



THE DEPARTMENT OF EMERGENCY MEDICINE

# **Community Paramedicine Programs: Implications for Success in Rural Settings**

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## Speaker Disclosure:

I have no actual or potential conflicts of interest in relation to this presentation.

# OBJECTIVES

1. Understand the 3 critical elements of program structures needed for success – good strategic planning, a blueprint for data capacity, and robust stakeholder engagement.
2. Explore implications for successful CP programs in rural settings.
3. Learn about tools and resources for developing successful CP programs.

# Audience Poll

Which category best represents your interest in Community Paramedicine?

- ☐ I am affiliated with an existing (or former) Community Paramedicine Program.
- ☐ My organization/partnership is interested in developing a Community Paramedicine Program.
- ☐ I have a general interest in Community Paramedicine.



# What's all the hoopla over CP programs?

- An extension of acute/outpatient care to the home setting
- Addresses not only clinical, but also behavioral and health-related social needs of patients
- Focuses on care coordination across the continuum of care
- Opportunity to build trust/relationships with members of high cost, high need populations



# So why don't all health systems have one?

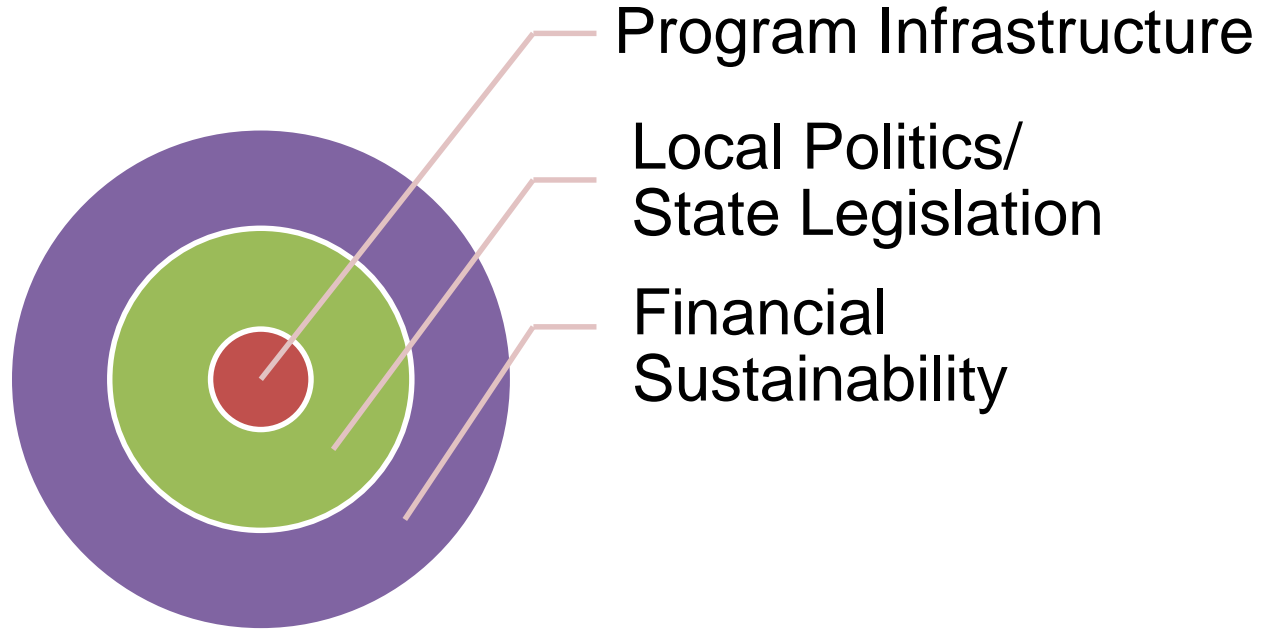
New entity...

- 2014 NAEMT MIH-CP survey confirmed existence of 117 programs across the country
- 2017 NAEMT MIH-CP repeat survey confirmed existence of 137 programs across the country
- As many as 1/3 of all new programs may have folded

