

Pre-Hospital Emergency Medical Services Navigation of Low-Acuity Patient to More Appropriate Health Care Settings

**Presentation to the
Legislative Health and Human Services Committee
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Concept & Overview

- Kurt Krumpferman,
 - Executive Director
- Albuquerque Ambulance Service
 - Presbyterian Health Services

Concept

- Consortium of Albuquerque Hospitals, Fire Departments, Ambulance Service, Payers, and primary care providers
- Mission: using specially trained advanced practice paramedics, refer low acuity patients who access 911 to get their care in emergency departments to get their episodic care with their primary care provider or at urgent care provider

National Context

- 34.1% of ED visits for semi-urgent and non-urgent problems
- US spends more on healthcare (17.6%) GDP than industrialized nation
- 50 million people are uninsured
- 13.7-27.1% of ED visits could be cared in UC
- 40% of all EDs report crowding as daily problem
- 31% of sentinel events related to crowding
- 501,000 ambulance diversions in 2004

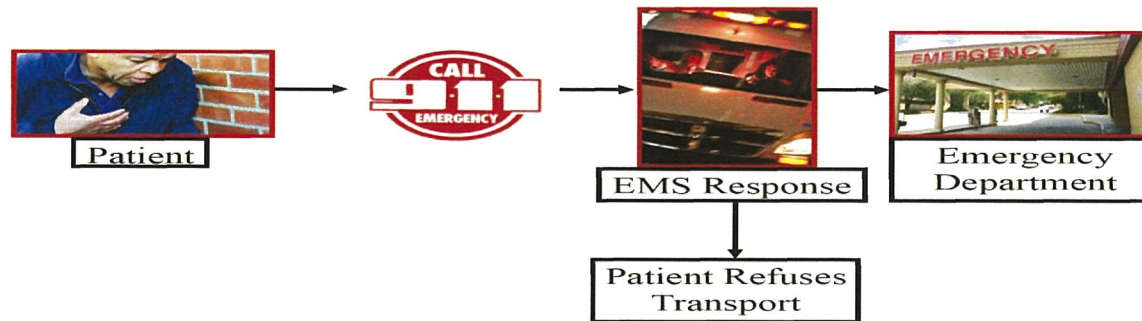
Public Policy

- IOM Report on Emergency Care -2007
 - “The model ignores the increasingly sophisticated care provided by EMS personnel, as well as the growing proportion of elderly patients with multiple chronic conditions who frequently utilize EMS...The fact that payers generally withhold reimbursement in cases where transport is not provided is a major impediment to the implementation of processes that allow EMS to "treat and release" ... (or) transport patients directly to a(n) appropriate site”
- CMS Innovation Challenge-2012
 - 1 Billion dollars in grants-second round to be announced
 - Projects should propose using a service delivery/payment innovation that produces outcomes of better health, better care, and lower costs through continuous improvement. Further, projects may identify and test new ways to promote the development of a workforce of the future capable of delivering and supporting new care models.
 - Reno, Nevada received grant with very similar proposal

