

OSHPD Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

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Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Projects (HWPP) Program HWPP #173 Community Paramedicine Advisory Committee Meeting Notes

The HWPP #173 Advisory Committee meeting was scheduled on December 8, 2014 from 9:00am-4:00pm at the Office of Statewide Health Planning and Development (OSHPD) in Sacramento, California in Conference Room 471.

Welcome

Liz Martin, Healthcare Workforce Development Division Access to Care Section Chief, welcomed the meeting attendees, OSHPD staff and public guests. She also thanked them for their participation in the first Health Workforce Pilot Project #173 Community Paramedicine Advisory Committee meeting. Ms. Martin acknowledged that Linda Onstad-Adkins was serving as Acting Deputy Director in the absence of Lupe Alonzo-Diaz during her maternity leave.

Ms. Martin introduced HWPP #173 Community Paramedicine which is sponsored by the California Emergency Medical Services Authority (EMSA) and will be testing five different concepts at 12 project sites throughout California. The five concepts include alternate destination, post-discharge follow-up, 911 frequent users, direct observed treatment of tuberculosis and hospice patient support. She highlighted the department approval by OSHPD Director, Bob David, on November 14, 2014. Liz provided an overview of the day's proposed activities and further explained that the meeting will be focused on gathering input from the Advisory Committee and Council of Advisor members on data evaluation.

Overview of the HWPP Program

Ms. Martin noted historical highlights of HWPP including the program's inception in the early 1970's and explained how it provides the opportunity for healthcare-related organizations to demonstrate, test and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes are made in law. Further, HWPP could be sponsored by hospitals or clinics, non-profit educational institutions or government agencies engaged in health or education activities. She concluded that the overall purpose of HWPP is to test healthcare strategies related to scope of practice, new concepts regarding health professional classifications, healthcare delivery strategies during periods of health professional shortage crisis and better access to healthcare.

Ms. Martin walked through the milestones of the application process for HWPP #173 Community Paramedicine to date. These included:

| Milestone | Date |
|------------------------|------------------------------|
| Application Submission | December 28, 2013 |
| 45-Day Public Comment | February 14 - March 30, 2014 |
| Addendum Submission | June 9, 2014 |

| | |
|---------------------------------------|-------------------|
| Public Hearing | June 30, 2014 |
| Public Hearing Transcript Distributed | October 13, 2014 |
| OSHPD Project Approval | November 14, 2014 |

With regard to next steps, Ms. Martin explained the three major phases of this project to be data collection, training and employment utilization. She emphasized that the project would be evaluated on an ongoing basis by OSHPD with the number one priority of oversight to be patient safety. Additionally, she explained that the program staff would evaluate patient satisfaction, health outcomes and systems delivery efficacy.

Review Advisory Committee and Council of Advisors Roles and Responsibilities

Ms. Martin provided a summary of the Roles and Responsibilities for both the Advisory Committee (comprised of 13 members) and Council of Advisors (5 subject matter experts). Major responsibilities of both groups include participation and attendance in meetings, advisement on the efficacies of training, competencies and the collection of data, review and advisement of project protocols related to triage and patient safety, participation and attendance in site visits, advisement on evaluation of project reports as needed, and advisement of project issues, if they arise.

Both groups will provide recommendations to OSHPD on various aspects of the project and operate from a collaborative decision-making process. The only difference is that the Advisory Committee has a voting ability and the Council of Advisors does not. The recommendations that come from the both committees are considered advisory in nature to the program staff. OSHPD will consider these suggestions when making all final decisions.

Introductions

Ms. Martin asked all members of the Advisory Committee and Council of Advisors to introduce themselves to the group and share their interest in the project. A round table was completed where each person had the opportunity to share this information. It was also requested that a roster of all member names with contact information be provided following the meeting.

