



Community Paramedicine Pilot Project

Overview

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Overview Objectives

Discussion;

- Working definition of Community Paramedicine
- Rationale behind the use of Community Paramedicine Programs
- The different Community Paramedicine Program Concepts
- Overview of the OSHPD Community Paramedicine Pilot Project & Findings



Working Definition of Community Paramedicine

- **A locally determined community-based, collaborative model of care that leverages the skills of paramedics and EMS systems to address gaps in access to care identified through a community-specific health care needs assessment**
- **New types of community-based health care services that bridge primary care and emergency care**
- **Utilizes paramedics outside their traditional emergency response and transport roles**



Why Paramedics?

Paramedics are uniquely positioned for expanded roles designed to meet community health care needs:

- Always available 24/7/365
- Geographically dispersed in nearly all communities, inner-city and rural
- Mobile and able to respond during all hours of the day or night
- Trusted and accepted by the public
- Trained to make health assessments outside of the hospital
- Operate under medical control as part of an organized-system approach to patient care.

What is Community Paramedicine?

Community Paramedicine – a locally designed, community-based, collaborative model of care that leverages the skills of paramedics and EMS systems to address care gaps identified through a community-specific health care needs assessment.

Community Paramedic – a paramedic with additional standardized training who works within a designated community paramedicine program under local medical control as part of a community-based team of health and social services providers.



Community Paramedicine Concepts

- **Post hospital discharge short-term follow-up**
- **Frequent EMS user case management**
- **Directly Observed Therapy for tuberculosis, public health department collaboration**
- **Hospice support**
- **Alternate destination to Mental Health Crisis Centers**
- **Alternate destination to Sobering Centers**
- **Alternate destination to Urgent Care Centers (Suspended)**



Community Paramedicine Pilot Projects – July 2022

PD **Post-Discharge.** Provide short-term, home-based follow-up care for persons recently discharged from a hospital due to a serious health condition to decrease hospital readmissions within 30 days.

TB **Directly Observed TB Therapy.** Collaborate with local public health services to provide directly observed therapy to persons with tuberculosis (i.e., dispense medications and observe patients taking them to assure effective treatment) to prevent its spread.

HO **Hospice.** In response to 911 calls, collaborate with hospice agency nurses, patients, and family members to treat patients in their homes, according to their wishes, instead of transporting them to the ED.

EM **Frequent EMS Users.** Provide case management services to persons who are frequent 911 callers or frequent visitors to EDs to reduce their use of the EMS system by connecting them with primary care, behavioral health, housing, and social services.

Alternate Destinations

MH **Mental Health.** In response to 911 calls, offer patients who have mental health needs but no emergent medical needs transport to a mental health crisis center instead of an ED.

SC **Sobering Center.** In response to 911 calls, offer patients who are acutely intoxicated but have no emergent medical needs transport to a sobering center instead of an ED.



- 14 Projects
- 10 Sites
- 6 Concepts



Community Paramedicine Social Workers Interface & Case Management

- **Frequent 911 Users Community Paramedics are accompanied by Mental Health Social Workers**
- **Frequent EMS user case management allows for appropriate patient referrals to the entity and professionals best suited for the patients' needs.**



UCSF Independent Evaluator's Findings

A faded, light blue-tinted photograph of two paramedics in a hospital setting. The paramedic in the foreground is wearing a dark t-shirt with "FDNY In Memory of" printed on it and is looking down at a clipboard, writing with a pen. The paramedic in the background is also looking down, possibly at a patient or equipment. The background shows hospital beds and medical equipment.

Independent Evaluator's Findings



Cumulative Patients Enrolled by Concept Thru 3rd Quarter 2020

Concept	# enrolled
Post-Discharge 30 Day Follow-Up	1,814
Frequent EMS Users	491
Directly Observed Therapy for Tuberculosis	52
Hospice	422
Alternate Destination – Mental Health	5,093
Alternate Destination – Sobering Center	2,186
Alternate Destination – Urgent Care	48
All Projects	10,855



Average Age of Patient by Concept

Concept	Average Age
Post-Discharge 30 Day Follow-Up	66
Frequent EMS Users	65
Directly Observed Therapy for Tuberculosis	54
Hospice	79
Alternate Destination – Mental Health	36
Alternate Destination – Sobering Center	50



