

# COMMUNITY PARAMEDICINE

## *A Resource about programs in Missouri*

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Photo courtesy of NAEMT



Community paramedic programs are alive and well in Missouri.

Over the last few years, we have seen a growth in these types of critical healthcare programs around the state. Much of this growth is attributed to the identification of community healthcare and organizational needs, the passage of the Community Paramedic certification by the Missouri Bureau of EMS, and the offering of training programs around the state.

The purpose of this article is to highlight some of the various community paramedic programs that are currently (or soon will be) operating around our state. If your department or organization is contemplating providing community paramedic services, we hope this article is helpful to you.

In preparation for the writing of this article, an email was sent out by various email lists to EMS organizations in the state of Missouri. The organizations that responded are included in this article. They were asked about the type and size of their organization, if they currently have community paramedics now, if they currently provide community paramedic services now or their plans in the future, how their program is funded, where they see their program in the next three years, some of their challenges when implementing their program, and finally advice for departments who want to start up a community paramedic program. Feel free to reach out to any of these departments if you would like more information.

### **Central Jackson County Fire Protection District - Blue Springs, MO**

#### **Size and type of department:**

The Central Jackson County Fire Protection District (CJCFPD) provides emergency and non-emergency EMS services to the residents of Blue Springs, Grain Valley, and unincorporated areas of Eastern Jackson County. CJCFPD has 56 paramedics, 68 EMTs, and responds to approximately 8,000 fire and EMS calls annually.



**Do you have community paramedics?** CJCFPD currently has three certified community paramedics and three currently in clinicals.

**Current program:** The CJCares program seeks to slow the rise in emergency resource usage by applying a

proven fire prevention model to the problem. From a fire prevention perspective, the potential cause of injury or property loss by fire is identified and addressed directly. From a community paramedic perspective, by identifying the cause of frequent medical calls for assistance, we are many times able to directly assist patients in finding non-emergency solutions, thereby reducing the need for unplanned EMS trips to the hospital, hopefully also realizing an increased availability of emergency resources. By working directly with high emergency utilization populations, CJCares seeks to curb or at least slow the increase in emergency utilization. The CJCares crew follows up with patients referred by emergency crews, hospital discharge planners, emergency departments, and the Missouri Division of Health and Human Services in an effort to provide the patient exactly what is needed without further overburdening the existing emergency response system.

**How is your program funded?** We use our operating budget currently, however, we are working with several third-party payers to identify an acceptable model for reimbursement. In one instance in particular, CJCares will be participating in a pilot to evaluate the value of community paramedic services in terms of reduction in cost of overall care, improvement of patient outcomes, and reduction of unplanned trips to the emergency department and increase of emergency resource availability. In the near future, CJCares expects their service line to expand into the Mobile Integrated Healthcare arena as programs and enthusiasm for the CP/MIH concepts proliferate around the state and around the country.

**What have been some of your challenges?** First and foremost are the associated funding issues to start and maintain a program as an essential service. Others include deciding on what your program will look like and educating internal and external individuals on the goals and purpose of the concept.

**Advice for departments who want to start up a program:** Start with what you know. Determine the needs of the organization and realize that you are probably already performing some of the functions now.

**Where do you see your program in the next three years?** Solidly engaged with our local care providers, including hospitals, home health, and primary care groups. Hopefully we'll also see a circumstance in which the program will be self-sustaining from a revenue standpoint.

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## **Christian Hospital Community Health Access Program (CHAP) - St. Louis, MO**

### **Size and type of department:**

Christian Hospital EMS provides 9-1-1 and non-emergency ambulance service coverage in north St. Louis County. The ambulance service is part of Christian Hospital, which is part of the BJC Hospital System, the largest hospital system in Missouri. EMS responds to



more than 46,000 calls per year with 20 ambulances, and 110 total employees with 80 of them full-time.

**Do you have certified community paramedics?** CHAP has three full-time dedicated community paramedics, 20 community paramedics in the EMS department, and one PRN community paramedic. Additionally, they have two resource coordinators.

