



# Community Integrated Paramedicine and Strokes

# Objectives:

- ▶ The attendee will be able to describe care activities a Community Paramedic can deliver in post stroke care.
- ▶ The attendee will identify areas in stroke care in which a Community Paramedics may be utilized to fill unmet needs.

# First, an overview of Michigan

CREATED BY KRISTINE KUHL

# Michigan Terminology

**Community Integrated Paramedicine – umbrella term that covers both Community Paramedicine (CP) and Mobile Integrated Health (MIH) models.**

- ▶ **Community Paramedic**

- ▶ Will be a licensure just like paramedic, or EMT.
- ▶ CP Education is around 300+ hours
- ▶ CP programs can do anything that MIH programs can plus much more (key difference – CP can interface with the 9-1-1 system)

- ▶ **Mobile Integrated Health**

- ▶ No licensure (protocol driven)
- ▶ MIH education is 10-30 hours (generally)
- ▶ Usually one partner (hospital) and performing follow up only for a certain population

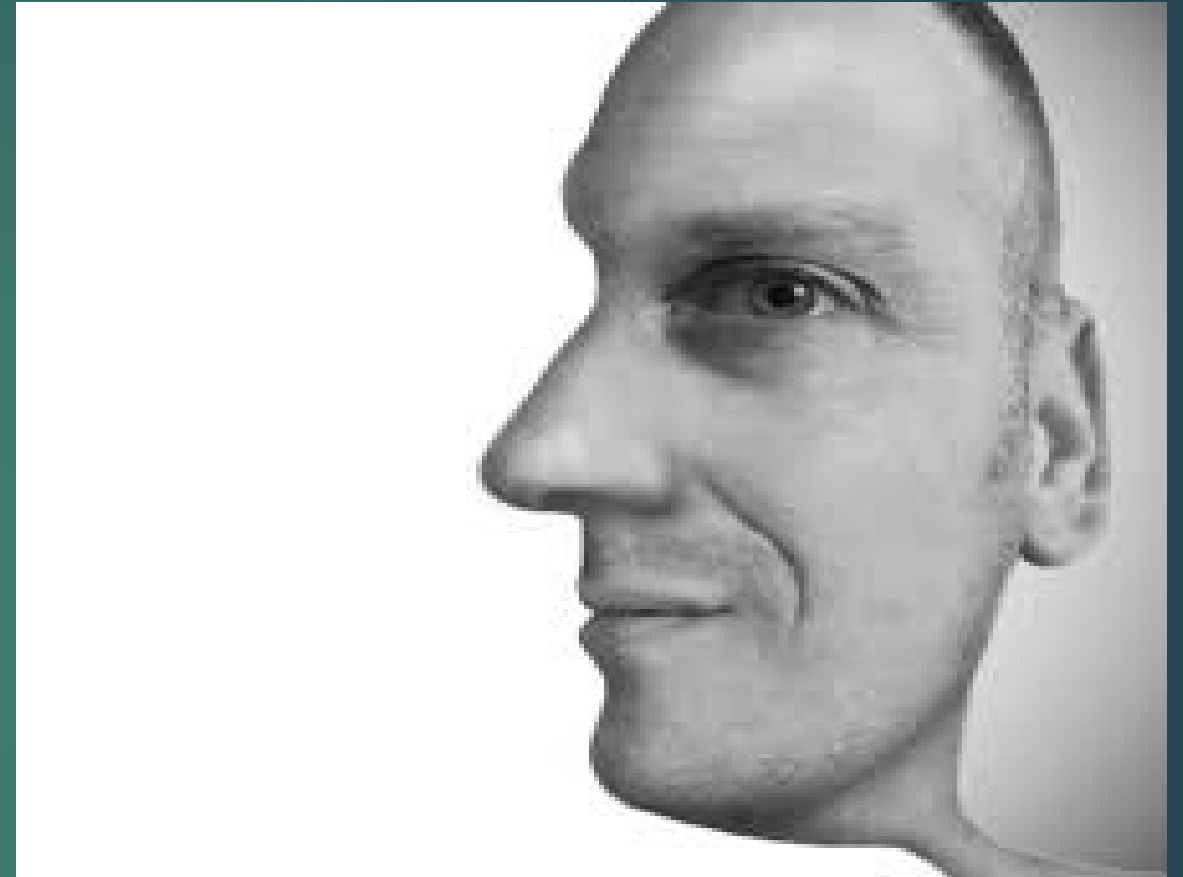


