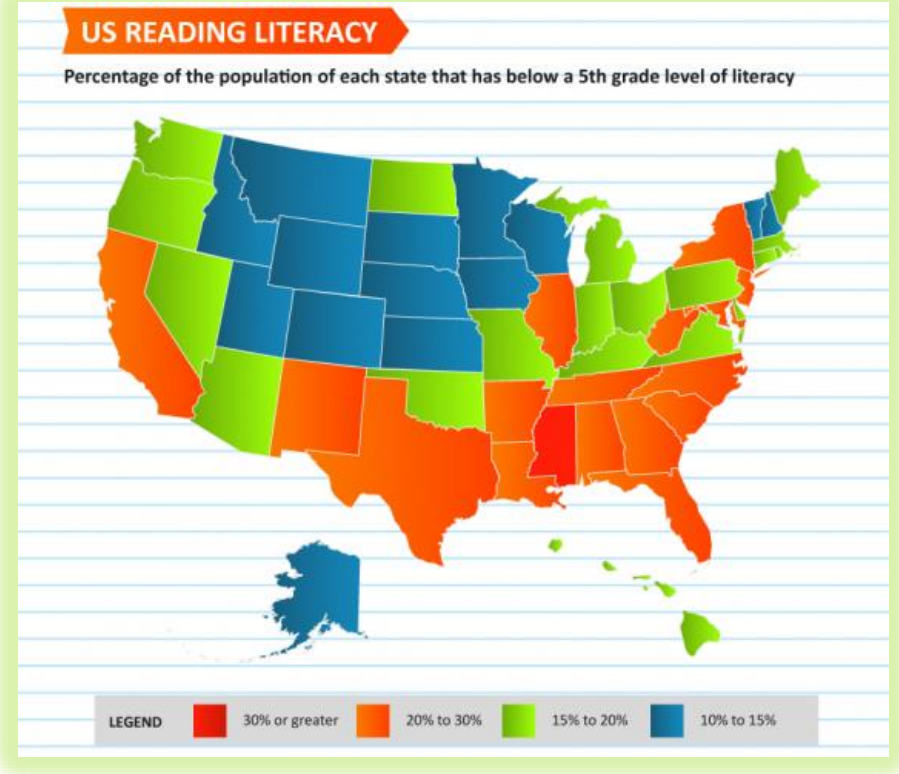
- Frequent Problems Identified
- Social Determinants of Health
  - Transportation
  - Lack of Access to Primary Care / Specialty Care
  - No Health Insurance
  - To Many Financial Assets
  - Housing
  - Poor Health Literacy
  - Medication Noncompliance
  - Dietary Noncompliance
  - Behavior (patient and/or care giver)
  - Substance Abuse
  - No social support

- Meet patients “where they are”
- Non Judgmental
- Fresh Start

NHRMC Community Paramedicine

- 50 Year Old Female
  - IDDM, CHF, CVA, Substance Abuse, Depression, BKA
  - Disability, Medicare, Medicaid
- Lives Alone, No Personal Transportation
- Frequent Admissions for CHF Exacerbation
  - Referred by Cardiologist
- Previously Seen by Home Health
  - Discharged for non-compliance


ILLITERACY is a Life Sentence.
ILLITERACY
I Read... Do You?
CAREER OPPORTUNITIES
Read 2 Your Kids
FINANCIAL FREEDOM
Healthy, Wealthy & Wise

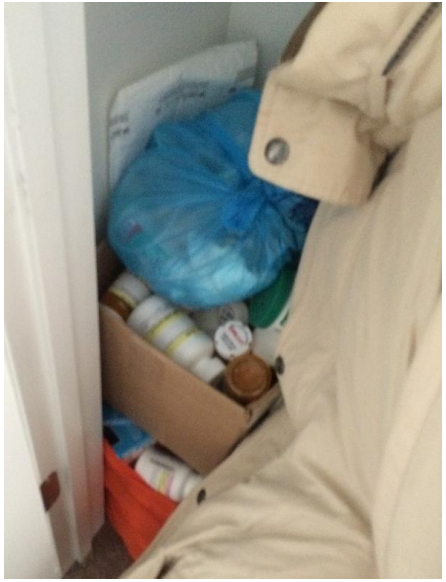

US READING LITERACY
Percentage of the population of each state that has below a 5th grade level of literacy
LEGEND
30% or greater
20% to 30%
15% to 20%
10% to 15%

Medication Reconciliation

- **Patients often experience changes to their existing medications or receive new prescriptions during transition of care.**

- **Discrepancies, omissions, duplications, or contraindications can occur for a variety of reasons.**
  - Patient provides incomplete or inaccurate medication list
  - Clinician or provider can’t access patients electronic medical record
  - Provider is unaware of recent medication changes
  - Human error – clinician / provider enters wrong information

NHRMC Community Paramedicine



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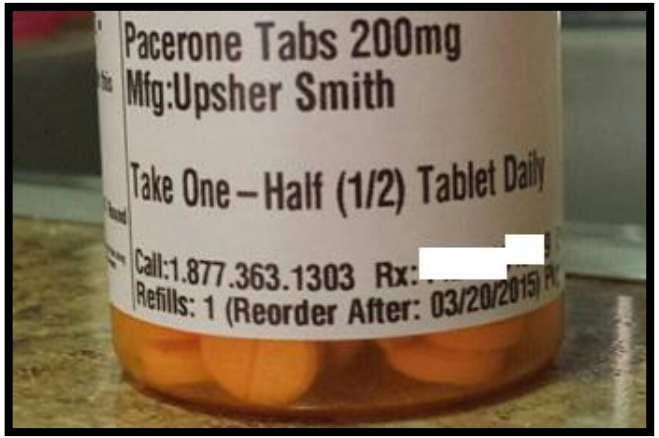
“I just take the medications they send me.”

