



North Central
EMS Institute

College Station
Medical Center

ACP Program

the **MED** ★

Curriculum

60 hrs didactic

60 hrs simulation

60 hrs internship



The Brenham Clinic



Advanced Community Paramedicine

- Goes after and seeks out “**system frequent users**” before they seek out healthcare services
- Performs **Close Medical Monitoring** of the patients that have known disease processes with complications
- **Triage’s 911 calls** to ensure the system can perform optimally – putting **Paramedics** and EMS Resources **where they need to be.**
- Puts highly skilled / **experienced paramedics** on scene of **acutely ill patients** for better outcomes
- Provides **disease management education** to rural and super rural areas of our community
- Provides education for **businesses**, schools (safety, CPR, etc..)
- **Decreases Response time** to non typical EMS Communities



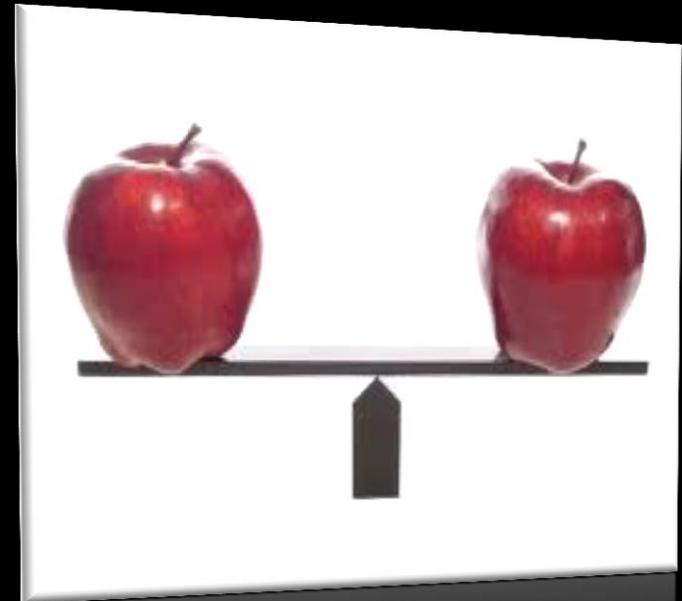
Current State of the Program

- ✦ 66 (119) Total Patients Enrolled
- ✦ 271 - Home Visits
- ✦ **564 – 911 Responses by ACP's**
- ✦ 769 – patient contacts
- ✦ 17 – Business Assessments
- ✦ 109 – Jail Call Medicine Visits
- ✦ 106 – In Home Disease Education
- ✦ **116 (192) - Prevented 911 Transport / ED Admission (\$291,500 Savings)**
- ✦ Saved over **\$300,000** for three consecutive years in local budget in EMS Staffing efficiencies.
- ✦ Total for three year project is **over \$1.39 million**
- ✦ **Improved EMS (efficiency) ability to handle call volume from 1200 to 2000 calls per EMS Unit. (70% improvement)**



REFORMING **CLINICAL** PERFORMANCE & Payment

- Creating a standard through **performance benchmarks**
- Placing expectations into protocols
- **Future of reimbursement??**



Must be paid for **services rendered** but for services rendered that are proven both **scientifically** and **fiscally**

- Payers need to give incentive to “do the right thing” (i.e. **pay for performance**)
- EMS Only gets paid for services rendered if they transport to an approved facility (ED).
- Without the DSRIP Waiver Program there would be no incentive to:
 - **Divert** patients to appropriate facilities
 - To **treat** patients on scene and follow up the next day or with PCP
 - To perform close ‘**medical monitoring**’
 - In **home education**

