

Community Health Annual Report



2023



EAGLE COUNTY
PARAMEDIC SERVICES

Table of Contents

1	Background and Overview
2	Annual Trends
3	Patient Care and Services
4	Demographics- Who are We Serving?
5	Strategic Planning
6	Legislative Advocacy
7	Appendices and References



EAGLE COUNTY
PARAMEDIC SERVICES

Community Paramedics to Community Integrated Healthcare:

Background

- ECPS began one of the country's first Community Paramedic programs over a decade ago. We still remain pioneers in the field of what has come to be known as Mobile Integrated Healthcare; a patient-centered, innovative care delivery model that offers needed care and services in the patient's home or mobile environment.

Overview

- Over the past decade, we have built strong relationships with a variety of local healthcare partners and organizations which has resulted in connecting our community to a broader range of services. As leaders in mobile healthcare, EMS is perfectly poised to fill in gaps along the healthcare continuum and bring people the care they need, where they need it, when they need it the most; ultimately this leads to higher quality care, improved population health outcomes, and reduced overall system costs.

Growth

- COVID was a catalyst for our healthcare community's recognition of the value of this unique and effective model of care. While the number of patients we served at home with COVID peaked in 2021, our rate of growth has continued with the ever-growing needs of our community. These growing needs include those of a population that is aging, has increased socioeconomic diversity, and an increase in the need for dynamic substance use disorder and behavioral health services.

Contact:

