PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL

Your Voice In EMS

TESTIMONY

TO THE

HOUSE VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS COMMITTEE

HOUSE BILL 1113

The Community Paramedicine Services Act

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PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL (PEHSC)

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Good Morning Chairman Barrar and Members of the Committee:

I am Dan Bledsoe, Co-Chair of the Community EMS (Paramedicine) Task Force which is part of the Pennsylvania Emergency Health Services Council (PEHSC). I am an Emergency Physician and currently serve as the Medical Director for PinnacleHealth's West Shore Hospital Emergency Department and Community LifeTeam EMS, the EMS agency serving the City of Harrisburg and much of Dauphin County.

The Pennsylvania Emergency Health Services Council serves the Commonwealth as the state advisory board to the Pennsylvania Department of Health on all aspects of emergency health care. This mission is defined in the state EMS Act (Act 37 of 2009) and was also found in the previous Act from 1985 (Act 45).

Today, we wish to share with you our thoughts on behalf of the EMS community and our committee in regard to the concept of "Community Paramedicine (CP)" or as it is also known, Mobile Integrated Healthcare. The PEHSC has been involved in this national effort since April of 2013 with the establishment of the task force. We have spent countless hours sharing resources and reviewing national activity to reach the point where we are today, which is to officially establish this level of care within the commonwealth.

As healthcare costs continue to grow above general inflation rates, new solutions to providing better and more affordable care are a national priority. To help address this concern, community-based ambulance services across the country are redefining their role in the healthcare system. Traditionally a health care resource used for the stabilization and transportation of the acutely sick and injured, specially trained EMTs and paramedics are now working proactively with patients in their community to help *reduce* the likelihood of needing emergency medical services. This new model for using EMS personnel was pioneered in Pittsburgh over the last decade, and is quickly spreading throughout the Commonwealth and the country.

Nationally, the Affordable Care Act has created a need for expanded, community-based services to supplement the traditional medical workforce. Mounting evidence demonstrates the need for stronger support for patients once they are discharged home from the hospital. Traditional home nursing services, while incredibly helpful for certain patients, are only available to provide skilled care to patients who are home-bound. Unfortunately, as evidenced by high readmission rates to hospitals, these services have missed populations of patients who may not need skilled care or may not be home-bound, but for whom additional support is clearly needed.

EMS providers are trusted, community-based healthcare workers that are located in nearly every community in Pennsylvania. More than 50,000 EMTs and Paramedics are certified in Pennsylvania, providing a substantial workforce that when appropriately trained, could help reach these patients throughout the Commonwealth.

Each community has unique healthcare needs and therefore requires its own solutions. PEHSC recognizes the growing utilization of EMS providers to fill gaps in communities and stresses the first step of a community paramedicine program is to identify unmet needs in a community's health care system. The community needs assessment required of not-for-profit healthcare systems is an ideal venue for the linkage to EMS resources

Many locales are finding as hospital reimbursements and lengths of stay are decreasing, however readmissions to the hospital remain a concern. Community ambulances have strong potential to collaborate with traditional providers to assist in solving these community and individual healthcare needs.

EMS providers trained in this new role have performed a variety of preventive services, including biometric screenings, immunizations, disease management programs for asthmatics and congestive heart failure patients and care transitions interventions (Agency for Healthcare Quality and Research, 2014). Mobile Integrated Healthcare Delivery programs throughout the country have also integrated traditional nurse advice lines into 911 centers to send the most appropriate resource to the call. EMS providers have worked as extensions of primary care offices in Colorado and Minnesota, and have worked closely with hospice agencies in Texas to ensure that 911 responses honor the wishes of the patient. All told, hundreds of new programs have been designed to provide better primary and preventive care and to reduce the number of patients who are readmitted to the hospital for reasons that could have been prevented. Community Paramedics are trained to assess a number of social determinants, non-medical factors that can influence a patient's health. They serve as patient navigators to help identify social services that the patient may be eligible to receive and they act as patient advocates to help patients successfully enroll in the programs that could help improve their health while remaining in the community. The PEHSC houses examples of these programs as delivered throughout Pennsylvania as well as the national programs. We have attached a list to this testimony.

In an effort to further demonstrate successes with these programs we wish to describe the impact of the PinnacleHealth program with Community LifeTeam EMS.

Community LifeTeam EMS has operated a community paramedicine program since 2013. In that time we have served nearly 1000 patients. There are many stories of victories, great and small, that we have achieved. Our small team has touched over 1000 patients with many positive outcomes, including decreased use of 911 ambulance services for a patient requiring dialysis. This patient would call 911 for an ambulance 3-4 times a week and is now doing so about once a month. We see high risk discharges from the hospital who do not qualify for traditional home health care services to prevent readmissions and facilitate compliance. Our work in this is coordinated with Pinnacle's community nursing outreach team, and the substantial reduction in hospital utilization was presented at a Magnet nursing conference as an example of outstanding interdisciplinary teamwork resulting in improved patient outcomes with overall cost reduction. Our team goes to the places that other agencies will not: whether some of Harrisburg's more "dangerous" neighborhoods or the mountainous rural territories of

upper Dauphin and Perry County, our team has gone to draw blood where mobile labs will not. And help patients where traditional home health cannot or will not. The "street smarts" and experience of a veteran EMS professional enable us to feel comfortable in environments that other members of the health care team is not.

