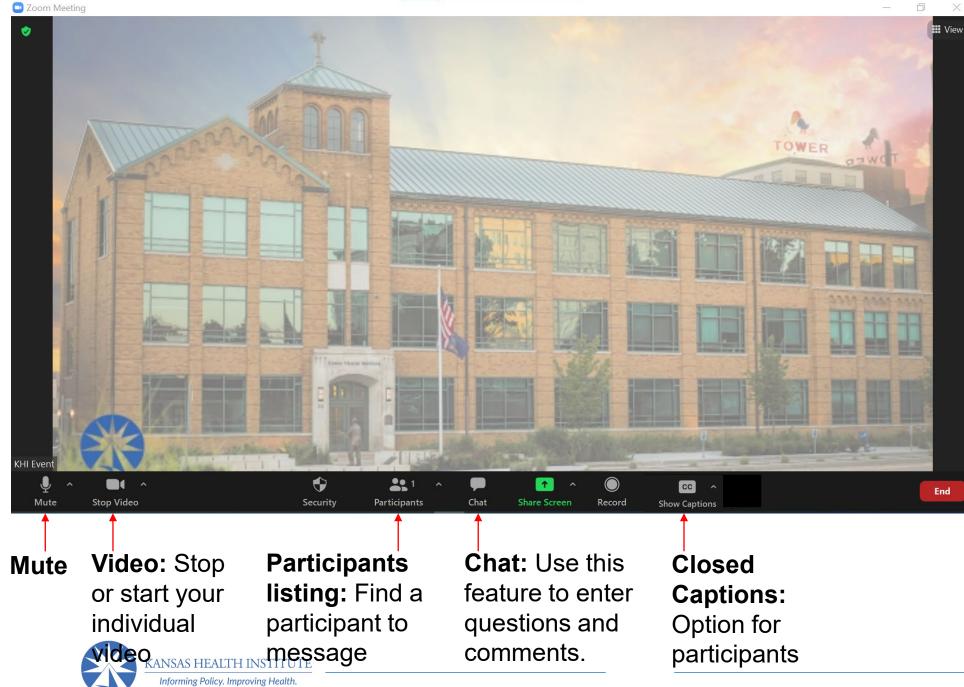


Advancing Community Paramedicine in Kansas: Policy Options & Considerations January 30, 2024

KANSAS HEALTH INFITTUTE



View: Switch between Speaker and Gallery view.

Helpful Hints for Zoom Meeting

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> Find 'KHI, IT Help' in the Participants list to connect for assistance.



Welcoming Remarks

KANSAS HEALTH INSTITUTE

Linda Sheppard Senior Analyst & Strategy Team Lead Kansas Health Institute

Who We Are



- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.



Healthier Kansans through effective policy.

Improve the health of all Kansans through nonpartisan research, education and engagement that support effective policymaking.



Our Services





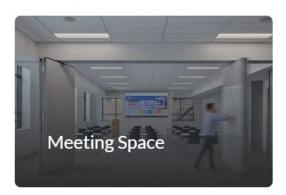












https://www.khi.org/services/



Expanding the Care Team:

