Health Services
LOS ANGELES COUNTY

**Los Angeles County Board of Supervisors**

**Hilda L. Solis**
First District

**Mark Ridley-Thomas**
Second District

**Sheila Kuehl**
Third District

**Don Knabe**
Fourth District

**Michael D. Antonovich**
Fifth District

September 15, 2015

TO: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **COMMUNITY PARAMEDICINE PROJECTS**

On July 21, 2015, the Board instructed the Director of Health Services to have the Emergency Medical Services (EMS) Agency assess and report back to the Board on any community paramedic projects in the County and any plans to implement new programs in the pre-hospital program to reduce unnecessary Emergency Room visits, including anticipated funding requirements and potential revenue sources.

Please find attached the report on Community Paramedicine, as requested.

If you have any questions, please contact me or Cathy Chidester, Emergency Medical Services Director at (562) 347-1604.

MHK:cc

c: Chief Executive Office
County Counsel
Executive Office Board of Supervisors

Attachment

**Mitchell H. Katz, M.D.**
Director

**Hal F. Yee, Jr., M.D., Ph.D.**
Chief Medical Officer

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*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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**Los Angeles County**
**Department of Health Services**

# Report to the Board of Supervisors: Community Paramedicine Projects in Los Angeles County

## Purpose and Scope

This report is in response to the July 21, 2015 Board motion by Supervisor Antonovich instructing the Director of Health Services to have the Emergency Medical Services (EMS) Agency assess and report back to the Board in 45 days on any community paramedicine projects in the County and any plans to implement new programs in the prehospital program to reduce unnecessary emergency room visits, including anticipated funding requirements and potential revenue sources (Attachment).

## Background

Community Paramedicine (CP) is a new and evolving model of community-based health care in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. CP programs expand the role of the paramedic which requires them to function outside their current scope of practice.

To better understand the CP program and why this program is being implemented using pilot projects, it is important to know the history and scope of practice of a paramedic. The Emergency Medical Technician-paramedic profession began in Los Angeles County in 1969. Paramedics are governed by the Health and Safety Code, Division 2.5 and the California Code of Regulation, Title 22, Division 9. To be licensed, the paramedic must complete 1090 hours of paramedic education and pass the licensure exam. This paramedic license allows the person to practice as a paramedic under the scope of practice as defined in Article 2. General Provisions of Title 22. The paramedic must work as part of an approved paramedic service provider, which is part of an emergency medical services (EMS) system, *while at the scene of a medical emergency or during transport, or during inter-facility transfer*. The law limits the paramedic scope of practice to the prehospital environment, defines all procedures that a paramedic may perform and requires that patients be transported to the closest most appropriate general acute care hospital that has a basic or comprehensive emergency medical service permit.

Since CP changes the practice environment and in some cases even the procedures performed by a paramedic, short of changing the regulations that govern paramedic practice, a mechanism needed to be identified to allow CP programs to be implemented in California.

In 2012, the California EMS Authority (CEMSA) began working with local EMS agencies to determine what would be included in the CP program. In response to this, the EMS Agency convened a CP Steering Committee. The goal of the committee was to develop a coordinated and collaborative countywide approach to the application and implementation of CP pilot projects in Los Angeles County. The committee focused on specific community medical needs, such as readmissions for congestive health failure (CHF), non-emergent transports to appropriately staffed urgent care centers or community clinics, and frequent users of the 9-1-1 system. With the committee's endorsement, the EMS Agency and UCLA Center for Prehospital Care (CPC) jointly submitted two pilot project applications to CEMSA - Alternate Transport Destination (ALTrans) and Community Paramedic Effectiveness for Congestive Heart Failure (COMPARE).