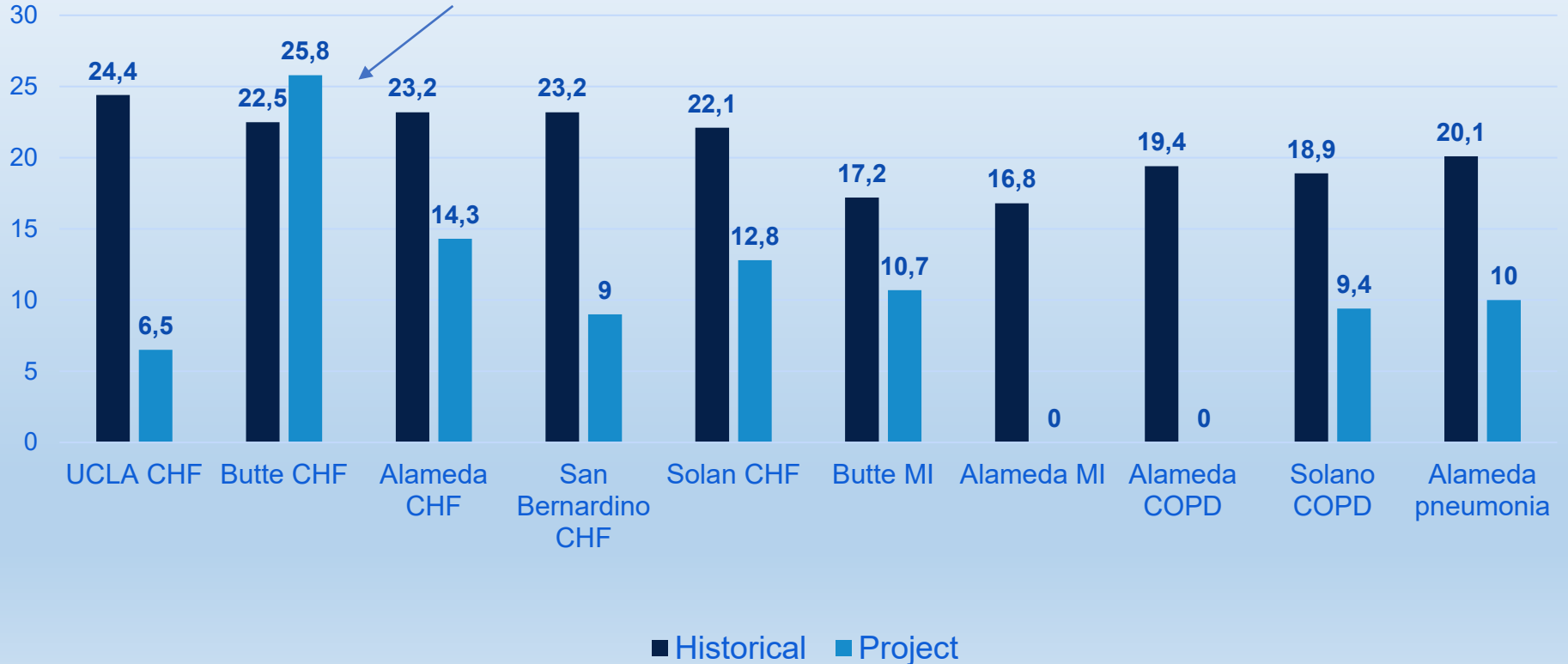
Post Discharge Follow-up to Reduce Re-Admissions (Medic Ambulance Solano, Alameda, San Bernardino & Glendale Fire)

- **30-day readmission rates were lower than their partner hospitals' historical readmission rates in 4 of the 5 Pilots.**
- **Community paramedics provided additional instruction about how to take medications properly to 18% of patients enrolled in Post-discharge projects.**



Project Impact on 30 Day Hospital Readmission Rate

Historical vs Project Readmission Rate (%)





Frequent Emergency Medical Services Users – Findings San Francisco, Alameda & San Diego Fire (AMR)

- **Linked clients to organizations that provide a wide range of Services**
- **Reduced the number of 911 calls made on behalf of enrollees and the number transported to an emergency department (ED).**
- **Transported patients to primary care clinics and other service providers that were better equipped to meet their needs.**



Alternate Destination: Mental Health – Findings Los Angeles, Gilroy Fire, Fresno (American), Stanislaus (AMR)

- **Mental Health projects enabled people with mental illness to receive care from a mental health professional more quickly because they did not have to be transported to an ED for medical clearance before receiving mental health services.**



Alternate Destination: Sobering Center – Findings (Gilroy, San Francisco & Los Angeles City Fire)

- **Reduced the number enrollees being transported to an emergency department (ED).**
- **Community paramedics participating in San Francisco's Alternate Destination – Sobering Center project have partnered with the sobering center staff to operate an isolation and quarantine site for chronic inebriants exposed to COVID-19.**



