



**IDAHO COMMUNITY HEALTH EMS (CHEMS)
CHEMS Workgroup Meeting
Meeting Summary
October 17, 2016**

Meeting Participants

- Michelle Arnett – Boise State University
- Mark Babson – Ada County Paramedics
- Juan Bonilla – Donnelly Rural Fire District
- Bruce Cheeseman – Bureau of EMSP
- Wayne Denny – Bureau of EMSP
- Les Eaves – Clearwater County EMS
- Bill Holstein – Shoshone County EMS
- Michael Mikitish – Idaho State University
- Christine Packer – Clearwater Hospital
- Rod Piller – Kamiah EMS
- Xenya Poole – Bureau of EMSP
- Rachel Porter – Ada County Paramedics
- Mary Sheridan – Bureau of Rural Health
- Marta Tanikuni – Bureau of EMSP
- Travis Spencer – Payette County EMS

Facilitator: Elizabeth Spaulding

On October 17, 2016, the Community Health Emergency Medical Services BLS/ILS Education Working Group met to begin developing a foundational curriculum for EMTs and Advance EMTs to provide community health services EMS. The goal of this specific meeting was to determine what community health needs currently exist throughout the state that an EMT could address within their scope of practice, and then begin to identify learning objectives and potential delivery models for each of these needs.

Mary Sheridan, Bureau Chief of Rural Health and Primary Care, and Wayne Denny, Bureau Chief of Emergency Medical Services and Preparedness, welcomed the workgroup and expressed their appreciation for everyone's attendance. Mark Babson kicked off the group discussion by describing what is under the banner of Community Health Emergency Medical Services, which is defined by the Statewide Healthcare Innovation Plan (SHIP) as a process for utilizing EMS personnel and agencies in the broader healthcare delivery model. Idaho has a great need for this new approach, as so many rural communities lack sufficient resources for immediate care.

Members of the planning team provided an overview of the CHEMS curriculum development process, including what has been occurring nationally and why Idaho is striving to develop its own program.

Members of the planning team also shared information on the research that has been conducted on the types of programs and community health EMS delivery systems that are being implemented around the country.

As this project is a component of SHIP with a prescribed timeline, the planning team is working toward developing and implementing this new curriculum in 2017. The goal is to have 12 participants from four different agencies complete the program by January 31, 2018. To date, the CHEMS group has developed community health EMS measures, as well as begun training the first cohort of Community Health Paramedics.

Outstanding questions still to be addressed is how community health will be supported by the payers, and how to quantify the value and benefit of the program so that it can move from a pilot program to a fully adopted program. Another question that will need to be evaluated is how the program will engage patients in community health initiatives. It will be critical that patients understand and trust EMTs and paramedics in this new role.

After the overview of the program was discussed, the workgroup was then divided into three subgroups. Each subgroup was tasked with developing a list of community needs or issues that a Community EMT could potentially address. Each subgroup then reported their brainstorming out to the larger group by placing their ideas on the “sticky wall.” Through discussion, the needs and issues were then categorized into four topics – Program Development, Resources, Core Curriculum and Additional Modules. The workgroup was divided into three new subgroups and tasked with developing learning objectives for each of the needs within their category. The categories, needs and learning objectives are listed below.

At the conclusion of the meeting, the subgroups each reported out their work and discussed any outstanding questions. The planning team will review all of the ideas generated at their next meeting and determine how to move forward into shaping a curriculum.

Next Steps:

- The next Community Health Emergency Medical Services BLS/ILS Education Working Group is scheduled for November 21, 2016.
- Planning team will review the learning objectives identified by the work group and determine how to prioritize each need or subject.
- Planning team will review the Community Health Worker curriculum and identify overlap
- Planning team will begin to review other CHEMS curriculums to determine where there may already be developed modules and will then share their learning at the next workgroup meeting.
- Planning Team and Workgroup will determine desired length of curriculum
- Planning Team and Workgroup will determine best delivery mode, including who will teach course

Program Development

- 1) Identify the differences between the technician and clinician at the BLS/ILS levels

Objectives:

- *Language*
- *Skills*
- *Systems (A + P)*
- *Health Education and Promotion*

- 2) Political competency

Objectives:

- *Different types of EMS Agencies*
- *Reporting structure*
- *Local environment*
- *PCHM*
- *SHIP*

- 3) Breadth of EMS Roles and Responsibilities; Emergent versus non-emergent

Objectives:

- *Introspection of your agency calls*
- *Shift of healthcare*
- *Triple AIM*
- *Understanding reimbursement*

- 4) Equipment Needs – Develop the equipment list needed for type of program they designed

- 5) Collaboration

Objectives:

- *Regionally – across EMS boundaries*
- *Among hospitals/EMS/Clinics*
- *Breakdown real and perceived territories*
- *SWOT Analysis (How to build a strategy)*

- 6) Conduct Research

Objectives:

- *School specific resource availability*
- *Good versus bad (reliable) resources*
- *What questions are we answering*
- *Data – categorical versus nominal*

7) Responsibility for community assessment/identifying gaps

Objectives:

