



COMMUNITY PARAMEDICINE PILOT PROGRAM

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Interim Joint Committee on Local Government

June 27, 2018

Capitol Annex, Frankfort



2017 FAST FACTS

- 4,436,974 total population
- 13,447 certified or licensed providers
- 220 licensed EMS agencies
- 1,060 ground ambulances
- 71 helicopter ambulances
- 4 fixed wing ambulances
- 913,800 EMS incidents (2,503.5/day)
- 1 out of every (4.8) 5 citizens in contact with EMS annually
- Patients 50+ years old accounted for 68% of EMS incidents



DATA PROGRAM

- Required to submit electronic data **January 1, 2015**
- Up to **225** data points for each patient contact
- **100%** reporting of **220** licensed EMS services
- **> 200** million data points in **2017**



“The Community Paramedic Program closes the community health service and EMS coverage gap by expanding the role of EMS personnel.”

-communityparamedic.org



GOAL

(Super Users) Primary focus is to correctly navigate low acuity patients away from urgent resource utilization

(Prevention-Scheduled) Primary focus is proactive efforts to improve community health and wellness

(Re-Admission) Primary focus is to continue care for an acute event to prevent unnecessary readmission back to inpatient facilities



KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM





KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM



LEXINGTON FIRE/EMS PILOT PROGRAM

- 25K EMS incidents in 2009
 - 48K EMS incidents in 2017
 - ~7% increase each year
- Average CP visit \$200-\$300
- Average EMS run \$750
- Average Hospital Stay \$5-\$10K