**Current program:** Currently our program is focusing on high utilizers in the emergency department. We have a notification system set up that lets us know if we have someone currently in our ED who has been to the ED twice in 30 days. Our goal is to meet with the patient in real time at bed side. We identify the needs of the patient and set up a follow up visit in the next few days to help connect them to the needs they have while also providing a way to assess how they have been feeling since their ED visit. Patients with medical needs will be enrolled for 4-12 weeks in the program and followed by a community paramedic. The community paramedic will coordinate with the patient's primary care physician to help identify the cause of high utilization of emergency services. The community paramedic will also work with the patient to identify triggers and will educate the patient about avoiding triggers and when to call primary care versus activating 911 or going to the ED. Our resource coordinators work with community resources to connect the patient to needed resources and if the patient does not have a primary care physician or insurance that will be the first need met. We are also focusing on 30-day readmission avoidance. We enroll qualifying patients for 30 days post discharge to help avoid the readmission in the crucial first few days post discharge. This enrollment works the same as above, it is just focused on the first 30 days post discharge.

**How is your program funded?** Currently CHAP is mainly funded through Christian Hospital's operational budget, however we have a few grants to provide some funding.

**What have been some of your challenges?** Funding has always been the first challenge. Finding our focus has been another challenge. As a group we always want to be able to help as many people as possible, but we realized early that we have to focus on a specific target to make a big impact.

**Advice for departments who want to start up a program:** Know your community, find out where the greatest needs are in your area, and focus on those. Next, find community partners and stakeholders such as primary care physicians, community resources, and hospitals. Making personal connections in the community can go a very long way to help with resources. Search for the funding opportunities and don't focus only on the "typical" areas. You may need to think outside of the box. Finally, find the right people for your team. Find your paramedics who are community oriented, caring, and have perseverance. It takes a certain kind of paramedic to be a successful community paramedic.

**Where do you see your program in the next three years?** We see our program expanding and having multiple areas of focus. We hope to have increased funding from different funders and expanding our team.

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### ***CoxHealth EMS - Springfield, MO***

**Size and type of department:**

CoxHealth is a hospital based EMS service that provides coverage to six counties serving an estimated population of 450,000. CoxHealth employs 253 full-time and part-time staff with a call volume of 49,500 annually. They deploy up to 28 EMS units per day, three wheelchair vans, and 24-hour coverage with a Mental Health Transport service.



**Do you have certified community paramedics?** We currently has five community paramedics.

**Current program:** CoxHealth Community Paramedics are currently working with patients who present to their emergency departments five or more times in a rolling 12-month period.

**How is your program funded?** The CoxHealth EMS program is funded internally through the savings experienced by the system through decreased admissions, ED visits, and needless EMS transports. We are currently in discussions with other payers.

**What have been some of your challenges?** Certain patient populations and compliance with the goals of the program. We did have some initial physician challenges, but for the most part, they are engaged in the program.

**Advice for departments who want to start up a program:** You must engage the other players of the Health Care community, specifically hospitals. These programs must partner with the health care community in order to survive and to develop a broad enough financial base to thrive.

**Where do you see your program in the next three years?** CoxHealth EMS shares a vision of continued growth into additional patient populations including any at risk for hospital re-admission, working with a Accountable Care Organization (ACO) managing 14,000+ Medicare beneficiaries, and telemedicine from EMS stations and patient homes. In short, CoxHealth EMS' program will be immersed in population health initiatives helping people stay healthy.

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### ***Higginsville EMS - Higginsville, MO***

**Size and type of department:**

Higginsville EMS is a city-based municipal service that employees six paramedics, one EMT, and approximately 18 part-time employees. They have 1,100 calls annually with a service population of approximately 7,000 residents.



**Do you have certified community paramedics?** Higginsville EMS currently has three staff members currently in the certification process.

**Plans for the future:** We currently do not have a program, however we are ready to execute our plan once our personnel are certified. Our program will focus on the follow up on high risk patients who have been discharged from area hospitals who are high risk for hospital readmission, call aversion for frequent 911 callers, and prevention activities.

**How is your program funded?** Municipal budget. Seeking grants.

### What have been some of your challenges?

Difficulties completing the required clinicals for certification has delayed the implementation of the program.

