



IDAHO COMMUNITY HEALTH EMS (CHEMS) CHEMS Workgroup Kickoff Meeting



AGENDA

Wednesday, June 22, 2016

1:30p.m – 3:00 p.m. Mountain Time

In person: IDHW Offices – 10th Floor Conference Room

450 W State Street, Boise ID, 83702

Webinar: <https://attendee.gotowebinar.com/register/2079500119336649474>

1:30 – 1:45 **Welcome, Introductions, and Meeting Overview**

- Mary Sheridan, Bureau Chief
Bureau of Rural Health & Primary Care
- Wayne Denny, Bureau Chief
Bureau of EMS & Preparedness
- Mark Babson, Ada County Paramedics

1:45-2:15 **Review of Current SHIP CHEMS Initiatives**

- Mary Sheridan & Mark Babson

2:15-3:00 **Next Steps, Action Items, QA Session**

- Wayne Denny

3:00 **Adjourn**





COMMUNITY HEALTH EMS (CHEMS) WORKGROUP KICKOFF MEETING



Mary Sheridan, Bureau Chief
Rural Health & Primary Care, Division of Public Health,
Idaho Department of Health and Welfare

Wayne Denny, Bureau Chief
EMS & Preparedness, Division of Public Health
Idaho Department of Health and Welfare

June 22nd, 2016



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



Statewide **Healthcare
Innovation Plan**

Improved health, improved healthcare, and lower cost for all Idahoans



THANK YOU





MEETING AGENDA/OVERVIEW:

- Introductions
- SHIP Overview and CHEMS Initiatives
 - Participating EMS Agencies -1st Cohort
 - Community Paramedic Education Program – Idaho State University
 - Measures Review
 - Outreach Efforts, Mentoring, Telehealth
 - Next Steps – Workgroup Formation
- Workgroup Mission
- Workgroup Goals
- Workgroup Action Items



STATEWIDE HEALTHCARE INNOVATION PLAN (SHIP)

SEE: [HTTP://SHIP.IDAHO.GOV/](http://SHIP.IDAHO.GOV/)

- Funding from Centers for Medicare and Medicaid Innovation (CMMI)
- \$40 million grant over 4 years (2/1/15-1/31/19)
- Idaho Healthcare Coalition (IHC) guides SHIP implementation with support from workgroups
- IDHW: program staff, support to IHC, contract development and implementation
- Primary goal: Redesign Idaho's healthcare delivery system to evolve from a fee-for-service, volume-based system to a value-based system of care that rewards improved health outcomes.
- Triple Aim: Improve Patient Care (quality and satisfaction) + Improve Population Health + Reduce Healthcare Costs



CHEMS ALIGNMENT WITH SHIP GOALS

(REFERENCE SHIP AT-A-GLANCE)

Goal 1: Transform primary care practices into patient-centered medical homes (PCMHs).

Goal 2: Expand health data connections and use of electronic health records

Goal 3: Establish 7 regional collaboratives

Goal 4: Developing virtual PCMHs: CHEMS, CHW, telehealth (see brochure)

Goal 5: Build a statewide data analytics system

Goal 6: Align payment to move from volume to value

Goal 7: Reduce healthcare costs



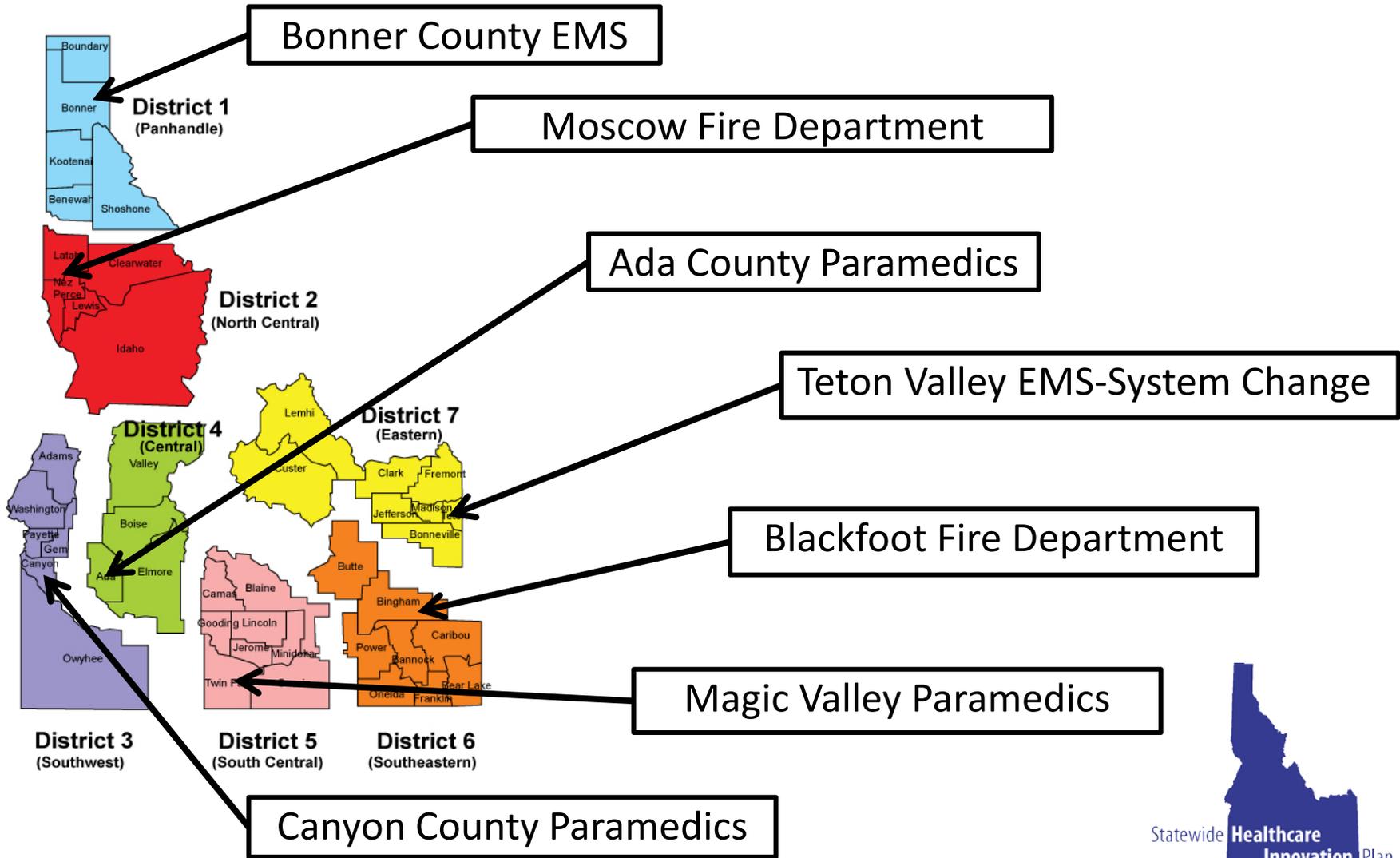
WHAT IS COMMUNITY HEALTH EMS (CHEMS)?

An evolving, innovative healthcare delivery model where emergency medical services (EMS) personnel extend the reach of primary care and preventative services outside of the traditional clinical settings and often into the patient's home environment.