# Goal:

- ▶ Bureau of EMS Trauma and Preparedness received a grant from the Michigan Health Endowment Fund to make Community Paramedicine a 'thing' in Michigan over the 2 year grant period
- ▶ This means
  - ▶ Develop a description of the scope and role of a Community Paramedic (CP)
  - ▶ Develop a minimum standard for the education of a Michigan CP
  - ▶ Take the proposed above through the regulatory process to become a licensure
  - ▶ Develop an infrastructure for CP's to be educated in Michigan
  - ▶ Create toolkits, standards, relationship maps, and resources for CP programs to use and to help outside entities find CP programs in their area
  - ▶ Work with payers to ensure we are creating models that not only add value to the healthcare system, but also will be compensated for

# Let us change your perspective

- EMS is a qualified and under utilized resource in the healthcare system
- Capacity to help change the landscape of healthcare
- Can assist existing entities to fill gaps
  - No duplication
  - No competition



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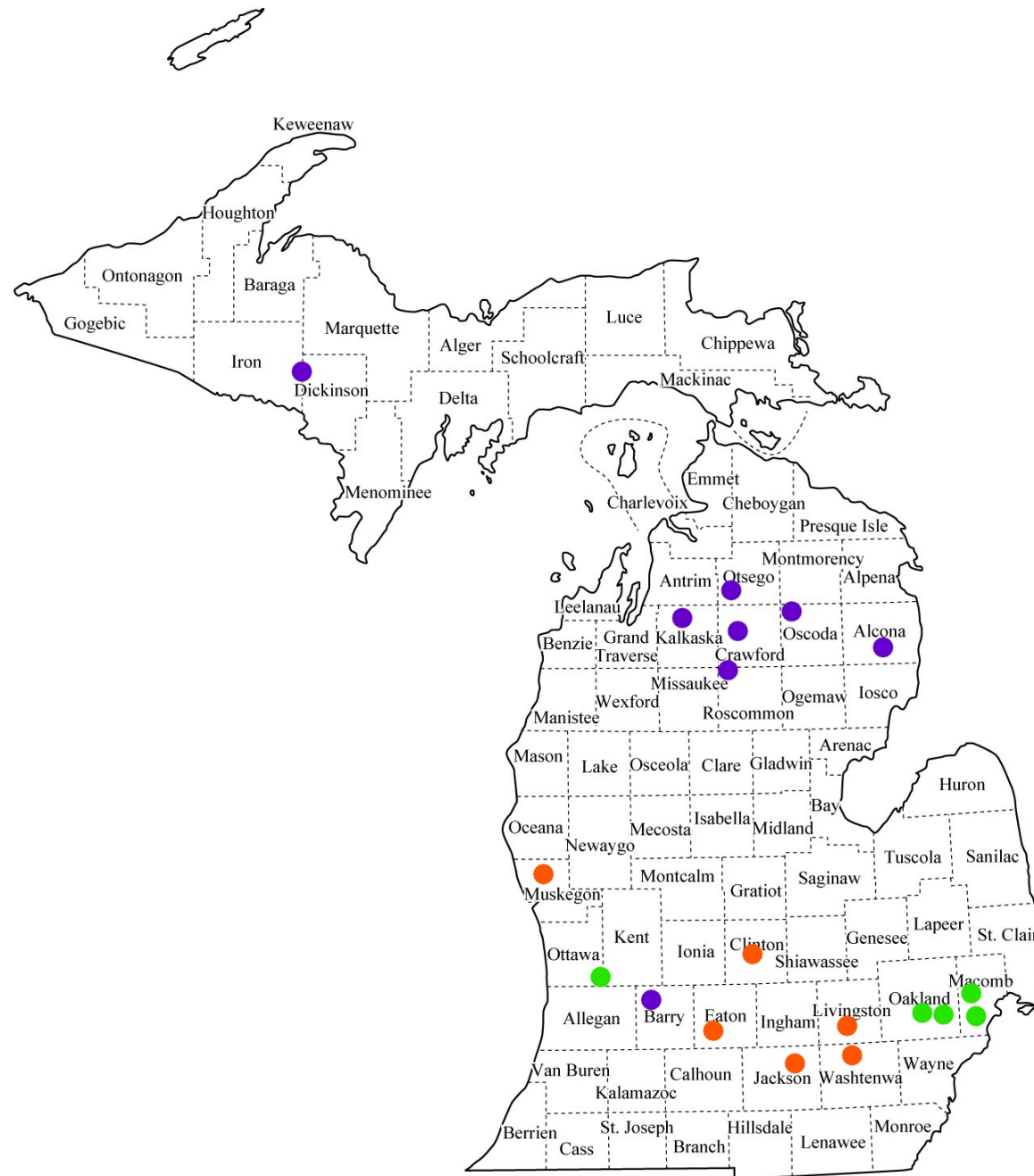
# 11 Pilot Programs in Michigan

