



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



**IDAHO COMMUNITY HEALTH EMS (CHEMS)
METRICS WORKGROUP**

Meeting Report

Thursday, February 25, 2016

Idaho CHEMS Website:

<http://ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx>

Please access the above website for all materials provided in Workgroup packets and other key information.

Meeting Goals:

- 1) Refine and work toward consensus on preliminary CHEMS measures
- 2) Examine and discuss data collection options

Welcome, Introductions, and Meeting Overview

Mary Sheridan, Bureau Chief

Bureau of Rural Health and Primary Care

Monica Revoczi, Facilitator

Mary welcomed participants and provided a review of the Workgroup purpose, process, and SHIP alignment. She also provided updates on related sustainability efforts (outside the scope of this Workgroup). Please see Mary's PowerPoint slides for more details.

Attendees introduced themselves, and Monica reviewed the meeting purpose, agenda, and ground rules.

Additional Project Intelligence to Inform Decision-Making

- a) Critical Access Hospitals (CAH) – Key Considerations

Christine Packer, Director of Process Improvement

Clearwater Valley Hospital/St. Mary's Hospital

Christine provided a comprehensive presentation on CAH reimbursement and other factors to help the Workgroup understand how CHEMS-related measures might impact their operations. Please see Christine's PowerPoint slides for details.

- b) EMS Agency Feedback
Mark Babson, Community Paramedic
Ada County Paramedics

Mark shared the results of a brief survey of Idaho EMS agencies aimed at gathering input on measures and collection methods. The majority of agencies reported four to six measures would be feasible to collect and report, and Microsoft Excel would be a tool virtually all would be comfortable using. Please see Mark's PowerPoint (located directly after Mary's introductory slides) for more information.

Draft CHEMS Measures – Review, Discuss, and Refine

The Workgroup spent the majority of this meeting reviewing the draft measures and working toward consensus on the proposed core set Idaho agencies would collect to demonstrate the value of Idaho CHEMS. The broader concept of CHEMS was contrasted with CHEMS as it relates to the current SHIP effort for which the first set of core measures is required. The group reflected back on Matt Zavatsky's presentation of Mobile Integrated Health (MIH) and narrowed the current CHEMS definition to align closely with that.

Below are the following: measure themes (in bold - developed via the January Workgroup meeting brainstorming exercise), measure names/descriptions (underlined), and additional explanatory details from the meeting discussions. Other discussion points related to each theme can be found under the italicized headings: "Additional comments from the discussion."

Experience

Health-Related Quality of Life

- Self report, measured pre and post CHEMS intervention
- More directly aligned with intervention
- Select cost-effective tool validated with "our" patient population (common denominator)
 - Look at CDC open source tool
 - Capture impact on home environment (also survey caregiver?)
- Consider how to administer to maximize response rate? (In person?)
- Incorporate "confidence in managing own health" rating (1-10) - transcends demographics
- May require paramedic training on Motivational Interviewing
- Meets payer and patient goals

Utilization

Reduction in More Expensive Visits/Interventions

- CP to gather data at time of visit, to potentially include:
 - Visit type/reason
 - Disposition
 - Outcome
- Carefully carve out CHEMS-related patients
- Focus is prevention of more expensive/"inappropriate" visit (e.g., go out with no transport)
- Looking for increase in PCP utilization, decrease in ED and inpatient
 - Tracking: payers can capture and mandated by SHIP
 - Consider whether CHEMS is sometimes an alternative to or extension of PCP (as part of PCMH)
 - Consider as "off-site" PCP visits? – "PCP use" could include in clinic visit or CHEMS visit

- Right place, right time – always make it person-centric
- EMS visits are tracked universally
- Related to experience measure
- Qualify/identify calls where there is no other option (e.g. behavioral crisis)
- Dispatch (triage)
- May focus on “gap” group – lower/no insurance, higher utilization
- Incorporate non-CHEMS agencies
- Can correlate with panel cost

Cost

Cost Savings

- Combine with utilization measure – additional field to generate national average costs (will underestimate savings, but practical and a good start)
- Main cost driver is ED visit avoidance: include all patient populations or high utilizer group only?