Presentation of HWPP #173 - EMSA

Dr. Howard Backer, Director of the California Emergency Medical Services Authority and Lou Meyer, Project Manager, conducted a thorough power point presentation of HWPP #173 Community Paramedicine. An electronic copy can be found attached, but the major discussion topics of their presentations included:

- Role of EMSA and the California EMS system
- Explanation of “Community Paramedicine”
- Need for HWPP #173 Community Paramedicine
- Explanation of five project concepts
- Project partners
- Project timelines

Presentation of Data Collection Frequency - UCSF

Dr. Janet Coffman, the project’s independent evaluator, conducted a thorough power point presentation on the current data collection elements proposed for the project as well as the methodology for obtaining such information. An electronic copy can be found attached, but the major discussion topics of her presentation included:

- Evaluation Plan Overview
- Data Components
- Data Collection Methods
- Data Collection Timeline

At the conclusion of the presentation, Dr. Coffman and Dr. Backer clarified the types of patient data which would be collected in response to questions raised by the committee members. Ms. Widdifield further added that both representatives would be available during the break-out sessions for consultation as needed.

Break-Out Sessions

The Advisory Committee and Council of Advisor members sat together in groups of four or five individuals. Each group worked together to discuss the five concepts presented by EMSA including alternate destination, post-discharge follow-up, 911 frequent users, direct observed treatment of tuberculosis and hospice patient support. Specifically, they were given 45 minutes to discuss 1-2 concepts at a time and complete the following instructions:

1. Identify the data elements or outcomes that you would like to see captured by EMSA.
2. Once all data elements or outcomes have been captured, work as groups to identify the top five elements that you feel are most important to this project and put a star next to those five.
3. Explain how you would like to see your top five data elements or outcomes captured. There should be at least one methodology for each of the five items.

Each subsequent table built on the recommendations presented by the previous groups(s) so the information collected is a culmination of all discussion items. The comments regarding data elements or outcomes they would like to see captured by EMSA are summarized as follows:

Alternate Destination

- Patient's source of admission (where they were picked up)
- Chief complaint for calling 911
- Identification of social issues or additional circumstances that prompted the 911 call
- Identification of the patient's injury or illness after being treated in an urgent care clinic (final disposition of the patient)
- Would like to see a clear definition of "adverse outcomes" added to protocols
- Number of patients admitted to an ER after treatment at an urgent care center
- Total time needed for patient disposition in the urgent care clinic AND at the ER if transferred later
- Number of patients who were declined by the receiving site
- Reasons why patients were declined by the receiving site
- Name of sites who denied the alternate transport
- Number of patients who declined treatment in the pilot program
- Reasons why patients declined treatment in the pilot program
- Identification of the chief complaint for those patients being transferred directly to an ED
- Assessment of the patient's ability to access primary care
- Amount of additional time spent on scene due to alternate destination
- Wait time at the urgent care clinic
- Would like to know if alternate destination patients are also considered to be 911 frequent users
- Monitor the specific medical discharge diagnosis
- Should consider "focused hot spotting" where preventative medicine could have helped in cases where there may be a high number of calls for a specific site's illnesses
- Behavioral health patients should receive a suicide assessment
- Behavioral health patients should receive detox if needed
- Track 5150 frequency
- Assess the global impact on patient's being seen in the ER

- Assess whether the volume of 911 calls has increased as a result of the pilot program because patients can get easier access to an urgent care center
- Cost of care for patient going to an alternate destination
- Similar concepts should develop shared knowledge of evidence-based, collaborative “best practices” since different jurisdictions may be making different decisions when working independently
- Track the payor source
- Patient satisfaction surveys

Post-Discharge Follow-Up

- Patient’s source of admission (where they were picked up)
- Discharge disposition of all pilot program participants
- Comparison of 30-day readmission for the general population versus the inclusion group of pilot program participants with the same chronic conditions
- How many contacts/visits were needed with each patient
- Would like to know how Community Paramedics will ensure patient understanding of discharge plans, instructions on prescribed medications, and their after-care plan
- Number of patients referred to a social services agency or to a primary care physician after they were discharged
- Comparison of the ER medical records of participants prior to and after their enrollment in the pilot program
- Would like to know if the patient was referred for a clinic visit afterwards and if so, what was the result of the clinic visit in comparison to the original assessment?
- Recommend doing a “social element assessment” survey which would be inclusive of factors such as whether a patient lives alone or with family, identification of their source of care, analysis of their IADL (Instrumental Activity of Daily Living), housing stability, support system, etc.
- Patient satisfaction surveys