Innovative Solutions to address Kansas' Workforce Challenges

David Jordan, President and CEO



Demographics: An Important Factor

Kansas Population is Growing... Slower and Mainly in Cities

Cheye -4.0		awlins 1.7	Decatur -6.7	Norton -3.7	Phillips -11.7	Smith -7.3	Jewell -4.7	Republic -6.1	Washing -4.6	ton -0.8			-5.5	
Sherma -1.4	n 1	homas 0.4	Sheridan -4.3	an Graham -7.0	Rooks	Osborne -9.3	Mitchell -9.1	Cloud -5.3	Clay -4.9	Riley	ttawatomie -1.7 17.3 Jefferson 7.4 Lea			Leavenwo
Wallace	Lo	gan	Gove	Trego -6.4	Ellis 1.7	Russell -4.0	Lincoln -9.3	Ottawa -5.8		1.2 Geary 6.9	Wabaunsee	Shawnee 0.5	-4.0 Douglas	7.5 Johnson
1.8		.2	0.9				Ellsworth	Saline -2.3	Dickinso -6.8	Morris		Osage	7.2	12.1 Miami
Greeley 3.0	Wichita -3.7	Scott 4.4	Lane -10.1	Ness -13.5	Rush -10.6	Barton -7.9	-1.9 Rice	McPherson 3.6	Marie	1,	Lyon -4.5	-3.2	0.0	4.3
		Finn	av	Hodgeman			-6.5	Har	-6.6			Coffey -2.8	Anderson -3.3	Linn -0.7
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Stanton -6.8	Grant -6.1	Haskell -11.2	-5.9		Kiowa -3.6	Pratt -5.2	Kingman -4.9	Sedg 5	wick .1	2.3	Elk -13.8		Neosho -3.7	Crawford -0.4
Morton -16.5	Stevens -8.3	Seward -4.3	Meade -11.4	Clark -10.1	Comanche -10.7	Barber -13.0	Harper -9.1	Sumi -7.3		Cowley -4.9	Chautauqua -7.9	Montgome -11.2	Labette -6.6	Cherokee -10.4

Percent Population Change in Kansas, by County 2010 - 2020

Source: Institute for Policy & Social Research, The University of Kansas; data from the U.S. Census Bureau.

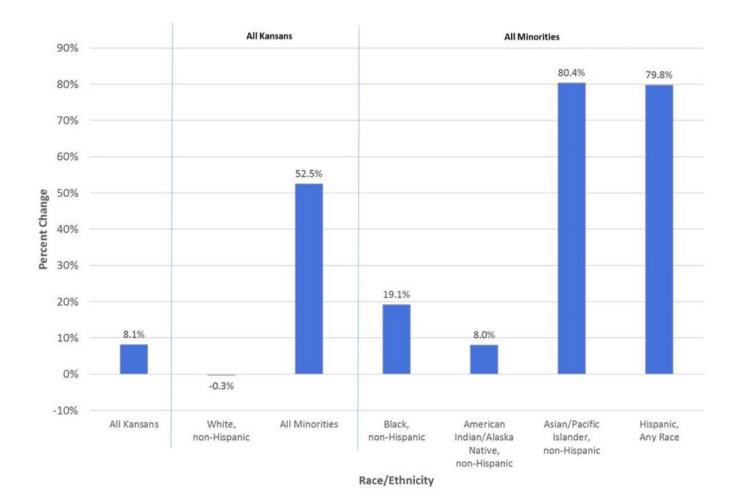


State: 3.0



Kansas' Changing Demographics

Figure 2.2.3a. Population Change (Percent) by Race/Ethnicity in Kansas, Between 2000 and 2016

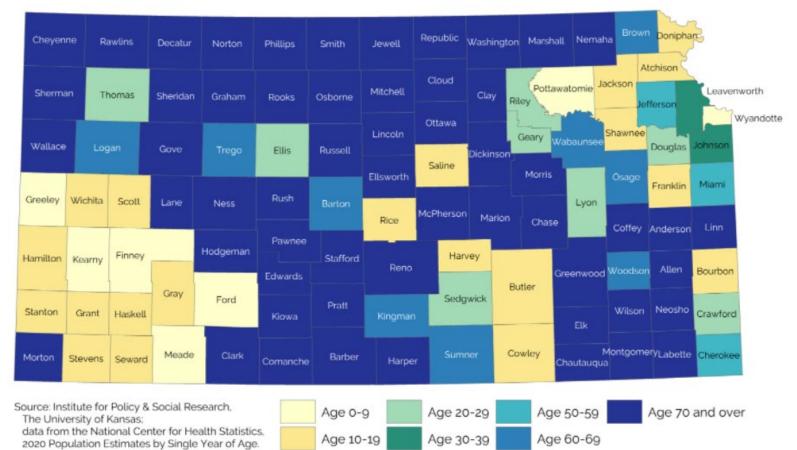




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Demographics: An Important Factor