An expanded role and work within their current scope of practice.

Examples:

- Healthcare navigators for patients
- Transitional care for patients following hospital discharge
- Vaccinations
- Resource coordination
- Basic medical therapeutics





PROGRESS TO DATE: PARTICIPATING EMS AGENCIES 1ST COHORT





PROGRESS TO DATE: COMMUNITY PARAMEDIC EDUCATION

COMMUNITY PARAMEDIC PROGRAM IDAHO STATE UNIVERSITY

Idaho State

UNIVERSITY

- **Year Long Certificate Program**
 - January 12, 2016
 - 11 Students, 9 CHEMS Students
- **Synchronous Online Class Structure**
- **Lectures**
 - Instructors
 - Subject Matter Experts
- **Overview Didactic and Clinical Sections**
 - Didactic - 96 Hours
 - Clinical - 150 Hours



PROGRESS TO DATE: MEASURES

Goal: Identify metrics, data collection mechanisms, and data reporting strategies to test CHEMS.

Points of Alignment: Triple Aim, SHIP Priorities, PCMH/medical-health neighborhood concept

Development Strategy:

- Planning, facilitation, member recruitment, great participation
- 32 members, diverse expertise and statewide representation
- Subject matter expert: Matt Zavadsky, MedStar Mobile Healthcare, National Measures Design Team
- 3 full-day facilitated meetings between January-March 2016



MEASURES DESIGN WORKGROUP



CHEMS Measures Design Workgroup Purpose
The goal of the CHEMS Measures Design Workgroup is to identify metrics, data collection mechanisms, and data reporting strategies to test CHEMs. The recommendations will be presented to the Statewide Healthcare Coalition for approval and implemented by CHEMS agencies across the Statewide Healthcare Innovation Plan.

Triple Aim:
1. Improve population health
2. Improve patient experience of care
3. Reduce healthcare system costs



Statewide **Healthcare Innovation** Plan

Improved health, improved healthcare, and lower cost for all Idahoans



CHEMS MEASURES

(REFERENCE MEASURES DOCUMENT)

Quality and Experience Measure: Patient health-related quality of life

Utilization Measure: Reduction in emergency department use

Cost Measure: Expenditure savings related to a reduction in emergency department use

Quality Measure: Patient connection to primary care provider

Quality and Safety Measure: Medication inventory to identify and reduce medication discrepancies



PROGRESS TO DATE: OUTREACH/MENTORING

- Regional Health Collaborative Presentations
- External Engagement Presentation Template/Training Session
- Agency Personnel Training/Mentoring Session
- Agency Administrative Training
- Tiered Funding Program Implementation Opportunity (reference draft document pending CMMI review)



PROGRESS TO DATE: OUTREACH/MENTORING

COMMUNITY HEALTH EMS (CHEMS)



A PERSPECTIVE FOR PARTNERS & THE COMMUNITY



Community Paramedic Program Review

Blackfoot Fire Training
March 7th - Lecture

Mark Babson
Ada County Paramedics – Community Paramedic Program
mbabson@adaweb.net
www.AdaCountyParamedics.org



Ada County Paramedics - Blackfoot Fire Department
Initial Community Paramedic Training
Monday, March 7th, 2016 – 370 N. Benjamin Lane, Boise ID 83704

Training Day Agenda

- 9:00-9:30**
- Introductions and General Program Overview
- 9:30-10:15**
- Review Mental Hold Diversion Program
- 10:30-12:30**
- Review the CARE Program - Saint Alphonsus Health Systems Partnership
- Possible Site Visit – Saint Alphonsus Hospital Emergency Department
- 12:30-1:15**
- Lunch
- 1:15-2:00**
- Review Ada County Community Paramedics' Field Referral Program
- 2:00-3:00**
- Review CHEMS Talking Outreach/Talking Points
- Open Roundtable Discussion – Personnel Questions
- Next Steps

(All times and agenda items subject to change)

Contact Information:

Mark Babson – mbabson@adaweb.net - 208-287-2993
Emily Shaw – eshaw@adaweb.net - 208-287-2991

COMMUNITY HEALTH EMS (CHEMS) ADMINISTRATOR TRAINING



Mary Sheridan, Bureau Chief
Rural Health & Primary Care, Division of Public Health,
Idaho Department of Health and Welfare

Shawn Rayne, Deputy Director of Operations
Ada County Paramedics

Mark Babson, Community Paramedic
Ada County Paramedics

June 22nd, 2016



COMMUNITY HEALTH EMS (CHEMS)



A PERSPECTIVE FOR THE PANHANDLE REGIONAL COLLABORATIVE



BLACKFOOT FIRE DEPARTMENT STAKEHOLDER MEETING





CHEMS WORKGROUP

Mission – Assist in accomplishing the Idaho Healthcare

Collation's (IHC) Charge for CHEMS – Goal 4

IHC Charge	<ul style="list-style-type: none"> ▪ Develop and implement Community Health Emergency Medical Services (CHEMS) programs in rural and underserved communities as part of the virtual patient-centered medical home (PCMH).
SHIP Goals	<ul style="list-style-type: none"> ▪ Goal 3: Support the integration of each PCMH with the local Medical Neighborhood. ▪ Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs. ▪ Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value. ▪ Goal 7: Reduce overall healthcare costs.



CHEMS WORKGROUP

Goals – Base on CHEMS Charter Success Measures

Success Measures

	SHIP Desired Outcomes	Measurement	Advisory Group's Role
1	<ul style="list-style-type: none"> Identify EMS agencies to implement CHEMS. 	<ul style="list-style-type: none"> Total number of CHEMS staff; Model Test Target: 52 (36 paramedics and 16 EMTs) 	<ul style="list-style-type: none"> Leverage contacts to facilitate identification of potential EMS agencies.
2	<ul style="list-style-type: none"> Implement training program for community paramedics (CP). 	<ul style="list-style-type: none"> CUM # (%) of CHEMS program paramedics trained for Virtual PCMH coordination. Model Test Target: 36 	<ul style="list-style-type: none"> Assist in selection and implementation of training.
3	<ul style="list-style-type: none"> Develop and implement training program for EMTs (ILS and BLS). 	<ul style="list-style-type: none"> CUM # (%) of CHEMS program EMTs trained for Virtual PCMH coordination. Model Test Target: 16 	<ul style="list-style-type: none"> Provide oversight of curriculum development and approval process. Assist in selection and implementation of training.

	SHIP Desired Outcomes	Measurement	Advisory Group's Role
4	<ul style="list-style-type: none"> Establish CHEMS peer mentoring program. 	<ul style="list-style-type: none"> CUM # (%) of on-site technical assistance visits. Model Test Target: 16 	<ul style="list-style-type: none"> Leverage contacts to facilitate development.
5	<ul style="list-style-type: none"> Establish new telehealth programs in CHEMS agencies. 	<ul style="list-style-type: none"> CUM # (%) of CHEMS agencies implementing telehealth programs Model Test Target: 6 	<ul style="list-style-type: none"> Assist in identifying and prioritizing needs. Assist in selection of agencies. Review and selection of vendors.
6	<ul style="list-style-type: none"> Develop and implement metrics and reporting strategy. 	<ul style="list-style-type: none"> # of metrics identified. Model Test Target: not defined 	<ul style="list-style-type: none"> Facilitate stakeholder engagement to build consensus around metrics and reporting strategy.
7	<ul style="list-style-type: none"> Develop and implement continuing education training for CHEMS agencies 	<ul style="list-style-type: none"> CUM # (%) of CHEMS staff participating in training program Model Test Target: 2 conferences 	<ul style="list-style-type: none"> Assist in development and implementation of continuing training conference.
8	<ul style="list-style-type: none"> Test CHEMS against the Triple Aim. 	<ul style="list-style-type: none"> [TBD- see #6 above] 	<ul style="list-style-type: none"> Review outcomes and provide feedback.