The ability of EMS professionals to provide patient centered, team based care which reduces the use of care in expensive settings such as the emergency department and 911 ambulance while improving overall health outcomes should be clear, and we have replicated the positive experience of other states here in the midstate. One of the most important parts of this legislation to PEHSC is to facilitate payment for services rendered. At Pinnacle, with the Accountable Care Organization structure and subsidiary relationship of LifeTeam to the health system, we are able to cost shift and fund our CP program. For far less than the cost of one emergency ambulance transport, a CP visit can bring experience and compassion to a broken doorstep and improve patient's lives while saving money.

In conclusion, we fully support the role of Community Paramedicine in Pennsylvania and are certain that the integration of these services will most certainly have a positive impact for many patients who fall outside of traditional programs as they await referrals. We also know that the authority given to the PA Department of Health to develop regulations for these services will require collaboration among many healthcare disciplines. We stand ready to assist the Department in this endeavor to ensure a high quality program which will meet the current and future needs of our patients.

However, the establishment of services without a method to financially support it will most certainly fail the patients it intends to serve. According to the Pennsylvania Healthcare Cost Containment Council, more than $500 million was spent in Pennsylvania alone for Medicare and Medicaid patients who were readmitted to the hospital within 30 days of their hospital stay. As one of the major health care cost drivers in the Commonwealth, relying solely on traditional solutions to avoid readmissions does not seem to be an effective strategy for mitigating these rising costs. (Pennsylvania Health Care Cost Containment Council, 2013)

We have also attached to this testimony our specific suggested language changes for House Bill 1113 (PN 2357).

At this time, I am happy to answer any questions you may have.

Specific Recommendations for HB 1113

CHAPTER 1: PRELIMINARY PROVISIONS

Section 102 Definitions

Need to tie the proposed "community paramedicine provider" definition to the Community Health Worker (CHW) definition since some services will be more of a navigator nature while others may be more clinically driven. The CHW is recognized in the federal ACA and their services are eligible for MED/MCD reimbursement.

CHAPTER 3: COMMUNITY PARAMEDICINE SERVICES

Section 301 Certification

"An individual who is certified for any of types of EMS providers enumerated under 35 Pa. C.S § 8113(a) (relating to emergency medical services providers) shall be ~~entitled~~ **permitted** to provide community paramedicine services, subject to disciplinary action pursuant to 35 Pa. C.S. § 8121 (relating to certification sanctions).

Add language should be added to create a community paramedicine agency licensing category in addition to the existing proposed language that is provider-focused.

CHAPTER 5: FINANCIAL PROVISIONS

Section 501 Casualty Insurance Coverage

(c) Prerequisites for coverage. – To qualify for coverage under this section, community paramedicine services must be:

(1) "Ordered by an emergency medical services agency medical director **or**;

(2) Part of a patient care plan that has been developed by the patient's health care practitioner **or other licensed health care provider**, in conjunction with the emergency medical services agency medical director.

In subsection (e), (related to non-applicability), community paramedicine services, when ordered by a licensed health care provider or an emergency medical services agency medical director should be available to those persons with the following types of insurance policies:

- Accident only
- Specific diseases
- CHAMPUS
- Worker's compensation
- Automobile medical payment

In this revision, the only insurance types that would be excluded are limited benefit, dental, vision and long term care.

Section 501 Medical Assistance Reimbursement

(a) The list has both public health nurses and local public health agencies – can this be more specific so we do not have 2 representatives from the same entity?

Community Paramedicine Program Examples

PITTSBURGH, PENNSYLVANIA

Emed Health

Active Dates: 2003 – Present

Funding: University Health Plan, 3rd party payers

Core Activities: Emed Health promotes prevention and disease management using emergency medical service (EMS) agencies and their personnel to deliver community, emergency department and home-based prevention and disease management services. Community paramedics have immunized more than 50,000 people since inception and have recently begun biometric screening. Trained paramedics have conducted those screenings on employees at university and other large employers with 30-40,000 screenings to date. They also have asthma prevention and fall prevention programs. A very successful component includes the Safe Landing program where community paramedics are sent out to homes to work with patients who have been discharged from the hospital. This occurs within 48 hours of discharge and community paramedics ensure that the patients understand discharge instructions and connect with their primary care provider to prevent readmission.

PITTSBURGH, PENNSYLVANIA

CONNECT

Active Dates: 2013- Present

Funding: Highmark and UPMC

Core Activities: Paramedics will be trained to care for people with chronic diseases in their homes as part of a plan to curb unnecessary hospitalizations and better coordinate medical care. Care will be provided to residents of the City of Pittsburgh and three dozen neighboring communities as part of a two-year pilot project. The University of Pittsburgh's Congress of Neighboring Communities, Highmark, UPMC, Allegheny County EMS Council and the Center for Emergency Medicine of Western Pennsylvania are the partners for this project.

