

# SB2374

**Measure Title:** RELATING TO COMMUNITY PARAMEDIC SERVICES.

**Report Title:** Community Paramedic Services; Pilot Program; Department of Health; Appropriation (\$)

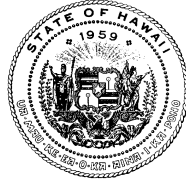
**Description:** Establishes and appropriates funds for a three-year community paramedic services pilot program. Establishes reporting requirements. Repeals December 31, 2021.

**Companion:**

**Package:** None

**Current Referral:** CPH/HRE, WAM

**Introducer(s):** TOKUDA



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on S.B. 2374  
RELATING TO COMMUNITY PARAMEDIC SERVICES.**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

SENATOR KAIALI'I KAHELE, CHAIR  
SENATE COMMITTEE ON HIGHER EDUCATION

Hearing Date: February 8, 2018 1:20pm Room Number: 224

1 **Fiscal Implications:** We appreciate the intent of S.B. 2374, and defer to the Governor's  
2 Executive Budget request for the Department of Health's (DOH) appropriations and personnel  
3 priorities. S.B. 2374 requests \$1,500,000 or so much thereof as may be necessary for fiscal year  
4 2018-2019 for program development, site operation, administration, and evaluation for the  
5 community paramedic services pilot program, pursuant to the recommendations of HCR 90.  
6 Additional funding would be necessary for the second and third years of the pilot program.

7 **Department Testimony:** Community paramedicine programs have been incorporated in  
8 Emergency Medical Service care delivery in other states and municipalities. Traditional EMS  
9 volume is increasing because of our aging population, individuals with chronic medical illness  
10 such as asthma, high blood pressure and diabetes, and the low acuity high demand use by both  
11 sheltered and non-sheltered homeless.

12 These programs have proven to be cost effective, reducing 911 EMS service demand and 911  
13 Emergency Department transports, better allocating delivery of EMS services to low acuity high  
14 demand system users.

15 The utilization of experienced paramedics for this proactive service delivery allows for non-  
16 emergency rapid assessment and treatment that more closely aligns with the patients' needs.  
17 Additionally, development of Community Paramedicine (CPM) gives the experienced street

1 paramedic an option to continue to utilize their skills and experience in a different way thus  
2 helping to retain Hawaii's paramedic workforce.

3 CPM is an evolving area of prehospital care. Various municipalities have demonstrative success  
4 in reducing 911 EMS demand for low acuity medical services, injury prevention, chronic patient  
5 management, and post hospitalization visits. needs. CPM programs offer in-home intervention  
6 more like the now rare physician house call for high volume chronic patients facilitating long  
7 term health care connections. CPM also serves as a platform for prehospital telemedicine.

8 This legislation creates a 3-year CPM pilot program for Oahu and a neighbor island based on the  
9 recommendations of the CPM working group, HCR 90, Regular Session 2016. The pilot (FY  
10 2019-2022) will evaluate the cost-benefit of utilizing a pro-active in-home care delivery system  
11 for health needs other than 911 EMS care. Metrics include: medical outcomes, long term  
12 medical and social stability by analysis of 911 call volume, improved healthcare, and reduced  
13 readmissions to hospitals.

14 The 3-year pilot program is initially funded for FY 19 only. If approved, the base funding would  
15 be used for vehicles and equipment, personnel, and program administration and evaluation. The  
16 program will require an administrator and part-time medical director. Funds would also be used  
17 for Kapiolani Community College to develop and provide additional necessary training for CPM  
18 staff.

19 The financial stability of a CPM system is critical to its sustainability. Other localities which  
20 have piloted community paramedic programs have developed a number of different financial  
21 plans. The DOH would explore financial models for Hawaii including fee for service,  
22 capitations, and hospital partnerships to name a few. CPM as stated is an evolving service. This  
23 pilot would customize CPM for Hawaii providing a new level of prehospital care.

24 Thank you for the opportunity to testify.



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
Senate Committee on Higher Education  
February 8, 2018 at 1:20 p.m.