GREAT PROGRESS BUT MUCH TO DO!

- **Recruitment**: Project goals: 9 ALS agencies and 4 BLS/ILS
- **Education**: Community Paramedic, Community EMT (curriculum development and implementation), and learning collaboratives
- **Outcome Measures**: Strategies to collect and submit data
- **Mentoring and Coaching**: Expand resources to support program development
- **External & Internal Engagement**: Stakeholder engagement resources and strategies, connection to regional collaboratives, PCMHs, and SHIP staff
- **Telehealth**: Test the use of telehealth in CHEMS



CHEMS WORKGROUP

Action Items/Next Steps

- Be a champion! Connect with one stakeholder and share your strategy and approach.
- Conference Call/Webinar Abilities
- Connecting Local EMS Agency



CHEMS WORKGROUP

Action Items/Next Steps

- Review Outreach Questions – Send Feedback
 - Standard EMS Agency Outreach – Ask
 1. Related to the delivery of healthcare in your community, if you could fix one thing, what would it be?
 2. What do you see as your greatest needs or challenges in reaching the healthcare outcomes you are looking to achieve?
 3. Do you believe this concept/provider could be used within your organization’s healthcare delivery model – if so, do have some initial thoughts on how?
 4. Do you have any initial reservations to this concept? If so, what are they?
 5. What pieces of information/items of interest do you feel might be missing from this concept right now?



CHEMS WORKGROUP

Action Items/Next Steps

- Meeting Frequency/Time
- Support the workgroup priorities: data collection process, new agency recruitment and CHEMS EMT program development



FEEDBACK/QUESTIONS?





Statewide Healthcare Innovation Plan (SHIP)

At-A-Glance

Background:

In December 2014 The Idaho Department of Health and Welfare received a state innovation model (SIM) grant from the Center for Medicare and Medicaid Innovation. This grant will fund a four-year model test that began on Feb. 1, 2015, to implement the Idaho Statewide Healthcare Innovation Plan (SHIP). During the grant period, Idaho will demonstrate that the state’s entire healthcare system can be transformed through effective care coordination between primary care providers practicing patient-centered care, and the broader medical neighborhoods of specialists, hospitals, behavioral health professionals, long-term care providers, and other ancillary care services.

Work on the SHIP began in 2013 when Idaho stakeholders came together to study Idaho’s current healthcare system and develop a plan for transformation. The 6-month planning process involved hundreds of Idahoans from across the state working together to develop a new model of care. In early 2014 Governor Otter established the Idaho Healthcare Coalition (IHC) which has continued to build on earlier stakeholder work and momentum. IHC members include private and public payers, legislators, health system leaders, primary care providers, nurses, healthcare associations and community representatives.

Goal:

The Idaho Statewide Healthcare Innovation Plan (SHIP) will redesign Idaho’s healthcare system to:

- 1) Improve Idahoans’ health by strengthening primary and preventive care through the patient centered medical home, and,
- 2) Evolve from a fee-for-service, volume-based payment system of care to a value-based payment system that rewards improved health outcomes.

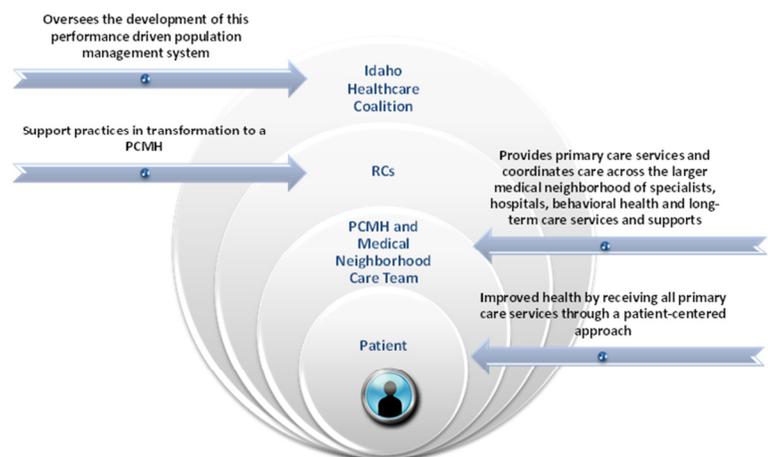
Scope:

The SHIP is a statewide plan that aims to improve the health of **all Idahoans**.

Private insurers as well as Medicaid and Medicare are meeting together to design healthcare reimbursement methods that pay providers for keeping people healthy.

Timeline:

The first year of the four year award period is considered a pre-implementation year dedicated to hiring project staff and contractors (February 2015 – January 2016). By the end of calendar year 2015, the first cohort of primary care clinics will be identified and begin their training to transform to PCMHs.



Program Goals:

Idaho's plan identifies seven goals that together will transform Idaho's healthcare system.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs):

Idaho will test the effective integration of PCMHs into the larger healthcare delivery system by establishing them as the vehicle for delivery of primary care services and the foundation of the state's healthcare system. The PCMH will focus on preventive care, keeping patients healthy and stabilizing patients with chronic conditions. Grant funding will be used to provide training, technical assistance and coaching to assist practices in this transformation.

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood:

Idaho's proposal includes significant investment in connecting PCMHs to the Idaho Health Data Exchange (IHDE) and enhancing care coordination through improved sharing of patient information between providers.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood:

At the local level, Idaho's seven public health districts will convene Regional Collaboratives that will support provider practices as they transform to PCMHs.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs:

This goal includes training community health workers and integrating telehealth services into rural and frontier practices. The virtual PCMH model is a unique approach to developing PCMHs in rural, medically underserved communities.

Goal 5: Build a statewide data analytics system:

Grant funds will support development of a state-wide data analytics system to track, analyze and report feedback to providers and regional collaborative(s). At the state level, data analysis will inform policy development and program monitoring for the entire healthcare system transformation.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value:

Idaho's three largest commercial insurers, Blue Cross of Idaho, Regence and PacificSource, along with Medicaid will participate in the model test. Payers have agreed to evolve their payment model from paying for volume of services to paying for improved health outcomes.

Goal 7: Reduce healthcare costs:

Financial analysis conducted by outside actuaries indicates that Idaho's healthcare system costs will be reduced by \$89M over three years through new public and private payment methodologies that incentivize providers to focus on appropriateness of services, improved quality of care and outcomes rather than volume of service. Idaho projects a return on investment for all populations of 197% over five years.



COMMUNITY HEALTH WORKERS

A COMMUNITY HEALTH WORKER (CHW)

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.³

CHWs are an effective way to become a Virtual PCMH and extend healthcare services to medically-underserved areas. As a member of the PCMH team, CHWs will serve as the bridge between individuals in the community and the health and social services in the community.

