

Attachment A:

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

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Project Title	<p><i>Fire/EMS/Public Health Integrated Community Paramedic Program for Spokane Community</i></p>
Rationale for the Project	
<p>The dilemma for the most vulnerable people in our community is not the lack of services but instead the challenge of receiving consistent and coordinated care when the daily task of survival is so difficult. For example, our client Joe has been homeless for ten years. He has an untreated mental illness and has battled drug addiction for many years. This has resulted in Joe being in and out of jail, unable to retain housing and, therefore, has inconsistently accessed services that would stabilize his health. The biggest challenge facing our most vulnerable, Medicaid patients in the pre-hospital arena is the need to connect and coordinate their care. We offer a powerful and innovative solution that connects patients to the right services at the right time, provide behavioral coaching to improve health and save the community money. Our Community Paramedic Program will assist clients in navigating and connecting to available services in a complex, fractured healthcare system while at the same time building a supportive and motivational relationship to increase the chances of personal success.</p>	
Project Description	

Which Medicaid Transformation Goalsⁱ are supported by this project/intervention? Check box(es)

- √ Reduce avoidable use of intensive services
- √ Improve population health, focused on prevention
- √ Accelerate transition to value-based payment
- √ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- √ Health Systems Capacity Building
- √ Care Delivery Redesign
- √ Population Health Improvement – prevention activities

The work done thus far with our partners has demonstrated our commitment to radically improving the health of our region. One of our core strategies is the development of a Community Paramedic program to augment Better Health Together (BHT) BHT's Community Care Program which focused on improving the health of our most vulnerable community members. Our patients have complex health and social needs. They have been failed by the systems designed to care for them. To this end, we have utilized both innovative and evidence based practices to develop our existing system and feel strongly that the addition of the Fire Department's existing Paramedic resources will extend our reach and improve the level of care possible. We employ a "do what it takes" patient-centered strategy. The Community Paramedics would meet clients where they are at—this could be in the emergency room, under a bridge or in a jail cell prior to being released.

The Community Cares team will receive referrals from key partners like Catholic Charities, Providence Consistent Care, Spokane Fire Department Integrated Health Division and Community Court to provide intensive care coordination support. Our efforts start with assessing the current health state of our clients through the use of several best practices assessments, including:

- Audit, an alcohol use questionnaire; Dast-10, a drug use questionnaire
- Gad-7, an anxiety questionnaire and PHQ-9, an assessment for depression
- KATZ, an assessment of independence in activities of daily living
- PAM is a Patient Activation Measurement tool to measure motivation to change
- ViSPDAT: assesses client vulnerability for living on the streets, this is used by the City of Spokane to prioritize which participants get housing first.

From there, the Community Paramedics would work within the team to assist in developing a comprehensive Health Action Plan including: finding a stable place to live, an adequate food source, transportation, and access to regular health care as well as behavioral coaching and emotional support to improve their chances of success. The Community Paramedics will complete an extensive history and physical exam, pharmacological reconciliation, and work with the Primary Care Physician through telemedicine or electronic charting to carry out essential procedures within their scope in the patients home.

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> • 6 Community Paramedics – \$900,000 • Technology (ePCR, Telemedicine Component) \$60,000 • Maintenance & Operation (Vehicle maintenance, modifications) \$30,000 • Best estimate (or ballpark if unknown) for: <ul style="list-style-type: none"> • The Spokane Fire Department responds to nearly 40,000 incidents annually. Nearly 4,000 of those incidents are non-urgent in nature, although often result in ambulance transport to an emergency department due to a lack of practitioners capable of performing as Community Paramedics. Additionally, the complex patients (over 100) referred to as super-utilizers represent nearly 10-20% of the overall patients transported in the EMS System (and are Medicaid patients). • The cost savings will certainly be variable. Estimates with six community paramedics and annual \$900,000.00 (five Community Paramedics) and the intent to serve 500 Medicaid patients, this represents an annual estimated cost per patient over \$1,000 per patient. It is predicted that the financial return on investment (ROI) will be almost immediate, as prevention of ambulance transport and ED usage will bring direct cost savings to the Medicaid program. The initial analysis of the Spokane Fire Department’s existing Integrated Healthcare program suggested a savings of \$800 per patient in EMS transport costs and a savings of \$900.00 in ED costs between the six months pre- and post-program participation. • The program’s capital resources are in-place (IT infrastructure, communication, insurance, medical direction, quality improvement system... etc.) Community Paramedics would be chosen from existing staff and backfilled accordingly. The program would be in-place and operating within a six-month window.
Project Metrics
<p>The Spokane Fire Department currently utilizes key clinical performance indicators as well as system measurements as dictated by State Law. Our outcome measures align with the CMS CMMI outcome measures, the relevant outcome measures from the subset of 2016 Medicaid contract common performance metrics, those measures recommended by the 5732/1519 Steering Committee and measures aligned with the national Mobile Integrated Health-Community Paramedicine Process Metric Development Group.</p> <p>To assess the impact of the Community Resource Paramedic program, the SFD will continue to gather and report the following outcomes on the individual patient level for each patient participating in the program: number of EMS transport to local emergency departments, number of emergency department visits, utilization of other crisis systems including the Mental Health Center, homeless services and the Spokane County Jail, costs associated with transport by EMS providers, and number of EMS contacts which do not result in transport. For all patients enrolled in the program, all above-mentioned outcome measures will be assessed for the 12-months pre-program enrollment and the 12-months post-program discharge. The SFD will also committed to assessing patient experience with the program as well as patient perceived changes to quality of life. These will be assessed utilizing a patient satisfaction survey as well as a standardized health assessment questionnaire (the SF-20.) Agreed upon process measures include number of patients referred to the program, number of patients enrolled in the program, number and type of social service/mental health/community health referrals made, and number and type of interventions provided by the Community Paramedic.</p>

ⁱ Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.