Additional comments from the discussion:

- Total cost of care/patient
 - Options: payer derived or charges
 - May be able to determine with good relationships with providers
- High-utilizer expenditures (ED, PCP)
 - Rx costs may increase
 - Referring/contracted agencies to “dispatch” CHEMS
- Need a more robust data exchange between providers and agencies (certainly EMS)

Safety (An Aspect of Quality)

Percentage of Patients Connected with PCP

- Track pre and post CHEMS involvement
- Intent is to make PCP the “usual source of care”
- Link to impact on utilization measures (above)
- Include follow up with patient to assess whether connection/visit with PCP was made
- Capture “no PCP available” – important data point; may prompt connection with virtual PCP

Additional comments from the discussion:

- Prescription medication inventory – help reduce errors
- Prevention of Adverse Drug Events (ADEs):
 - Components could include: screening, reconciliation and acquisition, remedy (schedule and dosage)
 - Ambulatory pharmacy
 - Some PCPs are undertrained, lack time
- Closing the communication gap back to PCPs

Stakeholders (General and EMS-Specific)

Partner Satisfaction Assessment

- Meeting needs
- Good care coordination
- Tie into talking points
- Could assess via stakeholder meetings, survey, or both

CHEMS Employee Satisfaction

Community (Preliminary Options)

Numbers of paramedics (ALS) across Idaho

- Indicator of system stability and overall capacity
- Volunteer versus paid - be sensitive to inadvertently devaluing volunteer paramedics

Community Engagement

Data Collection – Initial Planning

Due to the important extended discussion regarding the measures, this item was deferred to the next meeting.

Project Communication and Input Plan – Review, Discuss, Refine, Assign

Monica reviewed the purpose of the Communication and Input Plan: to maximize project success through stakeholder understanding, involvement, and support. The Workgroup reviewed the initial plan developed at the last meeting, and made changes and additions (noted in blue font in the matrix below).

The Workgroup also discussed the CHEMS Measures Talking Points, including how to most effectively utilize them. The following input and suggestions were provided:

- Add definition of CHEMS
- Add web links at the end
- Adapt as a PowerPoint
- Could provide talking points in advance of meeting (follow with PowerPoint)
- Specify what CHEMS is not
- Create a brochure – with a key selling proposition

Stakeholder Group	Communication	Input
Critical Access Hospitals	– Understanding of CHEMS and its value	– Specialties, needs, what’s important – Look at previously conducted assessment in relation to measures
Home Health and Hospice Agencies	– Education/understanding of CHEMS and its value	– Their gaps, needs, opportunities for collaboration

Stakeholder Group	Communication	Input
Care Coordination Communities (e.g., transition nurses, SNFs, VA)	<ul style="list-style-type: none"> – Education, impact of getting most appropriate level of care 	<ul style="list-style-type: none"> – Needs, gaps
Hospitals	<ul style="list-style-type: none"> – Connect with smaller agencies to get buy-in about planned efforts; share others' regional solutions/successes (e.g., lower readmissions) 	
Area Agency on Aging	<ul style="list-style-type: none"> – Education: resource for their target population 	
County Commissioners	<ul style="list-style-type: none"> – Talking points/education (value) 	
Legislators	<ul style="list-style-type: none"> – Inform on how CHEMS supports healthy rural communities 	
Existing EMS Agencies	<ul style="list-style-type: none"> – Talking points/brochure – Meetings across state – Bring in/refer to existing programs – Site visits – Tie in/streamline with TSE 	
PCMH	<ul style="list-style-type: none"> – Coordinating/collaborating with SHIP staff and contractors to ensure common understanding 	
Health Districts	<ul style="list-style-type: none"> – Brochure – Good foundational information to share with local stakeholders (e.g., providers) plus examples and success stories 	
Providers	<ul style="list-style-type: none"> – EMS providers can help spread the word 	

Stakeholder Group	Communication	Input
Idaho Academy of Family Physicians (IAFP)	– Dr. Davis and Neva Santos – email to members	

Wrap Up

Next Steps/Action Items

- 1) The planning team will update the talking points document and integrate other Workgroup feedback (as noted in this report).
- 2) The next workgroup meeting will be March 24, 2016 in Boise.

Meeting Evaluation

Worked Well	Improve for Next Time
<ul style="list-style-type: none"> → Good, extensive discussion regarding the measures → Further refinement of “CHEMS” (i.e., MIH versus broader definition) → Great attendance → Agreed on a handful of measures → Venue and food 	<ul style="list-style-type: none"> → More coffee → Power source around the table