## Mobile Integrated Health - 5

- Medstar Paramedic Program
- Remote Specialist Visiting Provider (RSVP)  
(Bloomfield Fire Department and Star EMS)
- Life EMS/Tandem365
- Superior EMS
  - New CP Programs – 8
- 2018 Grant Recipients

## Community Paramedic - 6

- Clinton Area Ambulance Service Authority
- Jackson Community Ambulance (EHP)
- Huron Valley Ambulance (EHP)
- Promed
- Livingston EMS
- Hayes Green Beach





# What The Current Programs Are Doing? (1 of 2)

- Accompanying Community Health Workers on initial and follow up home visits & connect client with PCP
- Follow up with discharged ED and surgical patients to reduce readmissions or ED utilization for primary care (wound care, medication reconciliation, care plan compliance)
- Follow up for clients of transport services (not allowed to cross the threshold) when concerns for home safety
- Discharge follow up: pneumonia, CHF, COPD and providing medical assessment, appointment assistance, PICC/PEG/Urinary catheter assessment.

# What The Current Programs Are Doing? (2 of 2)

- Assist PCP in monitoring chronic health patients
- Decrease hospice patient ED use when hospice isn't available
- Welfare checks as prompted by central dispatch/law enforcement
- CHF/COPD/pneumonia/diabetes - patients who were in the ED 2 or more times in 12 months
- Telemedicine for Remote Specialize Visiting Physicians (RSVP)
- EMS algorithm to dispatch CP with ALS, treat in place, arrange for follow up (26 Alpha/Omega – sick no priority symptoms)



Next, stroke  
focus!



# ProMed Community Paramedic Program



# Focus- a little history

- **October 10, 2015- Muskegon Medical Control submitted the request for participation in the special study for Stroke and Trauma Patients.**
  - Request approved and January 2016, a select group of experienced paramedics started training.
  - Follow up by the community paramedic would discontinue soon as VNS, PCP visit, or specialist visit began
  - Referrals made from hospital case management prior to discharge
- **July 2016, Program goes live**
- **July 7, 2016- Request to modify the Special Study is made**
  - Allowed for primary care referrals
  - Removed 30 day limit to follow patients



# Focus continued

- **May 30, 2018- Another request was made to modify the program, currently being followed.**
  - Allowed referrals from additional resources
- **Today, We focus on The top Health issues in the region :**
  - Trauma, Stroke, Multiple Co-morbidity, Sepsis, Complex Care, Cardiac, COPD/Asthma, DM
  - We also contract with a PACE Program
  - Stroke or TIA is still our top patient to be referred to our program.

# Referrals:

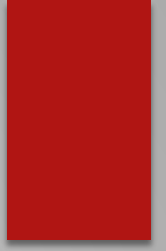
- MHP- Sherman and Hackley Campus Case Management
- PCP Case Management
- VNS & MTOC
- Life Circles (PACE program)
- Other entities case by case and availability
  - Home Care groups, Emergency Department, Specialty Health Care, Long Term Acute Care, Nursing Homes, Social Workers, Community Health Workers, & Peer to Peer referrals from other EMS providers



# What we do

- MOB instructors- adjust equipment also
- Wound care and Assessment and instruction
- Suture and Staple removal
- I-STAT- Chem 8
- NIHSS scale reassessments
- ADL/Memory aides
- Visual/Coloring books for impairment and explanation
- Health and medication education simplified and Advocates
- Resources navigator/physical mental, emotional rehabilitation
- Med Rec and solutions- give medication organizers, med schedule w/ aides
- VA Benefit assistance with application





**THINK- PAIR- SHARE**



ANY QUESTIONS?