



EMERGENCY MEDICAL SERVICES AUTHORITY

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ROLE OF EMSA

The Emergency Medical Services Authority (EMSA) was created in 1980 to provide leadership in developing & implementing EMS systems throughout CA & setting standards for training & scope of practice for EMS personnel.

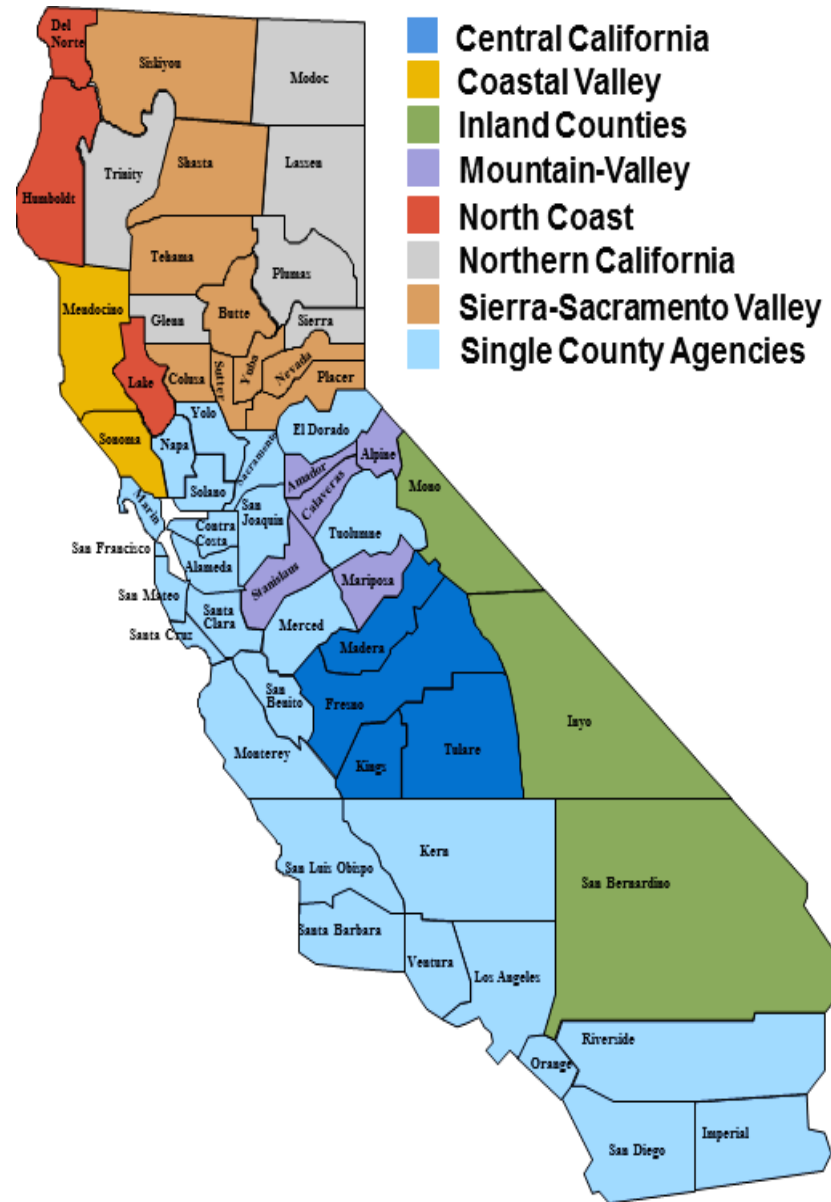
- Paramedic licensure and discipline
- Disaster medical preparedness and response
- Trauma system
- Poison Control
- Dispatch and EMS communications
- First aid and CPR for child care
- Injury prevention



Local EMS Agencies

33 local EMS agencies:

- 26 county agencies
- 7 multi-county agencies





CALIFORNIA EMS SYSTEM

- Providers are mixture of public and private
- 60,000 EMTs and 19,000 paramedics
- 3 million calls for service annually
- 3,600 ground ambulance and 50 air ambulances
- 310 acute care hospital EDs
 - 73 designated trauma centers



CA EMS STAKEHOLDER GROUPS

Emergency Medical Services Administrators Association of California
Emergency Medical Directors Association of California
Emergency Nurses Association
California Hospital Association
California Chapter of the American College of Emergency Physicians (Cal-ACEP)
California Fire Chiefs Association
California Ambulance Association
California Paramedic Program Directors Association
California State Firefighters Association
California Council of EMS Educators
California Department of Forestry and Fire Protection
California Poison Control Systems
California Healthcare Association EMS/Trauma Committee
California Nurses Association
California Peace Officers Association
California Professional Firefighters
California Medical Association
Commission on Peace Officer Standards and Training (POST)
California Sheriffs Association
California National Emergency Numbers Association
California Highway Patrol
California Association of Police and Sheriffs
Police Chiefs Association
California Police Chiefs Association
California Rescue and Paramedic Association
National Association of State Emergency Medical Services Directors



EMS Agenda for the Future

1996 NHTSA, HRSA

Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will ... provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. It will ... result in a more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.



