

# Advanced Community Paramedicine (ACP)



Washington County: 1115 Waiver Project

# Real Case Study:

- Patient: Smith, John
  - Was transported to the Houston Hospital 5 times in 2011 and total of 10 times on record.
  - Ambulance Treatment and transportation cost of over \$12,000
  - Hospital Cost (estimated conservatively)
    - \$25,000 **using low end** of figures
  - This one (**real**) example resulted in 4 home visits by our EMS Director, 1 visit by Medical Director and we have not transported this patient to an ED, hospital, or healthcare institution since Nov 2011.
    - **\$150.00 vs over \$35,000 if we continue doing what we do...**
  - Results:
    - **Assessed by paramedic, found alternate transportation, educated patient on CMS ambulance transportation guidelines, found alternate VA treatment facilities.**

# What is the ACP Program?

- ACP stands for: **Advanced Community Paramedicine**
- It's a program designed to tackle and **curb healthcare cost** that are skyrocketing and destroying our communities.
- Designed with the idea to **utilize existing resources** (not develop new or expand personnel) in a community to better direct patients to appropriate care sites.
- The existing **resource** is the **Paramedics** in your community.
- The overall intent is to educate our community and individuals on the appropriate treatment of **their particular disease process** which will ultimately keep them out of the emergency department and into their doctors office.
- We strongly feel we can **save over a million dollars (mostly tax dollars)** of healthcare cost right here in Washington County the first year of the program

# Why this program and why paramedics?

- Paramedics are **vastly knowledgeable about the healthcare system in their community** by the very nature of their daily task.
- Paramedics are extremely clinically proficient. With the **highest level of pre-hospital** care available at their fingertips they are able to make clinically educated decisions about appropriate care.
- With specialized training they become AMAZING patient **Navigators**. The ability to speak directly to physicians for input and direction assures competent care.
- Unbiased and unattached to a particular hospital or clinic allows them to advocate the absolute best decisions for the community.

# Current Threats/Concerns

- “...**see that you not worry**: For nation will rise against nation, and kingdom against kingdom, and there **shall** be famines, **plagues** and earthquakes...”
  - -Matthew 24:6-7
- **Rate of volume increase**
  - Geographical Concerns
- H1N1 type diseases
- Natural Disasters (Rita)
- Economy causing a decrease in services yet an **increase in public expectation.**
- OBAMA CARE

What is the problem?

**Call Volume**

**Revenue**

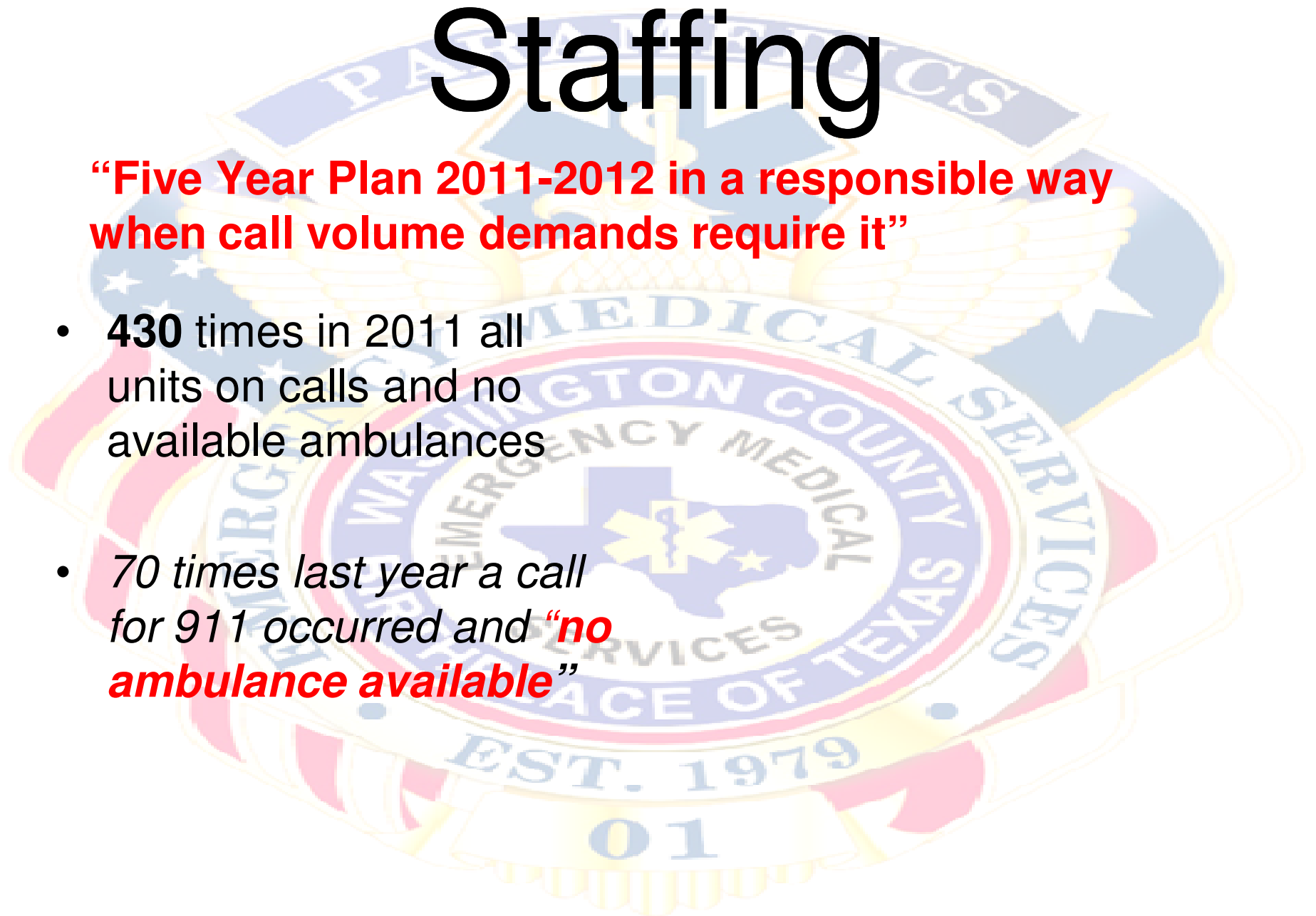
Repeat Users 379 patients with 3 or more times / yr  
Roughly 25% of our Call Volume!



