

The Minnesota Community Paramedic Initiative

*Why & How Minnesota Is
Implementing Community
Paramedic Services*



Gathering of
Eagles
2013



MINNESOTA' S EARLY CP EXPERIENCE

Nearly 15 years ago, MN explored the CP concept to fill unmet needs primarily in rural areas.

Meetings were held with key state elected officials, initially receiving a cool reception.

Support from the Office of Rural Health and Primary Care enabled establishment of a curriculum and pilot project with the Mdwakanton Sioux Health Services.



GAPS IN HEALTH CARE CREATED AWARENESS

Over the subsequent decade, gaps in health care services were increasingly brought forward to elected representatives.

Numerous health care committees were established and tasked with identifying needs in geographic areas where significant gaps existed.

Governor's task force on health care reform convened to address a major shortfall in state health care dollars.

The work groups began to change the dynamics at the state legislature as elected officials struggled with addressing increased demand, limited government dollars and political opposition to change.



GAPS INCREASED, CREATED PRESSURE

Treatment and access gaps continued to grow and the resulting pressure motivated the legislature to reach out for ideas.

Lack of legislative action and public pressure for solutions created an environment and appetite for reform and innovation.

Hospitals in Minnesota began to form new relationships with both state and federal payers around “total cost of care” and “shared savings” models.

In 2010, we began to receive warmer support for the CP program. Meetings were held at the Capitol to discuss the evolving concept.

The Minnesota Community Paramedic Initiative

Hospitals

EMS Medical Directors

Primary care

Home health

Hospice

DHS/MDH

Public health

Affiliated clinics

FQHC's

CHC Look a likes

Commercial & Gov' t payers

State EMS board

SNF/Transitional care

Geriatrics



**PARTNERS IN BUILDING A CP
MODEL**



Patient Care



Payer source

Primary Care
Referral

Community
Paramedic

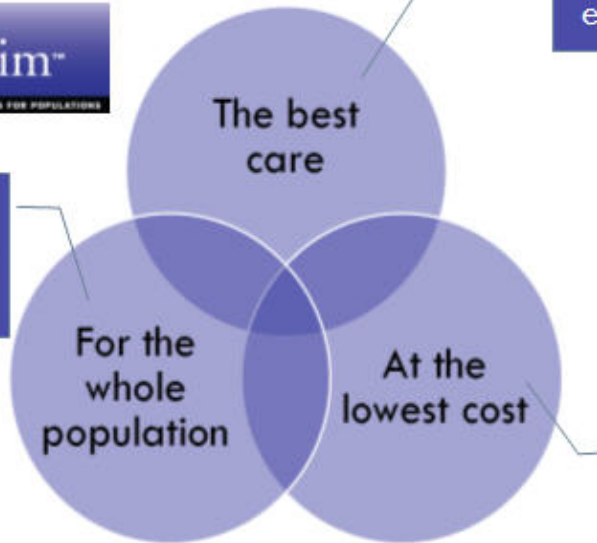
PROVIDERS ARE UNDER INCREASED PRESSURE TO CONTROL COSTS

- Reduce ED utilization
- Reduce admissions and readmissions
- Expand primary care
- Encourage health care home usage for complex patients
- Community benefit plan - broad goals to improve population health

PRIMARY CARE-FOCUSED



Improve population health



Improve individual experience

Control inflation of per capita costs

D. Berwick, Institute of Healthcare Improvement, 2007

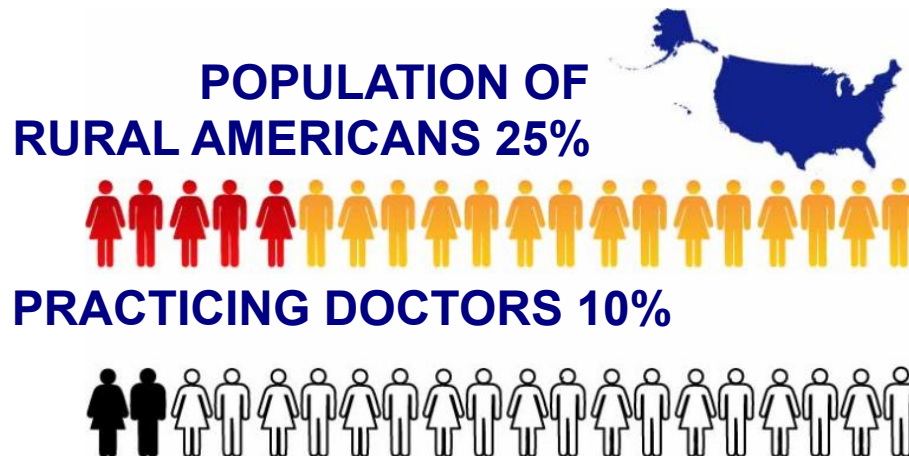


Effective Community Paramedic programs inherently support the Triple Aim framework to optimizing health system performance

IMPROVING CARE, HEALTH & COST

The Rural and Remote Dilemma

- ¼ of Americans live in rural and remote areas
- Only 10% of America's doctors practice there
- 4 times as many rural and remote residents travelled >30 miles for health care, compared to urban residents





Joint venture in NW MN with a Critical Access Hospital, Public Health and North Memorial Ambulance

Grant from office of Rural Health and Primary Care to train 3-4 CPs to complete assessment

Grant's purpose is to develop a template other CAHs can use to complete a community needs assessment as required in Federal law.