The Idaho Healthcare Coalition (IHC) is overseeing the expansion of Idaho CHWs who can serve rural communities as part of the Virtual PCMH.

 Idaho will adopt and adapt the Massachusetts CHW training curriculum.

 Training will be delivered through both live-online training and online course electives.

The Institute of Medicine's 2003 and 2010 Reports noted the positive impact of CHWs and recommended that CHWs can be used as essential members of a healthcare team.

CHWs have been found to:

- Improve access to primary care services
- Improve utilization of services
- Improve quality of care
- Reduce cost of care
- Improve the rate of health insurance coverage
- Significantly contribute to an increase in health promotion and disease prevention
- Help reduce health disparities by providing and arranging for cultural competent services⁴

³ American Public Health Association definition of CHWs.

⁴ "The Patient-Centered Medical Home's Impact on Cost and Quality: Annual Review of Evidence 2013 - 2014." Patient-centered Primary Care Collaborative, Milbank Memorial Fund. January 2015

Background and Support for the Virtual PCMH Model

Idaho received federal State Innovation Model (SIM) grant funding to support and test the impact of transforming primary care services to a PCMH model.

The Idaho Healthcare Coalition, comprised of healthcare providers, payers, IDHW, Public Health Districts and other stakeholders, is overseeing the implementation of Idaho's healthcare transformation that is largely funded by the State's SIM grant.

The IHC has designated a significant portion of grant funds to establish Virtual PCMHs in rural communities.

Clinics participating in the Idaho's State Health Improvement Plan (SHIP) Model Test and working toward the PCMH model of care delivery are eligible to receive a \$2,500 Virtual PCMH incentive payment upon incorporating any of the three options identified as virtual modules: CHWs, CHEMS, and/or telehealth.

Support will also be provided to clinics interested in establishing a Virtual PCMH through trainings, peer mentoring programs, learning collaboratives, and other resources identified by the IHC.

THE VIRTUAL PATIENT-CENTERED MEDICAL HOME (PCMH)

A Model for Idaho's Rural and Underserved Communities

A Patient-Centered Medical Home (PCMH) is a partnership between the patient, primary care provider, and a team of healthcare professionals to provide coordinated services that focus on the patient's total health needs.

Virtual PCMHs are an important part of the Idaho's goal to expand access to the PCMH team-based model through an innovative approach that maximizes and creates new community resources.

What is a Virtual Patient-Centered Medical Home?

The Virtual PCMH model is Idaho's unique approach to establishing PCMHs in rural, medically under-served areas. Through the Virtual PCMH, the traditional PCMH healthcare team is expanded to include previously untapped existing local resources and remote resources technology.



Based on community needs and resources, any or all of the three options may be used to establish a Virtual PCMH.

- 1 Expand the PCMH team to include local Community Health Workers (CHWs).
- 2 Engage local Community Health Emergency Medical Services (CHEMS) personnel to participate in the PCMH team.
- 3 Utilize telehealth technology to access and coordinate with healthcare specialists not available in the community.

Benefits of a Virtual PCMH

A Virtual PCMH will realize the same benefits as a traditional PCMH by extending the PCMH team-based care model that improves quality and coordination of services.

A recent report¹ looked at 28 studies on the impact of the PCMH model and found:

- 17 demonstrated improvements in the cost of care
- 24 found utilization of services improved
- 11 showed improvements in quality
- 10 demonstrated improvements in access
- 8 found improvements in patient satisfaction

The Virtual PCMH model will introduce new resources into rural, medically under-served communities that will help fill the gaps in Idaho's healthcare professional workforce shortage areas.

¹ The Patient-Centered Medical Home's Impact on Cost and Quality: Annual Review of Evidence 2013 - 2014." Patient-centered Primary Care Collaborative, Milbank Memorial Fund. January 2015





TELEHEALTH

TELEHEALTH is a mode of delivering healthcare services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health providers.²

Many Idahoans have limited access to behavioral health and specialty services, particularly those living in one of the state's 35 rural or frontier counties.

Telehealth is an important tool for providing access to essential services that may not otherwise be available in medically-underserved communities.

The IHC is working with an Idaho Telehealth Council subcommittee and stakeholders from around the state to expand telehealth services. A SHIP telehealth plan is being developed to operationalize telehealth in rural PCMH clinics.

The SHIP Telehealth plan will include:

- Onsite and virtual training resources for PCMHs, CHEMS, and Public Health District SHIP staff
- Best practice resources for the delivery of telehealth services.
- A peer mentoring program for new users of Telehealth technology.

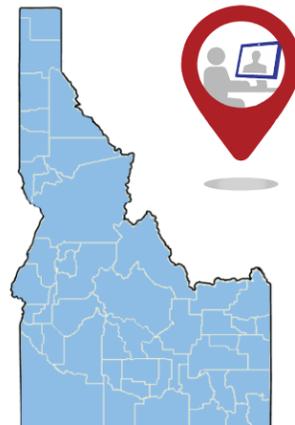
Clinics employing telehealth can be designated as a Virtual PCMH while offering their patients the benefits of telehealth technology, which may include:

- Earlier diagnosis and treatment
- Access to specialists for those with chronic or complex medical conditions
- Reductions in ER visits and hospital admissions
- Timely evaluation of behavioral health needs
- Transportation savings and missed work savings for patients
- Reducing or containing healthcare costs through better disease management, reduced patient complications, and fewer or shorter hospital stays

² Legislative Citation: <https://goo.gl/dZeVPB>

Behavioral Health and Physical Health Integration

There is a severe shortage of behavioral health (BH) professionals across all of Idaho. Telehealth can help provide access to mental health and substance abuse services and help integrate BH services in the primary care setting.



The IHC is working with the Telehealth Council, providers, and other stakeholders to:

- Identify training, equipment, and other resources needed to increase access to BH services through telehealth.
- Establish telehealth capacity in at least 18 Virtual PCMHs in order to expand access to timely behavioral health services in rural underserved communities.

COMMUNITY HEALTH EMERGENCY MEDICAL SERVICES (CHEMS)



COMMUNITY HEALTH EMERGENCY MEDICAL SERVICES (CHEMS) is an innovative model where emergency medical services (EMS) personnel are incorporated into the general healthcare delivery system to increase access to healthcare and extend the reach of primary care into a patient's environment.

The CHEMS model draws upon the extensive medical expertise of Idaho's emergency medical services (EMS) to expand access to primary care services for Idaho's rural and underserved residents.

Traditionally, EMS personnel deliver care in a non-clinical setting, function within interdisciplinary teams, and provide medical services during transport to emergency departments and hospitals. The CHEMS model expands the role of EMS personnel beyond emergency and crisis services to extending primary care services as part of the Virtual PCMH team-based care.

As part of the PCMH team, EMS personnel communicate with the primary care provider to ensure care coordination, appropriate care oversight, and implementation of a care plan. This occurs by leveraging and partnering with current resources and other healthcare providers.

Data will be collected on the CHEMS model to evaluate the impact on patient care and costs.

A Virtual PCMH using the CHEMS model can use EMS personnel in a number of different ways as a member of the PCMH team.