cp@ecparamedics.com
970-926-5270

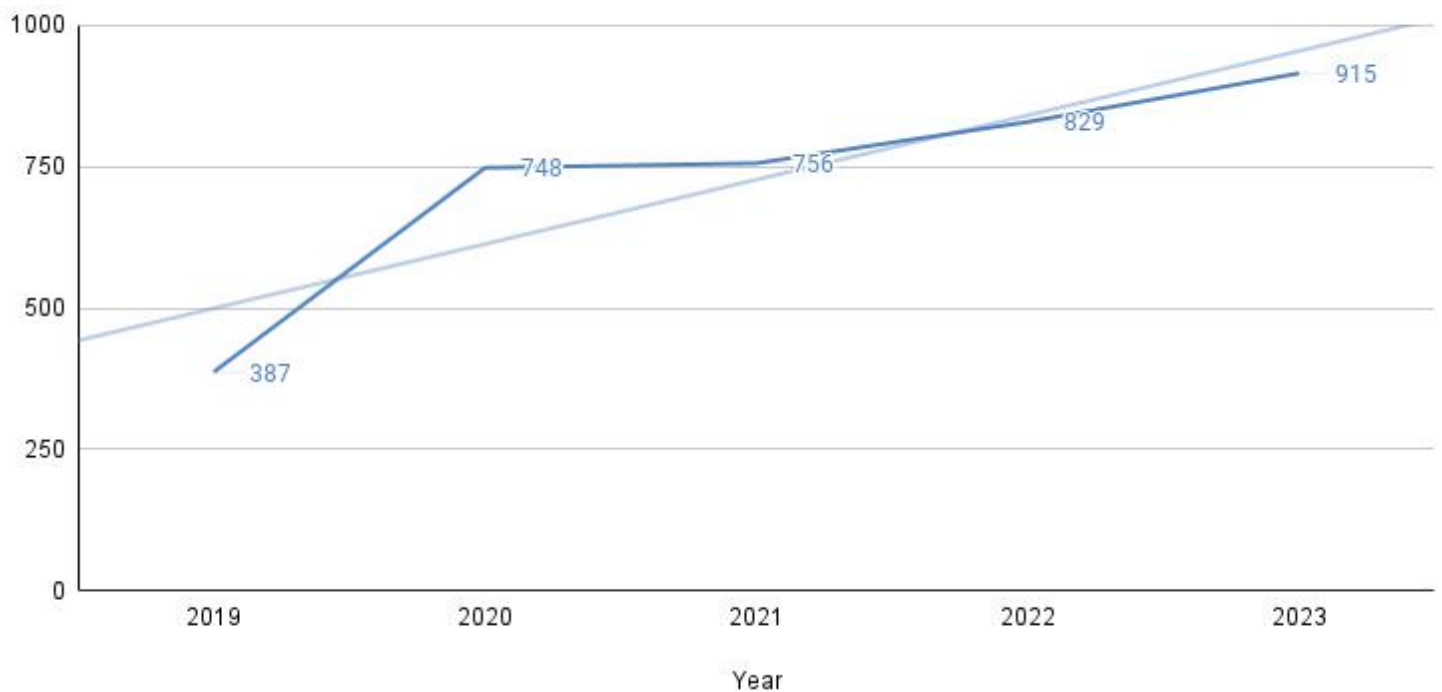
EAGLE COUNTY PARAMEDIC SERVICES



Annual Trends

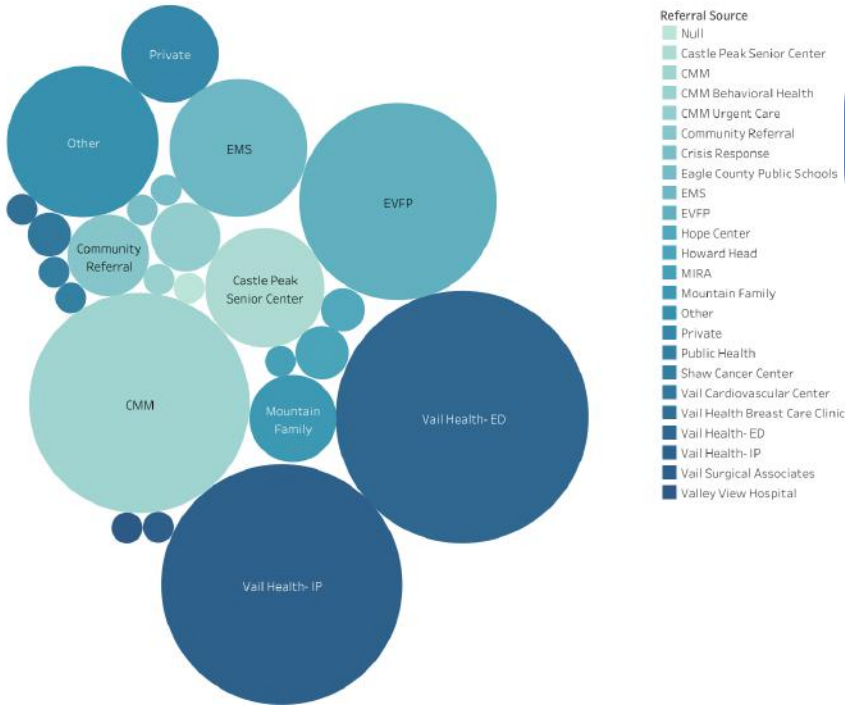
Call volume doubled from 2019 to 2021, and has continued with a sustained 10% growth annually.