RURAL MODEL IMPLEMENTATION

The Metro Dilemma

- Large number of uninsured patients with inability or unwillingness to follow up with primary care clinics.
- Inability to close loop in the medical process (falling through the cracks).
- Dealing with socio-economic and ethnic factors
- How do we get patients seen in the ED followed up?



Community Paramedics provide an at-home alternative to hospital visits for those with chronic illnesses so they don't always have to visit the hospital for simple or routine checkups, potentially saving that patient thousands of dollars.

Over the past year we have witnessed a shift from not only a rural focus for CP but also to large urban health care systems. People cannot access health care for many reasons, and CPs intend to address that disparity. With budget challenges in health care, an effective CP program could be more cost-effective way for metro hospitals to check in with patients.

URBAN MODEL IMPLEMENTATION



A FIRST SHOT AT CP LEGISLATION: THREADING THE NEEDLE

Prior to the commencement of the 2011 legislative session we drafted CP legislation to share with other health care providers.

We proactively identified all our supporters and possible opponents.

We devised a clear political strategy to ensure legislative success.

Our biggest challenge was that no other jurisdiction in the United States had enacted such language for CP.

The CP enabling legislation underwent 19 drafts after input from multiple stakeholder interest groups. Most importantly we recognized the need for tailoring the language as the process unfolded.



CLOSING THE DEAL WITH ALL PARTIES

Held meetings with public officials responsible for enacting the state budget and discussed savings.

Held meetings and earned the support of Health Plans with government program coverage.

Demonstrated examples of savings from CP pilot projects in other states and countries.

Worked closely with policy makers who support paramedic services.

All lawmaking bodies have leadership positions. The positive relationships we have fostered within our legislative leadership and the Governor's Office were critical to finalizing the 2011 CP Law.



2011: S.F. 119 CREATED CP CERTIFICATION

- ✓ Must have 2 years of experience as a Paramedic
- ✓ Must complete CP course through an accredited college or university
- ✓ Must practice under supervision of an ambulance service medical director

Directed State DHS to develop services to be covered by Medicaid



2012: S.F. 1543 CP SUPERVISION

- CPs work under the supervision of an Ambulance Service Medical Director
- The Medical Director will bill Medicaid on behalf of CP
- To bill Medicaid, the Medical Director must have an order from the patient's primary care provider, and it must be maintained in the patient's record



2012: S.F. 1543 DELINEATED CP REIMBURSEMENT

Based on work of stakeholder process

Authorized coverage in Medicaid for:

Health assessment

Immunizations and vaccinations

Chronic disease monitoring and education

Laboratory specimen collection

Medication compliance

Hospital discharge follow-up care

Minor medical procedures, as approved by the Medical Director



- MN DHS submitted its Medicaid State Plan Amendment to CMS on 8/11/12
- State must release fee-for-service fee schedule in order for health plans to develop a managed care rate
 - working on that now
- Health plans supportive of concept and will pay at least the state fee schedule.
- Medicare has not yet established coverage for Community Paramedic.
 - Working on some fee for service demo's with CMS.

CP REIMBURSEMENT ADVANCEMENTS



REIMBURSEMENT LEGISLATION, 2012

Section 1. Minnesota Statutes 2010, section 256B.0625, is amended by adding a subdivision to read:

Subd. 60. **Community paramedic services.** (a) Medical assistance covers services provided by community paramedics who are certified under section 144E.28, subdivision 9, when the services are provided in accordance with this subdivision to an eligible recipient as defined in paragraph (b).

(b) For purposes of this subdivision, an eligible recipient is defined as an individual who has received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months or an individual who has been identified by the individual's primary health care provider for whom community paramedic services identified in paragraph (c) would likely prevent admission to or would allow discharge from a nursing facility; or would likely prevent readmission to a hospital or nursing facility.

(c) Payment for services provided by a community paramedic under this subdivision must be a part of a care plan ordered by a primary health care provider in consultation with the medical director of an ambulance service and must be billed by an eligible provider enrolled in medical assistance that employs or contracts with the community paramedic. The care plan must ensure that the services provided by a community paramedic are coordinated with other community health providers and local public health agencies and that community paramedic services do not duplicate services already provided to the patient, including home health and waiver services. Community paramedic services shall include health assessment, chronic

disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director.

(d) Services provided by a community paramedic to an eligible recipient who is also receiving care coordination services must be in consultation with the providers of the recipient's care coordination services.

(e) The commissioner shall seek the necessary federal approval to implement this subdivision.

EFFECTIVE DATE. This section is effective July 1, 2012, or upon federal approval, whichever is later.

