

CHEMS Task Force Meeting (2/4/15)

CHEMS opportunities in the State Healthcare Innovation Plan (SHIP) model testing grant from the Centers for Medicare and Medicaid Innovation (CMMI)

Project period: (2/1/15-1/31/19)

Goal: Develop and implement a sustainable statewide CHEMS program.

- CHEMS is part of the “virtual Patient Centered Medical Home (PCMH)” to improve healthcare access and care coordination in rural areas.
- CHEMS is part of the primary care team.
- Virtual PCMH also includes the development of a Community Health Worker (CHW) program and expansion of telehealth.

CHEMS initiative is aligned with the Triple Aim: improve the health of populations, improve patient experience of care (quality and satisfaction), and reducing per capita healthcare costs.

- This opportunity will *test* CHEMS against the Triple Aim: will it improve quality, population health, and reduce cost?
- Collect and evaluate data to assess progress against the Triple Aim.

Federal grant requires all SIM (state innovation model) grantees to collect and report:

- 1) tobacco cessation intervention
- 2) weight assessment and counseling for children and adolescents
- 3) comprehensive diabetes care

Others that may be more relevant to CHEMS: acute care hospitalizations, readmission rates, avoidable use of ED.

- Need to identify a required measure set for CHEMS efforts under this initiative.

Funding availability:

- Community paramedicine course fees: 4 staff/3 agencies per year for 3 years
- CHEMS education for BLS/ILS agencies: program development and 4 staff/3 agencies per year for 2 years
- Mentoring: experienced CHEMS staff travel to communities developing CHEMS program and share best practices to support program implementation; connect multiple new program staff with experienced CHEMS staff.
- One time funding support: \$2,500 to help offset a specific program cost to establish a virtual PCMH (not yet defined how or where this could be applied).
- Continuing education conference in year 4.
- Telehealth: expand telehealth and connect from the patient’s home to the PCMH or store/forward for later evaluation.

General Timeline:

Year 1 (February 1, 2015- December 31, 2015)

Education

- Identify education program for paramedics
- Create program elements/scope for BLS and ILS agencies and educational delivery strategies
- Identify potential mentors and build mentoring program
- Determine medical director educational needs and implement strategy to address

Program planning

- Collect best practice resources and policies for program implementation
- Identify required metrics and reporting process
- Identify or develop tools for conducting health needs assessments (with Regional Collaboratives)
- Begin developing a sustainability plan integrated with the Idaho Healthcare Coalition
- Create an agreement for agencies participating in initiative
- Develop “how-to” guide or coaching manual (BLS, ILS, ALS)- include telehealth expansion option with transportable exam station

Outreach and recruitment

- Awareness and outreach: community education re: opportunity (agencies, primary care clinics, hospitals/critical access hospitals) and program details
- Identify potential year-one ALS agencies to facilitate the establishment of agreements for clinical sites
- Recruit 3 agencies (or more, depending on # of paramedics participating)

Year 2 (January-December 2016)

- January 2016- first paramedic cohort begins; recruitment underway for years 2 and 3 (6 additional ALS agencies);
- January-December 2016: BLS/ILS education strategy and delivery method defined; 3 BLS/ILS agencies recruited for January 2017 course; identify agencies for new telehealth initiative/equipment purchase and training; clinical metrics and reporting strategy defined; work with the program evaluation contractor
- December 2016: first paramedic cohort coursework complete and implementation begins; expand mentoring opportunities
- Continue to refine sustainability plan based on progress of payment reform

Year 3 (January-December 2017)

- January 2017: second paramedic cohort and first BLS/ILS cohort begins; identify telehealth expansion opportunities
- December 2017: second paramedic cohort and first BLS/ILS cohort complete coursework; implementation begins in 3 additional ALS and 2 BLS/ILS communities
- Data analysis and quality improvement strategies underway (Triple Aim)
- Continue to refine sustainability plan based on progress of payment reform

Year 4 (January-December 2018)

- third paramedic cohort and second BLS/ILS cohort; continuing education conference; telehealth expansion
- December 2018: implementation in 3 additional ALS and 2 BLS/ILS communities
- January 2018: Assess CHEMS outcomes against the Triple Aim; finalize sustainability plan
- February 2019: have a very big party