Kansas Population is Growing... Older



Largest Age Group in Kansas, by County, 2020



The Number of Uninsured Patients Continues to Grow in Rural Areas

Cheyenr 16.0% 214		awlins 14.7% 183	Decatur 13.2% 194	Norton 13.0% 327	Phillips 13.1% 362	Smith 12.6% 231	Jewell 12.0% 171	Republic 11.0% 261	Washingto 13.9% 396	Marshall 9.9% 515	Nemał 8.9% 472	617	% /	Doniphan 10.6% 437	
Sherma 9.8% 316		homas 11.5% 488	Sheridan 17.9% 230	Graham 12.2% 159	Rooks 12.6% 344	Osborne 15.1% 281	Mitchell 11.2% 346	Cloud 11.5% 521 Ottawa		Riley Pottawa 9.3% 9.4 4.187	tomie 2 % 52	ackson 12.4% 894	9.0% 752 efferson 11.0%	8.	avenworth . 8.4% 3,669
Wallace 12.5% 95	12	gan .4% 91	Gove 17.8% 236	Trego 10.9% 165	Ellis 9.7% 1,662	Russell 13.6% 497	Lincoln 12.5% 196 Ellsworth	10.3% 328 Saline 11.8%	Dickinson 12.7% 1.308	1,884 Morris		11.7%	1,189 Douglas 9.7% 7,367	Johnson 8.6% 30,672	21.4% 20,554
Greeley 15.2% 97	Wichita 21.0% 228	Scott 14.7% 375	Lane 14.6% 121	Ness 15.8% 229	Rush 11.9% 195	Barton 14.2% 2,020	10.9% 317 Rice 13.2%	3,613 McPherson 9.9%	Marion 11.9%	13.5% 400 Chase 11.0%	Lyon 14.8% 2,878	11.4% 1,004 Coffey	Franklin 9.5% 1,394 Anderson	Miami 8.4% 1,599 Linn	
Hamilton 24.7% 358	Kearny 18.7% 398	Finney 21.0% 4,300		Hodgeman 15.1% 143	Pawnee 9.6% 313 Edwards 18.3%	Stafford 16.6% 364	645 Reno 13.1% 4,335	1,554 Han 11.2 2,0	2%	145 Gre	enwood	8.8% 400 Woodsor 16.1%	13.3% 544 Allen 10.4%	13.2% 693 Bourbon 12.8%	
Stanton 20.3% 213	Grant 19.6% 766	Haskell 25.0% 555	Gray 18.9% 620	Ford 22.6% 4,279	282 Kiowa 15.9% 195	Pratt 12.2% 591	4,335 Kingman 11.0% 444	Sedgy 14.4 42,6	vick 1%	9.7% 3,585	435 Elk 17.5%	274 Wilson 12.8% 584	696 Neosho 11.7% 984	974 Crawford 13.7% 3,141	
Morton 16.2% 230	Stevens 20.9% 620	Seward 26.3% 3,160	Meade 17.4% 379	Clark 13.3% 140	Comanche 14.8% 125	Barber 16.0% 380	Harper 15.8% 443		%	Cowley 13.1% Ch	212 autauqua 17.8% 306		Labette 13.2% 1,463	Cherokee 13.4% 1,511	
Kansas Adı	ansas Adults, Age 19-64, overall uninsured rate = 12.4% Percent Uninsured 2,471 Montgomery 2,471														
		8.4 to	10.6	10.	7 to 12.	2	12.3 to	o 13.4		13.5 to 1			<mark>16.1 to</mark> Health Ir		



