Community Paramedics All in the gang

North Memorial Community Paramedics Peter Carlson, CMPA Pete Tanghe, MD Feb 2017 IRCP



Goal and Objectives

Discuss SDOH and how we address them in our program

- Each Participant should:
 - Be able to list 2 SDOH
 - Appreciate the cultural perspective on SDOH
 - Gain understanding of how they could impact SDOH

Goal: Discuss 2 Embedded CP projects in novel care environments

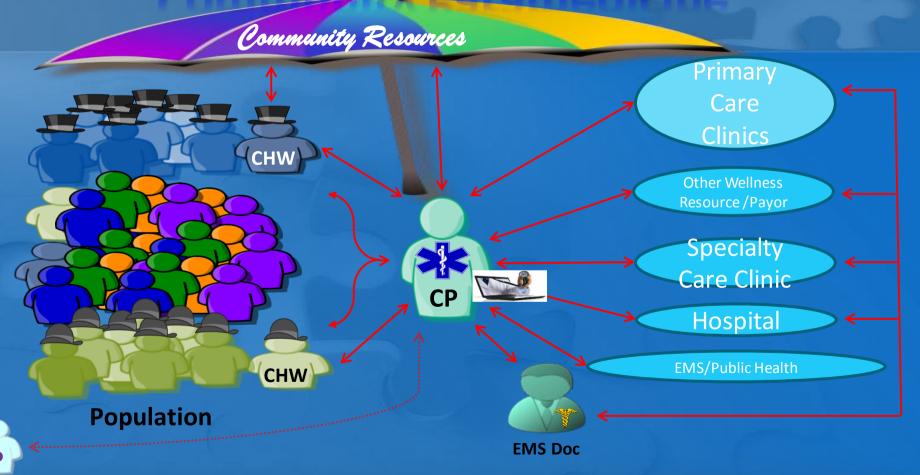


Objectives:

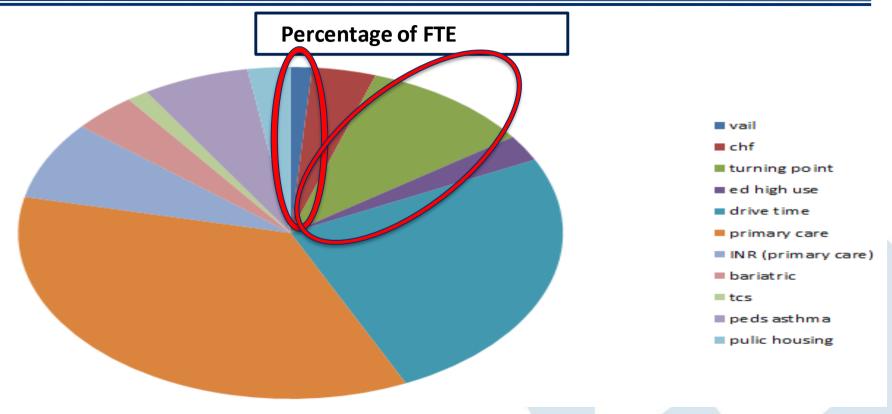
Each participant will:

- 1. Gain knowledge of Behavioral Health Clubhouse
- 2. Describe how CPs can provide support to a chemical dependency program

Community Paramedicine



CP application by site



Community Paramedicine and Partners





Community Paramedicine and Partners





Clubhouses

- International Organizations
- Safe and welcoming place for people with SPMI
- Shouldn't be able to tell difference between staff and member



CPs at Vail place clubhouse

- CP on site twice a month performing health screenings/primary care discussions
 - Members can receive primary anywhere in the metro
- Education sessions on site; CPR/AED & first aid



Vail Place at North Memorial Hospital and Clinics

Vail Place care managers and advocates

- Onsite on behavioral health unit
- In behavioral health clinic
- Participate in complex care management conferences

Vail Place Outcomes

- CP clinic is anticipated and welcome
- Greater connection to Care management
- Connection of existing patients and referral





Community Engagement: Turning Point

- Chemical dependency center
 - Culturally tailored program
 - All male
 - MA billable
 - 90 day stays
 - Historically high ED utilization
 - FQHC historical access point



Community Engagement: Turning Point

Community Paramedic Presence

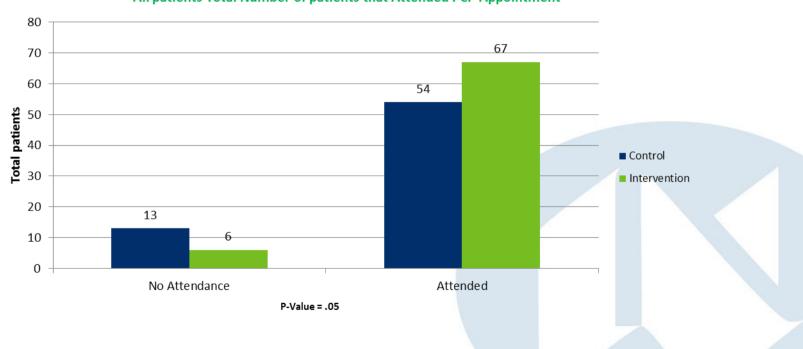
- •CP clinic 8-12 Mon-Thur
- Medication Management & Reconciliation
- •Care navigation:
 - pre-treatment physical
 - health maintenance
 - dental care

•Future telehealth hub/RPM station?



Impact on compliance





Initial Data Review – the Value Discussion

- North Memorial CPs reduce:
 - utilization of hospital,
 - emergency care for patients

 Applying national average cost data for inpatient/ED allows a conservative cost savings of \$8,500 per patient (based on fewer readmissions/ED visits) within specified time frame

Average cost of ED visit (Truven Health Analytics):

http://img.en25.com/Web/TruvenHealthAnalytics/EMP_12260_0113_AvoidableERAdmissions Regit Meanth Care Average cost of hospitalization (AHRQ): http://www.hcup-us.ahrq.gov/reports/statbriefs/sb181-Hospital-Costs16

Our Gang

- Care Coordinators
- Medication Therapy Management Pharmacists
- Nurses
- Behavioral Health Specialists
- Community Partners
- carefully designed communication processes
- Shared care plans and patient goals

Questions/Improvements?

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