Collaboratively creating social value alongside economic development
Crawfordsville’s goals of Shared Value

• Build and sustain a stronger community, promoting social inclusion and breaking cycles of disadvantage

• Open new opportunities for strengthening the local skill base

• Strengthen local economic development

• Grow and strengthen innovative partnerships with corporate and community stakeholders and across the public sector

• Demonstrate leadership

• Achieve greater value for money and ensure that this value reflects social, financial, and generational equality.
What is MIH-CP

- Meet Needs
- Manage Expectations

Member

- Right Care
- Right Time
- Right Location

Provider

- Fiscal Responsibility

Cost
What MIH-CP is Not!

- A replacement for nurses or other health care professionals
- Another new project to divert money from hospitals, clinics, and home health agencies.
- A change in the scope of practice for any provider.
The Beginnings

- EMS Agenda for the Future"—developed by the EMS community with the support and guidance of the National Highway Traffic Safety Administration
What about Home Health

Community Paramedicine
• Physician Led
• Unlimited right to practice under a physician

Home Health
• Can ONLY provide care to “home bound “patients” as defined by CMS regulations.
What Can We Offer

Expanded Role, Not Expanded Scope

• Health & Wellness Programs
• Health Screening
• Health Education
• Immunizations
• Post Hosp. Admission Monitoring of CHF, COPD, Diabetes, * Pneumonia
• Access to healthcare options
• Risk Assessments
Rural and Underserved Issues

- People in rural and underserved areas face real health disparities.

- These disparities have a damaging impacts on health status.

- Access to health care is difficult or impossible.

- In rural areas the inability to travel long distances for routine checkups and screenings equates to costly health problem
Issues Facing Montgomery Co

- Health ranking places us at 56 out of 92 counties

- Access to Primary Care 2,540:1 More then doubles the Nation

- Teen Birth rates

- 1st Trimester PNC

- Percentage of women smoking during pregnancy

- 9th most at risk for Opioid Abuse
Background of Montgomery County

- 38,000 residents
- Uninsured above the National benchmark
- 8.5% below the federal poverty level
Not your traditional Fire Dept.

Our department provides

- 911 EMS
- Tactical EMS
- Community Paramedicine
- Fire protection
- Code enforcement
- Technical rescue
- Haz-Mat response
- Arson origin and cause
- Education and training on local, State, & Federal levels

Plus over 3,800 calls per year and nearly 300 hrs. of training per FF/per year
Program Overview

• Improve patient-family experience
• Facilitate access to services
• Promote health among community members
• Keep people in their homes
• Fill the Gaps

1943-2014
Why is our program important

- Out of control Healthcare spending
- Access to care and Physician shortages

- The Institute of Medicine (IOM) estimates that $750 billion—30% of the U.S. annual health care budget—is wasted on unnecessary services, inefficient delivery, excessive administrative costs and prevention failures.
Selecting the right people

• Minimum of 5 years experience
• 40 hrs. of classroom
• Over 200 hundred hrs. of clinicals

• Highly desired
  • Previous ER. Experience
  • Associates degree or higher
Training Expectations

- Successfully complete a college accredited CP program
  - Over 200 hrs. of clinical rotations;
    - ✓ Home Health & Hospice
    - ✓ ACO
    - ✓ Wound care
    - ✓ Cardiac Rehab
    - ✓ BAP/Motivational interviewing
    - ✓ Medical direction
    - ✓ PCP office
    - ✓ STEADI
    - ✓ Dietary
    - ✓ FH-C (Epic, Hipaa)
    - ✓ Case management
Didactic Educational Requirement's

- Role Advocacy and Outreach
- Community Assessment
- Care and Prevention Development Strategies
- Community Paramedic Clinicals
Where we are heading

State Heart Failure Pilot (2017)
Chronic Disease Management (2017)
Prenatal/Postpartum Visits (March 2018)
Falls Program (2019)
Overdose Response (2018)
Hearth Failure

Reasons for referral to a Community Paramedic

1. All risk CHF/COPD Discharges
2. Avoid Observation admittance
3. High frequency ER/Ambulance utilizers

CHF 30 day readmission avoidance patient care service model

1. Community Paramedic response within 24-48 hours of discharge
2. Home risk assessment
3. Medical reconciliation with pharmacist and compliance
4. Nutrition availability and dietary status
5. Assessment
   a. ISTAT
   b. B/p
   c. 15 lead EKG with transmission to PCP
   d. B/s check
   e. Head-toe assessment
   f. Vaccinations offered
6. Possible referral to other agencies (mental health, social, PCP, ect..)
7. Review discharge paper work with patient
8. Chronic disease management training
9. Schedule follow-up appointments with PCP
10. Establish a patient care plan
11. Help with CMS enrollment paperwork
# Where We Are At Today With Heart Failure