Total Annual Call Volume



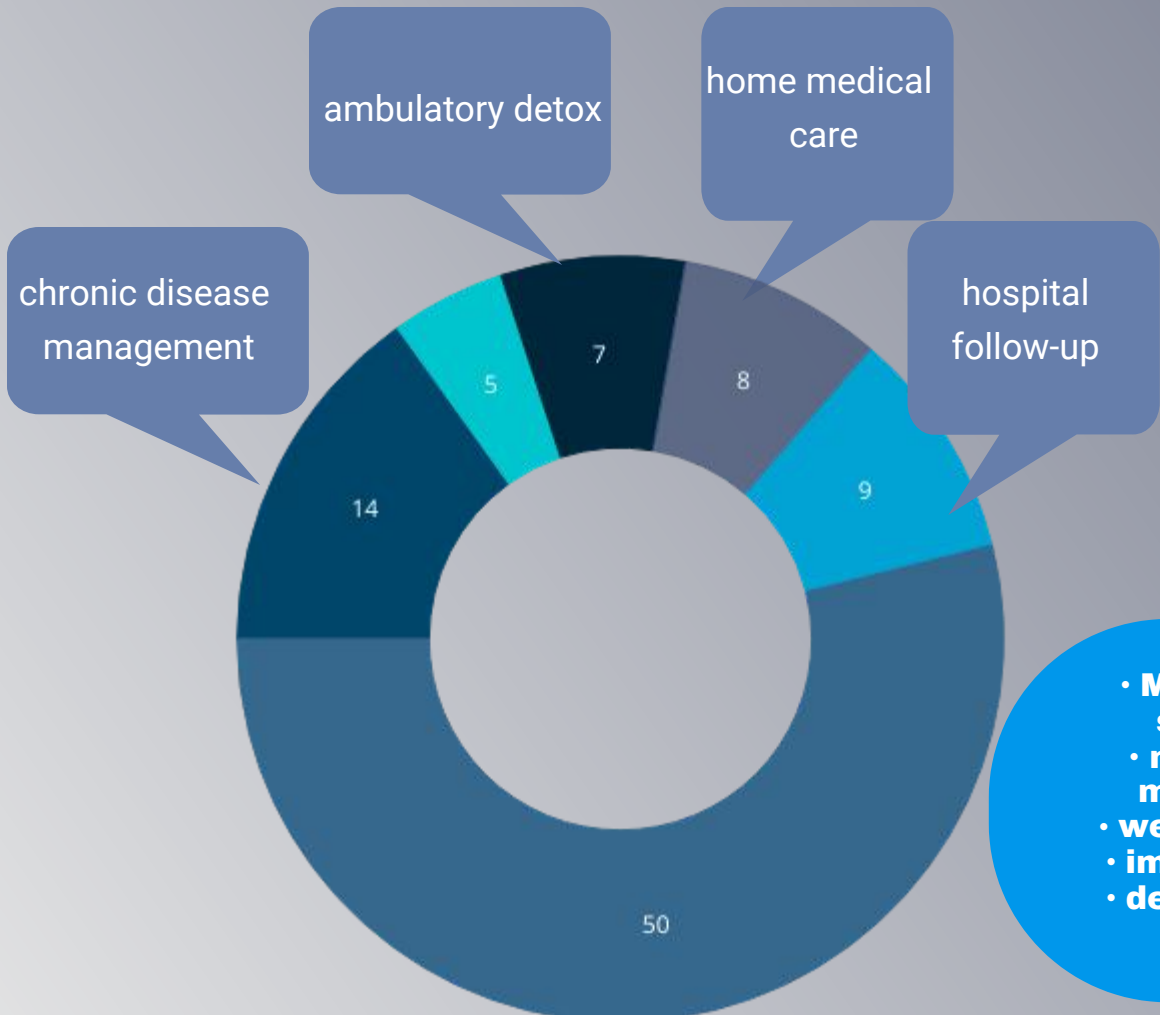
Patient Care and Services

Referral Source



Referral sources have expanded to include a wide variety of providers and community organizations.

Our list of available services has increased to meet local demand.

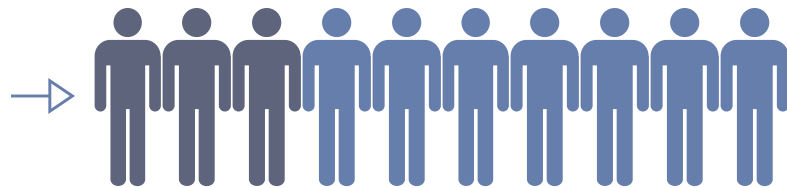
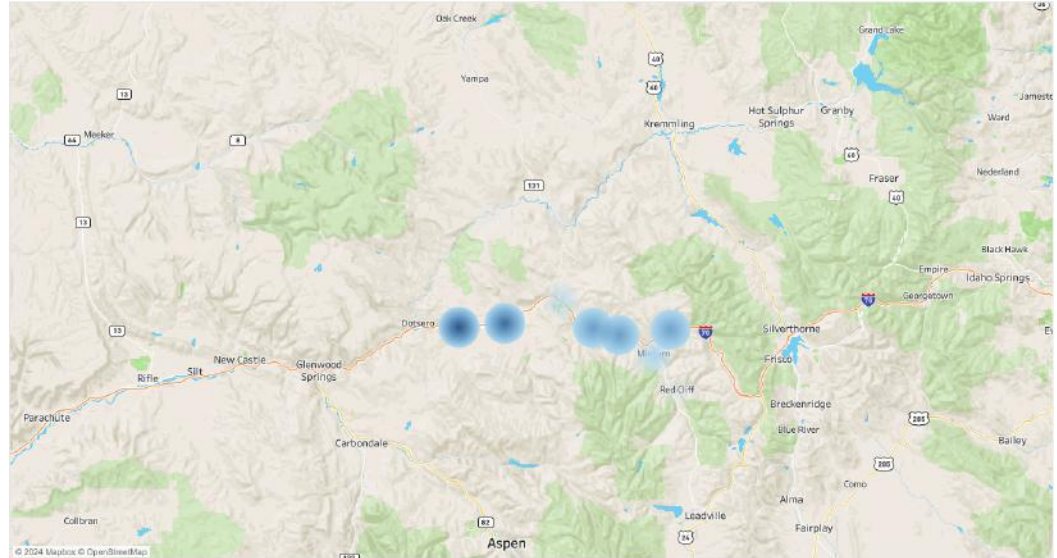


