Community Integrated Paramedicine;
A Regional Approach

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Overview

National Landscape
Payer Perspective
Arizona Landscape
Collaborative Approach
Questions
Community Paramedicine

Has gained national attention over the last few years

In reality something that EMS providers have been doing for years

Not an attempt to replace other providers
  ◦ Want to be seen as an enhancement to what is being provided to the citizens
  ◦ Team-based in order to be successful
  ◦ National Study 66% of the patients are referred to Home Health
Community Paramedicine

Shown success in many different States and Countries.

Recent article from ACEP supports use of Community Paramedics

National Landscape

National Association of EMT completed a survey


Over 100 agencies in 33 states working in a MIHP environment

- MedStar-Texas
- Wake County- North Carolina
- Littleton-Colorado
- Rockford, Illinois
  - Using a Medic, RN, and Pharmacist as provider team. Program feedback from patients is excellent.
National Landscape

Where do they get their patients from
◦ 69% hospitals
  ◦ 66% of patients get referred back to home health organizations.

Characteristics of CIP Programs
◦ 75% have a goal of readmission avoidance
◦ 74% manage frequent EMS users
Payer Perspective

Many of the hospitals are still in the volume business
- “Community Paramedicine is emerging faster than regulatory environment can address” JAMA May, 2015

The realignment of fiscal incentives within the healthcare system has encouraged payers and providers to work better together.
Payer Perspective

Despite improved patient outcomes and cost savings, many are threatened.
- 89% of agencies operating CP programs identified sustainability as a significant hurdle
- 78% of programs generate less than $100,000 annually.

Integrated delivery Systems (IDS)
- Coordinated group of providers, aligned missions to improve patient outcomes.
- Kaiser Permanente, is the most recognized of these systems.
- In our 4th year of penalties 2592 hospitals were fined a total of $420 million
Local Landscape

Agencies that have experienced success in the early stages of their programs
  ◦ Tempe
  ◦ Chandler
  ◦ Rio Rico
  ◦ Mesa-$12.3 million CMS Healthcare Innovations Round 2 grant
  ◦ Buckeye

Different deployment models, many success stories.
Regional approach

Currently we have two committees working on Community Paramedicine
- Regional consistency operations group
- Westside healthcare collaborative group

Working to ensure minimum requirements for a system are being identified.
<table>
<thead>
<tr>
<th>Level of Utilization</th>
<th>Number Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active program in use with formal written processes</td>
<td>1</td>
</tr>
<tr>
<td>Program in development, but not formalized</td>
<td>5</td>
</tr>
<tr>
<td>Interested, but no program in development</td>
<td>5</td>
</tr>
</tbody>
</table>

**Level of Utilization & Community Need**

- **Loyalty Customers (frequent utilizers)**: 2
- **Mental Health**: 2
- **Older Adults**: 3
- **Post Hospital Discharge**: 4

Most Important Identified Community Need
## Partnerships

### HEALTH CARE SYSTEM

- 2 Departments/Districts with current hospital partnerships
  - Buckeye & Banner Estrella
  - Sun City West & Banner Del Webb
  - 7 partnerships in conversation/development

- 1 Insurance Plan partnership in process
  - Goodyear Fire and Cigna & Commonwealth

### COMMUNITY PARTNERS

- Community Pharmacy
  - Walgreens, CVS

- Surrounding Fire Departments/Districts
- Sun Health International medical Direction
- Health Services Advisory Group
- St Luke’s Health Initiative
CIP Models

Staffed by Paramedic (n=11) plus EMT and/or RN
- Possibly PA or NP (n=2)
  - Nationwide 77% of staffing model is paramedics.
  - 21% is firefighter/paramedics

2 person units
- Low acuity vehicle (n=4)
- Healthcare provider/EMT or Medic (n=7)
  - Nationwide 35% have been re-tasked from primary assignment.

Training programs
- College program (n=1)
- Hospital-based (n=4)
- In-house (n=6)
Goals for Patient Centric Care

**Evaluate**
- Physical, Mental and Psycho social issues
- Ability to perform activities of daily living
- Living arrangements, social networking and access to support services

**Navigate**
- Addresses areas of concern
- Provide suggested interventions or actions and recommendations

**Link**
- Managing healthcare and communications
- Providing support services and resources
- Continuing evaluation and monitoring
Next Steps

Community Integrated Paramedicine workgroup as part of the WVCCC

Determine objectives for the CIP Workgroup
- Identify key stakeholders
- Incorporate key partners
- Standardized approach to CIP for a West Valley regional pilot project (possibly modeled from Buckeye Fire Department’s pilot with Banner Estrella)
- Identify sources of funding for a regional pilot project
- Identify evaluation partner(s)
- Apply for pilot project funding
- Publish pilot project outcomes
Thank you

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