Advice for departments who want to start up a program: Organize first, know what you are going to do.

Where do you see your program in the next three years? Eventually we would like to provide county wide community paramedic services. This would involve outreach of our services to other surrounding cities that might not have the resources to provide these types of services.

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### **Lee's Summit Fire Department - Lee's Summit, MO**

#### Size and type of department:

The Lee's Summit FD provides fire and EMS services to the residents and visitors of the City of Lee's Summit. The department is made up of 153 members and serves a population of more than 100,000 with an annual call volume of 10,000.



Do you have certified community paramedics? The Lee's Summit Fire Department currently has three personnel who are completing the requirements for certification and has one paramedic/RN on staff.

Future plans: We are not providing community paramedic services at this time. We are still in the analysis and strategic planning process.

How is your program funded? The program will be funded through the operating budget initially.

#### What have been some of your challenges?

Identifying the capacity and resources for the program due to funding limitations.

Advice for departments who want to start up a program: Educate your elected officials, boards, and administrators on the value of the program.

### Where do you see your program in the next three years? Some level of field service delivery.

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### **Mercy EMS - Springfield, MO**

#### Size and type of department:

Mercy EMS is a hospital-based EMS department that provides EMS services in Missouri, Arkansas, Kansas, and Oklahoma with over 400 licensed providers. It is estimated their program will provide services to an estimated population of 288,000.



#### Do you have certified community paramedics?

Mercy EMS currently has three licensed EMT-community paramedics.

Future plans: The program is still in the operational planning phase, but is quickly moving to implementation. Mercy EMS is currently working with Mercy Virtual, our virtual hospital that proactively engages chronically ill, complex patients at home in an effort to manage their complex illnesses on a regular basis as opposed to reactively handling them episodically when they present to the hospital with complications. The goal for our program is to have our community paramedics truly work as physician extenders for this Engagement at Home program to help meet the care or medical testing needs of these patients without them having to seek those things out at the hospital.

How is your program funded? Normal operating and capital budget processes.

#### What have been some of your challenges?

Choosing a project that will provide the biggest benefit to all communities of interest to prove worth was difficult. Funding is always an issue when you are considering a new project that currently sees no real defined path for reimbursement. Education of the community paramedics was also difficult and was dependent on their desire and vision for the future. We chose to develop an education program alongside a local university that was a year in length, contained didactic and clinical education that well exceeded the state requirement, and was somewhat costly

to these providers – all of this while there was no defined program at the time, or any promise of a job at the completion. The continuing education of new providers to enter this specialized field of community paramedicine will also be a problem.

**Advice for departments who want to start up a program:** Don't get caught up in all the "good ideas" of what your program could do. Choose one thing, focus on it, and do it well. Then grow. Focus early on how you are going to make your program sustainable. It doesn't matter how great of work you are doing in the end if no one will fund it.

**Where do you see your program in the next three years?** The possibilities are endless. As we begin to serve with the Mercy Virtual Engagement at Home team, we believe we will likely immediately have more patients who could benefit from the service than we have community paramedics to see them. Within three years, I could easily see the number of community paramedics double or even triple, and that is if we only focus on this project. As we all know, community paramedics can also be used in so many other ways. Once we get our feet on the ground with Mercy Virtual, I could also see the program growing in areas that would help decompress our EMS system and the local ERs by responding to some of the patients we see frequently who would benefit from resources other than the ER: behavioral health/psychiatric patients, those struggling with alcohol or drug abuse, or possibly even patients with known seizure disorders or diabetes.

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## ***St. Charles County Ambulance District (SCCAD) - St. Charles, MO***

### **Size and type of department:**

The St. Charles County Ambulance District provides EMS provides both emergency and non-emergency response to 592 square miles of St. Charles County just outside of St. Louis, MO. They employ 260 full-time and part-time employees serving a population of approximately 400,000 with a call volume of over 39,000 annually.



**Do you have certified community paramedics?** The St. Charles County Ambulance District currently has 20

certified community paramedics.

