Appendix 5-B
Community Paramedicine

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Background
During the COVID-19 pandemic, hospital capacity was often overwhelmed, and many Hoosiers are unable to travel to obtain primary care, increasing the risk of escalating to an emergency medical condition. Community paramedicine programs fill gaps in local health care infrastructure to address primary care physician shortages or provide care when a patient is unable to travel to see a provider. Community paramedicine programs operate under the supervision of a physician and offer a range of services to continue a patient's care at home without causing unnecessary transport.

Services often include the following:
- Medication reconciliation
- Education
- Fall risk/home safety
- Chronic illness management
- Diet and weight monitoring
- Lab collection
- Behavioral health
- Wound care
- IV therapy
- Post-acute follow-up
- Social support services

Purpose
The purpose of using this funding opportunity for Community Paramedic programs is to improve health outcomes among medically vulnerable populations and to save healthcare dollars by preventing unnecessary ambulance transports, emergency department visits and hospital readmissions.

The Community Paramedic model has two components:
1. Patient care services, supervised by a medical director, and
2. Community-based prevention/wellness for injury/illness.

Community paramedicine can aid in disease and injury prevention by helping patients manage chronic diseases such as diabetes, high blood pressure and high cholesterol. Simple home checks to verify compliance with prescription medications, assess blood pressure or blood sugar and confirm the safety of the environment for enrollees outside a hospital setting.

These visits can also help reduce repeated calls to 911 for non-urgent needs that tie up EMS

resources with unnecessary transports. Community paramedics can conduct wellness checks, provide referrals as required and implement initiatives that teach patients how to accident-proof their homes.

In rural areas, community paramedicine programs are particularly helpful in closing gaps in the local healthcare delivery system due to shortages of primary care physicians. Nationally, people residing in rural areas are reported to have poorer health status and higher rates of chronic illness than those in urban areas. Community paramedicine programs can aid in the management of chronic illness for these high-risk patients, as home visits from a paramedic may be cheaper and more widely available than care from a primary physician.[1]

Description of proposal and funded activities

1. Describe the type of health care that can be provided under the program.
2. Describe the additional training or education necessary for a paramedic in providing services under the program.
3. Describe additional certification of a paramedic or other staff that may be required to participate in the program.
4. Describe the staffing required for the program including community health workers, social workers, and other supporting workforce members.
5. Describe the in-home care available in the area and detail how your organization will complement existing in-home medical and support services.
6. Describe how data will be collected, detailing the type of information technology needed.
7. Describe the number of people this program will assist.
8. Describe the type of program(s) this funding will support (examples below).
    - Hospital dismissal/post discharge follow-up and readmission prevention
    - Post-response follow-up for certain emergencies (such as diabetic or overdose)
    - Diabetic counseling and monitoring
    - Chronic disease management
    - Decreased utilization of EMS by high frequency patients
    - Substance abuse mitigation
    - Mental illness mitigation
    - OB/newborn management programs
    - Elderly management programs including falls
    - Immunization and vaccination initiatives
9. Describe how efforts will be sustained after the grant ends.

Organizations eligible to receive funding

- Hospitals
- Community health centers
- Emergency medical services providers
- Fire departments

Health equity statement (required):

Describe populations disproportionately impacted by the specific topic area and how applicant will address these populations specifically.

Please refer to the General Grant Guidance for additional details.

Metrics and evaluation of funded activities

Measures to be collected regularly and submitted monthly to the Indiana Department of Health (IDOH):

1. Demographics:
    a. Number of individuals served by race (Black/African American, American Indian/Alaska Native/Native Hawaiian/Other Pacific Islander, Asian, Caucasian/White, etc.).
    b. Number of individuals served by ethnicity (Hispanic/Latin(a/o/x), other).
    c. Number of individuals served by gender/gender identity (males, females, those who prefer not to answer).
    d. Number of members of the LGBTQ+ community served.
    e. Age ranges served.
    f. Number of individuals served with a primary language other than English.
    g. Number of unique individuals served that meet at least one of the following criteria:
        i. Active enrollment in MEDICAID/HIP or
        ii. Active enrollment in SNAP/Food Stamps or
        iii. Active enrollment in TANF or
        iv. Residing in a household at or below 200% of poverty per the HHS Poverty Guideline as noted in the HHS Poverty Guidelines for 2022 (Poverty Guidelines | ASPE (hhs.gov))
    h. Additional factors, including but not limited to education level, disability, substance abuse, mental illness, etc.
2. Health Equity: Please share progress made toward achieving your Health Equity goals (as defined in your Health Equity Statement).
3. Participation:
    a. Total number of encounters.
4. Program Area Metrics:
    a. Community Paramedics
        i. Number of paramedics staffed by your program
        ii. Number of EMTs staffed by your program
        iii. Number of other certified or licensed healthcare professionals staffed by your program
        iv. Number of community paramedics, EMTs, or other certified or licensed healthcare professionals hired
        v. Number of community paramedics, EMTs, or other certified or licensed

healthcare professionals offered and completing additional trainings/certifications

b. Unnecessary Healthcare Use
    i. Number of non-emergent 911 calls made by participants
    ii. Number of non-emergent emergency department visits made by enrolled participants
    iii. Number of participants readmitted to the hospital within 30 days of initial discharge
    iv. Number of participants contacted within 48 hours of hospital discharge
    v. Of those contacted within 48 hours of hospital discharge, how many will participate in the community paramedicine program?
c. Services Provided
    i. Number of home visits conducted by community paramedicine program.
    ii. Number of patients provided with follow-up care
    iii. Number of medication reconciliation encounters completed
d. Referrals
    i. Number of referrals made by community paramedics
    ii. Number of referrals to community services/social support services made.
e. Education and Outreach
    i. Number of patients educated by your program (regardless of enrollment status)
    ii. Number of outreach activities (educational events, presentations, distribution of informational materials, etc.) performed

Provide a plan for how you will evaluate the program over your grant project period.

The above measures may be altered at any time at the discretion of the Health Innovation Partnerships and Programs Division of IDOH.

References (data sources, etc.)

- https://www.ems1.com/ems-products/stretchers-and-stair-chairs/articles/3-benefits-of-a-community-paramedicine-program-sGXSpjGIeOuYH376/
- https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf
- https://www.hrsa.gov/sites/default/files/ruralhealth/pdf/paramedicevaltool.pdf
- https://med-fom-ubcmj.sites.olt.ubc.ca/files/2014/11/ubcmj_6_1_2014_17-18.pdf
- https://flexmonitoring.dev.umn.edu/sites/flexmonitoring.umn.edu/files/media/pb35.pdf