



Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

400 R Street, Suite 330  
 Sacramento, California 95811-6213  
 (916) 326-3700  
 Fax (916) 322-2588  
 www.oshpd.ca.gov



**Health Workforce Pilot Projects Program  
 Project #173 Community Paramedicine  
 Public Meeting Notes**

OSHPD administers the Health Workforce Pilot Projects Program per California Code of Regulations, Volume 31, Title 22, Division 7, Chapter 6, Article 7 and evaluates projects pursuant to section 92602.

OSHPD facilitated the Health Workforce Pilot Project (HWPP) #173 Public Meeting on May 31, 2016 from 10:00am-12:00pm in Sacramento, California to gather and update the HWPP #173 Advisory Committee (AC) on the progress of the pilot and answer related questions.

**Attendees**

<b>Name</b>	<b>Title</b>
Howard Backer	HWPP #173 Project Sponsor/CalEMSA
Janet Coffman	HWPP #173 Independent Evaluator
Tony Coppolino	Fire Chief CP 009 Carlsbad
Lance Doyle	Data CP 007 Alameda City Fire Department
Jay Goldman	HWPP #173 Advisory Committee
Mark Hartwig	HWPP #173 Council of Advisors
Mark Lewis	HWPP #173 Advisory Committee
Michael Lusczak	HWPP #173 Advisory Committee
Tom Lynch	HWPP #173 Council of Advisors
Liz Martin	OSHPD
Lou Meyer	HWPP #173 CalEMSA Pilot Project Manager
Aimee Moulin	HWPP #173 Advisory Committee
Jalaunda Munroe	OSHPD
James Pierson	HWPP #173 Council of Advisors
Priscilla Rivera	CalEMSA
Gloria Robertson	OSHPD
Randy Sekany	HWPP #173 Advisory Committee
Sandra Shewry	HWPP #173 Council of Advisors
Kristin Thompson	Project Manager CP 009 Carlsbad
Sean Trusk	CalEMSA
Stacie Walker	OSHPD

## **Welcome and Introductions**

Liz Martin, Access to Care Section Chief, thanked everyone in attendance for their participation on the project so far and reviewed the agenda for the meeting.

Ms. Martin then invited all meeting attendees to introduce themselves.

## **Overview of HWPP Program and Progress Related to HWPP #173**

Jalaunda Munroe, HWPP Program Administrator, presented an overview of HWPP, the project history, and progress of HWPP #173 to date.

The overview included milestones and highlighted some of the findings from the evaluation team site visits. (see attached Power-Point)

## **Presentation of Independent Evaluator's Site Visit Report and Site Implementation Phase Data Summation**

Janet Coffman, MPP, PhD from UCSF, HWPP #173 Independent Evaluator, discussed her site visits and data collected from the sites. These data represent site activity since implementation. The full data report will be sent to the Advisory Committee (sent June 16, 2016).

## **Presentation General Highlights**

Dr. Coffman highlighted the following:

Community Paramedics (CP) enrolled a total of 906 patients for treatment at HWPP #173 sites. CPs did not enroll 2,516 eligible patients. The reasons why eligible patients were not enrolled varied by site and concept.

Medicare is the largest payor for enrolled patients in all pilot program concepts, however, Medi-Cal is the largest payor for mental health patients treated under the pilot.

The Post Discharge concept's readmission rate is 17 percent. Ten percent of those readmissions are unplanned and unrelated to the pilot. These data point to an issue with hospital care rather than the type of care provided under the pilot.

Post Discharge site CPs that conduct at least one home visit had better readmission rates than those sites that only conduct a phone assessment.

The biggest difference between how the CPs and Home Health Nurses conduct post discharge care is the additional time the CPs spend doing medication reconciliation and disease education.

When evaluating the impact of the concept, evaluators should consider the initial disposition of the patient. Many patients are homeless and require detox in areas of the state where resources are very limited such as, San Diego and Alameda County.

Challenging patients are thoughtfully paired by the project site with a CP who is experienced at treating their particular needs.

The Alternate Destination (AD) site's biggest challenge is understanding what services the local urgent care centers (UCC) are capable of providing to patients.