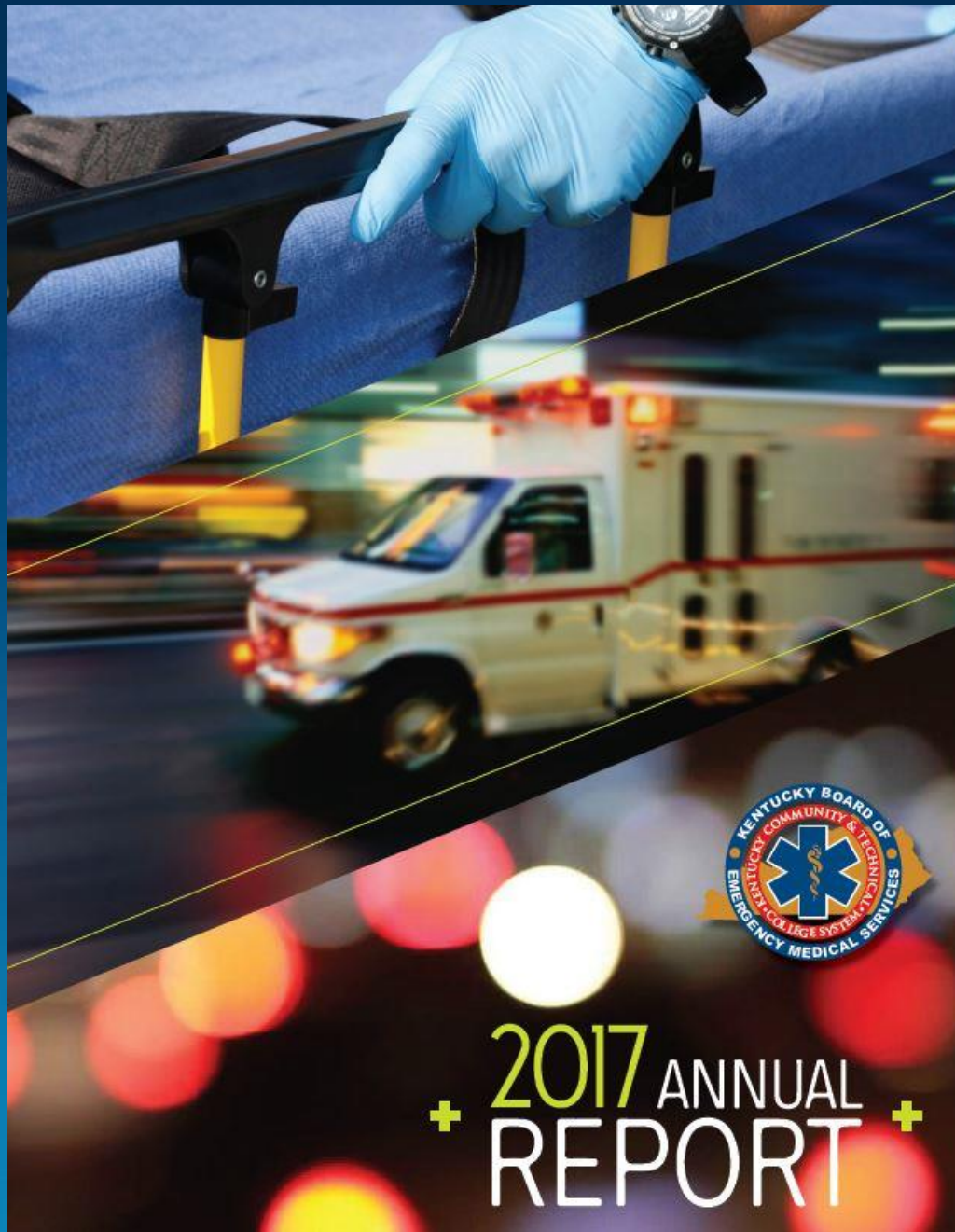
Started pilot in Late February

- Decrease of 1,000 EMS incidents in 4 months

~Savings

EMS runs \$750,000

Hospital stays \$7,500,000





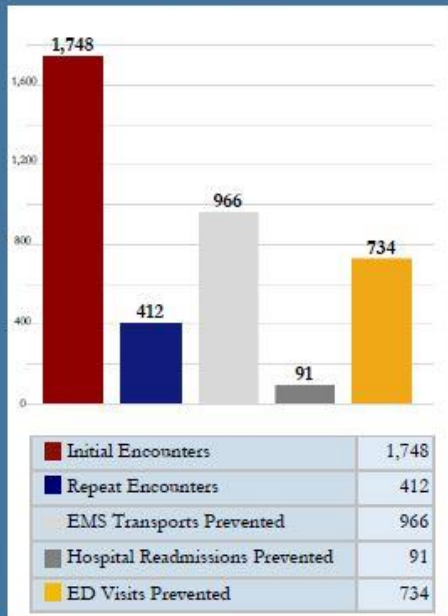
Community Paramedicine Pilot

In Kentucky, the demand for Emergency Medical Services is increasing while reimbursements are decreasing. To upturn this phenomenon the Kentucky Board of Emergency Medical Services implemented Kentucky's first Mobile Integrated Health/ Community Paramedicine Pilot Program on June 1st, 2016. The primary role of the program is to fill unmet needs with untapped resources, reduce 911 utilization/ED visits, and create partnerships within the community. The data below reflects the Year 2, Quarter 1 & 2 findings of the MIH/CP pilot program (06/01/2017 - 11/30/2017).



Top 10 Reasons for Service Provider/MD/Hospital Initiated Referrals			
Breathing Problem	29	Traumatic Injury	3
Diabetic Problem	25	Convulsions/Seizure	3
Heart Problems/AICD	15	Back Pain	3
Sick Person	10	Stroke/CVA	3
No other Appropriate Choice	4	Well Person Check	2

Top 10 Reasons for Service Service Initiated Referrals			
No Other Appropriate Choice	476	Abdominal Pain/problems	51
Traumatic Injury	204	Overdose/Poisoning/Ingestion	40
Falls	151	Medical Alarm	36
Cardiac Arrest/Death	114	Hemorrhage/Laceration	27
Sick Person	75	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	10



Average Cost

MIH / CP Encounter	\$205.39
ALS / BLS Run	\$321.41





QUESTIONS?

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