South Carolina Office of Rural Health

Community Paramedicine Prospective: Innovation to Increase Capacity in Rural Communities

4th Annual AccessHealth SC Partnership Meeting
November 28, 2012
Yates Conference Center

“Dedicated to providing access to quality health care in rural communities”
SCORH’s Mission

Improve the health status of rural and underserved people through advocacy, education, and assistance to providers, communities, and policymakers.
What We Do

• Advocate for rural residents, providers, and communities
• Monitor and impact state and federal legislation affecting rural communities
• Serve as a focal point for rural health issues on the state level
• Address problems and seize opportunities in our rural health system
SCORH Programs

- Core SORH Functions
  - Rural Health Clinic Services
  - Rural Recruitment Services
  - Revolving Loan Funding
  - Small Rural Hospital Programs
  - EMS Program
  - Rural Health Networks
  - HIT/HIE/EHR
  - Economic Impact Studies
  - Preferred Partners

- Low Country Healthy Start
- The Benefit Bank
What is EMS?

• “[EMS] is a system of care for victims of sudden and serious illness or injury. This system depends on the availability and coordination of many different elements, ranging from an informed public capable of recognizing medical emergencies to a network of trauma centers... The 9-1-1 emergency number, search and rescue teams, and pre-hospital and emergency department personnel are some of the critical elements necessary...” (American College of Emergency Physicians)

• Includes standards and regulations for the improvement of EMS

http://www.scdhec.gov/health/ems/

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Who Works in EMS (in SC)?

• Three levels of state-regulated certification for professional emergency medical technicians:
  ○ EMT (Basic Emergency Medical Technician)
  ○ AEMT/I-85 (Advanced Emergency Medical Technician or Intermediate 85)
  ○ Paramedic (Paramedic)
• EMTs work for state licensed ambulance providers that are county-owned, hospital-based, private, or volunteer led
• An organized system of medical control physicians provide supervision for EMTs

http://www.scdhec.gov/health/ems/

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The Evolution of a System...

- 2004: Rural and Frontier EMS Agenda for the Future
- International models of care
- Alternate models of care in the U.S.
  - MedStar Community Health Program – TX
  - Western Eagle County Ambulance District – Community Paramedicine – CO
  - FirstHealth, Montgomery County – NC
  - Scott County Community Paramedicine – MN
  - Emed Health – PA
- 2012: National Consensus Conference on Community Paramedicine

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“An organized system of services, based on local need, which are provided by...Paramedics integrated into the local or regional health care system and overseen by emergency and primary care physicians. [It] not only addresses gaps in primary care services, but enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities”

- Rural and Frontier EMS Agenda for the Future from ORHP’s Community Paramedicine Evaluation Tool
A Public Health Model

- Driven by community health care needs
  - Shortage & stretch of primary care providers
  - Need for expanded health care infrastructure to deal with aging population
- Utilizes existing local resources to support workforce needs and bridge gaps in health care system
- Provides expanded role for paramedics
- Promotes person-centered health care and establishment of medical homes
- Increased collaboration and coordination among providers
- Lowers health care costs and improves access to and quality of health care

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Fort Worth, TX – MedStar

- Area Metropolitan Ambulance Service – MedStar
  - Frequent Fliers
  - “Community Health Program”
  - Tarrant County: July 2009 to August 2011
  - Decreased volume by 58.2%
- Savings $3.7 million (patient charges and EMS costs)
- Reduced emergency bed occupancy by 14,334 hours ($9.8 million)
- Overall, **$13.5 million reduction in costs and charges over 2 years**

Womble Consulting, LLC

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Montgomery County, NC

- Grant from NC Office of Rural Health (late 2009)
- Post hospitalization with chronic illnesses (diabetes, COPD, CHF, etc.)
- In first year: 166 unique patients received 285 visits
- Referrals from all across care community (physicians to case managers)
- Excellent satisfaction scores from providers and patients
Western Eagle County, CO

• Western Eagle County Ambulance District (WECAD)
  ○ Prevented an average 2.5 doctor visits per patient, an ambulance transport in 36% of patients, an emergency room visit in 36% of patients, a hospital admission/readmission in 5% of patients, and kept one client out of skilled nursing for 26 weeks

• Initial Cost Savings
  ○ $1,507 average savings per visit
  ○ $4,451 average savings per client/patient
What Do CPs Do?

• Get Specialized Training
  • Internationally recognized and standardized curriculum with didactic and clinical instruction available

• Get Recognized
  • Pilot program to test program effectiveness in the state in development in Abbeville County

• Work Within Their Scope
  • Within South Carolina regulations and under local medical control

• Work to Support Other Healthcare Providers
  • Emphasize patient assessment and then act as a facilitator, catalyst, connector, or liaison for patients

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What CPs Are Not

- A replacement for nurses or other health care workers
- Part of another “new project” to divert money away from hospitals, clinics and home health agencies
- Home health care service providers
- Mandated by the state or any other entity
- The solution for every community


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Helping Communities Get Started

- Available Resources
  - www.communityparamedic.org
  - http://www.medstar911.org/community-health-program
- Local Needs Assessments
- Stakeholder Engagement
- Technical Assistance
  - Planning
  - Funding

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Networks as Key Partners

- Support for EMS / Community Paramedics in developing knowledge of and relationships with safety net providers in the local community
- Inclusion of EMS / Community Paramedics in community health planning, health programming, etc.
- Engagement and promotion of the shift in the culture of providing health care in the local community
- Support for patients as they embrace new ways of accessing health care services
- Lead the “team” effort at the community level

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