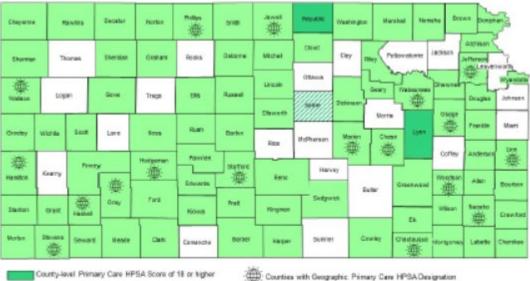
Health Care and Public Funding

- Kansas has lost over \$5 billion by not expanding Medicaid
- Kansas ranks #47 in drawing down federal funds
- Kansas ranked #39 in public health spending
 - The top state spends 5x more than Kansas
 - Kansas spends \$87 per person while the top state spends \$449



Kansas Healthcare Workforce Shortages

Primary Care Shortages, 2020

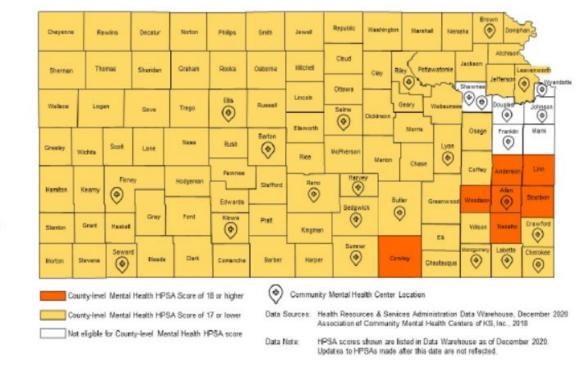


County-level Primary Care HPSA Score of 17 or lower Not slighte for County-level Primary Care HPBA acare Application for HPSA score has been submitted to HRSA

Data Source Health Resources & Sevices Administration Data Warehouse, December 2028

Data Note: HPSA scales shown are listed in Data Warehouse as of December 2020. Updates to HPSAs made after this date are not reflected.

Mental Health Shortages, 2020





Health Care Workers are Leaving

3 in 10 health-care workers say they have considered no longer working in health care.

Washington Post/Kaiser Family Foundation 2021

32% of nurses surveyed in November 2021 said they intended to leave their current position in the next year.

McKinsey & Company 2022

More than half of nurses surveyed under the age of 40 are less committed to the profession than 1 year ago.

Trusted Health 2021



2022 Community Conversations on Health Care

In January and February 2022, over 50% of Kansas hospitals reported limiting services due to staffing shortages.