Potential role for CHEMS:

- In-home follow up after a hospital stay or discharge from an emergency department
- Administering vaccinations
- Hospice support
- Follow up and support for individuals with chronic conditions
- Health checks for frequent 911 callers
- Health care navigators
- Basic medical therapeutics
- Medication inventories
- Resource and care coordination

LEARN MORE ABOUT IDAHO'S VIRTUAL PCMH

Contact your Public Health District SHIP Project Manager for more information about how to establish a Virtual PCMH.

Panhandle Health Collaborative (PHD District 1)
Steve Holloway sholloway@phd1.idaho.gov

North Central Health Collaborative (PHD District 2)
Kayla Sprenger ksprenger@phd2.idaho.gov

Southwest Health Collaborative (PHD District 3)
Rachel Harris rachel.harris@phd3.idaho.gov

Central Health Collaborative (PHD District 4)
Gina Pannell gpannell@cdhd.idaho.gov

South Central Health Collaborative (PHD District 5)
Rob Petroch rpetroch@phd5.idaho.gov

Southeastern Health Collaborative (PHD District 6)
Rhonda D'Amico rdamico@siph.idaho.gov

Eastern Health Collaborative (PHD District 7)
James Corbett jcorbett@eiph.idaho.gov

More information can also be found at: <http://ship.idaho.gov/>



Statewide Healthcare Innovation Plan (SHIP)

Community Health EMS (CHEMS) Measures Design Workgroup Recommendations

Background and Introduction:

Community Health Emergency Medical Services (CHEMS) is an evolving, innovative healthcare delivery model wherein emergency medical services (EMS) personnel serve to extend the reach of primary care and preventative services outside of the traditional clinical settings. CHEMS providers in Idaho have an expanded provider role and work within their current scope of practice. Examples of these expanded roles may include:

- Acting as healthcare navigators for patients
- Transitional care for patients following discharge from a hospital stay
- Vaccinations
- Medication inventories
- Resource coordination
- Basic medical therapeutics

The Statewide Healthcare Innovation Plan (SHIP) includes the development and implementation of CHEMS programs in rural and underserved communities as part of the “virtual” Patient-Centered Medical Home. These programs will help expand primary care reach and capacity, become assets in the medical-health neighborhood, and improve access to healthcare services.

SHIP CHEMS Measures Design Workgroup

A SHIP CHEMS Measures Design Workgroup was convened to identify metrics, data collection mechanisms, and data reporting strategies to test CHEMS against the Triple Aim. The workgroup included 32 stakeholders from a wide range of expertise; including health systems, primary care, higher education, payers, EMS agencies, Division of Public Health staff, critical access hospitals, Public Health Districts, and Qualis Health. This workgroup convened for three full-day facilitated meetings between January-March 2016 and additional work was accomplished electronically between meetings.

CHEMS Measures Design Workgroup Highlights:

- **Subject Matter Expert:** Matt Zavadsky, MS-HSA, EMT, a nationally-recognized subject matter expert, presented information and best practices regarding the development of a standard set of outcome measures EMS agencies can use to test program effectiveness. This work has been vetted on the national level by organizations such as the Agency for Healthcare Research and Quality, National Committee for Quality Assurance, and Institute for Healthcare Improvement. Mr. Zavadsky referenced an outcome measures strategy tool agencies can refer to when developing

their measures. Please refer to these links to view his presentation and measures tool:

- <http://www.ship.idaho.gov/Portals/93/Documents/CHEMS/CHEMS%20Outcome%20Metrics%20Presentation%201-22-2016.pdf>
- [http://www.ship.idaho.gov/Portals/93/Documents/CHEMS/MIH%20Metrics%20for%20Community%20Health%20Interventions%20Top%2017%20Isolated%204-7-15%20\(J%20%20%20.pdf](http://www.ship.idaho.gov/Portals/93/Documents/CHEMS/MIH%20Metrics%20for%20Community%20Health%20Interventions%20Top%2017%20Isolated%204-7-15%20(J%20%20%20.pdf)

- ***Measure Design and Recommendations:*** The measure tool and information presented by Mr. Zavadsky generated important discussions and stakeholder suggestions about measures SHIP CHEMS agencies can implement. Through facilitated decision-making, the workgroup identified a set of outcome measures CHEMS agencies should collect and report to test the CHEMS concept. The measures for recommendation to the Idaho Healthcare Coalition include the following:

- ***Quality and Experience Measure:*** Patient health-related quality of life
- ***Utilization Measure:*** Reduction in emergency department use
- ***Cost Measure:*** Expenditure savings related to a reduction in emergency department use
- ***Quality Measure:*** Patient connection to primary care provider
- ***Quality and Safety Measure:*** Medication inventory to identify and reduce medication discrepancies

*****Please see Appendix A, page 3, for details about each measure.***

- ***Data Collection and Reporting Methods:*** EMS Agency workgroup members were surveyed to provide feedback and perspective about data collection and reporting capacity. The workgroup discussed the survey results, general data collection questions, potential audience (i.e., who needs the information to guide decision-making about the value/impact of CHEMS), data format, and other considerations. Key results include:

- ***EMS Agency Survey Information:*** EMS Agencies indicated that collecting 4-6 measures is feasible and they can collect the recommended measures in applications such as Excel and Access.
- ***Data Collection and Analysis:*** SHIP personnel received feedback from the SHIP data analytics contractor with regard to aggregating and analyzing CHEMS measures. The contractor can be a resource to support analysis of the recommended measures. If other more automated strategies are not available, the workgroup determined agency data could be collected and reported to SHIP or IDHW staff. This data could subsequently be sent to the data analytics team for analysis. The data analytics contractor suggested an on-line survey instrument, such as Survey Monkey professional version, could also be considered.

*****Further discussions and decisions regarding data collection and reporting strategies will occur in future CHEMS Workgroup meetings.***

Please see the SHIP CHEMS webpage to view workgroup materials and information: <http://www.ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx>

Appendix A

**IDAHO COMMUNITY HEALTH EMS (CHEMS)
MEASURES DESIGN WORKGROUP
Measures and Data Elements**

MEASURE 1: Health Related Quality of Life

Data Elements/Questions

Patients will answer the following questions at or around their last anticipated community paramedic (CP) visit:

- 1) Thinking back to *before* the start of your Community Paramedic visits, please rate your level of confidence in managing your own health.

Very low	Low	Moderate	High	Very high
1	2	3	4	5

- 2) Thinking about how you feel *today*, please rate your level of confidence in managing your own health.

Very low	Low	Moderate	High	Very high
1	2	3	4	5

- 3) How would you describe your overall health *before* the start of your Community Paramedic visits?

Very poor	Poor	Moderate	Good	Excellent
1	2	3	4	5

- 4) How would you describe your overall health *today*?

Very poor	Poor	Moderate	Good	Excellent
1	2	3	4	5

- 5) Thinking back to *before* the start of your Community Paramedic visits, how much did your health negatively impact your daily activities?

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

- 6) How much does your health negatively impact your daily activities *today*?

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

Notes/Considerations

- Given workgroup discussions about balancing simplicity and valid measurement methods, the retrospective self-report approach is recommended.
- This measure can be administered by the Community Paramedic (CP) at the last anticipated visit, or via a follow up confidential phone survey conducted by someone perceived as neutral to the patient. If the former, the CP can provide the survey (electronically or hard copy), and give the patient privacy to complete it confidentially. Completion during a visit would likely maximize the response rate.
- The measure calculation would involve comparing before and after program average scores.