CRANBERRY, PENNSYLVANIA

Safe Landing & Community Wellness Check – Cranberry Twp. EMS

Active Dates: 2013 – Present

Funding: Fee for Service

Core Activities: The Safe Landing program involves community paramedics or emergency medical technicians making four home visits to new parents. The program focuses on proper car seat installation, conducting home safety checks and showing parents the safe way for infants to sleep.

In the Community Wellness Check program, community paramedics make weekly one-hour visits to area homes to provide a variety of services including tracking vital signs, reviewing medications, performing a home safety check and answering medical questions.

LANCASTER, PENNSYLVANIA

Lancaster Emergency Medical Services Association

Active Dates: 2013 – Present

Funding: Fee for Service

Core Activities: Lancaster EMS has created a new program specifically focused on the new mother and father. The program answers parents' questions about the health and safety of their newborn. In addition, they provide education on "safe sleep" practices, Child/Infant CPR, SIDS, febrile seizures and other common medical emergencies. The community paramedic will also provide general information about calling 9-1-1, how to quickly communicate the problem, what to do while waiting for the ambulance to arrive and what information is needed when interfacing with EMS providers in an emergency situation.

As of June 2013, Lancaster EMS partnered with Lancaster General Health providing Lancaster General Hospital's Care Connection Department with EMTs and Paramedics that function as Patient Care Navigators.

Care Connections is an innovative, intensive, interdisciplinary, transitional primary care home which launched in August 2013 for Lancaster General Health to showcase how we are transforming healthcare. The program provides quality care with a customized experience, while lowering overall healthcare costs. Care Connections is aimed to serve patients with three or more medical problems plus behavioral health issues, who have been admitted to the hospital multiple times in the past year. The goal of the program is to decrease barriers that impact health, empower patients to advocate for themselves within the health care system, and inform the healthcare community regarding opportunities for system redesign that lower costs and improve quality.

Services:

Outpatient care provided by a dedicated board-certified medical team, supported by:

- Patient care navigators (paramedics, EMTs, LPNs)
- Social workers
- Behavioral healthcare services
- Clinical pharmacist
- RN Case Manager
- Nurse Practitioner
- Physicians

Program Goals:

- Analyze populations of patients to identify the high-risk segments and examine their utilization patterns and costs
- Understand how these patients navigate the community and healthcare systems today
- Identify the barriers to care and inform federal, state and local policy stakeholders
- Develop a new care model that optimally addresses patient needs while improving quality and outcomes while concurrently reducing costs.
- Develop a business model that aligns incentives in support of the care model addressing considerations such as payment, risk, and regulatory considerations
- Secure outside sources of funding to help support our innovations

HARRISBURG, PENNSYLVANIA

Pinnacle Health System – Community LifeTeam EMS

Active Dates: 2013 – Present

Funding: Pinnacle Health System

Core Activities: Community LifeTeam works in conjunction with Pinnacle Health System, its parent organization, to provide post discharge follow up for patients in selected categories. Referrals are provided by the health system's nurse navigators and the community paramedics have direct access to the patient's electronic medical record. The community paramedic provides a variety of services including prescription medication review, vital signs and communicates additional patient needs to the nurse navigator.

FORT WORTH, TEXAS

MedStar Community Health Program

Active Dates: 2009 – Present

Funding: Cost savings in reducing unnecessary 9-1-1 responses

Core Activities: The goal of the Community Health Program is to reduce the unneeded 9-1-1 calls and EMS transports that put strain on an already overloaded emergency system, provide the patient more appropriate health care (as opposed to the emergency room), as well as reducing overall healthcare costs. Since its inception, it is estimated that the program has saved more than $1.3 million in emergency room charges, and reduced 9-1-1 use by these patients by nearly 50 percent, saving nearly $1 million in EMS charges.

SCOTT COUNTY, MINNESOTA

Scott County Community Paramedicine

Active Dates: 2008 – 2010; 2011 – Present

Funding: Grants and 3rd party payers

Core Activities: Free fixed and mobile clinics to reduce inappropriate use of 9-1-1 resources. Community paramedics have been primarily used in the mobile clinic. They've seen between 300-400 patients who have visited the clinic for various reasons. The community paramedics have also done clinical work with the physician medical director and other providers. The program underwent a one year hiatus in the absence of funding. Minnesota recently passed legislation that will allow community paramedic programs to bill for their services.

VAIL, COLORADO

Western Eagle County Ambulance District – Community Paramedicine

Active Dates: 2009 – 2010; 2011 – Present

Funding: Grant funds

Core Activities: Patients are referred to emergency medical services personnel by their primary care physician to receive services in the home, including hospital discharge follow-up, blood draws, medication reconciliation and wound care. The program will initially operate with two specially trained community paramedics who will coordinate with the referring physician to ensure quality of care and appropriate oversight. In addition, paramedics will work with Eagle County's Public Health Department to provide preventative services throughout the community.

Prepared by a committee of:

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