Kansas Hospital Association

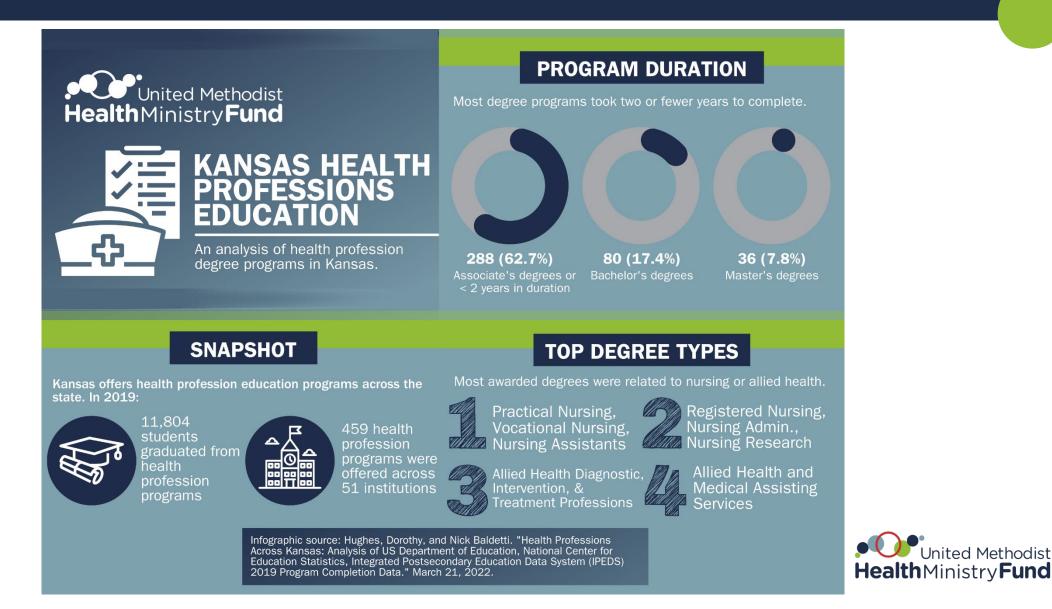




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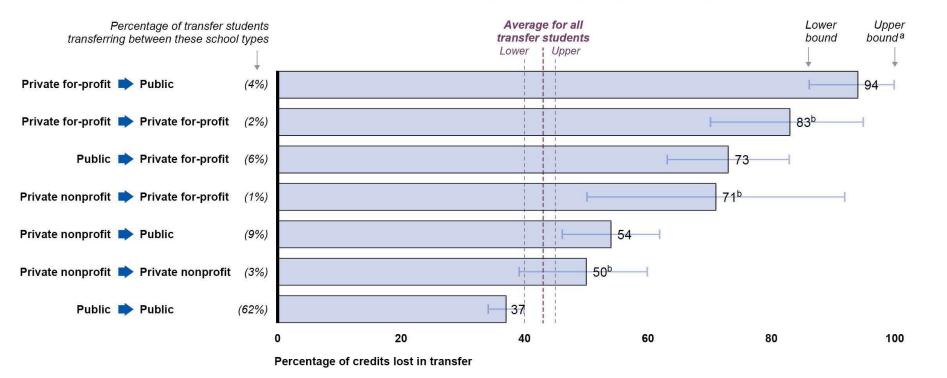


Kansas Health Professions and Education



Estimated Percentage of Credits Lost in Transfer

Figure 2: Estimated Percentage of Credits Lost in Transfer, on Average, by School Type, Academic Years 2003-04 to 2008-09

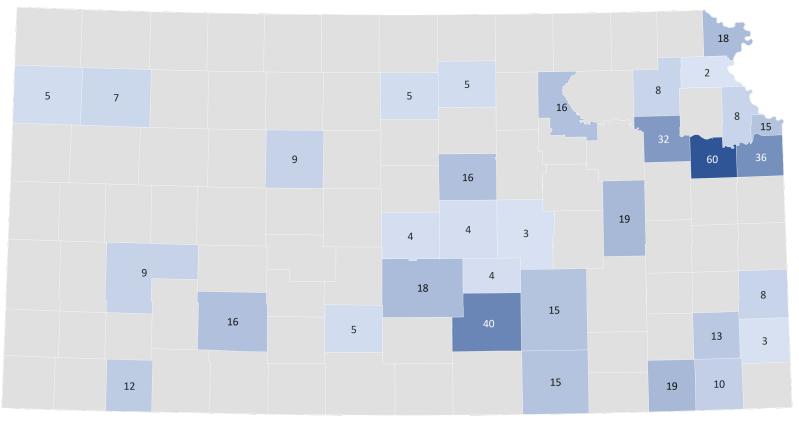


Source: GAO analysis of 2004-2009 Beginning Postsecondary Students Longitudinal Study. | GAO-17-574



Health Professions Programs Across Kansas

Health Professions Programs Across Kansas (All/IPEDS 2019)



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Kansas Health Institute Research



KANSAS HEALTH INSTITUTE Informing Policy. Improving Health.

the Care Team: Leveraging a Broad Workforce to Improve Health Care in Kansas



Professionals in a Health Care Team

Figure 1. Example Professionals in an Expanded Health Care Team, by Health Care Service Category