**Current program:** The St. Charles County Ambulance District has a very active program. Our program is currently focused on 911 high utilizers and overdose referrals. The Overdose Referral Program identifies overdose patients and refers them for follow-up treatment discussions with a specially trained paramedic with the goal of getting them into treatment regardless of their ability to pay. In 2017, SCCAD had 166 patients referred and directly connected 104 to treatment (62.7% success rate).

SCCAD has collaborated with BJC-St. Charles County on a Mobile Integrated Health (MIH) pilot program aimed at preventing avoidable readmission to the hospital and increasing patients' ability to manage their chronic health conditions. Thanks to the teamwork and dedication of all involved, the pilot was overwhelmingly successful, with 85% of those enrolled avoiding readmission in the month following their discharge. Since the pilot ended, SCCAD is in continued discussions with BJC regarding the establishment of a permanent MIH program that would be sustainable for the District.

Beginning March 1, behavioral patients who contact 911 will be assessed by a Behavioral Clinician (Master's Level) via telemedicine to determine if they are a risk to themselves or others. Depending on the findings, they may be referred to next day follow-up or provided additional appropriate resources.

**How is your program funded?** Operational budget, however, we are currently under agreement with one payor system partnering on low-acuity ED avoidance where they pay for treat/no transport or alternative destination transport. We are currently working with another payor on chronic disease management with assessment and surveillance of select member groups considered high-risk and a hospice payor for hospice revocation avoidance.

**What have been some of your challenges?** The concept of EMS adding value as a healthcare partner is somewhat of a foreign one, and it takes a while for others to wrap their heads around it. Even more challenging is determining how best to fund and sustain community paramedicine or mobile integrated health roles for EMS. The Affordable Care Act (ACA) provided the catalyst for many community paramedic programs. It provided grants, incentives, and penalties to shift thinking and create new paradigms in how

care is delivered. With the change in Washington last year, priorities have shifted away from some of the ACA's initial objectives. This is merely a fact, and not meant to be a polarizing political statement or judgement. CMS has pulled back from mandatory bundled payment models set up under the Obama administration and has cut in half the number of geographic areas participating in the comprehensive care for joint replacement models. That said, political support for financial incentives and penalties the ACA once provided may be eroding. With less financial gain comes less incentive for hospitals to partner with EMS long-term on this type of initiative. We knew this was a possibility going into the project, and it became more apparent when the political climate shifted. Finally, leadership changes among stakeholders can produce set-backs. Discussions sometimes have to begin again at ground zero and progress slowly to bring new leadership teams up to speed on the value of a mobile integrated health partnership with EMS.

**Advice for departments who want to start up a program:** Go slow. Think crawl, walk, and then run. Estimate the amount of time it will take to launch a new program or series and triple it. These are ground-breaking, paradigm-shifting discussions.

**Where do you see your program in the next three years?** We want to show great outcomes, sustainability, and sharing our experiences with both EMS/first responders and all applicable healthcare stakeholders.

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## ***St. Francois County Ambulance District (SFCAD)- Farmington, MO***

### **Size and type of department:**

The St. Francois County Ambulance District covers all 452 square miles of St. Francois County, Missouri. Established in 1976, it began operations on Sept 15, 1977. The District now covers a population of over 65,000 residents. Our 100 employees respond to more than 14,000 calls annually.



**Do you have community paramedics?** SFCAD has

6-8 Community Paramedics at this time.

**Current Program:** The Community Paramedics focus on serving patients with a history of high utilization of 911. This helps improve outcomes for these citizens while reducing costs to the Ambulance District. For example, we had a diabetic patient who had previously called 911 more than 150 times over the course of a two-year period. Through our proactive outreach, he is now managing the condition and has moved off of Disability and back to work. This alone saved the District many thousands of dollars.

Over the next several months, our staff will complete clinical rotations under doctors' supervision that will further enhance their skills. We hope to eventually expand our Community Paramedicine outreach to include patients with congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), wound care needs, and other difficult-to-manage conditions. We would also like to work toward assisting with hospital readmission avoidance.

**How is your program funded?** SFCAD did not receive grant or other additional external funding for our program. We also do not receive revenue for it at this time. However, we have experienced significant cost savings through the reduction in 911 calls from previously very high-utilization patients.