MEASURE 2: Reduction in Emergency Department (ED) Visits

Data Elements/Questions

For insured patients, community paramedics will request claims data from the patient's insurance regarding the number of patient ED visits, and, for uninsured patients, community paramedics will ask patients to report the *number of ED visits*:

- 1) Six months prior to starting community paramedic visits, and
- 2) During their participation in the community paramedic program.

Notes/Considerations

- Using claims data as the baseline is a recommended best practice strategy for this metric. If the CHEMS agency is unable to acquire claims data, use patient self-reported data and contact the CHEMS Workgroup for follow-up.
- ED visits is defined as any visit to an ED, regardless of the mode of transport to the ED and whether or not the patient was admitted to the hospital.
- The number of ED visits prior to CP involvement can be *proportionally compared* to the number during CP involvement. While longer-term follow up may be ideal, this is a simple way to begin quantifying differences in ED visits before and during CP program involvement.
- For long-term CHEMS patients, consider capturing ED visit frequency on various schedules (e.g., 30 days, 60 days, 6 months, etc.). In doing this, keep in mind convenience for the practitioner (to facilitate good data collection practices) and meaningful time periods that also support good comparison with short-term patients.
- In the future, it may be advisable to link this measure to hospital or payer records.
- In the future, perhaps track other types of unplanned, "emergency-type" visits (e.g., urgent care or immediate visits to the primary care clinic).

MEASURE 3: Expenditure Savings

Data Elements/Questions

The calculations used in Measure 2 can be linked to an accepted national average ED visit expenditure to demonstrate an initial estimate of financial savings.

Notes/Considerations

- 1) It is recommended the Medicaid national average expenditure figure be used.
- 2) It is acknowledged that these calculations will significantly underestimate actual costs, but will provide a starting place for capturing this aspect of CHEMS impact.
- 3) Programming this function into the data reporting tool will automate the calculation based on Measure 2.

MEASURE 4: Patient Connection with Primary Care Provider (PCP)

Data Elements/Questions

Community paramedics will ask patients at the beginning of their work together whether or not they have an established relationship with a PCP. If not, the CP will ask why (e.g., due to not knowing who is available, insurance issues, none available in the community, etc.). For those not connected, the CP will follow up with the patient throughout the CP program to facilitate a PCP connection, and track the outcome at the end of the CP program. For “no” PCP, the CP will capture cases where no PCP is available in the area or if the patient connected with another type of provider or clinic.

Notes/Considerations

- This measure is based on the assumptions that:
 - a. Many patients may not be connected to PCPs prior to their participation in the CP program, and
 - b. PCP connection is a best practice in improving patient health outcomes (i.e., a foundation of the SHIP).
- “Established relationship” may mean having a currently practicing PCP identified and having visited the PCP in the last year.
- A new PCP “connection” may be defined as the CP facilitating selection of an available PCP (e.g., one who accepts the patient’s insurance, if any), making a first appointment, and the patient attending that first appointment.

MEASURE 5: Reduction in Medication Discrepancies

Data Elements/Questions

CPs will conduct a medication inventory at each visit with the patient, noting the number of “issues” or discrepancies at each visit. Issues and discrepancies will also be communicated back to PCPs.

Notes/Considerations

- 1) Medication discrepancies or “issues” will need to be very carefully defined to ensure alignment across all CPs.
- 2) This measure is based on the assumptions that medication discrepancies are common and have a significant impact on patient health.



Community Health Emergency Medical Services (CHEMS)

Community Health Emergency Medical Services (CHEMS) is an innovative model where emergency medical services (EMS) personnel are incorporated into the general healthcare delivery system and extend the reach of primary care into a patient's environment. CHEMS personnel are healthcare providers who receive additional education, work within a medical-health neighborhood, and assist the primary care team to implement a patient care plan. CHEMS personnel operate within their current scope of practice, however, act in an expanded role within the medical-health neighborhood. Examples of the roles of CHEMS personnel may include:

- Healthcare system navigators for patients
- Transitional care for patients after they are discharged from a hospital stay
- Vaccinations
- Medication inventories
- Resource coordination
- Basic medical therapeutics

Emergency Medical Services (EMS) Agency Unique Characteristics/Talking Points:

(No Specific Order)

- EMS providers ***deliver care*** typically in a non-clinical setting, often in patient's home environment.
- EMS providers can ***communicate*** via radio, phone, imaging, etc., to relay findings to medical control, physicians, and nurses within hospital systems.
- EMS providers already have the capacity to ***function within interdisciplinary teams*** such as: dispatch, law enforcement, healthcare providers, patient families, ER doctors and nurses, community volunteers, caregivers, and neighbors.
- The EMS system can prove the ***access point into the healthcare system*** does not always start at the emergency department but can begin when EMS personnel arrive on scene.
- EMS personnel ***extend the reach of patient care*** beyond the emergency department giving them a unique perspective on why patients initially access the healthcare system.

Community Health EMS (CHEMS) Talking Points:

(No Specific Order)

- By utilizing CHEMS, the reach of primary care can be extended in a variety of ways, such as:
 - Acting as healthcare navigators for patients
 - Providing transitional care for patients after hospital discharge
 - Administering vaccinations
 - Conducting medication inventories
 - Providing resource and care coordination
 - Administering basic medical therapeutics

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- Collection of data is essential to the funding and sustainability of CHEMS. Data should prove:
 - Value
 - Better patient outcomes
 - Economic impact
- CHEMS is a component of the patient-centered medical home (PCMH) model which supports comprehensive, team-based, coordinated, accessible, safe, and focused primary care.
- CHEMS teams assist in implementing a patient care plan in a proactive vs. reactive manner.
- CHEMS can identify barriers to implementation with the goal to empower patients to independently manage their medical conditions.
- CHEMS promotes and utilizes an interdisciplinary approach to increasing access to healthcare.
- CHEMS programs use established Emergency Medical Services (EMS) systems, additional providers, and appropriate resources.
- CHEMS teams can actively identify patients who call 911 frequently that may benefit from CHEMS.
- Additional education is available to CHEMS providers to enhance and streamline the healthcare delivery model.
- A community health needs assessment can assist in the identification of specific issues and challenges within the community.
- CHEMS services are not considered home health and do not replace home health services.

Open Ended Questions:

(Specific Order)

1. Related to the delivery of healthcare in your community, if you could fix one thing, what would it be?
2. What do you see as your greatest needs or challenges in reaching the healthcare outcomes you are looking to achieve?
3. Do you believe this concept/provider could be used within your organization's healthcare delivery model – if so, do have some initial thoughts on how?
4. Do you have any initial reservations to this concept? If so, what are they?
5. What pieces of information/items of interest do you feel might be missing from this concept right now?

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6. Would you be interested in partnering with us to further develop this program?

