




Meeting Agenda
Tuesday, Sept 6, 2016
12:30pm-2:30pm
La Quinta Inn and Suites – Boise Towne Square
7965 Emerald St. Boise, ID. 83704
Call In Option: 1-855-291-0679


Next Meeting: October 4, 2016
 1:00pm-2:30pm

Mission: To organize healthcare stakeholders by providing a structured forum for sharing valuable knowledge, finding common solutions, and identifying resources to improve health outcomes, improve quality and patient experience of care, and to lower costs of care in the region.

Agenda Item	Outcome	Process	Person
CHC Alignment with SHIP 12:30-12:50	Improve understanding of intent of Regional Collaborative and how we are aligning with SHIP	Presentation from the Chair of the Idaho Healthcare Coalition	Dr. Ted Epperly
Cohort 1 PCMH Update 12:50-1:30	Improve understanding of current successes, barriers, and needs	Presentation by Public Health District Quality Improvement Staff; CHC follow-up discussion	Kim Thurston Melissa Dilley
CHC Website Update 1:30 – 1:40	Identity preferred functions of CHC website	CHC Website Review and Discussion	Gina Pannell
CHEMS 1:40 - 2:10	Improve understanding of CHEMS Program	Presentation from Ada County Paramedics	Mark Babson
CHC Priorities 2:10 – 2:25	CHC Next Steps	Discussion on CHEMS Pilot, targeted efforts from QI Presentations, etc.	Gina Pannell
Wrap-Up 2:25-2:30	Review CHC member assignments/tasks	Action item review	Gina Pannell




COMMUNITY HEALTH EMS (CHEMS) OVERVIEW



Mark Babson, Community Paramedic,
Ada County Paramedics

September 6th, 2016



THANK YOU



**CENTRAL
HEALTH Collaborative**
Ada, Boise, Elmore & Valley Counties






MEETING AGENDA/OVERVIEW:

- SHIP Overview and CEMS Initiatives
 - Participating EMS Agencies -1st Cohort
 - Community Paramedic Education Program – Idaho State University
 - Measures Review
 - Outreach Efforts, Mentoring, Telehealth
 - Next Steps – Workgroup Formation
- CEMS Workgroup Formation
 - Mission
- CEMS Initiatives – Next Steps




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CEMS ALIGNMENT WITH SHIP GOALS

- Goal 1:** Transform primary care practices into patient-centered medical homes (PCMHS).
- Goal 2:** Expand health data connections and use of electronic health records
- Goal 3:** Establish 7 regional collaboratives
- Goal 4:** **Developing virtual PCMHS: CEMS, CHW, telehealth**
- Goal 5:** Build a statewide data analytics system
- Goal 6:** Align payment to move from volume to value
- Goal 7:** Reduce healthcare costs



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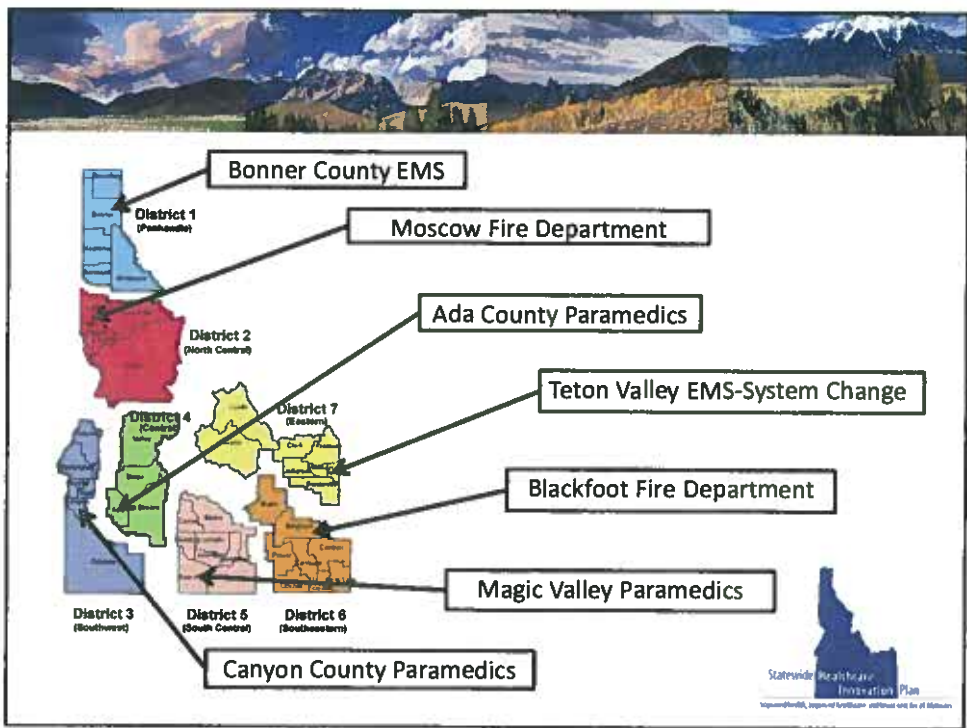
WHAT IS COMMUNITY HEALTH EMS (CHEMS)?

An evolving, innovative healthcare delivery model where emergency medical services (EMS) personnel extend the reach of primary care and preventative services outside of the traditional clinical settings and often into the patient's home environment.

An expanded role and work within their current scope of practice.