Frequent 911 users

- Would like to see a clear definition of a “frequent 911 user.” There is a recommendation to adopt the definition included in CP010 for all frequent 911 user sites.
- Chief complaint for the patient calling 911(i.e. meals, medication, etc.)
- Patient’s comorbid conditions besides the chief complaint identified during their ER visit (i.e. medical or social issues)
- Patient’s language preference when receiving their healthcare information to ensure health literacy
- Patient’s source of admission (where they were picked up) and where they were returned to after receiving medical care – i.e. homeless center, public housing, the street, etc.
- Would like to know if the patients were given a clear discharge plan after their ER visit
- Number of patients referred to a social services agency or to a primary care physician after they were discharged
- Number of participants that stopped calling 911 but showed up in the ER instead as a result of the pilot program
- Number of times a follow-up is done with frequent users who have stopped calling 911
- Need data on whether there is a decrease in the number of Emergency Department visits or a decrease in the number of 911 calls to determine whether the pilot program is making a difference
- Need to develop a standardized plan for reporting adverse outcomes

- Patient satisfaction surveys

Direct Observed Treatment of Tuberculosis

- Cost of Community Paramedic and entire crew to go out to patients
- Number of patients that were intended to find versus the number of patients they were able to find
- Treatment time/duration
- Location of treatment (i.e. home, assisted living, farm worker, homeless, etc.)
- Reasons why a scheduled day for observed treatment was missed and why
- Methodology of how Community Paramedics will ensure they complete all visits during their shift
- Compliance rate versus number of patients refusing care
- Identification of side effects in protocols and how to treat
- Would like to know how many patients responded to treatment and if they did not, were protocols changed?
- Would like to know how situations are handled on weekends when public health nurses do not work
- Would like to know what educational materials regarding the importance of medication usage are provided to patients when they deny treatment
- Would like to know who at the health facility is providing tuberculosis care and patient oversight (i.e. public health nurses, MDs, etc.)
- Would like to know if home visits ever result in an ER transport
- Reasons why patients fall out of the pilot program
- How the pilot program affects compliance with medication usage
- Cost savings with pilot program
- Patient satisfaction surveys to include language communication

Hospice Patient Support

- Number of hospice patients enrolled in the pilot program
- Number of 911 calls made for patients enrolled in the pilot program
- Should discuss whether all hospice patients should be identified and enrolled in a health record system
- Reason for the 911 call beyond the chief complaint
- Would like to know if the family called hospice
- Would like to know if hospice responded to the 911 call
- If the family contacted hospice, what instructions did they receive, if any?
- Would like to know if a Community Paramedic or a regular Paramedic responds to the 911 calls
- Would like to know whether the Community Paramedic was able to keep the patient at home or if they had to transport them
- Would like to know if families can use the patient's care kits
- Is there an Advanced Directive or POLST (Physician-Ordered Life Sustaining Treatment) in place?
- Would like to know if patients were:
 - Transported to an ER and admitted OR
 - Transported and treated OR
 - Transported to a hospice inpatient facility
- Disposition data from community paramedics, hospitals, hospice and the families
- Cost of transporting the patient
- Patient and family satisfaction surveys

Report-Out from Break-Out Sessions

A single representative from each of the three groups reported major highlights from the discussion of each concept. All comments have been captured in the detailed break-out section of the notes.

Opportunity for Public Comment

There were no public comments made.

Follow-Up Items

Kristen Widdifield will complete these follow-up items:

- Distribute a roster of all Advisory Committee and Council of Advisors members
- Develop meeting notes and provide absent members the opportunity to provide input
- Distribute finalized meeting notes
- Distribute a monthly report template for Advisory Committee input via e-mail
- Meet with EMSA to discuss implementation of OSHPD's recommended patient outcome data elements to be added to the project
- Develop a summary for Advisory Committee and Council of Advisors members to outline the patient outcome data which was approved
- Complete travel expense claims for Advisory Committee and Council of Advisors members

The meeting was adjourned at 3:00pm.