- MIRA health screenings
- medication management
- welfare checks
- immunizations
- dementia care
- etc

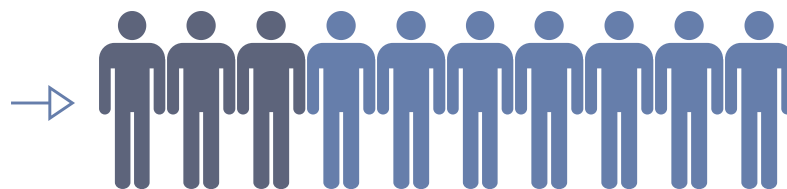
Who are we serving?

→ Community health needs down valley have increased.

Location



27% of our patients were over age 80; accounting for our largest age group served



26% of our patients identified as Hispanic; an 8% increase from last year

Strategic Planning

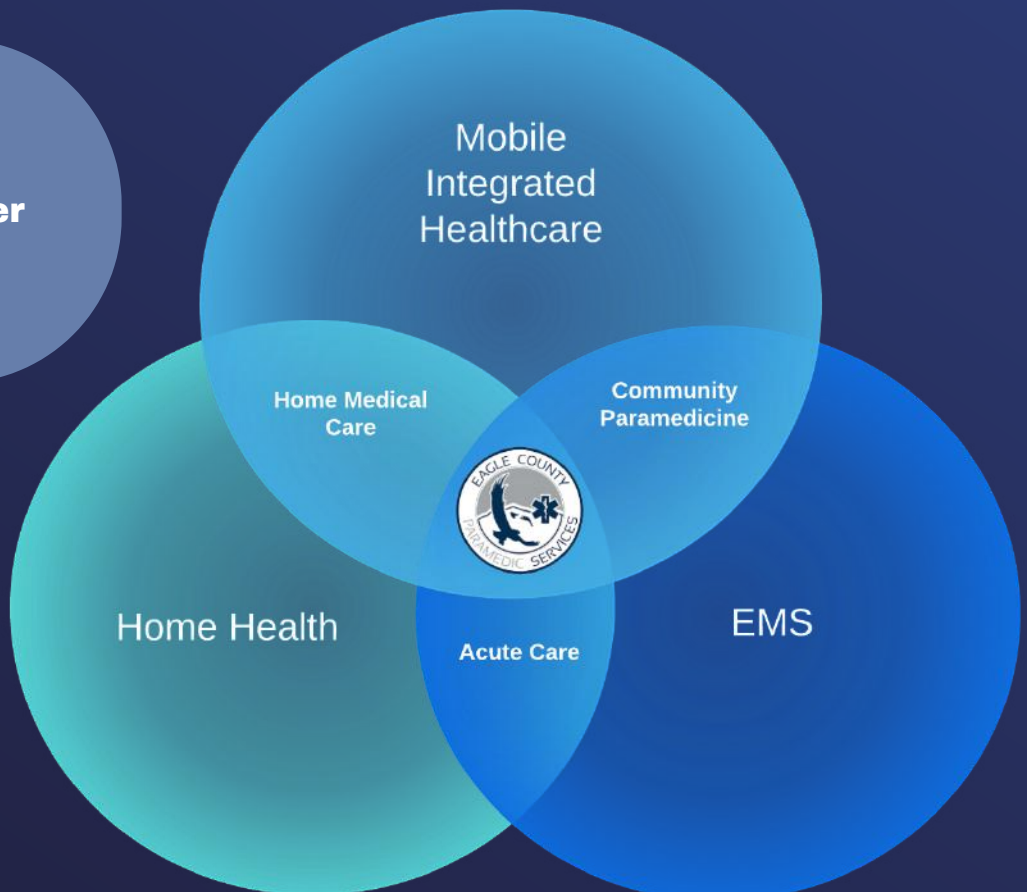
The Mission of Eagle County Paramedic Services is to provide skilled, professional, and compassionate healthcare to our community.