In 2013, the California EMS Authority (CEMSA) submitted a CP Pilot Project application to the Office of Statewide Health Planning and Development (OSHPD) including the two Los Angeles County pilot projects. On November 14, 2014, CEMSA received approval from OSHPD to pilot 12 different CP programs across California providing the mechanism for select paramedics to participate in CP programs and not violate their licensing laws. The ALTrans and COMPARE projects were approved by CEMSA and OSHPD to be piloted in Los Angeles County. All projects have gone through the Institutional Review Board approvals. The of our County projects began in September 2015 and will be in place of a minimum of one year and up to two, depending on the patient outcomes and data analysis.

**Pilot Projects in Los Angeles County**

Community Paramedicine Projects

**ALTrans**

In Los Angeles County, there are 72 acute care hospitals with basic licensed emergency departments (ED) with over 3 million patient visits annually. There are also 31 fire departments that respond to over 740,000 9-1-1 calls for medical aid annually, of which 491,000 are transported to these EDs. Studies have reported that as many as a third of patients that seek care in EDs have non-emergent medical conditions that could be cared for in less acute settings such as urgent care clinics (UCC). This further compounds ED overcrowding and creates long waits for paramedics to offload patients and transition care to hospital staff. The cost of an ED visit is significantly higher than the medical care delivered at an UCC. According to an article in Health Affairs, (29, no. 9 (2010): 1630-1636), it is estimated that billions of dollars could be saved each year if non-emergent patients were treated in UCCs instead of EDs.

The ALTrans CP program was developed to address ED wait times and potential financial savings. This pilot project will utilize specially trained paramedics from Santa Monica and Glendale Fire Departments who will determine whether a patient who accessed the 9-1-1 system meets the ALTrans criteria for transport to an UCC. If the patient meets the criteria, the paramedics will provide the patient the option to be transported to a participating UCC. It is estimated that approximately 10% of patients transported by EMS may meet the criteria. This number will be reduced due to tight criteria and the requirement for patient consent to participate in the project.

**COMPARE**

In October 2012, Section 30125 of the Affordable Care Act Section 1886(q) was added to the Social Security Act, establishing the Hospital Readmissions Reduction Program, which requires the Centers for Medicare and Medicaid Services (CMS) to reduce payments to hospitals with excess readmissions of patients with CHF. CMS has proposed that hospitals adopt policies, algorithms and study the readmission cases to determine the risk of readmission to their facility.

In general, patients with CHF who do not have adequate follow up care after hospital discharge are re-admitted to the hospital within 2-3 days. Readmissions can result in the following:

- Patient unnecessarily occupying a hospital bed
- No CMS reimbursement
- Disruption and interference with the patient's quality of life

To address this the COMPARE CP program was developed. This pilot project will utilize specially trained paramedics to conduct home visits of patients with CHF who were recently discharged from the hospital. The objective of these home visits is to reduce readmissions through assessment of patient's clinical status, needs, medical knowledge and compliance with discharge instructions. A major role of the paramedic is to provide patient education and assistance to ensure patient is able to comply with follow-up care. The CP visit is in addition to the normal follow-up visits conducted by a home health nurse. The Glendale Fire Department is participating in this pilot project.

CP home visits will be conducted two to three days after the patient is discharged from Providence St. Joseph's Medical Center. The paramedic will assess the patient to determine whether the patient is:

- within the individualized clinical benchmarks and can await their scheduled follow-up physician office visit
- showing signs and symptoms suggesting the need for same-day physician consultation and/or intervention
- showing signs of imminent decompensation requiring urgent transportation for medical intervention

Home visit findings will be electronically reported back to the cardiology group's CHF coordinator.

Other Proposed New Programs

**Los Angeles City Fire Department**

While not a CP program, the Los Angeles City Fire Department (LAFD) has requested approval from the EMS Agency to implement a prehospital pilot program utilizing a Nurse Practitioner (NP) as part of the department's EMS operation. This project does not require State approval since the program is within the NP scope of practice. This project will involve staffing an ambulance with one NP and one paramedic. Customarily, fire department rescue ambulances are staffed with two emergency medical technicians (EMT) or two paramedics. The project ambulance will be located in an area of the City of Los Angeles with a high volume of individuals who frequently call 9-1-1, or so called "EMS super users". The NP will perform comprehensive evaluations of low acuity EMS super users and refer these patients to primary care, mental health evaluation, and/or treatment for substance abuse. The goal is to identify health needs of these patients and provide access to care thereby decreasing their reliance and utilization of the 9-1-1 system. This pilot is currently funded through grants and its overall cost and future funding is unknown at this time.

