

EMS and Community Para-medicine

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WEST VIRGINIA
Department of
Health & Human
Resources
BUREAU FOR PUBLIC HEALTH

Discuss the current state of EMS

Describe Community Para-medicine

Discuss various models

Discuss benefits of Community Para-medicine

Discuss barriers to Community Para-medicine

MODERN EMS IN THE U.S.

- **1966** - The white paper, *Accidental Death and Disability: The Neglected Disease of Modern Society*.
 - 50% of the nation's ambulance services were being provided by 12,000 morticians.
 - Ambulances were inappropriately designed, ill-equipped, and staffed with inadequately trained personnel.
 - States were allowed to develop their own systems.

National EMS Expenditures are approximately \$5.2 Billion

- 42% Medicare
- 19% Commercial
- 12% Medicaid
- 4% Private Pay
- Approximately 23% from subsidies levies etc.

EMS is a transport agency. It does not get paid if transport does not occur.

Conundrum....

- Misaligned Incentives
- Only paid to transport
- EMS is a transportation benefit
- NOT a medical benefit

Affordable Healthcare Act does not address the pre-hospital system.

West Virginia Emergency Medical Services

- 208 Agencies
- 8000 providers
- 5 Medical Command Centers Online Medical Direction
- Protocols provide Offline Medical Direction
- 5 Regional Medical Directors
- 911 System is managed by County Commissions

Legislative rule § 64-CSR-48

Community Para-medicine



**Joint Committee on Rural Emergency Care (JCREC)
National Association of State Emergency Medical Services Officials
National Organization of State Offices of Rural Health
State Perspectives Discussion Paper on Development of Community Paramedic Programs**

- Utilize EMS providers in an expanded health care role
- Increases patient access to primary and preventative care
- Provides wellness intervention within the home model
- Decreases Emergency Room utilization
- Reduce hospital 30 day readmission
- Saves healthcare dollars

Community Para-medicine Benefits

Identify low acuity 911 calls and offer alternative intervention.

Identify EMS Loyalty Program Members.

Assist crowded Emergency Rooms by decreasing low acuity visits.

Assist EMS Services by decreasing turn-around delays.

Indirectly assist hospitals by decreasing Diversion Incidents.

Prevent readmissions for chronic illness.

Over time change expectations of:

- **Hospitals**
- **Payers**
- **Workforce**

Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care

AUTHORS

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**National
Consensus
Conference on
Community
Paramedicine:
Summary of an
Expert Meeting**

**October 1-2, 2012
Atlanta Airport Hilton Hotel
Atlanta, Georgia, USA**

Community Para-medicine



BEYOND 911: STATE AND COMMUNITY STRATEGIES FOR EXPANDING THE PRIMARY CARE ROLE OF FIRST RESPONDERS

- **Home Health Services**
- **Hospital Emergency Room Volume**
- **Funding**
- **CP's need additional training**
- **Online Medical Control**
- **Protocols**
- **Change in statute and regulations to allow increased scope of practice and ability to transport to non-hospital facility.**
- **Public expectation of EMS system**
- **Diluting the workforce**

Realigning Reimbursement Policy and Financial Incentives to Support Patient-Centered Out-of-Hospital Care

Conclusions

Current Medicare reimbursement policies for out-of-hospital care link payment to transport to an emergency department. This provides a disincentive for EMS agencies to work to reduce avoidable visits to emergency departments, limits the role of prehospital care in the US health system, is not responsive to patients' needs, and generates downstream health care costs. Financial and delivery model reforms that address EMS payment policy may allow out-of-hospital care systems to deliver higher-quality, patient-centered, coordinated health care that could improve the public health and lower costs.

Models

- **Hospital Partner – shared funding**
- **Subscription service**
- **Parallel contact number and alternate response**
- **County or State Funding / Levy**
- **EMS Loyalty Program Member**
- **911 Nurse triage**
- **911 Physician telemedicine screening**

State of West Virginia
Board of Medicine

POSITION STATEMENT ON TELEMEDICINE

Community Paramedicine

Evaluation Tool

March 2012

U.S. Department of Health and Human Services
Health Resources and Services Administration
Office of Rural Health Policy



WV EMS agencies are evaluating Community Para-medicine

Concerns:

- **Funding**
- **Protocols**
- **Scope of practice**
- **Medical Direction**
- **Legislation**
- **Certification**
- **Licensure**

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