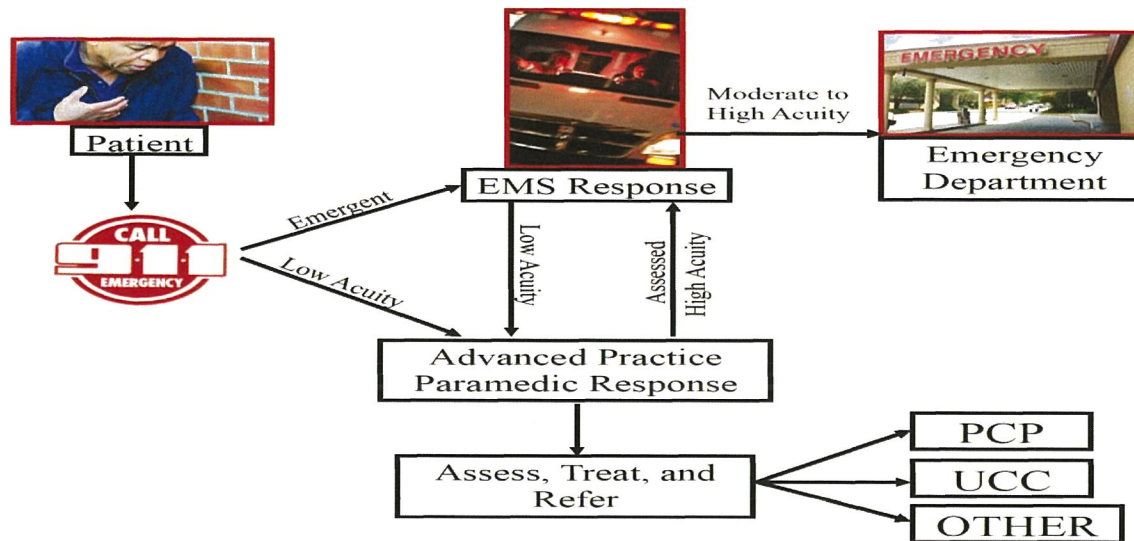
Operational Model

- 24/7 coverage staffed by AFD and AAS advanced practice paramedics (APPs)
- Medical Control provided by UNM EMS Consortium
- Low acuity calls get response from APPs who assess, treat and refer patients to primary or urgent care
- Appointment made with PCP or UCC
- 100% follow up of patients to see if they follow through

CURRENT STATE



FUTURE STATE - PREHOSPITAL NAVIGATION PILOT

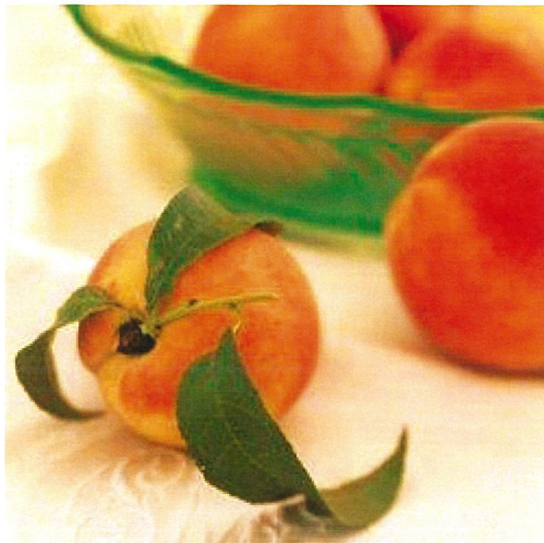


Clinical Scope, Oversight and Quality Assurance

- Darren Braude, MD, MPH, EMT-P
 - Professor of Emergency Medicine/Anesthesiology
- EMS Section Chief and EMS Consortium Director
 - University of New Mexico

Clinical Scope

- Limited specific group of diagnoses
 - Based on codes generated through established algorithmic triage process
 - The peach example



Medical Oversight

- UNM EMS Consortium
 - Provides medical direction to most agencies in metro area
 - 3 EMS physicians on-call 24/7 for phone consults and full FIELD RESPONSE CAPABILITY
 - Will add telemedicine
 - Initially involved in every case by phone or at the scene itself



Quality Improvement

- Every case will be reviewed within 24 hours
 - Peers
 - Quality director
 - Program director
 - Medical director
- 100% outcome follow-up on all cases
 - Will require dedicated individual

Pre-Navigation Curriculum

Robert McDaniels, MS, NREMT-P
Director UNM EMS Academy

EMS Academy

- EMS Academy is the Lead EMS training agency in New Mexico by statute and trains thousands of EMS students annually across the State, in particular in the rural communities
- UNM-SOM-EMS Academy trains over 200 paramedics annually
- We are actively involved with the national EMS agenda including the Advanced Paramedic Practitioner and the Community Paramedic

Pre-Navigation Education Challenge

- The educational goal is to create a triage specialist
- This advanced Practice Paramedic will be able to differentiate and Triage:

- Back pain
- Fever
- Allergic Reaction
- Bradycardia
- Dental Problem
- Epistaxis
- Hypertension
- Respiratory Distress
- Seizure
- Vomiting and diarrhea
- Pediatric Respiratory Distress
- Pediatric Seizure
- Bites and Envenomations
- Burns-thermal
- Extremity trauma
- Head trauma
- Hyperthermia

Curriculum Overview

- Advanced Cardiology/Pulmonology (64 hours)
- Advanced Medical Emergency (64 hours)
- Advanced Assessment (64 hours)
- Hospital Clerkship (160 hours)
- Field Clerkship UNM consortium (160 hours)

- Total: 512 hours/14 weeks

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