Presented to the governor April 5, 2012

Signed by the governor April 9, 2012, 01:05 p.m.



THE BENEFITS OF ENACTING CP LAWS IN MN

1. Established eligibility criteria to take the formal CP training course.
2. Established a certification for CP distinct from other providers so that the level of CP training and expertise is understood.
3. **Without legally establishing CPs as a distinct entity, payment for services would have been nearly impossible.**
4. Ensures that CPs operate under a physicians license, allowing broad discretion in training and procedures they may perform.
5. Provide assurance that the State's regulatory authority includes the power to discipline, sanction, limit or remove a CP certification.
6. Provides, at a minimum, a measure of liability protection for virtually everyone involved in the CP operation: from the training institution, to the oversight of physician, to the CP.
7. **Lastly, state law legitimizes Community Paramedic as a legally recognized, clearly identifiable, valuable member of the health care delivery system.**

The Community Paramedic Program

- Expand role, *not* scope
- Assess and identify gaps between community needs and services
- Improve quality of life/health



Keys to Community Paramedic Program

Flexible

Resourceful



**COMMUNITY
PARAMEDIC**

Gap-filling

**Rural and
Remote Centric**

Keys to Community Paramedic Program

FLEXIBLE

- Identify specific needs in community health care
- Standardized curriculum, modified for communities

POPULATION CENTRIC

- Target populations with problems in access to health care
- Assess and address special population issues

RESOURCEFUL

- Identifies what is available
- And what is missing

GAP-FILLING

- Creates “health home” for citizens
- Eyes, ears, and voice of community

Expanded Services

- Primary care
- Emergency care
- Public health
- Disease management
- Prevention
- Wellness
- Mental health



Curriculum is in Place

- Standardized multi-module delivery model
- Taught by remote video education through Hennepin Technical College
- Applicable across America and internationally
- 12 credit certificate with an associate's degree



COMMUNITY
PARAMEDIC

Content (Curriculum Phase I)

- Chronic disease management
 - Cardiac, respiratory, diabetes , neurological
- Pathophysiology
- Pharmacology
- Mental health
- Text books
- Wound care
- Labs
- History taking & physical exam
- Community Involvement
- Social services
- Approximately 100 hours

Simulation lab and scenarios



Curriculum—Phase II

Clinical Skills @196 hours



The Clinical Experience

- Primary care
- Community Health/Hospice
- Wound care
- Behavioral
- Cardiology & respiratory
- Pediatrics & geriatrics
- Networking

Present Status of Minnesota's Rural Certified Community Paramedics

- This program went live in summer of 2012
- CPs are available every day, seven days a week.
- They utilize the ambulance and its supplies during down times between runs to perform their duties.
- They see 3-4 patients per day.
- Usually have direct contact with the primary care MD during clinical hours.

Present Status of Minnesota's Metro Certified Community Paramedics

- This program went live on October 1, 2012
- CPs are available every day, seven days a week.
- They carry their own supplies and use their own vehicle.
- They see up to 6 patients per day
- They use the electronic medical record system to assist with patient care and primary care coordination.

Present Status of Minnesota's Certified Community Paramedics

- 24 have been certified by the EMSRB
- 40 additional will be certified by March 1, 2013
- 10 medics have been trained within North Memorial's EMS system
 - Certified by the EMSRB in August 2012
 - Housed within three primary care clinics in north Minneapolis
- Focus on caring for "high risk medical recall patients"
 - Patient taking 10 or more medications
 - Patients who have tight therapeutic window medications such as "warfarin"
 - Patients who have 3 or more chronic diseases
 - Mental health/disability patients

Future Project's For Minnesota's Certified Community Paramedics

- A 4th group have been focused on rural health care
 - This is a pilot project in the Park Rapids, MN community
 - Population 3,700
 - This group of providers will work with public health and the Essentia Health Care system in providing care to patients within that area
 - This program will start in April 2013
- A 5th group of community paramedics will be involved in pilot program in Faribault MN with a projected start date in Spring 2013. (Population 22,000)
 - They will assist with provision of care to patients dealing with chemical dependency, geriatric issues and mental health issues
 - They will work with the Allina clinic, District One Hospital and Rice County Public Health Services
 - This funding is projected to occur through the Medical Health Insurance Program



Providers are already building CPs into their systems

MN first in nation to certify community paramedics – 20 CPs certified July 2012

- Additional CP courses are in development, 50 more students in class now

Additional rural stakeholders indicating interest

North Memorial, Health East, Allina ambulance and Hennepin Technical College, in addition to matching in-kind contributions, received a \$250,000 grant from the Department of Labor.

- Grant will train 100 CP's over the next three year period in MN.

CP EXPANSION IN MINNESOTA



Minnesota Ambulance Association COMMUNITY PARAMEDIC

- 1) Recognition of CP as a provider in law
- 2) Certification necessary to begin payment model discussions
- 3) State agency recognition of CP and a recourse for complaints and continuing education
- 4) Verification and certification of CP curriculum by a state agency

KEYS TO THE CP PROGRAM SUCCESS

Special thanks and further resources

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