The Community Health Program exists to increase access to care, fill gaps along the healthcare continuum, and decrease the unnecessary utilization of the Emergency Medical System.

The exit of home health services in the Valley in 2023 required collaborative, innovative problem solving with our community partners.

Eagle County Health Service District:
Community Health Model

This included the addition of a home health project manager to explore possible solutions.



Legislative Advocacy

ECPS has been leading both national and state conversations aimed at EMS financing and system reform for the benefit of our broader community. We have been doing this with other rural EMS partners.

Our outcomes data illustrating the value of our interventions has been published nationally and is currently being used at the state legislative level.



PUTTING THE "I" IN MOBILE INTEGRATED HEALTHCARE

Measuring system-wide outcomes and cost savings resulting from Community Paramedic interventions within a local healthcare system

ALICE HARVEY, MSN BSN RN

CONCLUSION

It is clear that specific CP (Community Paramedic) interventions increase the rate of positive outcomes related to national quality measures for Acute Hospital Follow-Up, Crisis Co-Response and Chronic Disease Management. However, no significant impact was observed with Home Safety Assessment interventions due to a need for additional analysis of actual incidence within the referred population. These findings have been substantiated by local hospital-led research, attributing lower readmission rates to an increase in CP referrals over the past three years, leading to a potential 3% decrease in uncompensated funds from Medicare. Using an average cost of care annually per patient based on budget, it is concluded that actual cost savings related to CP intervention are significant and exceed current cost of service provision.

ANALYSIS

Outcomes 1

Result	Count	Percentage
Transport to ED	15	27.27%
Avoided	40	82.73%

Outcomes 2

Result	Count	Percentage
Readmitted within 30 days	15	15.00%
Readmitted without readmission 1-5 months	85	85.00%

Outcomes 3

Result	Count	Percentage
Modifications made within 3 months	100	100.00%
Modifications made to home and no additional falls > 3 months	100	100.00%
Modifications made to home and no falls in home within 3 and 6 months of visit	81	81.00%

Outcomes 4

Result	Count	Percentage
Admission Care Plan	100	100.00%
Medication Review	100	100.00%
Home Safety Assessment	100	100.00%
CP Follow-up & Medication Recn	100	100.00%

Outcomes 5

Result	Count	Percentage
Acute Care Follow-up	100	100.00%
Readmission to IP or ED within 30 days and 6 months	15	15.00%

Outcomes 6

Result	Count	Percentage
Crisis Co-Response	100	100.00%
Readmission to IP or ED within 30 days and 6 months	15	15.00%

RESULTS/FINDINGS

Of the 86 cases analyzed, the following statistics were identified: 63.64% of CDM patients did not have acute exacerbation within three months; 81.82% of HSA patients did not have a subsequent fall within six months; 88.89% of ACF patients were not readmitted within 30 days and only 17.86% of CCR patients were transported to the hospital. These rates were then compared to control outcomes of 100% for CDM, 17.40% for HSA, 15% for ACF and 100% for CCR. The difference in average cost of care was then calculated using the control and observed percent post CP intervention.

Estimated total potential cost savings for 86 patients was calculated at \$378,019.76 over a 6 month period, which averages **\$4,395.58 per patient.**

Appendices and References

Community Health Dashboard: <https://public.tableau.com/app/profile/alice.harvey1117/vizzes>

EMS World Abstract:

https://docs.google.com/document/d/18vDGgFVcEGs2dgcYDyxrupS4_bAOgSCIE6IMGQznoyA/edit?usp=sharing

Colorado TIP Cost Savings Report: <https://drive.google.com/file/d/1kwgNNfAbD7J7zlcgH6K-XEWtknVUZhfK/view?usp=sharing>

Additional Resources:

<https://naemt.org/WhatsNewALLNEWS/2023/11/08/new-bill-introduced-ems-reimbursement-for-on-scene-care-and-support-act#:~:text=This%20Bill%20facilitates%20reimbursement%20for,the%20EMS%20profession%20for%20decades.>



970-569-6223

aharvey@ecparamedics.com

