



# Community Paramedic/MIH Pilot Program

KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

## Year 1 CP/MIH Pilot Data Report

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 Community Paramedic/Mobile Integrated Health 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.

Community Paramedicine (CP) benefits both the community and the patients. CP benefits the community by freeing up hospital beds and healthcare professionals, allowing for better utilization of resources, and reducing total healthcare cost. While the patients within the CP program are able to receive non-fragmented at home care by a skilled healthcare worker.

The six KY EMS services who participated in the CP pilot program include: Yellow Ambulance, Louisville-Jefferson Co. Metro Government, Mayfield Graves Co. Ambulance Service, The Medical Center EMS, Oldham Co. EMS, and Montgomery Co. EMS. It's vital to note that the participating services do not all share a focal point, the primary focuses within this pilot include:

- Non-Urgent, Non-Scheduled– 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. For example: Blood pressure/blood glucose checks.
- Re-Admission (Follow-Up)– Primary focus is to continue care for an acute event to prevent unnecessary readmission back to inpatient facilities.

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

*- communityparamedic.org*

The six services were instructed to submit quarterly data using an online survey tool, the data was required the 15th following quarters end.

- 1) June 1, 2016 - August 31, 2016
- 2) September 1, 2016 - November 30, 2016
- 3) December 1, 2016 - February 28, 2017
- 4) March 1, 2017 - May 31, 2017

Due to extenuating circumstances, Mayfield-Graves Co. Ambulance Service resigned from the pilot program before completion. Yellow Ambulance Service was not able to launch their pilot until Quarter 4 of the program and Montgomery Co. EMS was not accepted into the program until Quarter 4.

This report contains the findings of the CP pilot program as of May 31st, 2017.

**50**  
EMS Providers trained

**46**  
EMS Providers made visits

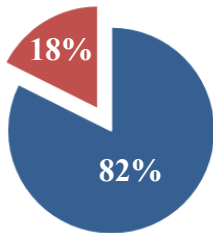


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## Patient Encounters

Encounter Type	Count
Initial	3,041
Repeat	650



Patient Encounters by Service	Initial	Repeat
Louisville-Jefferson Co. Metro	2915	83
*Mayfield-Graves Co. (No data to report)	0	0
*Montgomery Co. (No data to report)	0	0
Oldham Co.	42	147
The Medical Center EMS	54	388
Yellow Ambulance	30	32

**13**

# of participants that already had home health service (s).

**124**

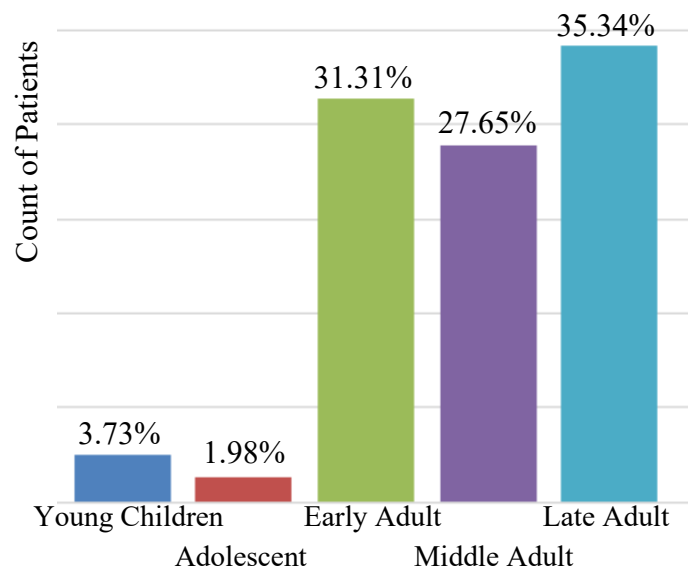
# of participants that already had a primary care physician.