**Fiscal Outlook**

The projected cost of the COMPARE project is $2 million and $3.3 million for the ALTrans project over the two-year study period. This cost includes program and curriculum development, training, salaries, data collection and monitoring. Since there is not a funding mechanism, all costs have been born by the participating agencies.

Though attempts were made, the program managers were not able to secure permanent funding for either CP pilot project and finding grant funding opportunities are very limited. The Santa Monica Fire Department Medical Director secured $50,000 for his department to help offset a very small portion of their operating costs related to the pilot project. Despite the lack of funding, Glendale and Santa Monica Fire Departments have both agreed to move forward with the projects.

Further compounding the fiscal impact of the CP program is the fact that CMS does not reimburse transports to non-emergency facilities, such as UCCs, making it difficult to sustain a program where ambulance transports will not be reimbursed.

The EMS Agency anticipates ongoing costs and lack of funding as the primary challenge to the success of the CP program and may in fact lead to the demise of these projects after the pilot study period. However, the Department of Health Services is currently investigating whether it is possible to address some of the fiscal sustainability/funding issues via the 1115 waiver renewal. Funding sources may materialize through hospitals or insurance contracting directly with the CP provider if the study validates cost savings, better patient outcomes and increased patient satisfaction.

**Conclusion**

At the end of the CP pilot project study period, if legislation is passed allowing for an expanded scope of practice and alternate destination policies for paramedics, other CP programs could be developed within the County, such as Sobering Centers. Many patients for which 9-1-1 is called are intoxicated and may benefit from transport, if specific criteria were met, directly to a Sobering Center where professionals from the Departments of Public Health and Mental Health could offer services appropriate to the patient needs. Paramedic assessment and transport of patients to urgent cares centers may also be an option in Los Angeles County if the pilot projects are successful.

It is important to note that both of the pilot projects in Los Angeles County were developed and are being managed by UCLA Center for Prehospital Care. These projects have taken hundreds of man hours and extensive commitment by all involved. The EMS Agency is actively supporting the CP pilot projects and will continue to work with Los Angeles County's fire departments, ambulance companies and hospitals to support projects that expand the paramedic scope of practice and integrate their service into the healthcare system helping to reduce unnecessary emergency department visits, benefit patients and reduce overall healthcare costs.

**STATEMENT OF PROCEEDINGS FOR THE**

**REGULAR MEETING OF THE BOARD OF SUPERVISORS**

**OF THE COUNTY OF LOS ANGELES HELD IN ROOM 381B**

**OF THE KENNETH HAHN HALL OF ADMINISTRATION**

**500 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012**

**Tuesday, July 21, 2015**

**9:30 AM**

**55-B.** Recommendation as submitted by Supervisor Antonovich: Instruct the Director of Health Services to have the Emergency Medical Services Agency (EMS) assess and report back to the Board in 45 days on any community paramedic projects in the County and any plans to implement new programs in the pre-hospital program to reduce unnecessary Emergency Room visits, including anticipated funding requirements and potential revenue sources. (15-3564)

**On motion of Supervisor Antonovich, seconded by Supervisor Ridley-Thomas, this item was approved.**

**Ayes:** 5 - Supervisor Solis, Supervisor Ridley-Thomas, Supervisor Kuehl, Supervisor Knabe and Supervisor Antonovich

***Attachments:*** Motion by Supervisor Antonovich
Report
Video
Audio

The foregoing is a fair statement of the proceedings of the regular meeting held July 21, 2015, by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

Patrick Ogawa, Acting Executive Officer
Executive Officer-Clerk
of the Board of Supervisors

By