Examples:

- Healthcare navigators for patients
- Transitional care for patients following hospital discharge
- Vaccinations
- Resource coordination
- Basic medical therapeutics



PROGRESS TO DATE: PARTICIPATING EMS AGENCIES
1ST COHORT



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PROGRESS TO DATE: COMMUNITY PARAMEDIC EDUCATION
COMMUNITY PARAMEDIC PROGRAM IDAHO STATE UNIVERSITY



- **Year Long Certificate Program**
 - January 12, 2016
 - 11 Students, 9 CHEMS Students
- **Synchronous Online Class Structure**
- **Lectures**
 - Instructors
 - Subject Matter Experts
- **Overview Didactic and Clinical Sections**
 - Didactic - 96 Hours
 - Clinical - 150 Hours



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PROGRESS TO DATE: MEASURES

Goal: Identify metrics, data collection mechanisms, and data reporting strategies to test CHEMS.

Points of Alignment: Triple Aim, SHIP Priorities, PCMH/medical-health neighborhood concept

Development Strategy:

- Planning, facilitation, member recruitment, great participation
- 32 members, diverse expertise and statewide representation
- Subject matter expert: Matt Zavadsky, MedStar Mobile Healthcare, National Measures Design Team
- 3 full-day facilitated meetings between January-March 2016




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MEASURES DESIGN WORKGROUP




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CHEMS MEASURES

1. **Quality and Experience Measure:** Patient health-related quality of life
2. **Utilization Measure:** Reduction in emergency department use
3. **Cost Measure:** Expenditure savings related to a reduction in emergency department use
4. **Quality Measure:** Patient connection to primary care provider
5. **Quality and Safety Measure:** Medication inventory to identify and reduce medication discrepancies




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CHEMS MEASURES

Metric	Measurement
Quality & Experience	Patient health-related quality of life
Utilization	Reduction in emergency department use
Cost	Expenditure savings related to a reduction in emergency department use
Quality	Patient connection to primary care provider
Quality & Safety	Medication inventory to identify and reduce medication discrepancies



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PROGRESS TO DATE: OUTREACH/MENTORING

- CEMS Concept Outreach
- External Engagement Presentation Template/Training Session
- Agency Personnel Training/Mentoring Session
- Agency Administrative Training
- Tiered Funding Program Implementation Opportunity




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PROGRESS TO DATE: OUTREACH/MENTORING









Ada County Paramedics, Section Five Department
 1001 Community Paramedic Training
 Monday, March 7th 2016 - 1700 S. Benjamin Lane, Boise ID 83724

Training Day Agenda

- 8:00-9:30 Introduction and Section Program Overview
- 9:30-10:30 Review of Medical Incident Response Program
- 10:30-11:30 Review the CEMS Program - Joint Ada/Boise Health Systems Partnership
- 11:30-12:00 Review the CEMS - 10-14 National Paramedic Emergency Department
- 1:15-2:00 Review Ada County Community Paramedic Field Response Program
- 2:00-3:00 Review CEMS "Telling Our Story" using Power Query Requests/Status/Job - Personnel Questions and Sign

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BLACKFOOT FIRE DEPARTMENT STAKEHOLDER MEETING

CHEMS WORKGROUP

Mission – Assist in accomplishing the Idaho Healthcare
Collation's (IHC) Charge for CHEMS – Goal 4

IHC Charge	<ul style="list-style-type: none"> Develop and implement Community Health Emergency Medical Services (CHEMS) programs in rural and underserved communities as part of the virtual patient-centered medical home (PCMH).
SHIP Goals	<ul style="list-style-type: none"> Goal 3: Support the integration of each PCMH with the local Medical Neighborhood. Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs. Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value. Goal 7: Reduce overall healthcare costs.



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CHEMS WORKGROUP

Goals – Base on CHEMS Charter Success Measures


Success Measure	SNP Desired Outcomes	Measurements	Advisory Group's Role
1	Identify EMS agencies to implement CHEMS	Total number of CHEMS staff. Model Test Target: 22 (26 paramedics and 16 EMTs)	Leverage contacts to facilitate identification of potential EMS agencies
2	Implement training program for community paramedics (CP)	CLM # (%) of CHEMS program paramedics trained for 1st/2nd PCMR coordination. Model Test Target: 36	Assist in selection and implementation of training
3	Develop and implement training program for EMTs (EMT and ELS)	CLM # (%) of CHEMS program EMTs trained for 1st/2nd PCMR coordination. Model Test Target: 18	Provide oversight of curriculum development and approval process. Assist in selection and implementation of training
4	Establish CHEMS peer mentoring program	CLM # (%) of on-site technical assistance visits. Model Test Target: 16	Leverage contacts to facilitate development
5	Establish new telehealth programs in CHEMS agencies	CLM # (%) of CHEMS agencies implementing telehealth programs. Model Test Target: 9	Assist in identifying and prioritizing needs based on selection of agencies. Review and selection of vendors
6	Develop and implement metrics and reporting strategy	# of metrics identified. Model Test Target: Not defined	Facilitate stakeholder engagement to limit consensus around metrics and reporting strategy
7	Develop and implement continuing education training for CHEMS agencies	CLM # (%) of CHEMS staff participating in training programs. Model Test Target: Not defined	Assist in development and implementation of continuing training conference
8	Test CHEMS against the Triple Aim	(TBC - see #8 above)	Review outcomes and provide feedback

GREAT PROGRESS BUT MUCH TO DO!



- **Recruitment:** Project goals: 9 ALS agencies and 4 BLS/ILS
- **Education:** Community Paramedic, Community EMT (curriculum development and implementation), and learning collaboratives
- **Outcome Measures:** Strategies to collect and submit data
- **Mentoring and Coaching:** Expand resources to support program development
- **External & Internal Engagement:** Stakeholder engagement resources and strategies, connection to regional collaboratives, PCMHs, and SHIP staff
- **Telehealth:** Test the use of telehealth in CHEMS



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FEEDBACK/QUESTIONS?



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