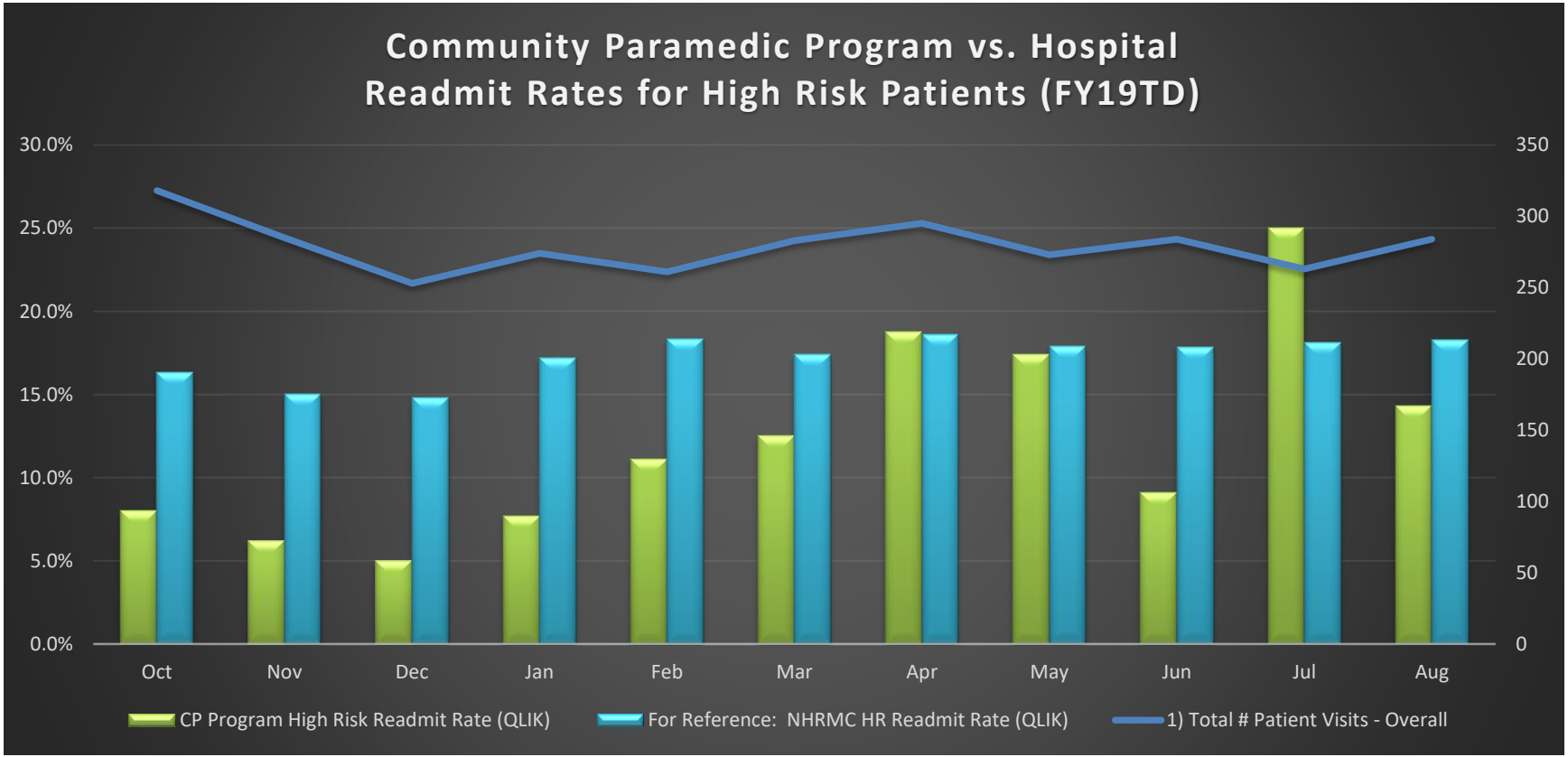


Transition of Care

NHRMC Community Paramedicine

- Case Management / Social Work
  - Transition Case Managers
  - CHF Case Managers
  - ED PACU Case Managers
  - Floor Case Managers / Social Workers
- Pharmacy
  - Transition / Community Pharmacy
- Medical Home / Providers
  - Primary Care Providers / Clinics/ VA
  - Specialist
- Community Partners
  - Community Care (CCNC)
  - PACE
  - Department of Social Services
  - Senior Center's

NHRMC Community Paramedicine FY19



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Future of Community Paramedicine / Mobile Integrated Health

NC Medicaid Managed Care Regions and Rollout Dates

Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

2019 02 04

CMS.gov
Centers for Medicare & Medicaid Services

Emergency Triage, Treat, and Transport (ET3) Model Application
Login

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Questions?

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