**What have been some of your challenges?** As with any new program, there are some challenges we must conquer to continue to expand our offerings. Most important right now is for us to build relationships and trust with fellow healthcare providers so we can ensure seamless care for our patients. We all need to work together as a team to get the best outcomes!

Additionally, as an industry, EMS must work with legislators to build sustainable payment models for Community Paramedicine.

**Where do you see your program in the next three years?** Over the next several years, we will work to expand the MIH/CP we provide to the communities we serve. In many parts of our county, EMS is the only 24/7 healthcare provider, and we will continue to deepen our relationship with health systems and fellow healthcare providers to deepen our collaboration.

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As you can see, community paramedic programs are alive and well in Missouri in a variety of services big and small. Many programs are certainly further along than others. Although you can see some commonalities amongst many of the programs, they are all uniquely different. Remember the saying, “If you’ve seen one EMS system you have seen one EMS system.” The same holds true for community paramedic programs. Each one of these programs were challenged with defining their programs and overcoming challenges. It is not easy work, but it is rewarding work. Feel free to reach out to any of these organizations if you have any specific questions or need help with your program. ✨

## NAEMT Resources

The National Association of EMTs provides a number of resources on MIH-CP that can help you with your program whether you are just starting out or need help to refine your program. Check out the resources below.

**2018 2nd National Survey on Mobile Integrated Healthcare and Community Paramedicine** details how EMS is meeting community health needs through innovative partnerships, programs and services. Topics include conducting a community needs assessment, how to launch MIH-CP, MIH-CP targets, partnerships, how to pay for it, staffing, measuring successes, and much more! Download a copy at: <http://naemt.org/publications/publications-overview>.

**MIH-CP Program Toolkit** helps EMS agencies develop and operate MIH-CP programs, NAEMT has compiled an MIH-CP Program Toolkit. The toolkit contains samples of forms, documents and questionnaires that EMS agencies are currently using to run their MIH-CP programs. View these materials at: <http://naemt.org/initiatives/mih-cp/mih-cp-program-toolkit>.

**MIH-CP Knowledge Center** provides a Knowledge Center to assist in researching, planning and developing your MIH-CP program. The documents include background information on MIH-CP, reference materials, case studies, articles, surveys and white papers. View these materials at: <http://naemt.org/initiatives/mih-cp/mih-cp-knowledge-center>. ✨

The vision statement from multiple national EMS related organizations on MIH and CP states that while the services provided by local programs may vary, key characteristics of MIH-CP programs include:

- **Fully integrated** – a vital component of the existing healthcare system, with efficient bidirectional sharing of patient health information.
- **Goal directed** – predicated on meeting a defined need of a specific patient population in a local community articulated by local stakeholders and supported by formal community health needs assessments.
- **Patient-centered** – incorporates a holistic approach focused on the improvement of patient outcomes.
- **Collaborative** – works together with existing healthcare systems or resources, fills resource gaps within the local community.
- **Consistent with the Institute for Healthcare Improvement’s (IHI) Triple Aim philosophy** - improving the patient experience of care; improving the health of populations; and reducing the per capita cost of healthcare.
- **Data driven** – data collected and analyzed to develop evidence-based performance measures, research and benchmarking opportunities.
- **Physician led** – overseen by engaged physicians and other practitioners involved in the MIH-CP program, as well as the patient’s primary care network/ patient-centered medical home, using telemedicine technology when appropriate and feasible.
- **Team based** – integrating multiple providers, both clinical and non-clinical, in meeting the holistic needs of patients who are either enrolled in or referred to MIH-CP programs.
- **Educationally appropriate** – including more specialized education of MIH-CP practitioners, with the approval of regulators or local stakeholders.
- **Financially sustainable** – including proactive discussion and financial planning with federal payers, health systems, Accountable Care Organizations, managed care organizations, Physician Hospital Organizations, legislatures, and other stakeholders to establish MIH-CP programs and component services as an element of the overall (IHI) Triple Aim approach.
- **Legally compliant** – through strong, legislated enablement of MIH-CP component services and programs at the federal, state and local levels.

For the full vision statement, visit [www.naemt.org/initiatives/mih-cp](http://www.naemt.org/initiatives/mih-cp). ✨