



Allegheny Health Network  
30 Isabella Street, Suite 300  
Pittsburgh, PA 15212  
[ahn.org](http://ahn.org)

**Testimony for Public Hearing  
House Veterans Affairs and Emergency Preparedness Committee  
House Bill 1113: Community Paramedicine Services Act  
April 7, 2016**

**Robert J. McCaughan  
Vice President, Prehospital Care Services  
Allegheny Health Network**

Chairman Barrar, Chairman Sainato, Representative Bizzarro, and distinguished members of the committee, good morning and thank you for the opportunity to come before you today to testify regarding House Bill 1113: The Community Paramedicine Services Act. My name is Robert McCaughan and I am Vice President of Prehospital Care Services for the Allegheny Health Network (AHN) in Pittsburgh.

A Paramedic since 1974, I served the City of Pittsburgh Emergency Medical Services (EMS) since its inception in 1975 and helped develop the service during its infancy. I was named Chief of the Department in 2004 and served in that capacity until I retired in 2012 to join Pittsburgh-based Highmark Inc. as Vice President of Prehospital Care Services. I transitioned to the same role at the Allegheny Health Network when it was formed in 2013 and I remain in that position today.

I have seen many changes in EMS over the course of my career, most notably, the current efforts to deploy EMS' full potential in the healthcare delivery system.

EMS providers are on the frontlines of healthcare each and every day in the communities they serve, providing everything from highly skilled, life-saving medical intervention to a simple ride to the hospital because the patient all too often has no alternative in terms of



care or transportation. Community paramedicine has the potential to significantly change the delivery of prehospital care in our communities but, more importantly, to positively impact the lives of many patients by providing quality care without having to be transported to the hospital. The savings could be substantial while significantly improving the patient's overall experience with the healthcare system.

Community paramedic programs, working in concert with emergency departments, EMS agencies, and other healthcare providers, typically identify super utilizers such as diabetics, congestive heart failure patients, etc. and endeavor to engage those very patients PRIOR to them needing to call 9-1-1. This typically involves wellness checks and, when necessary, occasionally treating the patients in their homes often resulting in the prevention of a call to 911, a transport by EMS, a visit to the emergency department, or an unnecessary admission or readmission to a hospital. Because these programs are relatively new and innovative, most EMS agencies that have opted to provide community paramedic programs are still in the process of evaluating their performance.

The following are key highlights from the current Community Paramedic Pilot Programs in the Pittsburgh region:

- Highmark and the University of Pittsburgh Medical Center (UPMC) co-funded a pilot Community Paramedic Program (CONNECT) in 2013. Still in operation, the project manager is expected to release a report soon outlining their many successes.
- The Allegheny Health Network also launched a Community Paramedic Pilot at Allegheny Valley Hospital in 2014 utilizing the paramedics from the AK Pulser Response Unit that is based at that hospital. Working as part of a mobile integrated healthcare team –



comprised also of nurses from case management and staff from social services, they identified high end users who frequently utilize EMS, visit emergency departments, and experience unnecessary hospital admissions or readmissions. When a High Risk Care Team was introduced in 2012, Allegheny Valley Hospital had a readmission rate of 17.7%. While readmission percentages vary across patient categories, overall readmissions decreased to approximately 9.8% in 2015.

- Also introduced through the Community Paramedic Program at Allegheny Valley Hospital was the High-Rise Health Partnership initiative where a team is placed at a community high-rise and conducts a mini health fair evaluating the residents for direct home visits and/or a bi-weekly phone call (phone visit). This proactive engagement further helps reduce EMS utilization, emergency department visits, and unnecessary hospital admissions or readmissions.
- Lastly, we are in the process of launching an additional Community Paramedic Pilot Program which will focus on a specific disease process with the intent, once again, of reducing unnecessary hospital visits, including admissions and readmissions. This program will also incorporate the use of telemedicine which will provide direct physician contact with the community paramedic and the patient thus further enhancing the level of care and improving the quality of care provided in the home setting.

The ultimate goal of any new and innovative initiative, like community paramedic programs, is to identify and then replicate the successes to substantially change how care is delivered in order to improve benefits to patients and relieve overburdened delivery systems.

I would like to provide some additional information regarding community paramedicine:



- Historically community paramedicine in Pennsylvania has grown from grass roots efforts to help vulnerable patients in local communities.
- Pittsburgh has been home to some of the earliest pioneering work in this national movement.
- Despite having world class healthcare facilities, vulnerable patients still fall through the cracks that the traditional roles of healthcare providers have not been able to fill.
- Despite dramatic changes in the healthcare market in Pittsburgh, there is common interest in utilizing EMS providers more effectively than has been done in the past.
- From its inception, community paramedicine has focused on connecting patients to existing resources, not duplicating the services provided by others.
- The preliminary results, both within the Commonwealth and from other states where these programs have been implemented, have been encouraging.
- In addition to utilizing community paramedicine in the private sector, it is also important to encourage government programs such as Medicare and Medicaid to recognize these initiatives that hold the promise of significant cost savings and substantial quality improvements in the delivery of care.

On behalf of the Allegheny Health Network, I would like to thank Representative Bizzarro and his co-sponsors for introducing this legislation to spotlight the early successes in these exciting programs and to begin the dialogue about how these initiatives can be used to solve the critical problems in local health care delivery systems. Implementing community paramedicine initiatives will require collaboration among many stakeholders, including the EMS community, state regulators, payors, and medical practitioners, as well as the adoption in new ways of thinking about how to deliver services along the full continuum of care. We have high expectations and strongly believe these programs will provide high quality care



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efficiently to solve some of the many problems within our current health care delivery system.

Thank you for the opportunity to provide testimony today. At this point, I'd like to recognize my colleague, Robert Wanovich, Vice President, Strategic Sourcing and Market Strategy who will offer comments on behalf of Highmark Inc. Following his remarks, we'd be happy to answer any questions that you may have.