# Staffing

**“Five Year Plan 2011-2012 in a responsible way when call volume demands require it”**

- **430** times in 2011 all units on calls and no available ambulances
- 70 times last year a call for 911 occurred and **“no ambulance available”**





Solution

ACP

1200 calls per Ambulance

1200 calls per Ambulance

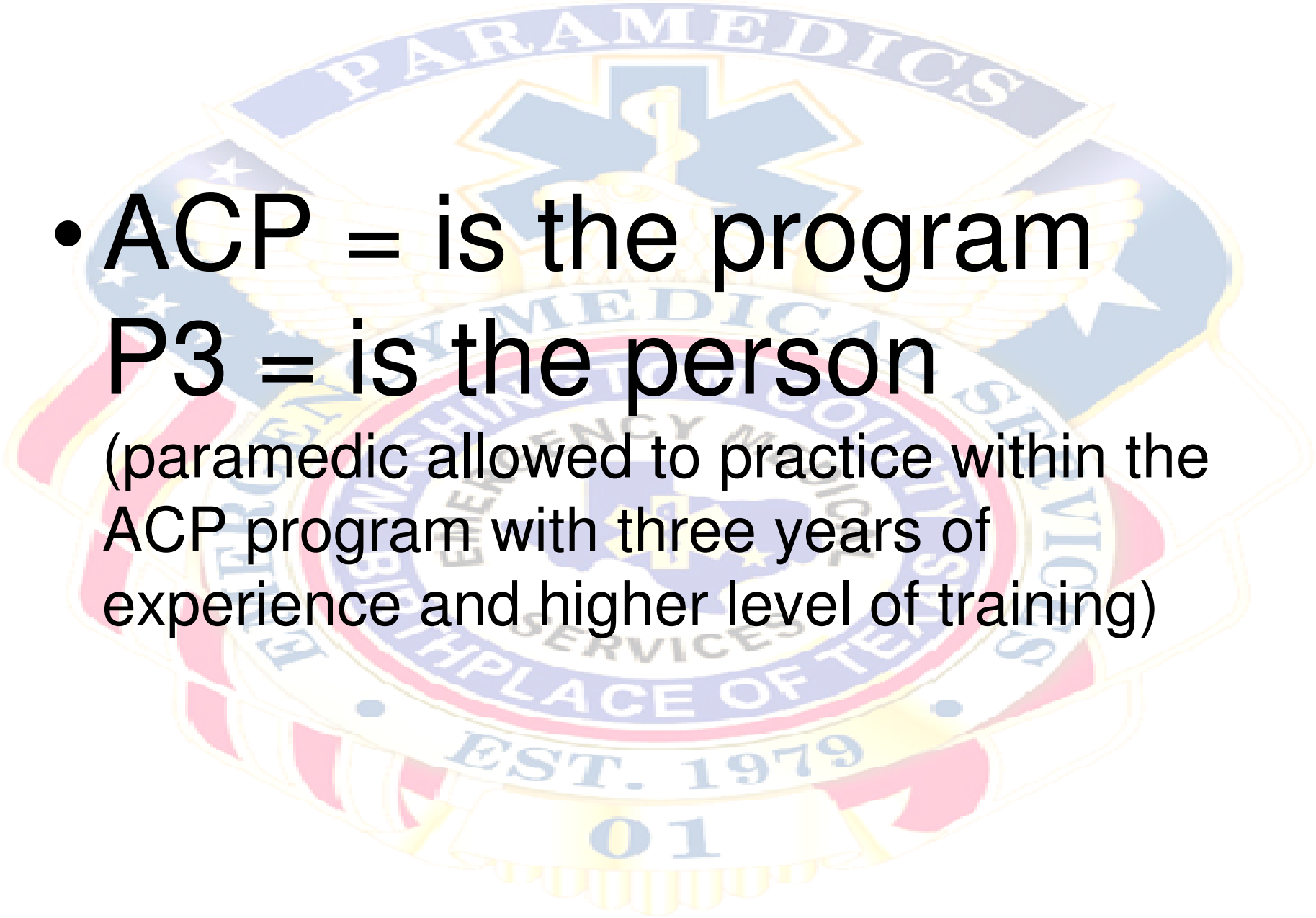
1200 calls per Ambulance

1200 calls per  
Ambulance

Four **new chameleon species** found in Madagascar—some tiny enough to fit on a match tip—are among the smallest known reptiles





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- A large, faint, circular seal of the Texas Department of Transportation (TxDOT) Paramedics is visible in the background. The seal features a central blue Maltese cross with a white caduceus. Above the cross is a banner with the word "PARAMEDICS". Below the cross is a banner with the word "MEDICA". The outer ring of the seal contains the text "TEXAS DEPARTMENT OF TRANSPORTATION" and "EMERGENCY MEDICAL SERVICES". At the bottom, it says "EST. 1979" and "01".
- ACP = is the program
  - P3 = is the person  
(paramedic allowed to practice within the ACP program with three years of experience and higher level of training)

## Option 1 – Add full 4<sup>th</sup> Crew

- Easy & **most common fix!**
- Requires 6 additional paramedics
- Gives maximum capable coverage to County
- Would keep us under our 1% Standard of MER
- NOT FISCALLY SUSTAINABLE
- **\$450,000 price tag** (minimal)



# Option 2– Proper Positioning of Paramedics (FLOAT)

- **Not the normal** approach to adding staffing
- Requires flexible supervisors and **“thinkers”**
- Allows for maximum flexibility of staffing and safety
  - Safety of crews and patients
- Allows for test of **ACP concept formation** and a real chance at changing service expectations
- Slower more controlled growth of department allowing for **higher clinically experienced paramedics**
- Fits with HHSC DSRIP Menu options as a viable innovative idea for curbing certain costly community practices.
- **Most Efficient: \$150,000**
- Requires 3 additional paramedics that will:
  - Staff 4<sup>th</sup> unit during demand (reduce pending calls)
  - **ACP Program Sustainability**
  - More flexibility of departments’ Training Officers to actually train
  - Starts the conversation of forward placement of P3 providers to super rural areas of community.



