Community Paramedic Operations Committee Meeting

Medical Directors Conference – Arrowwood Board Room
September 8, 2017 10:00-11:00am

Attending: Chair Dr. Pete Tanghe, Dr. Mike Wilcox, Cory Kissling, Jana Berends-Sletten, Dr. Anuradha Luke, Brad Hanson, June Boie, Dave Demcho and Debbie Gillquist

No additions to agenda.

No changes to past minutes.

Safety survey: thanks for comments made. Will add first question "are you working as a CP". If no, do not complete the survey. Will send the survey to all MN CPs. West VA gave a talk to their departmentt of health and this was a topic.

ROI tool – Luke and Pete will be presenting a combined message. Pete shared his experience – overarching challenge is the story/impact. Financial ROI can appear to be small or hidden. Memory of how money was saved not very concrete and erodes over time. Need to agree on what does it look like from the beginning regarding how money was saved. How CP vs the system or partner saved money. Calculator they used tries to identify small costs that add up. Operating cost of $120/hour which creates a small margin but is adjustable to a minimum of $72/hour. State pays $60. Consider driving costs. Will add to the Drop Box. Includes personnel, vehicle costs, administrative/medical direction time (greater for startups). Add in medical direction if no dedicated medical director running the program. Another challenge if this is a project vs mission. Line in the calculator for support staff. Some grants have report writing requirements so budget some time for this. Consider partners/departments to assist with some of the needs. Shaded are intended for numbers, non-shaded for calculations. Some other numbers look at revenue. Understand what your partner is interested in and add to ROI and get them to agree in the beginning what is this worth to them. Reminder for specific diagnoses. Understand total cost of care. – what are highest cost members – agree to a target. Agree on the percentage due to the CP program. Pilot in WI focused on ED utilization and understand how much each visit costs and then each they reduce they attribute to the program. Savings are different depending on your model – need ACO piece increased. Need to understand what percentage of utilization considered undesirable by your partner. Which visits are people trying to prevent and that the CP program is targeting that. Look at IHP population. CP program as an integrator of services opportunity in IHP 2.0. State is getting behind value based payments. Need to look at payor mix. Tie in strategic plans. Good information in state tool kit regarding ROI.

Blue Cross of MN is going to report on their program.

Reports

North – more sustainable model goals. Continue to show the benefit. Are in the process of graduating patients and added more. One population – elderly who needed INRs, created a new way to check INRs (do it themselves). Looking at other ways to get back into Medicare population. Criteria for graduating patients: developed individually and for specific service(s). CHWs they partner with use pathways/mirror those.

Wilcox – good idea to partner with CHWs who can lead the way and work with as a team. Like to see CHW become CPs or EMTCP. Continue to focus on educational needs, hone in on previous CPs have indicated needs. Mental health is a big one, ethics and boundaries, look for new venues where CPs can provide health care access. An example is working with CPs in penal institutions. Pilot now in Scott County jail – 6 CPs are involved. Show opportunity to spend more time with clients and also more primary care that they may not have had in the past (reduce after hour transfers). Looking to add in skilled care nursing units.

Hanson – trying to get program rolling. ROI important. May need to look at it as a pilot project. Looking for as much info as they can to put it together properly

Kissling – trying to make program sustainable. EPIC will be done this month so they can begin billing and mining much better data. Holding back over last years to focus on getting everything in place. Very close.

Berends-Sletten – moving rapidly. Chemical dependency treatment center, gambling addiction to help with DC planning especially those coming back into community. 120 miles straight west from metro – one of 2 chemical dependency places so lots of out state patients. Challenge is how far their CPs would travel to provide service. Struggle with how to prove the reduction in visits would have been and ED visit. Creating paper trail – manual papers which are scanned so challenge is having the data.

FM – Kelly and Genevieve (CP). Status quo. Departments fighting over getting a CP but challenge of losing 911 staff to justify. When to pull the trigger to add staff. Are in EPIC – great feedback from providers. Increases turnaround time for patients. Primarily see high utilizers and working on self-management, fill gaps. Seeing new patients are they are graduating others out. Social workers run reports for CP follow up. Great relationship with Sanford Health.

Luke – getting close to developing program in Fairmont (1st MN experience). May need help from this committee. Very early stages. Had pilot in WI. In WI had partners who were eager for the program. System requested a pilot. Fairmont lower volume area, more remote with less access to care.

Reminder - CP conference – Feb 15-16, 2018 in Bloomington, MN.