**10**

# of participants that opted out of the program after one encounter.

## Patients by Age Range

Patient Age Range	Count	%
Young Children (Birth - 12 years)	102	3.37%
Adolescent (13 - 18 years)	54	1.98%
Early Adult (19 - 40 years)	855	31.31%
Middle Adult (41 - 60 years)	755	27.65%
Late Adult (61 and Older)	965	35.34%



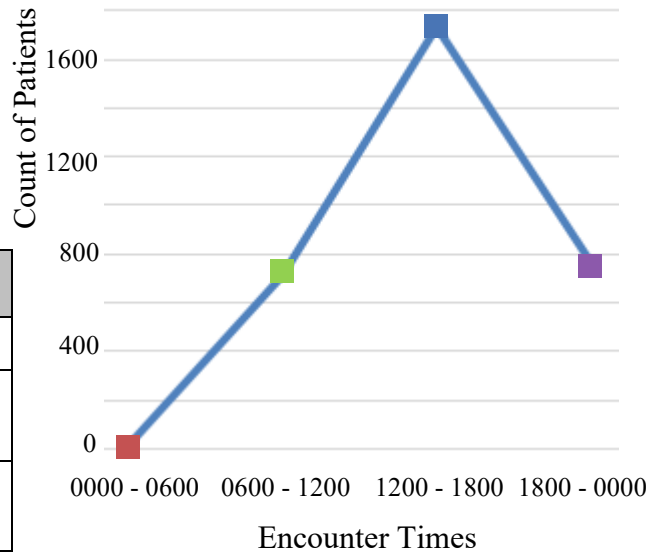


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## Patient Encounter Times

Encounter Time Range	Count	%
0000 hrs to 0600 hrs	1	.03%
0600 hrs to 1200 hrs	713	22.25%
1200 hrs to 1800 hrs	1734	54.12%
1800 hrs to 0000 hrs	756	23.60%

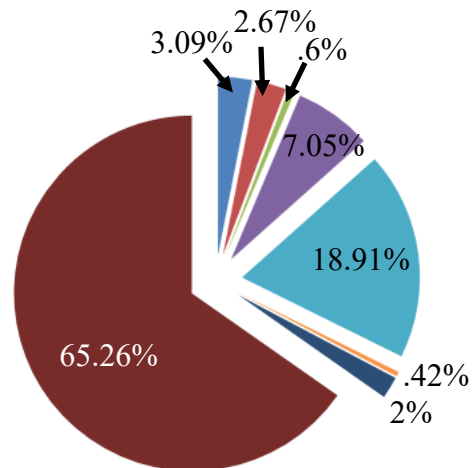


### Average Encounter Time by Service in Minutes

Yellow Ambulance = 36	Oldham Co. = 40
Medical Center EMS = 31.25	Louisville - Jefferson Co. Metro = 38.75
*Mayfield Graves Co. = 0 (No data to report)	*Montgomery Co. = 0 (No data to report)

## Reason for Service Initiated Patient Referrals

Reason for Service	Count	%
Cardiac	88	3.09%
Respiratory	76	2.67%
Metabolic/Diabetes	17	.6%
GI	201	7.05%
Trauma	539	18.91%
Psychiatric	12	.42%
Substance Abuse	57	2%
Other	1,860	65.26%



**Other:** Allergic Reaction, Seizure, Headache, Patient Assistance, Spider Bite, Boils, Joint Pain, Object Stuck, Sexual Assault, Environmental Exposure, Infected Wound, Hemorrhage, Fever, Sepsis, Hepatic Failure, Gout, Toothache, Corpse, & Stroke.

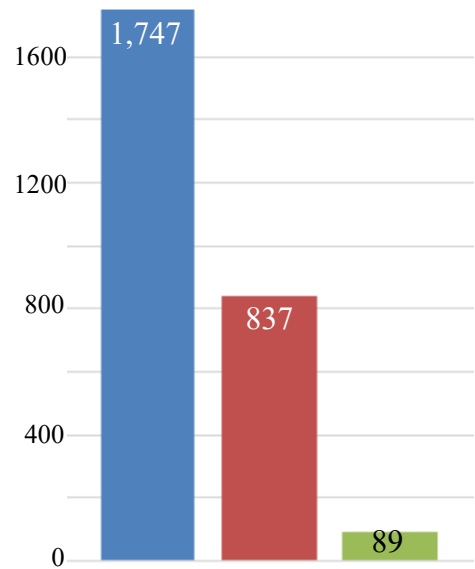


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## EMS Transports, ED Visits, & Hospital Re-admissions Prevented