Health Care Service Category	Health Care Profession							
	Emergency Medical Responder (EMR)							
	Emergency Medical Technician (EMT)							
Emergency Medical Services	Advanced Emergency Medical Technician (AEMT)							
	Paramedic							
	Community Paramedic							
	Certified Nurse Aide (CNA)							
Nursing and Patient Care	Certified Medication Aide (CMA)							
Nursing and Fatient Care	Home Health Aide (HHA)							
	Medical Assistant (MA)							
Case Management and Coordination	Care Coordinator							
Case Management and Coordination	Case Manager							
	Certified Dietary Manager (CDM)							
	Community Health Worker (CHW)							
	Dental Assistant							
	Doula (birth, postpartum, end-of-life)							
Support Services	Home Visitor							
Support Services	Occupational Therapy Assistant (OTA)							
	Peer Mentor (Substance Use)							
	Peer Specialist (Mental Health)							
	Physical Therapy Assistant (PTA)							
	Respiratory Therapist (RT)							

Note: This is not a list of all occupations that could be included in an expanded health care team. While not precisely defined, health care professionals included in an expanded health care team are those for which the education required to enter the profession is less than an advanced post-secondary degree. However, these professionals may have other entry-level education, experience or certification requirements.

Source: Kansas Health Institute analysis of health care professionals, education requirements and policies from various sources.



20

Kansas Community Health Workers



Kansas Community Health Workers

This profession increases access to clinical and community-based services, helping to reduce health

disparities and the cost of care.

CHW ROLE

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20

Community health workers (CHWs) are community members trained to work with the local health care and social services systems to bridge the gap between these systems and their clients.

CHWs are also referred to as: health navigator, promotor(a), advocate, and educator

Their work ensures clients receive access to needed health, social and community services. Unlike many members of the health care team, CHWs are often seen beyond the walls of health care facilities, working in the community, and even making house calls. Community health workers can serve as the eyes and ears of the health care team.

Not everyone has equitable access to health care and social services. These systems are complex and can be incredibly difficult to navigate. CHWs benefit many populations who may otherwise not have equitable or adequate access to care or who may rely solely on emergency care, such as:

- Individuals with low or no income
- Communities of color
- Immigrants
- Individuals with language barriers
- · Patients with chronic conditions
- Individuals in crisis
- · Individuals without local support systems

Kansas CHWs use a combination of skills and knowledge to connect individuals to the information and services that will lead to optimal health outcomes. CHWs can have many roles and responsibilities:

 Client Support: CHWs provide encouragement and social supports to assist clients with setting goals and identifying barriers.

"One of my first referrals was a 23-year-old, obstetric patient, mother of two. The client had no insurance and was considering cancelling her ultrasound appointment as she didn't have the money to pay for it. During the enrollment process, I found she had numerous goals we could work on together. Many goals were met: applying for Medicaid, SNAP, WIC, moving from an unsafe apartment to subsidized housing, obtaining a library card for Internet access, enrolling in the adult learning center ... It's so rewarding to see how well this client is doing since her discharge."

-Lucy Watie, former CHW, Bob Wilson Hospital, Ulysses

 Care Coordination: CHWs assist in organizing care instructions across a client's health care team and connecting clients to appropriate information and services.

"I helped a patient with stage 4 cancer through the paperwork process to get his part-time caregiver paid. Ultimately, his caregiver support increased, which allowed the patient to have assistance with household chores, shopping, transportation to and from appointments, etc."

-Stephanie Goetz, Salina Family Healthcare Center

HOW KANSAS CHWS DEFINE THEMSELVES

community health worker is a frontline wubic health worker who is a trusted nember of and/or has an unusually close inderstanding of the community served. This rusting relationship enables the worker to erve as a liaison/link/intermediary between eatth/social services and the community to acilitate access to services and improve the tuality and cultural competence of service lelivery.

A community health worker also builds individual and community capacity by increasing knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

> -Definition adopted by the Kansas Community Health Worker Coalition



Today's Discussion

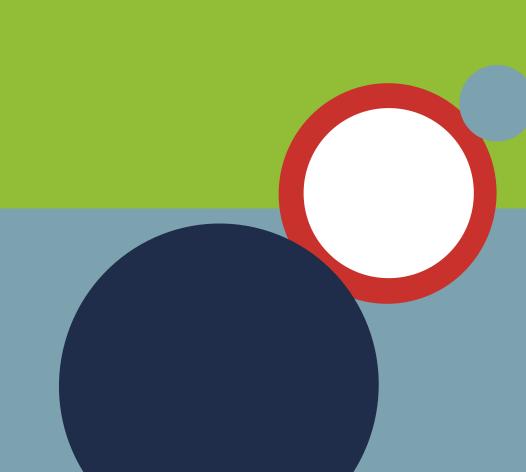
Advancing Community Paramedicine in Kansas: Policy Options & Considerations





Thank you!







