

Nikiski Fire Service Area
Kenai Peninsula Borough
Emergency Medical Officer
P.O. Box 8508
Nikiski, Alaska 99635



Harrison Deveer, Senior Captain
907-776-6401 - Station #1
907-252-8106 - Mobile
907-283-8404 - Fax
hdeveer@kpb.us

MEMORANDUM

TO: Mayor Pierce

FROM: Harrison Deveer, Senior Captain EMS

THROUGH: Michael Levy, Medical Director
Trent Burnett, Acting Fire Chief

SUBJ: **Nikiski Fire Department Mobile Integrated Healthcare and Community Paramedicine Program**

DATE: September 30, 2021

Recent surges in Covid-19 cases on the Kenai Peninsula driven by B.1.617.2 (Delta) Variant of SARS-CoV-2 has put more pressures on an already highly stressed local hospital and clinic resources. Recent data obtained from Central Peninsula Hospital show hospital occupancy rates >100%. By leveraging a proven national model of Mobile Integrated Health (MIH) utilizing community paramedics (CP), patients can not only be triaged and treated successfully in prehospital care, but a major source of COVID-19 spread can also be reduced.

The State EMS Office is providing one grant to the Southern Region EMS Council to provide monies for supporting individual departments and community MIH programs. Southern Region EMS Council will be the conduit either via MOA/MOU, sub-grantee or contract with specific grant deliverables that are based on each individual MIH program's plan submitted. Nikiski Fire Department with support from Dr. Michael Levy, Medical Director would like to work with the State of Alaska Office of EMS on an interim basis to provide a MIH-CP Program that will help reduce non-emergent visits to the emergency department and in-patient time of hospitalization by:

- Providing in-home preventive care to patients such as Covid-19 vaccinations and education
- Providing telephone and walk-in triage, advice or other assistance to non-urgent 911 callers and walk-ins; directing patients to destinations such as primary care, urgent care, and mental health or substance abuse treatment centers instead of emergency departments.
- Providing in-home care as directed by Medical Director for administration of oxygen, monoclonal and other medical director approved antibodies

It is my hope that Nikiski Fire Department will receive full support for this opportunity from the office of the mayor. I have also attached a document that further explains the potential benefits of this program as some questions that you may have.

Nikiski Fire MIH-CP Key Performance Indicators, Measures & Potential Cost Savings

The following data will be measured as indicators of program success:

- Number of appropriate EMS Provider treatment in place with patient follow up.
- Number of ED transports by NFD within the program time period.
- Number of Covid-19 vaccinations and educational encounters.
- Patient and provider feedback and survey.

✚ Nikiski Fire Department transports about 450 Patients a year to the emergency room. About 30% (135) of these Patients are considered as BLS level care. The table below shows potential cost savings for the NFSA members per month in healthcare cost utilizing in house treat in place.

Average Cost of BLS Transport	Average Cost of ER visit	Average Cost of Clinic visit	Potential Total Cost Savings/year
\$720/Transport x 135 = \$97,200.00	\$2070/visit x 135 = \$279,450.00	\$150 x 135 = \$20,250.00	Treat in place = \$376,650.00 Clinic = \$356,400.00

✚ Another goal of the MIH-CP program is to work with in home healthcare providers and Patients to prevent hospital re-admissions. The table below shows potential cost savings for NFSA members if through education and continuous follow-up, 2 ALS transport per month out of the 37.5 average transports a month is prevented from being transported by ALS to the hospital for admission to treat chronic medical issues such as COPD, Diabetes, CHF, etc...

Average Cost of ALS Transport	Average Cost of hospital Admission	Potential Total Cost Savings/year
\$990/Transport x 24/yr \$23,760	\$42,000/admission x 24 = \$1,008,000	\$1,031,760

Hello Mayor Pierce,

Here is a document we put together to with hopes of answering some of the questions you may have about the MIH-CP Program:

- **What is MIH-CP?**

Mobile Integrated Healthcare – Community Paramedicine is the provision of healthcare using patient-centered, team-based care using mobile resources in the out-of-hospital environment. Beginning in the early years of the new millennium, a handful of innovative EMS agencies began to offer community healthcare services often called “community paramedicine” (CP) to their patients.

As the cost of healthcare continued to skyrocket while the overall health of the U.S. population declined, healthcare payers - both private insurance companies and the federal government, through Medicare and Medicaid - began transitioning from a fee-for-service payment model that links payment to the quantity of care provided to a payment model linked to the quality of care provided and measurable patient outcomes. As a result, previous distinct healthcare delivery entities including hospitals, physician groups, nursing homes, and many others, began to coordinate the care they provide resulting in the creation of large “integrated healthcare delivery systems.”

Today, hundreds of EMS agencies across the nation, of all sizes and types are partnering with hospitals, primary care physicians, nurses, and mental health and social services providers on innovative programs that navigate patients to the right level of care. The goal: to lower costs, improve care, and enable EMS practitioners – including EMTs, Paramedics and Community Paramedics – to use their skills and resources to help solve the problems facing healthcare systems and communities.

[National Association of EMTs](#)

- **Nikiski Fire Department History with MIH-CP and Need**

Although it has never being titled as “MIH-CP”, Nikiski Fire has in the past on many occasions worked with Adult Protective Services (APS) and the Fire Fighters’ Association (NFFA) to provide support to Patients that we visit frequently who might need extra assistance. We have been very successful on many occasions to get APS to assign these patients to assisted living centers. On one occasion, NFFA members were able to purchase and install a railing system to help a paraplegic patient transport himself from his bedroom to his living room; minimizing and eliminating injury to patient and EMS personnel.