Healthcare Reform and Mobile Integrated Healthcare Systems

Expanding the role of community-based services and integration of health resources is consistent with the objectives of the Affordable Care Act, the Triple Aim, and Accountable Care Organizations

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capital cost of healthcare



What is Community Paramedicine ?

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 collaboration with other health care professionals, in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations.



Underlying Principles of Community Paramedicine

- Based on collaborations and partnerships purposely designed to address identified gaps in care or service delivery.
- Not intended to duplicate or compete with other health care services or providers.
- Community paramedics are licensed but not as independent practitioners; they work under medical control.
- Community paramedics receive additional education and training commensurate with the focus of the CP program.



Medicare EMS Innovation Awards

- Regional Emergency Medical Services, NV – \$9.9 million
- Prosser Public Hospital District, WA – \$1.5 million
- Upper San Juan Health Service District, CO – \$1.7 million
- Goals
 - Reduce unnecessary ambulance responses
 - Reduce ED visits
 - Reduce hospital admissions and readmissions
 - Increase access to primary and preventative care
 - Increase in-home patient care follow-up in medically underserved areas



Why Can't We Do This without HWPP?

The paramedic scope of practice statute in California delineates a set of authorized skills/activities for EMS personnel and the places and circumstances in which those skills/activities may be performed.

HSC 1797.218 Any local EMS agency may authorize an advanced life support program which provides services utilizing EMT-P for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care hospital, during inter-facility transfer, while in the emergency department of a general acute care hospital



Why is there a need for a Pilot Project ?

- OSHPD's Health Workforce Pilot Projects (HWPP) Program allows organizations to test, demonstrate and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature.
- Provides the opportunity to gather outcome data to demonstrate whether or not Community Paramedicine improves access to care and reduces health care costs.
- Outcome data is critical to evaluate whether statewide implementation through statutory reform will improve health care delivery through expanded use of paramedics.



California Community Paramedicine



CALIFORNIA
HEALTHCARE
FOUNDATION



**EMERGENCY MEDICAL
SERVICES AUTHORITY**



University of California
San Francisco



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California Community Paramedic Pilot Projects