Prevention	Count
■ The estimated number of EMS transports prevented (*if applicable).	1,747
■ The estimated number of ED visits prevented (*if applicable).	837
■ The estimated number of hospital readmissions prevented (*if applicable).	89

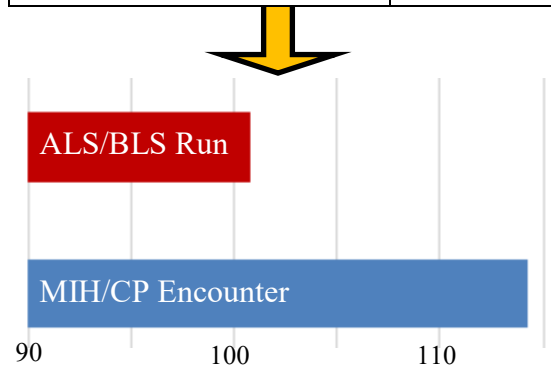


\* Depends upon the primary focus of the service.

## Average Cost

Service	MIH/CP Encounter Cost	ALS/BLS Run Cost
Louisville-Jefferson Co. Metro	102.5	126
*Mayfield-Graves Co. (No data to report)	0	0
*Montgomery Co. (No data to report)	0	0
Oldham Co.	0	0
The Medical Center EMS	179.34	276.34
Yellow Ambulance	175	1

Encounter (Excluding Mayfield-Graves Co. & Montgomery Co.)	Average Cost
■ MIH/CP Encounter	114.21
■ ALS/BLS Run	100.835



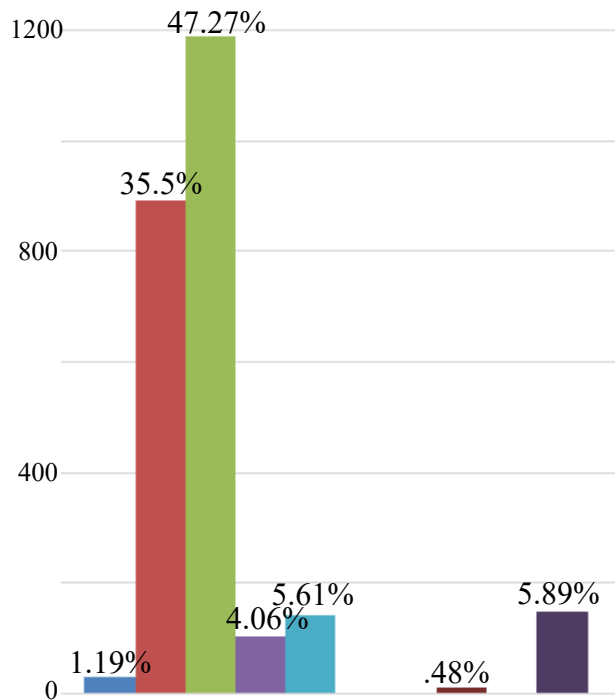


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## Patient Dispositions Requiring Emergency Calls within 48 Hours Following a Program Encounter

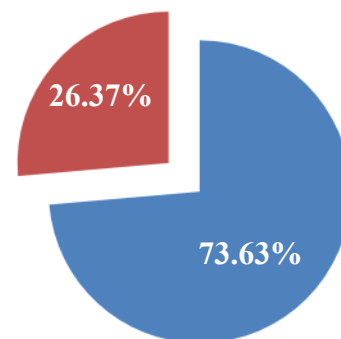
Disposition	Count
Freestanding emergency department	30
Left at home	892
Hospital emergency department	1,188
Medical office/clinic	102
Morgue/mortuary	141
Nursing home/assisted living facility	0
Another EMS responder (air)	0
Another EMS responder (ground)	12
Police/Jail	0
Urgent Care	148



## Patient Transportation

Reason for Transport	Count
Patient Request	1,421
Provider Recommendation	509

The number of 911/PSAP calls diverted to MIH/CP program.	2,916
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