ACP Program

Curriculum
60 hrs didactic
60 hrs simulation
60 hrs internship
Advanced Community Paramedicine

• Goes after and seeks out “system frequent users” before they seek out healthcare services

• Performs Close Medical Monitoring of the patients that have known disease processes with complications

• Triage’s 911 calls to ensure the system can perform optimally – putting Paramedics and EMS Resources where they need to be.

• Puts highly skilled / experienced paramedics on scene of acutely ill patients for better outcomes

• Provides disease management education to rural and super rural areas of our community

• Provides education for businesses, schools (safety, CPR, etc.)

• Decreases Response time to non typical EMS Communities
Current State of the Program

+ 66 (119) Total Patients Enrolled
+ 271 - Home Visits
+ 564 – 911 Responses by ACP’s
+ 769 – patient contacts
+ 17 – Business Assessments
+ 109 – Jail Call Medicine Visits
+ 106 – In Home Disease Education
+ 116 (192) - Prevented 911 Transport / ED Admission ($291,500 Savings)
+ Saved over $300,000 for three consecutive years in local budget in EMS Staffing efficiencies.
+ Total for three year project is over $1.39 million
+ Improved EMS (efficiency) ability to handle call volume from 1200 to 2000 calls per EMS Unit. (70% improvement)
REFORMING CLINICAL PERFORMANCE & Payment

• Creating a standard through performance benchmarks
• Placing expectations into protocols
• Future of reimbursement??
Must be paid for services rendered but for services rendered that are proven both scientifically and fiscally

- Payers need to give incentive to “do the right thing” (i.e. pay for performance)
- EMS Only gets paid for services rendered if they transport to an approved facility (ED).
- Without the DSRIP Waiver Program there would be no incentive to:
  - **Divert** patients to appropriate facilities
  - **Treat** patients on scene and follow up the next day or with PCP
  - To perform close ‘**medical monitoring**’
  - In **home education**