

# Innovative Approaches to Caring for Complex Patient Populations: The Community Paramedicine Experience

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# Join us for upcoming CAPC webinars and virtual office hours

## → Webinar:

- **Paying for Home-Based Palliative Care: The ProHEALTH experience**

Thursday, May 12, 2016

Featured Presenter: Dana Lustbader, MD

## → Virtual Office Hours:

- **Building Effective Payer-Provider Partnerships with Tom Gualtieri-Reed, MBA and Randall Krakauer, MD, FACP, FACR**
  - Tues, May 24, 2016, 1-2 p.m. ET
- **Improving Team Effectiveness with Andy Esch, MD, MBA**
  - Weds, May 4, 2016 at 1-1:30 p.m. ET
- **Marketing, Messaging, and Media with Lisa Morgan, MA**
  - Fri, May 27, 2016 at 2-3 p.m. ET

## → **NEW!** Master Clinician Series:

- Get answers to clinical questions and discuss case studies with Dr. Andy Esch and Jaime Goldberg, MSW, LCSW, ACHP-SW
- Wednesday, May 11, 2016 at 3 – 4 p.m. ET



# Objectives

- Understand scope of practice and clinical effectiveness of complex disease management for seriously ill patients
- Identify the flexibility of utilizing community paramedicine to proactively care for patients in a primary care model
- Learn how the utilization of community paramedicine can engage patients in earlier quality-of-life discussions
- Explore impact of community paramedicine in reducing unnecessary acute care ER and hospitalizations resulting in financial savings

# Our population – Senior Care Option

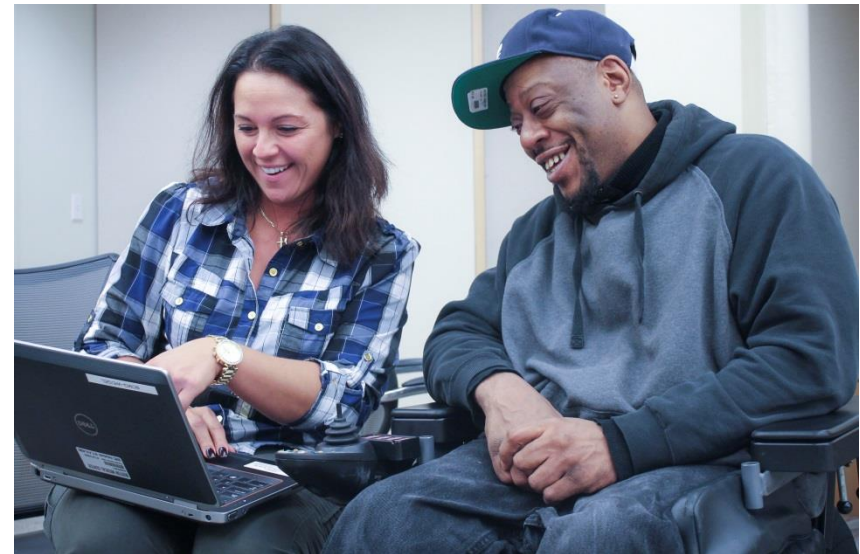
Leader in Dual Eligible  
(Medicaid/Medicare) Populations



- Fully Integrated Dual Eligible Medicare Advantage Special Needs Plan (FIDESNP)
- Over 6,600 elder members in Greater Boston, W. Mass, and North Shore
- \$350M+ in annualized blended premium
- 75% of members meet nursing home criteria, yet live in the community
- 55+ primary care sites with integrated, multi-disciplinary primary care teams

# Our population – One Care Provider in MA

- Implemented Oct 1, 2013 – first in the nation Financial Alignment Demonstration
- CCA has the broadest service area, enrolling beneficiaries in 9 counties
- More than 10,000 enrollees with CCA
- Approximately \$300 million in annualized blended premium



# Audience Polling

→ How many of our dual eligible One Care patients (under 65) with chronic illness have a behavioral health diagnosis?

- 40%
- 50%
- 60%
- 70%

# Our patients – Super Utilizers

## Genesis of Coordinated Care/Risk Intervention

### Bundled Risk Adjusted Medicare/Medicaid Premium

- In the US, 5% of population accounts for approximately 50% of costs
  - 1% of population accounts for 22% of costs
- Medicaid – 5% accounts for 54% and 1% accounts for 25%
  - 83% have 3 or more chronic medical conditions
  - 60% have 5 or more chronic medical conditions
- Medicaid – Top 10% high cost individuals have a 60% chance of remaining in the top 10% of high utilizers over the next 2 years

# CCA LIFE CHOICES PROGRAM



# Palliative Care and End of Life Embedded in Primary Care Structure

Enhanced access and quality of palliative care services  
provided by primary care team:

- High acuity chronic and acute medical care as normative primary care:
  - clinician education,
  - clinical support, &
  - pro-active patient identification with “aggressive” care per patients and/or families wishes
- Open-access to decrease barriers to “enrollment” – no sign on
- Promotion of advanced goals of care conversations & decision-making within primary care longitudinal relationship
- Home-based services to support family caregivers and promote death at home
  - in keeping with patients’ wishes – a la carte hospice, PCA