- *Finding needs assessments/data*
- *Triangulating data*
- *Role of assessment*
- *Identifying gaps*

8) Clinician Engagement – Getting Doctor “buy-in”

Objectives:

- *Develop messaging*
- *Target PCMH; medical directors, local clinicians*
- *Tiered payment*

9) Community Outreach

Objectives:

- *Stakeholder Engagement*
- *Understanding of community demographics, assessments and barriers*

10) How to identify the right EMT for the job

Objectives:

- *Develop a job description*
- *List of traits required*
- *Pre/post questionnaire*

11) Data Collection

Objectives:

- *State required*
- *Additional data collection*
- *Excel/Access*

Resources

1) Provide insurance information

Learning Objectives:

- *Understanding of insurance types*
- *Responsibility of insurance to the patient, including available resources*
- *Referral resources for insurance questions; eligibility requirements*

2a) Connection and Integration into Social Services

2b) Understanding and navigating local resources, including food, domestic safety, transportation, etc.

2c) Transportation for non-emergent appointments

Learning Objectives:

- *Identification of social services/health care neighborhood*
- *How to access referral process*
- *Practice type and how you would refer patient/assist them in getting adequate resources*

3) Motivational Interviewing

Learning Objectives:

- *Speaker experienced in us of MI*
- *Identification of patient's who may benefit from MI*
- *Skill set – Scenario and practice between different patient types*

4) Understand and Navigate the Health Systems delivery (local, state, and federal lands)

Learning Objectives:

- *Understanding component of healthcare neighborhood*
- *Understanding roles of local, state, and federal healthcare entities*

Clinical Core Curriculum

1a) Communication: How to message to resources, stakeholders, patients, agency and recruitment

1b) Patient engagement and enrollment

1c) Connection to Primary Care

Learning Objectives:

- *Learn concepts of communication theory*
- *Learn how to message and communicate with provider, patient, and community stakeholders*
- *Learn how to do motivational interviewing*

2) Critical thinking skills: Scenario and case-study based

Learning Objectives:

- *Definition*
- *Application to CHEMS*
- *Reliably demonstrate critical thinking ability in each subsequent model*
- *Gain an understanding of why something is normal or not normal (scenario-based)*

3) Cultural Competency

- Define: Diversity, ethnic, religious
- Demographics – age, gender, income level
- Rural vs. urban vs. frontier
- Community culture (social norms)

Learning Objectives:

- *Utilize social media and local media to determine potential cultural differences*
- *Demonstrate an understanding of communication differences among cultures with the community*
- *Be able to define cultural competency and apply it to CHEMS model of care*

4a) Patient Assessment/Patient History – Clinical assessment different than 911, and knowing when to contact clinic or physician

4b) Sub-Acute Assessment, physical and mental

4c) Expanded pathophysiology

Learning Objectives:

- *Develop an understanding of chronic disease progression and presentation*
- *Demonstrate proficiency performing a detailed patient medical history, including current medications*
- *Produce accurate and detailed documentation of assessment findings, i.e. SOAP notes*

5) Chronic Disease Education and Maintenance

Learning Objectives:

- *Identify and distinguish the differences between an acute presentation of a chronic condition and ongoing management of the condition*
- *Pathophysiological differences between acute episodes and chronic management*
 - *CHF*
 - *Diabetes*
 - *COPD*
 - *Hypertension*
 - *Stroke/TBI/CVA*
- *Given a patient scenario, list specific potential progression of the diseases*
- *Progression: given multiple scenarios with increasing patient complexities*

6) Behavioral Health Screening and Medication Management (as they apply to BLS/ILS scope of practice)

Learning Objectives:

- *Explore gap in current education and need for expanded education from BLS to AEMT*

- *Understand how mental health issues fit into chronic conditions*
- *Learn overview of mental/behavioral health issues and resources available to help*

7) Substance Abuse

Learning Objectives:

- *Understand the link between substance abuse and mental/behavioral health as it applies to EMT/AEMT scope.*
- *Recognizing the symptoms of substance abuse and how to connect patient to resources*

8) Medication Inventory and Education

Learning Objectives:

- *How to conduct a medication inventory*
- *When to contact provider*
- *Understand and be able to teach back method to determine patient understanding of how and why they are taking medications*
- *Identify most common medications patients with different disease processes may be prescribed*

9) Health Education and Promotion

Learning Objective:

- *Dietetics*
- *Disease Manifestation*
- *Correlation between diseases*
- *Exercise*
- *Encouragement techniques*
- *Health-related lifestyle choices*

Additional Modules

- EMS provider screening survey
- How to identify/assist/prevent fall risk
- Diabetes
- Suicide risk identification
- Substance abuse
- Health and disease specific modules, such as:
 - Diabetes
 - Congestive heart failure
 - COPD
 - Behavioral health
 - Substance abuse
 - Wound care

- Post-stroke care
- Telemedicine
 - Who funds?
 - Internet/cellular availability
 - Equipment
 - Clinician time
 - Documentation
- Other Continuing education