On average, about 30% of the EMS related responses/transportations are classified as Basic Life Support (BLS). These Patients can easily be treated in place, transported or referred to other alternative destinations rather than the ED. It can also be argued that on average, a third of the related transportations classified under Advanced Life Support Provided (ALS) are Patients that could as well be appropriately transported or referred to transported to other destinations rather than the ED.

Just this year alone, we have responded and attended to two (2) individuals a total of fifty-one (51) times. This is no surprise. Across the country and even here on the Peninsula, EMS workers know

this: super-utilizers and “frequent flyers” are prevalent everywhere and only seems to get worse as most patients sometimes see the use EMS as a form of transportation to the ED is the only way to seek medical care.

- **Goals for Nikiski Fire Department MIH-CP**

- **Short Term:**

The short term goal for NFD’s MIH-CP program is to satisfy the State of Alaska DHSS grant’s goal of reducing the surge on the local hospital during the current covid-19 pandemic by:

- Providing in-home preventive care to patients such as Covid-19 vaccinations and education
- Providing telephone and walk-in triage, advice or other assistance to non-urgent 911 callers and walk-ins; directing patients to destinations such as primary care, urgent care, and mental health or substance abuse treatment centers instead of emergency departments.
- Providing in-home care as directed by Medical Director for administration of oxygen, monoclonal and other medical director approved antibodies.

- **Long Term:**

Being able to participate in a DHSS sponsored and paid MIH-CP program will only be a start of an amazing service that NFD can offer to the Nikiski Fire Service Area. The long term goal will be to:

- Improve the patient-centric health care experience by safely applying MIH tools and techniques through a program of advanced training for selected community paramedic(s) with quality oversight provided by physician medical director, Michael Levy.
- Improve availability of EMS resources to the Nikiski Fire Service Area.
- Innovate collaboratively with healthcare and community partners to improve general public health.

- **What else we hope to solve long term**

- Improve the health and wellness of NFSA members - especially those with chronic conditions who use the ED as their primary source of healthcare. People needing mental health care can be directed to the proper facilities through proper transportation. Slowly, they’ll learn to better take care of themselves instead of using 911 as their catch-all. By helping patients in the community improve mental and physical health, the frequent flyer and super-utilizer phenomenon decreases.
- Reduce hospital readmissions. One specific subset of patients also routinely call 911 and visit the emergency room with exacerbations of chronic conditions that could be avoided with proper condition management. We will aim to help those with complex chronic conditions improve their health and wellness at home. Through home visits, the community paramedic(s) will teach patients how to use and why they should use their medication. Additionally, this paramedic(s) can work with Pt’s home health provider to assist in filling prescriptions, sorting medications, and explaining how to take them as prescribed. They can supplement information by providing counseling on hospital and clinic discharge instructions.
- Build more trust with the community. By aiming to solve everyone’s problems, I believe that having an effective MIH-CP will help people have more confidence in EMS and network of healthcare providers. By making routine visits to patients’ homes, our MIH-CP will not only help improve patients’ physical health but also help patients feel more cared-for and supported.

Relations between all network healthcare providers would be improved, especially given the logistical and financial benefits for everyone involved. When people know that their community healthcare providers can provide them with the support that they need, the community inherently will learn to trust them more.

- **How do we fund a budget for MIH-CP Program at Nikiski Fire Department?**

An MIH-CP program can be funded at NFD by possibly utilizing a combination of this three funding sources:

- Addition of MIH-CP services to the office of Senior Captain, EMS. With three (3) other administrative type roles: Chief, Deputy Chief and Assistant Chief of Training, Nikiski Fire is in a very fortunate position to be able to add MIH-CP in some capacity as part of the duties of the office of the Senior Captain, EMS. Through attrition, I believe that we can turn one of the four administration level positions into a MIH-CP position.
- ET3 Reimbursement Model
The Emergency Triage, Treat, and Transport (ET3) Model is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service beneficiaries following a 9-1-1 call. The goals of the Model are to provide person-centered care, increase efficiency in the EMS system, and encourage appropriate utilization of emergency medical services.
Under the ET3 Model, CMS will test two new ambulance payments, while continuing to pay for emergency transport of a Medicare beneficiary to a hospital Emergency Department (ED) or other destination covered under current Medicare requirements. Under the ET3 Model, Medicare will pay Model Participants, who are Medicare-enrolled ambulance suppliers and hospital-owned ambulance providers to:
 - Transport a beneficiary to an Alternative Destination Partner such as a primary care doctor's office or an urgent care clinic (Transport to an Alternative Destination Partner), or
 - Initiate and facilitate beneficiary receipt of a medically necessary covered service by a Qualified Health Care Partner or Downstream Practitioner at the scene of a 9-1-1 response, either in-person on the scene or via telehealth (Treatment in Place).

[ET3 Model](#)

- Grant Funding
Although this is probably my least optimistic route of funding, Nikiski Fire Department has worked in the past with DHSS and Blast Resolve to collect data and look for grant opportunities to support a MIH-CP/Telemedicine platform. We are currently looking what federal grant options are available.