Setting the Stage

Community Paramedicine Programs

Wyatt Beckman

KANSAS HEALTH DEPUTY

Senior Analyst Kansas Health Institute





As defined by the National Association of Mobile Integrated Healthcare Providers, Community Paramedicine is:

"patient-centered delivery care model using appropriately trained Emergency Medical Service (EMS) clinicians in an expanded role to render care, facilitate a more efficient delivery of care, and enhance access to community resources that address the social determinants of health."

Right care, right time, right place



Common Goals, Populations and Services

Common Goals:

- Prevent Hospital Readmissions
- Expand Access to Care
- Chronic Disease Management
- Alternate Destinations

Common Populations Served:

- Frequent EMS & Emergency Department Users
- Populations Managing Chronic Disease

Common Services:

- Assessment & Testing
- Fall Risk
 Assessment/mitigation
- Medication Evaluation
- Nutrition Assessment
- Referrals (social services, home health, mental heath etc.)
- Wound Care
- Vaccines



Outcomes & Effectiveness

A Promising Model of Care

- Developing field of research
- Key areas of success:
 - Emergency department utilization
 - Readmission
 - Patient satisfaction & engagement
 - Cost savings



57% Reduction in ED Transports



52% Reduction in Medicare Claims



Key Policy & Practice Considerations

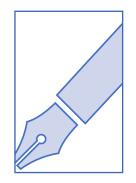




Definition & Scope of Practice

What can these professionals and programs do?

- Permitted actions a health care professional may take:
 - Preventative services
 - Alternative destinations
- Most states do not have a community paramedic-specific scope of practice
- Builds on existing EMT/Paramedic scope
- Medical Director oversight and approval

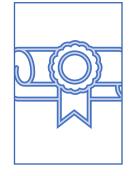




Education & Training Requirements

How do we prepare them for the job?

- Different state-level approaches
 - Endorsement, certification, licensure
- National exam and curriculum resources
- Common Components:
 - Existing EMT or Paramedic license
 - Experience
 - Training program
 - Exam





Integration with Other Health Care Services

How do they integrate with other health care stakeholders?

- Informed and designed around community needs
- Beneficial referral and partner relationships
- Written into policy:
 - Primary care plan
 - Non-duplicative
 - Collaborative agreements

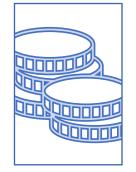




Funding & Reimbursement

How do we pay for these services?

- Common barrier and challenge
- Funding sources:
 - Grants and pilots
 - Self-funding
 - Provider partnerships
 - Commercial reimbursement
 - Medicaid reimbursement







Panel Discussion: Policy Options & Considerations for Community Paramedicine Programs

KANSAS HEALTH DEPUTY



Closing Remarks

KANSAS HEALTH INSTITUTE

Linda Sheppard Senior Analyst & Strategy Team Lead Kansas Health Institute

Reflections & Key Takeaways



Upcoming KHI Events – Ad Astra ECHO

Immunization for Maternal Health

Friday, Feb. 16 | 11 a.m. – 12:30 pm

Access to Immunizations for Uninsured Adults

Friday, March 22 | 10 – 11:30 a.m.



Visit our Events Page

khi.org/view-all-events/



Upcoming KHI Events – Bring It

- Join us online as we continue the conversation.
- Noon 1 p.m., Feb. 13
- Virtual event, Bring It: Leveraging an Expanded Health Care Team in Kansas
- Sign up to receive our emails for a link to register!







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