Local EMS Agency Partners

Sierra -Sacramento Valley

Solano County

Alameda County

Stanislaus County

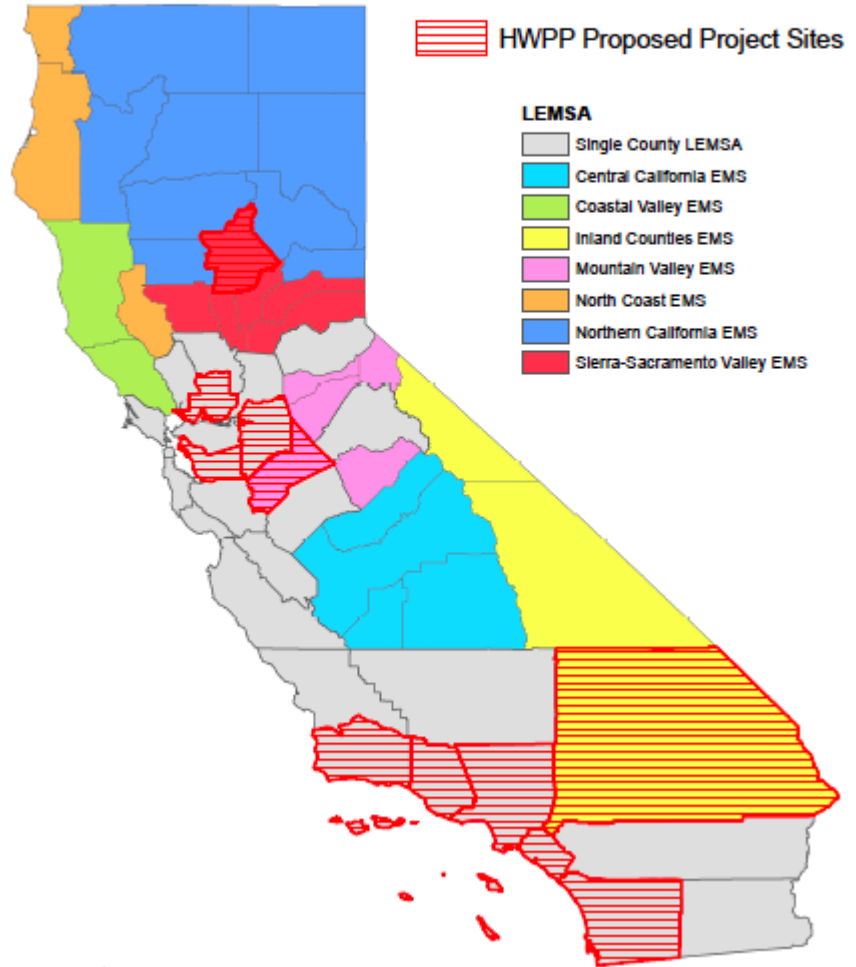
Ventura County

Inland Counties

San Diego

Los Angeles

Orange County



Based on 2013 data
Created 12/17/2013



Pilot Project Concepts



Alternate Destination

Los Angeles – Carlsbad – Orange County

Transport patients with specified conditions to alternate locations other than an acute care emergency department when appropriate.



Alternate Destination Behavioral Health

Stanislaus County

Transport patients with Behavioral Health issues to
Mental Health Facilities when appropriate.



Frequent 9-1-1 Users

City of San Diego – Alameda County

Address the needs of frequent 9-1-1 callers or frequent visitors to emergency departments by helping them access primary care and other social or psychological services.



Post Discharge Support

Solano – Alameda – Butte – San Bernardino
Orange - Los Angeles

Provide short-term home follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital with referral from the hospital, clinic, or medical provider.



TB Directly Observed Support

Ventura County

The purpose of this project is to improve the treatment for people with TB by providing support for the Ventura County Public Health Department's TB Specialty Clinic and the patients they serve.



Hospice Support

Ventura County

The concept behind this project is to improve the care and service provided to hospice patients who have activated the 911 system or had the 911 system activated on their behalf. The primary objective is to have Community Paramedics provide patients with comfort care using the patient's own comfort care kit and supplemental medications until hospice clinicians can take over care.



Community Paramedicine

**Pilot Project
Partners**

Project #	Lead Agency	LEMSA	Pilot Concept	EMS Providers	Partners
CP001	UCLA Center for Pre Hospital Care	Los Angeles	Alternate Destination	Santa Monica, Glendale & Pasadena Fire Dept's	Glendale Memorial Hospital, Huntington Medical Foundation Urgent Care Center, Kaiser Permanente, Pasadena Public Health Department UCLA Health System
CP002	UCLA Center for Pre Hospital Care	Los Angeles	Post Discharge Follow Up (CHF)	Burbank & Glendale Fire Dept's	Providence St. Joseph's Medical Center
CP003	Orange County Fire Chief's Assoc	Orange County	Alternate Destination	Fountain Valley, Huntington Beach & Newport Beach Fire Dept's	Covenant Health Network, Kaiser Permanente, Memorial Care Health System, University of California, Irvine Center for Disaster Medical Sciences
CP004	Butte County EMS			Butte County EMS, Inc	Enloe Medical Center
CP005	Ventura County EMS Agency	Ventura	Directly Observed Treatment of TB	AMR Ventura, Gold Coast Ambulance & LifeLine Ambulance	Ventura Public Health Department

Project #	Lead Agency	LEMSA	Pilot Concept	EMS Providers	Partners
CP006	Ventura County EMS Agency	Ventura County EMS Agency	Hospice Support	AMR Ventura	Assisted Hospice Care of Ventura
CP007	Alameda County	Alameda County	Post Discharge Follow Up (CHF) & Frequent 911 Callers	Alameda City Fire Department	Kaiser Permanente – Alameda County Medical Center
CP008	San Bernardino County Fire Department	Inland Counties Emergency Medical Agency	Post Discharge Follow up	San Bernardino County Fire Department	Arrowhead Regional Medical Center – San Bernardino County Department of Public Health
CP009	Carlsbad Fire Department	San Diego County EMS Agency	Alternate Destination	Carlsbad Fire Department	Kaiser Permanente

Project #	Lead Agency	LEMSA	Pilot Concept	EMS Providers	Partners
CP010	City of San Diego	San Diego County EMS Agency	Frequent 9-1-1 Callers	San Diego City Fire Department & Rural Metro Corporation	San Diego Health and Human Services Agency, San Diego State Institute of Public Health, SDSU School of Social Work, UCSD Department of Preventive Medicine, UCSD Department of Emergency Medicine, Hospital Association of San Diego and Imperial Counties
CP012	Mountain Valley EMS Agency	Mountain Valley EMS Agency	Alternate Destination Mental Health	AMR Stanislaus County	Sutter Health Memorial Medical Center, Stanislaus County Behavioral Health and Recovery Services
CP013	Medic Ambulance – Solano	Solano County EMS Agency	Post Discharge Follow Up	Medic Ambulance – Solano	Kaiser Permanente