# What is Community Paramedicine?

## EasCare/CCA Mobile Integrated Health Program

- Massachusetts Dept. Public Health Pilot Program
  - Collaborative effort Between CCA and EasCare
  - Modeled after Medavie EMS program in Halifax
  - Started late October 2014
- Nearly 700 visits, approx. 20% of seriously ill patients needing palliative care
  - Provides primary care based acute and chronic intervention
    - Augments hospice in some situations

# The Patients Perspective

## Video



- *"They were here for about an hour and a half. I was amazed at what they could do. Take your blood and get the results, get me an IV—I was amazed! I'd rather have everything done at home than go to the hospital. I hate going to the hospital."*
- *"When the paramedic was here, they called Dr. John and they talked and discussed the treatment. That was great. I felt very safe because my doctor was involved in the decision."*

# Results (1 year +)

- High demand with visit numbers increasing
  - Expectation to be seen at home by patients and staff
- Almost universal provider and patient satisfaction
- 60% ER diversion on chart review and 40% admission avoidance
- Integration of behavioral health and palliative/end of life care growing with experience
- PCORI and Mathematica Policy research evaluation of project in progress

# Stories from the Field

## Keeping the Promise of Staying Home

- MM – 81 years old with metastatic breast CA with pleural effusion
  - 8 visits in last two weeks of life by paramedics
  - Family education:
    - Adherence to medications
    - Symptomatic medication management for:
      - pain, dyspnea, and anxiety
  - Pronouncement
  - Social support as part of interdisciplinary team

# Stories from the Field

## Augmenting Hospice

- 88 year old group home resident with metastatic CA to brain
  - Intractable seizure seen by Hospice RN
    - Unable to treat with sublingual or rectal valium
  - Community paramedic called
    - IV placed, IV versed administered
  - Outcome:
    - Seizures controlled
    - Patient stayed at home
    - Died peacefully a few hours later

# Stories from the Field

End Stage CHF – Diverting Hospital to Home

Video: <https://www.youtube.com/watch?v=AjYT2nnuSho>

*“They always come whenever we call them. They do all the vital signs...it’s been amazing because there is now no difference whatsoever between the hospital and [home].”*

*“Since I started [Commonwealth Care] it’s kept me out of the hospital and kept me home...with Stage 4 heart failure, you don’t have much time left. I want to be with my kids...instead of having to be with doctors and nurses...you want to be in your bed, you want to be comfortable, you want to have everything that you’ve worked for around you. My kids are very young. I want to spend as much time with them as possible because I know my time is short.”*

# Key Components of Building a Model

- Understanding and expanding paramedic regulatory scope of practice
- Selection of “right” paramedics – experience, job growth
- Training that fits your population, your needs
- Financial modeling that makes sense for your program
- Regular morbidity and mortality rounds
- Continued education on areas needed for improvement



# Lessons Learned

## Experience is the best teacher

- Paramedics are the right provider level but need training
  - Training is rewarded
- Cost of a paramedic visit is not high in comparison to ER
  - Inpatient level of care but initial buy in is hard to develop
- Payment methods need to support any community paramedicine
- Medical control is key!
  - Right MD – probably hospitalist
- Conservative decision-making is a MUST!

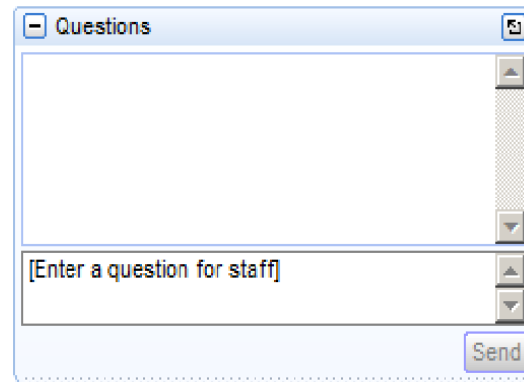
# What's Next?

## Our Vision

- Community Paramedicine is a possible substitute for acute care
  - Augmentation of current palliative care and/or end of life care model beyond CCA
- Adoption of Community Paramedicine in 911 systems
  - To allow alternative care focused on palliative care rather than treatment and transport – “flipping the plan”
- Increased focus in:
  - Nursing home,
  - Assisted living, and
  - Skilled nursing facilities
- Specialization to meet specific needs
  - Behavioral Health and Group Homes

# Questions and Comments

- Do you have questions for the presenter?
- Click the hand-raise icon (🙋) on your control panel to ask a question out loud, or type your question into the chat box.



# CAPC Events and Webinar Recording

- For a calendar of CAPC events, including upcoming webinars and office hours, visit
  - <https://www.capc.org/providers/webinars-and-virtual-office-hours/>
- Today's webinar recording can be found in CAPC Central under '**Webinars: View all Payer-Provider Partnership Webinars**'
  - [https://central.capc.org/eco\\_player.php?id=168](https://central.capc.org/eco_player.php?id=168)