## Questions and Answers

1. Does the Readmission Rate of 17 percent include patients who went back into the hospital for pneumonia or just those who went back for CHF only? **A:** Dr. Coffman will check and respond back to the AC.
2. What is the national paramedic transport to emergency department (ED) rate for hospice patients? **A:** The current rate is close to 100 percent because the national standard is to take the patient to the ED. The current transport rate for the pilot is not 0 because in most cases the family is not in support of the patient remaining at home. Eight patients have been returned to the ED, but none for medically significant need.
3. How much Behavioral Health (BH) training do the CPs serving at the Alternate Destination – BH project site receive? **A:** The site provides the CPs with 8 hours of Crisis Intervention training, 40 hours of Medical Director's didactic training and 36 hours conducting medical exams on behavioral health patients.
4. What type of vehicle are CPs using to transport AD-BH patients? **A:** CPs use an Advance Life Support equipped ambulance to transport patients.
5. How long between the response to a behavioral health call and the transport of the patient? **A:** The cap is 30 minutes to transport the patient to AD. If the CP is not able to respond to the patient within 30 minutes, the transporting of the patient to the local ED is per traditional protocol.
6. How will evaluators measure the success of the AD-BH model? **A:** Success will be measured by the time it takes to get the patient to the appropriate treatment and how many are ultimately transported to the ED. Evaluators will also evaluate cost savings to law enforcement, ED, and hospitals.
7. When will this pilot project's savings to the healthcare system data be available? **A:** UCSF has hired an economist to assist in quantifying some of the collateral savings. UCSF hopes to have initial estimates available by the end of 2016.
8. Who regulates the UCC? Why isn't there a standard for care? **A:** It depends a little on who is associated with the UCC. Department of Managed Health Care regulates them if they are affiliated with managed care, otherwise there are national medical standards but no local standards.
9. Where would one go to get a level of standard of care? **A:** The local EMSA would be the first governing body to help determine a baseline standard of care. If the pilot is successful, the pilot project sponsors and evaluators will make recommendations regarding standards for AD UCC. This will include state level regulations.
10. Is the California Hospital Association looking at freestanding ED legislation again? **A:** The California Hospital Association is not currently looking at any freestanding ED legislation.

## Public Comment

Chief Coppolino shared information about his project site stating that 1,400 patients met one of the four primary impressions included in the Alternate Destination study. Because a limited number of Alternate Destination Paramedics (ADP) have been trained for the project, only 394 of those 1,400 patients were contacted by an ADP who could assess them as potentially appropriate. Of the 394 patients that the ADPs assessed, only 81 were considered appropriate for UCC transport. Because of the logistical limitations of the study (primarily open hours of the UCCs, and other issues related to informed consent), ADPs were able to offer enrollment to less

than 30 of these patients. Once the ADPs offered enrollment, they enrolled 18 patients and transported 17 of them to a UCC.

UCCs participating in this pilot have had to demonstrate they are able to meet the needs of ADP transported patients by meeting specific criteria. Chief Coppolino indicated that patient education can help to alleviate the patient's concerns to being transported for care to a UCC rather than an ED.

### **Additional Comments**

The City of Reno experienced challenges transporting patients to the UCC when implementing the EMT alternate destination model three years ago. After three years, the number of patients the EMTs transport to alternate destinations is increasing. Reno overcame patient perceptions and local UCC capabilities. Reno's CPs are able to quickly determine which UCCs can care for the transported patient through real time information, including services provided and hours of operation, provided through a Google application. This information ensures the EMT can transport the patient to the most appropriate place to receive care the patient needs.

### **Follow Up Items and Adjournment**

- John George Psychiatric Hospital is licensed as an acute care ER in Alameda county. The sponsor may examine this model closely for examples when looking to establish minimum requirements for UCCs as a part of the legislative package related to this project.
- Dr. Backer announced that CalEMSA will submit a request to OSHPD to extend the Community Paramedicine Pilot Project for another year. OSHPD staff will expect the request from CalEMSA in early fall 2016.
- The HWPP Program Administrator will email Dr. Coffman's PowerPoint presentation to the AC.
- Meeting adjourned at 11:44am.