

Community Paramedicine: Addressing Barriers in Appalachia

Year One Successes



About the Project

Hospital readmissions and emergency department visits are common and costly, particularly for people with chronic conditions and the elderly. Quality Insights is supporting emergency medical service (EMS) providers that offer Mobile Integrated Health Care (MIH) services – commonly called “Community Paramedicine (CP)” – to help patients and hospitals address these issues through education, resource management, regular reassessment after discharge and a reduction in 9-1-1 misuse.

Community paramedics coordinate across health care settings to:

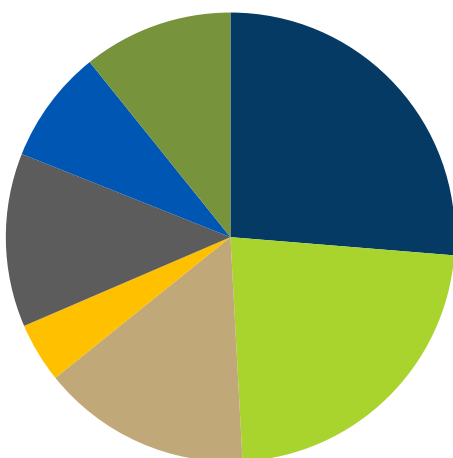
- Provide post-discharge assessment
- Provide disease management education
- Reconcile medication
- Address social determinants of health

Initial Results*

CP providers:

- Intervened with 115 patients (73 Medicare) on 301 visits
- Placed 867 phone calls, spent approximately 5,437 minutes on those calls
- Completed 272 medication reconciliations
- Resolved 195 different social/medical issues for people with Medicare (such as home repair, medical interventions and education)

Community Paramedicine Services: 2017q4-2018q3



- Medication Related
- Education
- Referral to Other Healthcare Setting/Services
- Medical Intervention
- Medical Equipment
- Home Repair/Safety
- Other Social Related

*Data source: Kanawha County Emergency Ambulance Authority

Project Goals

- A decrease in unnecessary hospital admissions and emergency department visits
- Enhanced access to quality care for the most vulnerable and rural residents in West Virginia

Anticipated Return on Investment

- Quality Insights anticipates a return on investment (ROI) of approximately \$400,000 through the reduction of readmissions and ED visits

Remaining Challenges

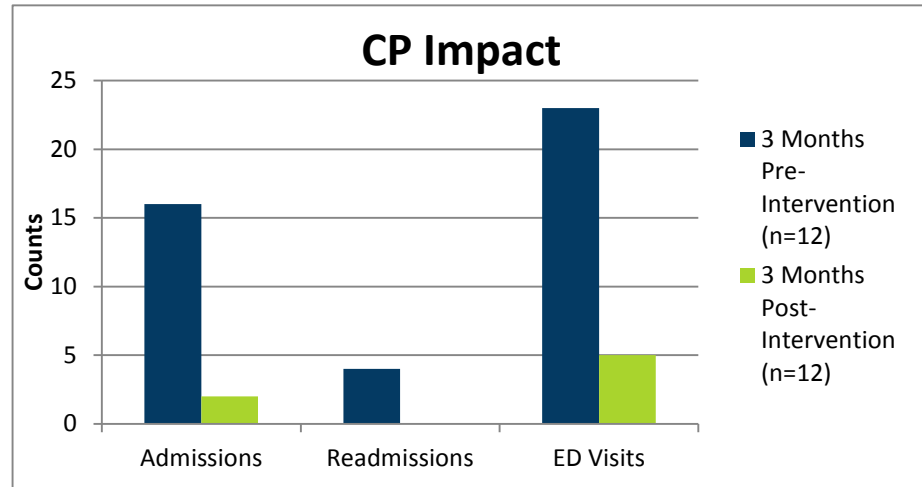
- Lack of reimbursement remains the main challenge to spreading this service to other rural communities. Quality Insights is working to validate data to show that CP improves quality of care while reducing overall cost.

Early claims data for Medicare Fee-for-Service CP patients reveal a decrease in admissions, readmissions and ED visits in three months post-CP as compared to three months pre-CP. Additionally, the early initial Patient Activation Measure (PAM) Tool scores are showing increases in patient activation for those completing community paramedicine.

Mean PAM Score Pre-CP:
67.46

Mean PAM Score Post-CP:
91.53

Change Mean PAM Score:
24.07



Going Above and Beyond: Experiences from the Field

“During a visit, it was identified that a patient needed hand rails in the bathroom. He also requested meals-on-wheels and was in need of transport to his surgeon’s office for an appointment. We worked to get these issues resolved and were also able to find a physician that would visit the patient at his home.”

“I contacted a patient’s doctor to explain an issue with non-coverage of medication by Medicare. The doctor agreed to remedy the problem with an adjustment to the medication that Medicare would cover. We worked with the patient’s respiratory therapist to educate the patient on the new medication regimen. She even offered to deliver the new medication to the patient, which is a great example of various healthcare settings working together for the benefit of the patient.”

“I worked with a patient who did not have the medication she required due to challenges with her local pharmacy filling the prescription. We contacted a local hospital to explain the situation and they offered to have the prescriptions filled at the hospital pharmacy.”

“I helped my elderly patient fax a copy of her driver’s license to a provider. I cannot imagine the number of seniors that have to deal with this kind of thing unless they have someone to help. Navigating the system is difficult for anyone let alone the elderly in the beginning stages of dementia. Community Paramedicine is so much more than medicine. I go home every day with a sense of accomplishment and the feeling of making a true difference in someone’s life.”

“A patient’s glucose was greater than 500. Community paramedics quickly went to work caring for the patient, notifying the patient’s doctor who gave the patient additional instructions to manage her glucose level. The CP’s interactions helped avoid either a visit to the ED or possibly a readmission.”

Get Involved

Biddy Smith
Network Task Lead
(800) 642-8686, ext. 3252
bsmith@qualityinsights.org



This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for Delaware, Louisiana, New Jersey, Pennsylvania and West Virginia under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-SIP12017-111618