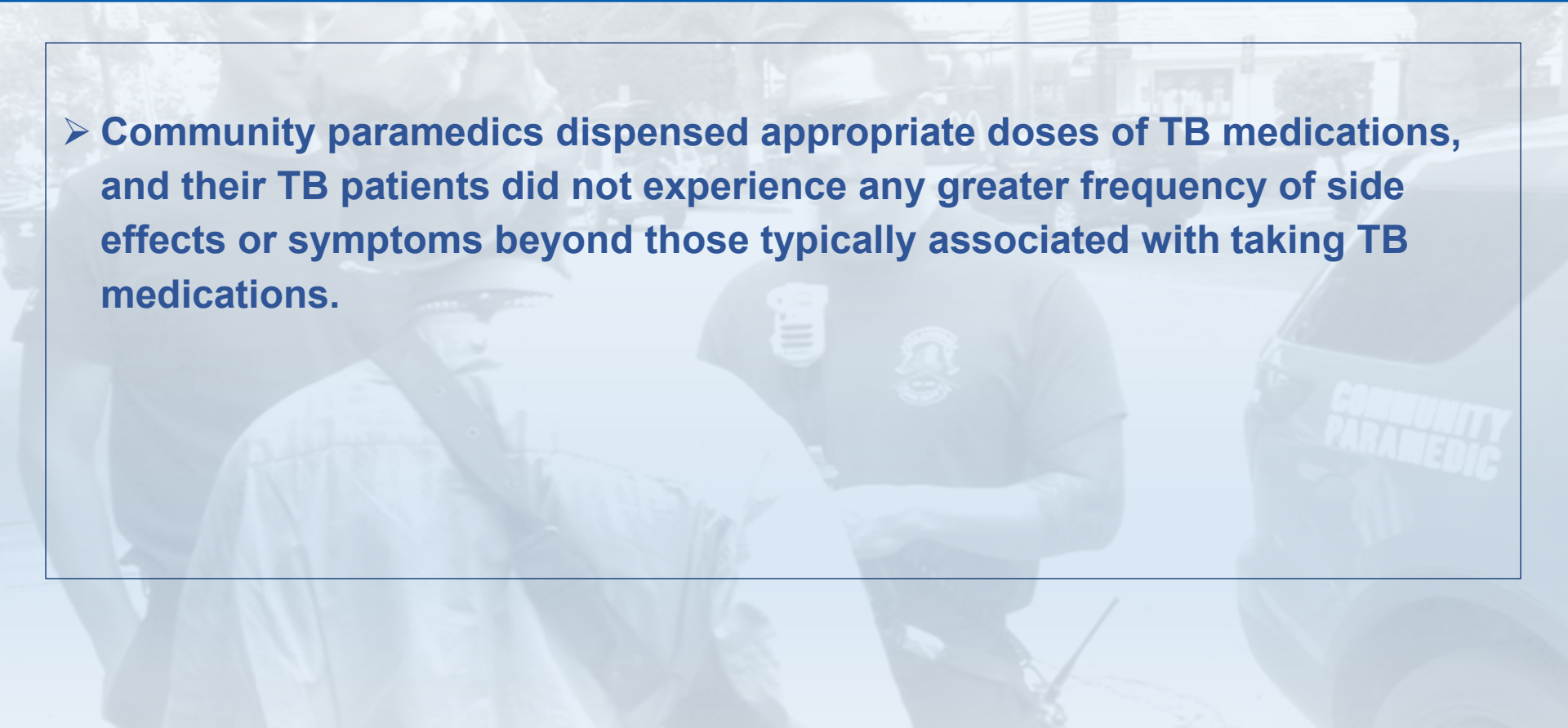
Alternate Destination: Urgent Care Centers – Findings (Glendale & Santa Monica, Orange County Fire Authority)

- **Enrollment in the Alternate Destination – Urgent Care projects was substantially lower than anticipated.**
- **EMSA directed sites to close all the Alternate Destination – Urgent Care projects in 2017 due to low enrollment, as the concept was not proving itself to be an effective alternative for care.**



Public Health: Directly Observed TB Treatment - Findings

- **Community paramedics dispensed appropriate doses of TB medications, and their TB patients did not experience any greater frequency of side effects or symptoms beyond those typically associated with taking TB medications.**





911 Hospice Calls - Findings

- **The Hospice project reduced the percentage of hospice patients transported to an ED from 80% to 28%, increasing the number of patients whose wishes were to remain at home were honored.**
- **Community paramedics also alerted hospices to patients' unmet needs for additional assistance.**



Savings

- **Savings realized for health plans from reductions in ambulance transports, ED visits, and inpatient admissions**
- **Medicare realized the largest savings because it had the largest enrollment**
- **Projects also generated substantial savings for Medi-Cal**
- **Post-discharge projects lowered the risk of Medicare penalties for excess readmissions**
- **Frequent EMS user projects reduced the amount of uncompensated care provided to uninsured person**



Independent Evaluator's Conclusion

- **Specially trained paramedics can provide services beyond their traditional and current statutory role in California**
- **Projects have improved patients' well-being**
- **No adverse outcomes for patients**
- **No other health professionals displaced**
- **In most cases, yielded savings for health plans and hospitals**



Legislation Overview AB 1544 (Gibson)

Community Paramedicine and Triage to Alternate Destination Act 2020

Overview



Community Paramedicine Program Concepts

- **Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease.**
- **Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.**



Triage to Alternate Destination Program Concepts

- **Providing care and comfort services to hospice patients in their homes in response to 911 calls.**
- **Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, i.e., an authorized mental health facility, an authorized sobering center or to a local veteran's administration emergency department for treatment.**



Community Paramedicine Post-Discharge Programs

- **Short-term, post-discharge follow-up pilot programs that were approved by OSHPD on or before January 1, 2019, may continue operation until January 1, 2024.**
- **No additional Post Discharge Programs are authorized.**