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total referrals:</td>
<td>39</td>
</tr>
<tr>
<td>Total participants:</td>
<td>24</td>
</tr>
<tr>
<td>Total declined enrollment:</td>
<td>11</td>
</tr>
<tr>
<td>Total started, but did not complete program:</td>
<td>4</td>
</tr>
<tr>
<td>Referred to program, awaiting consent/first visit:</td>
<td>0</td>
</tr>
<tr>
<td>***Started but not did complete pts are removed from below stats</td>
<td></td>
</tr>
<tr>
<td>Total active participants:</td>
<td>3</td>
</tr>
<tr>
<td>Total participants completed program:</td>
<td>21</td>
</tr>
<tr>
<td>Total number of home visits:</td>
<td>341</td>
</tr>
<tr>
<td>Total number of telephone calls, after enrollment:</td>
<td>68</td>
</tr>
<tr>
<td>Average # of days between referral and 1st outreach:</td>
<td>1.75</td>
</tr>
<tr>
<td>Average # of days between referral and 1st home visit:</td>
<td>7.666666667</td>
</tr>
<tr>
<td>Proven Impacts</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>30 day readmits avoided:</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>ER visits/admissions avoided:</strong></td>
<td>19</td>
</tr>
<tr>
<td><strong>Total ED visits 12 mos prior to enroll, cumulative, all patients:</strong></td>
<td>38</td>
</tr>
<tr>
<td><strong>Total admissions 12 mos prior to enroll, cumulative, all patients:</strong></td>
<td>56</td>
</tr>
<tr>
<td><strong>Total ED visit 12 mos post grad, cumulative, all patients:</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Total admissions 12 mos post grad, cumulative, all patients:</strong></td>
<td>18</td>
</tr>
<tr>
<td><strong>ED visits between enroll/grad:</strong></td>
<td>14</td>
</tr>
<tr>
<td><strong>Admissions between enroll/grad:</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Readmits between enroll/grad:</strong></td>
<td>0</td>
</tr>
</tbody>
</table>
The uniqueness of our programs

- Motivational interviewing/BAP (Brief Action Planning)
- Vaccinations offered
- ISTAT
- Tele-health
  - IPADs for FaceTime visits w/ integration of the following devices;
    - Activity tracking
    - Scales
    - Blood pressure monitoring
    - Pulse oximetry
    - Thermometers
Prenatal/Postpartum Care

Program Goals

• Positively impact ACE’s
• Positively impact SDH

• Health People 2020
  Hypertension and heart disease
  Diabetes
  Depression
  Intimate partner violence
  Genetic conditions
  Sexually transmitted diseases (STDs)
  Tobacco, alcohol, and substance use
  Inadequate nutrition
  Unhealthy weight
INDIANA QUICK FACTS

• Smoking rates among pregnant women continue to be much higher than the national rate

• Almost 1/3 of pregnant women do not receive early PNC

• Western region have High LBW & PTD

• White women in Indiana are more likely to smoke during pregnancy
STEPS TO REDUCE INFANT MORTALITY

• Improve overall health for women of child-bearing age

• Promote early & adequate prenatal care

• Decrease early elective deliveries before 39 weeks

• Decrease prenatal smoking & substance abuse

• Increase breastfeeding duration & exclusivity

• Promote the ABC’s of safe sleep: place baby to sleep alone, on his or her back, in a crib
Opioid Response

- Wrap-around services
- Harm reduction education
- 24-48 hour follow-up
Fall Prevention

- Immediate on-scene assessment and navigation
- 24-48 follow-up
- Home Safety check
- Medication Reconciliation W/ Pharmacy
- STEADI Assessment with Referral
- Connection w/ PCP
So How Much Does All This Cost?

• Montgomery County Community Foundation
• Indiana Rural Health
• Indiana State Department Health
• Franciscan Health-Crawfordsville
Collaborative Partners

- Franciscan Health-Crawfordsville
- Wabash College
- Purdue University
- Montgomery County Health Department
- Indiana State Department of Health
- CDC
- Franciscan ACO
- Montgomery County Count
Barriers to our Success

Overcoming Roadblocks to Success on Complex Projects

with David Newman
Crawfordsville Fire Department  Raymond P. Miller, Division Chief of EMS

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