# **Introduction to the Advanced Community Paramedicine Program**

Role of the Advanced Community  
Paramedic in the Health Care System



# Advanced Community based Paramedicine (P3) Priority of Care

- **Reduce inappropriate** Emergency Room visits and Readmissions rates with high frequency patients through
  - **Education**
  - **Home Assessments**
  - **Home evaluation and medicine**
- Assist in triage of 911 calls that may need “held” during peak call volumes to ensure no delay in time sensitive emergencies. **Reduce the need for additionally staffed EMS Units**
- Assist in critical (low frequency/high risk) patients with higher level of experience & training. **Increase** in patient care and expectations from modern medical science.
- Promote and perform **alternate destination protocols** and field termination protocols.
- Perform medical community **education in super rural** areas of our community.

# What is the ROI (Value) on this \$150,000 Project?

- 379 “frequent users” were transported more than 3 times in 2011. This number percentage wise of total volume will be one of the primary focus points. (see example next slide) This is 20-25% of our Departments Call Volume
- By the reduction in “frequent users” will prolong the department from adding a 4<sup>th</sup> full time crew in FY2013 till beyond FY2015. Saving over **\$450,000** annually for 3 years (\$1,350,000).
- A reduction in one single transport to the ED can result in a savings of tax payer or healthcare cost of a minimum of **\$2,000**
- If we reduced 400 visits by one visit (still transporting them a couple times a year) could save **800,000** million in healthcare cost (i.e. tax dollars)
- 1.2 million first full year



# How we can Help each other

- Assist us in knowing the Community Resource(s)
  - MAP, Bridge, Faith, VA officers, etc...
- Help us identify patients that need medical attention but can not afford it or can not get to it
- Shut-ins
- Let us perform a health assessment for your congregation
- Mobile Vaccine Clinics for your fellowship or members
- Home Assessment(s) (Fall Prevention)

# Future Direction

- Our Program was selected by HHSC to be a pilot (waiver) program from the Texas Medicaid Healthcare Transformation Program -
  - Community Paramedics in your community
  - Healthier Community
  - Reduction in Health care expenses (locally)



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