Web Based Links - Supportive Information:

Statewide Healthcare Innovation Plan: <http://ship.idaho.gov/>

Idaho EMSP Bureau CEMS:

<http://healthandwelfare.idaho.gov/Medical/EmergencyMedicalServicesHome/CommitteesandWorkingGroups/CommunityHealthEMS/tabid/2179/Default.aspx>

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Attachment A
SHIP CHEMS Tier Payment System for Participating EMS Agencies

1) Tier 1: Agency Commitment:

- a. CHEMS Agency demonstrates a commitment to develop and implement a CHEMS program in their area to support SHIP.
- b. Deliverables:
 - i. Letter of commitment from governing body or agency leadership of EMS Agency to develop and implement a CHEMS program. The letter must include a commitment to participate in additional education and SHIP, including data collection and submission of metrics approved by the Idaho Healthcare Coalition.
 - ii. Copy of paid program fee for CHEMS provider additional education or documentation from State EMS and Preparedness, if direct payment is made by the State of Idaho.
- c. Tier 1 funding can be used for software and hardware to assure appropriate mechanisms for collection and reporting of required CHEMS metrics.
 - 1. Vendor quote for all requested equipment and software with a description of how the requested funding supports data collection and reporting. IDHW program review and approval required prior to purchase.
- d. Maximum funding amount: \$3,000

2) Tier 2: Stakeholder Engagement:

- a. CHEMS Agency begins community outreach strategy with at least: one PCMH SHIP cohort 1 primary care clinic or a health stakeholder organization to promote integration of the SHIP CHEMS program within the community and the Medical-Health Neighborhood such as a critical access hospital, the SHIP regional health collaborative or the public health district SHIP staff.
- b. Deliverables:
 - i. Document demonstrating participation in SHIP CHEMS Outreach Training conference call or webinar.
 - ii. Copy of meeting agenda(s), attendee sign-in sheet, meeting materials, summary of unmet healthcare needs or community health needs assessment, from at least one stakeholder engagement meeting/event.
- c. Funding amount: \$1,999

Attachment A
SHIP CHEMS Tier Payment System for Participating EMS Agencies

- 3) Tier 3: CHEMS Clinical Rotations and Community Paramedic Program Completion:**
- a. CHEMS student(s) successfully completes all clinical rotations and educational program.
 - b. Deliverables:
 - i. Spreadsheet of completed clinical rotations, including date, location, and specialty area.
 - ii. Certificate of completion from educational institution
 - c. Funding amount: \$2,000
- 4) Tier 4: Program Implementation:**
- a. CHEMS Agency successfully develops and implements initial program with confirmed agreement with EMS System Administrators or areas partners, as needed, with data collection and reporting of CHEMS metrics in place.
 - b. Deliverables:
 - i. Submission of measure data, program description(s) narrative, and best practice strategies.
 - c. Funding amount: \$3,000



PROJECT CHARTER

Community Health EMS Advisory Group

Version 3.0 – October 2015

Advisory Group Summary

Chair/Co-Chair	Not Available
Mercer Lead	Ralph Magrish
SHIP Staff	Miro Barac
IHC Charge	<ul style="list-style-type: none"> ▪ Develop and implement Community Health Emergency Medical Services (CHEMS) programs in rural and underserved communities as part of the virtual patient-centered medical home (PCMH).
SHIP Goals	<ul style="list-style-type: none"> ▪ Goal 3: Support the integration of each PCMH with the local Medical Neighborhood. ▪ Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs. ▪ Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value. ▪ Goal 7: Reduce overall healthcare costs.

Business Alignment

Business Need	<ul style="list-style-type: none"> ▪ To expand primary care reach and capacity. ▪ To improve access to healthcare services in rural and underserved communities with limited healthcare resources. ▪ To ensure that CHEMS becomes an asset for the medical/health neighborhoods where gaps in services exist. ▪ To ensure that CHEMS becomes part of the primary care team and improve access to healthcare services.
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Success Measures

	SHIP Desired Outcomes	Measurement	Advisory Group's Role
1	<ul style="list-style-type: none"> • Identify EMS agencies to implement CHEMS. 	<ul style="list-style-type: none"> • Total number of CHEMS staff; Model Test Target: 52 (36 paramedics and 16 EMTs) 	<ul style="list-style-type: none"> • Leverage contacts to facilitate identification of potential EMS agencies.
2	<ul style="list-style-type: none"> • Implement training program for community paramedics (CP). 	<ul style="list-style-type: none"> • CUM # (%) of CHEMS program paramedics trained for Virtual PCMH coordination. Model Test Target: 36 	<ul style="list-style-type: none"> • Assist in selection and implementation of training.
3	<ul style="list-style-type: none"> • Develop and implement training program for EMTs (ILS and BLS). 	<ul style="list-style-type: none"> • CUM # (%) of CHEMS program EMTs trained for Virtual PCMH coordination. Model Test Target: 16 	<ul style="list-style-type: none"> • Provide oversight of curriculum development and approval process. Assist in selection and implementation of training.

COMMUNITY HEALTH EMS PROJECT CHARTER

	SHIP Desired Outcomes	Measurement	Advisory Group's Role
4	<ul style="list-style-type: none"> Establish CHEMS peer mentoring program. 	<ul style="list-style-type: none"> CUM # (%) of on-site technical assistance visits. Model Test Target: 16 	<ul style="list-style-type: none"> Leverage contacts to facilitate development.
5	<ul style="list-style-type: none"> Establish new telehealth programs in CHEMS agencies. 	<ul style="list-style-type: none"> CUM # (%) of CHEMS agencies implementing telehealth programs Model Test Target: 6 	<ul style="list-style-type: none"> Assist in identifying and prioritizing needs. Assist in selection of agencies. Review and selection of vendors.
6	<ul style="list-style-type: none"> Develop and implement metrics and reporting strategy. 	<ul style="list-style-type: none"> # of metrics identified. Model Test Target: not defined 	<ul style="list-style-type: none"> Facilitate stakeholder engagement to build consensus around metrics and reporting strategy.
7	<ul style="list-style-type: none"> Develop and implement continuing education training for CHEMS agencies 	<ul style="list-style-type: none"> CUM # (%) of CHEMS staff participating in training program Model Test Target: 2 conferences 	<ul style="list-style-type: none"> Assist in development and implementation of continuing training conference.
8	<ul style="list-style-type: none"> Test CHEMS against the Triple Aim. 	<ul style="list-style-type: none"> [TBD- see #6 above] 	<ul style="list-style-type: none"> Review outcomes and provide feedback.