By  
John Morton  
Vice President for Community Colleges  
University of Hawai'i System

### SB 2374 – RELATING TO COMMUNITY PARAMEDIC SERVICES

Chairs Baker and Kahele, Vice Chairs Tokuda and Kim, and members of the committees:

The University of Hawai'i supports Senate Bill 2374. This measure implements the recommendations of the working group, formed in HCR 90/16, by establishing and appropriating funds for a three-year pilot program on community paramedicine.

Kapi'olani Community College (KapCC) is the primary educational institution for Emergency Medical Services (EMS) training in the State of Hawai'i. KapCC provides training for individuals to support their communities with highly qualified, emergency medical providers such as Emergency Medical Technicians and Paramedics. These individuals are then gainfully employed by EMS agencies to help meet their staffing needs.

Agencies such as City & County of Honolulu – EMS, Hawai'i County Fire Department – EMS, and American Medical Response – EMS routinely respond to many unnecessary 911 calls for individuals that do not require the use of an emergency ambulance (*“Providing Acute Care at Home: Community Paramedics Enhance an Advanced Illness Management Program”* and *“Mobile Integrated Health Care and Community Paramedicine: An Emerging Emergency Medical Services Concept”*). These agencies also respond to many emergency calls for patients who suffer chronic medical conditions, such as diabetes, hypertension, and renal disease, which do not require an emergency ambulance (*“An Innovative Approach to Health Care Delivery for Patients with Chronic Conditions”* and *“A Pilot Mobile Integrated Healthcare Program for Frequent Utilizers of Emergency Department Services”*).

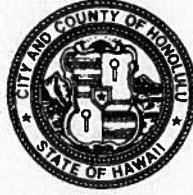
A Community Paramedic program will help the already over-burdened 911-system by allowing individuals who successfully complete a Community Paramedic program, to respond to these non-life threatening calls. Furthermore, these highly trained Community Paramedics would be able to manage chronic high frequency callers or those with chronic medical conditions at home, through a mobile integrated healthcare (MIH) approach. This patient care management will help to reduce unnecessary transportation to busy emergency department, saving valuable resources, emergency ambulances, to respond to true medical emergencies.

The University of Hawai'i supports the intent of SB 2374 on the condition that any funds do not supplant any portion of the University's Supplemental Budget Request.

Thank you for the opportunity to provide testimony in support of this bill.

HONOLULU EMERGENCY SERVICES DEPARTMENT  
**CITY AND COUNTY OF HONOLULU**

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814  
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL  
MAYOR

JAMES D. HOWE, JR.  
DIRECTOR

IAN T.T. SANTEE  
DEPUTY DIRECTOR

February 6, 2018

The Honorable Rosalyn H. Baker, Chair  
The Honorable Jill N. Tokuda, Vice-Chair  
State Committee on Commerce, Consumer Protection, and Health

The Honorable Kaiali'i Kahele, Chair  
The Honorable Donna Mercado, Vice-Chair  
State Committee on Higher Education  
The Senate  
Twenty-Ninth Legislature  
Regular Session of 2018

Re: SB2374 Relating to Community Paramedic Services

Dear Chair Baker, Chair Kahele, Vice-Chair Tokuda, Vice-Chair Mercado and Members:

The Honolulu Emergency Services Department is the contractor to the State of Hawaii for the provision of Emergency Medical Services for the Island of Oahu.

The increasing demand on EMS services on Oahu due to the aging of our population, increasing visitor arrivals, and the low acuity high demand use by both sheltered and non-sheltered homeless population is straining the ability of the EMS system to meet its prime directive.

The City and County is in support of ensuring that the EMS system continues to have the ability to meet the pre-hospital needs of our community.

Several state and municipalities on the continent have experienced similar impacts on their EMS systems and have implemented Community Paramedicine Programs.

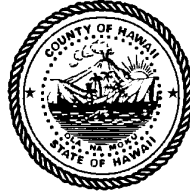
Community Paramedicine Programs have been successful in reducing the demand on EMS calls for service for low acuity medical needs. They have proven to reduce the number and costs associated with low acuity transport to emergency rooms. These programs have been successful in connecting low acuity high demand individuals with medical care and transition this care into long term connection with existing social services programs and providers to arrive at long term solutions to their needs both medical and social.