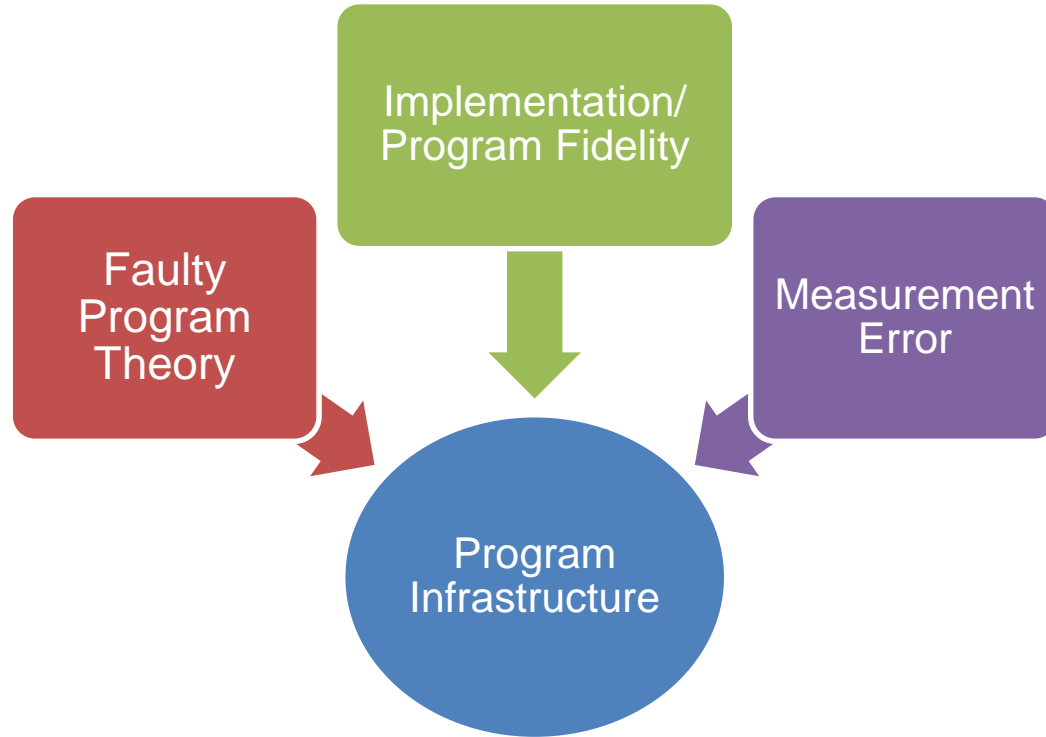
***Rate of turnover may indicate challenges to program sustainability!!!***



# Challenges to Success



# Infrastructure barriers to demonstrating program success





# MIH-CP Structural Measures

1. Executive Sponsorship
2. \*Strategic Plan
3. \*Healthcare Delivery System Gap Analysis
4. \*Community Resource Capacity Assessment
5. \*Integration/Program Integrity
6. Medical Oversight
7. \*Health Information Technology
8. \*HIT Integration with Local/Regional Healthcare System
9. \*Public & Stakeholder Engagement
10. Specialized Training & Education
11. Compliance Plan



# Strategic Planning

## 1. Existence of a Strategic Plan

Evidence of key components:

- Driver Diagram
- Self Monitoring & Measurement Plan
- Implementation Milestones
- Communication Plan
- Financial Sustainability Plan



# What are we trying to accomplish?

**Driver Diagram – *conceptual model that describes the program's theory of change and action* (CMMI)**

- **Aim** – A clearly articulated goal statement that describes how much improvement by when and links all the specific measures.
- **Primary Drivers** – System components that contribute directly to achieving aim
- **Secondary Drivers** – Actions necessary to achieve the primary driver and clearly linked to process measures



**Goal: Reduce dysfunctional patterns of acute care utilization by 20% in six months through improved access to primary/specialty care, improved mental and emotional well-being, and reduced social risk factors.**

**Care  
Coordination**

- Home-based CDSME/symptom triage/med reviews
- Chronic disease management protocols
- Communication with PCP, specialists, pharmacy

**Behavioral  
Health  
Integration**

- Social work addition to CP team
- SBIRT model
- Communication with PCP, BH, community services

**Linkage to  
Social  
Services**

- Screening for health-related social needs
- Link to social & community-based services
- Increased access to services



# Strategic Planning

## 2. Healthcare Delivery System Gap Analysis

Evidence that the program is designed to serve unmet needs in the local community using population-based data (i.e., geographic area or high-risk population).



# Strategic Planning

## 3. Community Resource Capacity Assessment

Evidence that the program addresses gaps in resource capacity.



# Data Capacity

## 4. Program Evaluation

Evidence that the program has had an external evaluation of program effectiveness.



# Key Sample Evaluation Questions

*To what extent does program infrastructure development align with the MIH-CP structural measures? What are the program strengths and areas of needed improvement?*

*Does the program serve its intended target population? What is the level of participation in program services by patients enrolled?*

*What effect does the program have on patterns of acute care utilization over time among patients served compared to a similar population of patients who do not receive program services?*

*What effect does the program have on patient-reported outcomes that are important to target population?*





# Data Capacity

## 5. Self-Monitoring & Measurement of Performance

Evidence that the program both collects and uses patient-level data to assess performance and improve quality of care.



# Data Capacity

## 6. Electronic data exchange with care providers

Evidence that health information is integrated with the local healthcare providers to facilitate access to patient records



# Stakeholder Engagement

## 7. Care Coordination Advisory Committee

Evidence of regular meetings among CP partners to discuss strategies for improving care coordination based on program performance.



# What are the infrastructure challenges unique to programs serving predominantly rural communities?

**Strategic  
Planning**

**Data Capacity**

**Stakeholder  
Engagement**

**Other**



# Increase your chances of success:

1. Start with the end-user to engage patients/caregivers in program development
2. Pay due diligence to planning and developing program infrastructure
3. Build strong partnerships in the beginning
4. Learn from others ...

<http://www.naemt.org/initiatives/mih-cp/mih-cp-knowledge-center>

<https://www.ruralhealthinfo.org/search?q=community+paramedicine>

[https://www.youtube.com/results?search\\_query=community+paramedicine](https://www.youtube.com/results?search_query=community+paramedicine)