Planned Scope

Deliverable 1	Result, Product, or Service	Description
	<ul style="list-style-type: none"> EMS agencies selected. 	<ul style="list-style-type: none"> Selection of EMS agencies to receive SHIP support and funding to establish CHEMS programs.
Est. Timeframe	Start: 8/31/2015	End: 1/31/2016
Milestones	Event	Target Date
	<ul style="list-style-type: none"> Identify all EMS agencies. Apportion by ALS and BLS/ILS agencies. Apportion geographically. Select potential agencies. Conduct readiness assessment. Make final selection. Establish MOUs. 	<ul style="list-style-type: none"> 10/01/2015 10/01/2015 10/01/2015 10/15/2015 11/15/2015 12/31/2015 01/31/2016

COMMUNITY HEALTH EMS PROJECT CHARTER

Deliverable 2	Result, Product, or Service <ul style="list-style-type: none"> Community paramedics trained. 	Description <ul style="list-style-type: none"> SHIP will support establishment of CHEMS programs by providing resources to selected agencies to train paramedics.
Est. Timeframe	Start: 04/30/2015	End: 01/31/2019
Milestones	Event <ul style="list-style-type: none"> Review best practices and resources. Identify training options. Select training. Secure funding. Negotiate contract(s). Finalize contract(s). Execute contract(s). First cohort trained. Second cohort trained. Third cohort trained. 	Target Date <ul style="list-style-type: none"> 09/01/2015 09/15/2015 10/01/2015 12/01/2015 12/01/2015 01/15/2016 01/31/2016 01/31/2017 01/31/2018 01/31/2019
Deliverable 3	Result, Product, or Service <ul style="list-style-type: none"> Community EMTs trained. 	Description <ul style="list-style-type: none"> SHIP will support establishment of CHEMS programs by providing resources to selected agencies to train EMTs.
Est. Timeframe	Start: 02/01/2016	End: 01/31/2019
Milestones	Event <ul style="list-style-type: none"> Review best practices and resources. Identify training options. Develop training (if necessary). Secure funding. Negotiate contract(s). Finalize contract(s). Execute contract(s). First cohort trained. Second cohort trained. 	Target Date <ul style="list-style-type: none"> 04/01/2016 05/01/2016 08/01/2016 09/01/2016 09/01/2016 10/01/2016 11/01/2016 01/31/2018 01/31/2019
Deliverable 4	Result, Product, or Service <ul style="list-style-type: none"> Establish peer mentoring program. 	Description <ul style="list-style-type: none"> Peer mentoring is an essential part of sustainability efforts in regard to CHEMS programs.
Est. Timeframe	Start: 01/31/2016	End: 01/31/2019

COMMUNITY HEALTH EMS PROJECT CHARTER

<p>Milestones</p>	<p>Event</p> <ul style="list-style-type: none"> • Review best practices and resources. • Develop peer mentoring program support. • Develop coaching manual. • Identify potential mentors. • Secure funding. • Establish MOUs. • Negotiate contracts with mentors. • Finalize contracts with mentors. • Execute contracts with mentors. • Select recipient agencies. • Implement peer mentoring program .Year two • Implement peer mentoring program Year three. • Implement peer mentoring program Year four. 	<p>Target Date</p> <ul style="list-style-type: none"> • 03/31/2016 • • 04/30/2016 • 05/31/2016 • 05/31/2016 • 06/30/2016 • 07/15/2016 • 05/31/2016 • 06/30/2016 • 07/15/2016 • 06/30/2016 • 08/01/2016 • 06/01/2017 • 06/01/2018
<p>Deliverable 5</p>	<p>Result, Product, or Service</p> <ul style="list-style-type: none"> • Establish CHEMS telehealth programs. 	<p>Description</p> <ul style="list-style-type: none"> • [TBD]
<p>Est. Timeframe</p>	<p>Start: 1/31/2016</p>	<p>End: 01/31/2019</p>
<p>Milestones</p>	<p>Event</p> <ul style="list-style-type: none"> • Review best practices and resources. • Establish selection criteria. • Identify potential EMS agencies to receive equipment. • Select 2 recipients for Year two. • Secure funding. • Establish MOUs. • Create RFP for equipment. • Select vendor. • Finalize contract. • Execute contract. • Select 2 recipients for Year three. • Select 2 recipients for Year four. 	<p>Target Date</p> <ul style="list-style-type: none"> • 01/31/2016 • 01/31/2016 • 03/31/2016 • 04/30/2016 • 04/30/2016 • 05/31/2016 • 05/31/2016 • 06/30/2016 • 07/31/2016 • 08/31/2016 • 03/31/2017 • 03/31/2018
<p>Deliverable 6</p>	<p>Result, Product, or Service</p> <ul style="list-style-type: none"> • Identify metrics and reporting process. 	<p>Description</p> <ul style="list-style-type: none"> • Data collection and reporting for identified metrics supports evaluation and test against the Triple Aim.

Est. Timeframe	Start: 09/01/2015	End: 1/31/2019
Milestones	Event <ul style="list-style-type: none"> Secure funding. Establish subcommittee membership. Facilitate metrics subcommittee. Identify required metrics. Verify metrics with SHIP. Establish reporting protocols. Evaluate Year two metrics and reporting protocols. Evaluate Year three metrics and reporting protocols. Evaluate Year four metrics and reporting protocols. 	Target Date <ul style="list-style-type: none"> 10/01/2015 10/15/2015 01/31/2016 03/31/2016 04/30/2016 04/30/2016 01/31/2017 01/31/2018 01/31/2019
Deliverable 7	Result, Product, or Service <ul style="list-style-type: none"> Develop continuing education training. 	Description <ul style="list-style-type: none"> [TBD]
Est. Timeframe	Start: 09/01/2015	End: 01/31/2019
Milestones	Event <ul style="list-style-type: none"> Secure funding. Schedule one-day conference. Secure presenters. Evaluate outcomes. Schedule second one-day conference (optional). Secure presenters. Evaluate outcomes. 	Target Date <ul style="list-style-type: none"> 10/01/2016 03/01/2017 03/01/2017 01/31/2018 03/01/2018 03/01/2018 01/31/2019
Deliverable 8	Result, Product, or Service <ul style="list-style-type: none"> Test CHEMS programs against the Triple Aim. 	Description <ul style="list-style-type: none"> [TBD]
Est. Timeframe	Start: 09/01/2015	End: 1/31/2019
Milestones	Event <ul style="list-style-type: none"> [TBD] 	Target Date <ul style="list-style-type: none"> [TBD]

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	H – M – L	Potential Mitigation	Potential Contingency
	<ul style="list-style-type: none"> Inability to integrate CHEMS reporting protocols with IHDE. 	H	Assure communication between CHEMS and HIT workgroup.	Alternative reporting protocols.

	<ul style="list-style-type: none"> Students not finishing training or leaving the agency. 	L	Address in the contract/MOUs with EMS agencies.	
	<ul style="list-style-type: none"> Lack of reimbursement. 	H	Promote CHEMS reimbursement with the Multi-payer workgroup.	
	<ul style="list-style-type: none"> CMMI funding restriction for training. 	M	None.	Establish contracts with EMS agencies in lieu of the contracts with training providers.
Assumptions	<ul style="list-style-type: none"> [TBD] 			
Dependencies and Constraints	<ul style="list-style-type: none"> Selection of the CHEMS agencies dependent on the selection of the PCMH cohorts. Timeline for EMTs training dependent on training availability. CHEMS metrics dependent on SHIP metrics catalog. 			

Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

Version Information

Author:	Miro Barac, Mindi Anderson	Date	08/27/2015
Reviewer:	Mary Sheridan, Wayne Denny	Date	08/28/2015

Charter Approval Signatures

Date Approved by the Workgroup: 09/23/2015

Final Acceptance

Name / Signature	Title	Date	Approved via Email
	Chair	MM/DD/YYYY	<input type="checkbox"/>
	Co-Chair	MM/DD/YYYY	<input type="checkbox"/>
Cynthia York	SHIP Administrator	10/14/2015	<input checked="" type="checkbox"/>
Katie Falls	Mercer Lead	10/14/2015	<input checked="" type="checkbox"/>