Sincerely

A handwritten signature in black ink, appearing to be "James D. Howe, Jr.", is written over the word "Sincerely". The signature is stylized and somewhat abstract, with large loops and a long horizontal stroke.

James D. Howe, Jr.  
Director

**Harry Kim**  
*Mayor*



**Darren J. Rosario**  
*Fire Chief*

**Renwick J. Victorino**  
*Deputy Fire Chief*

**County of Hawai'i**  
**HAWAII FIRE DEPARTMENT**  
25 Aupuni Street • Suite 2501 • Hilo, Hawai'i 96720  
(808) 932-2900 • Fax (808) 932-2928

February 7, 2018

The Honorable Rosalyn Baker, Chair  
Committee on Commerce, Consumer Protection,  
and Health  
The State Senate  
State Capitol, Room 230  
Honolulu, Hawai'i 96813

The Honorable Kaiali'i Kahele, Chair  
Committee on Higher Education  
The State Senate  
State Capitol, Room 213  
Honolulu, Hawai'i 96813

Dear Chairs Baker and Kahele:

**SUBJECT: SB 2374, RELATING TO COMMUNITY PARAMEDIC SERVICES**  
**Hearing Date: Thursday, February 8, 2018**  
**Time/Place of Hearing: 1:20 pm, Conference Room 224**

I am Darren J. Rosario, Fire Chief of the Hawai'i Fire Department (HCFD). The HCFD support SB 2374, Relating to Community Paramedic Services.

The Hawai'i Fire Departments EMS Bureau has been conducting a Community Paramedicine Pilot program since October of 2016. Two (2) HFD paramedics have made proactive unscheduled home visits to 255 individuals who were either high EMS utilizers or in a potentially vulnerable situation. Our personnel have also made more than 100 visits to homeless encampments as part of Multi-Disciplinary Teams.

To understand what kinds of assistance community paramedics provide that are not provided in our traditional EMS roles, I would like to share a few examples of the types of patients a community paramedic could encounter.



Hawai'i Island - Geographically and socially isolated elderly female, living alone, off the grid, high EMS utilizer. Car, generator, phone all stolen in that order within a two month period, physically assaulted last week, very little food, out of medications and extremely scared. Community Paramedic provided 35 lb. emergency nutrition kit, facilitated contact with PCP to order meds, facilitated medication pickup and delivery and made contact with patients care coordinator who had no knowledge of her client's current crisis, care coordinator currently working on placement in Foster Care Home.

Honolulu - 60 year old homeless male calls EMS 15 x per week for knee pain, CP assesses situation and works to connect this person with health care and social service solutions that decrease his reliance on EMS and QMC.

Kauai - 24 year old surfer lives in remote area, Femur fracture two weeks prior due to car crash, patient is non-compliant with meds, has no transportation to PCP, calling 911 repeatedly for transport to ED 2nd to infection and pain management, CP evaluates to determine what barriers stand in his way aside from transportation, works to find solutions to those barriers.

Over the past decade EMS agencies across the country have created sophisticated, self-sustainable community paramedicine/mobile integrated health programs. Those of us involved in this new movement understand that healthcare dollars need to shift to those interventions that can demonstrate value. The Agency for Healthcare Research and Quality, the Federal agency whose mission is to "improve the quality, safety efficiency, and effectiveness of healthcare for all Americans" has highlighted several community paramedic programs across the country on their healthcare innovations website. They have given the research supporting community paramedicine a "moderate" rating, which is the highest rating possible in the absence of a randomized clinical trial. The Federal government, which usually funds these research initiatives, has simply not yet directed research monies in this direction.

Despite the lack of a randomized control trial, there are a growing number of reports from programs across the country that these programs show incredible promise. In HFD's community paramedic program our patient's average age is 74, typically having 2-3 chronic diseases many of which also have at least one mental health diagnosis. Managing an individual chronic disease is difficult enough, combine that with depression or anxiety, coupled with geographic or social isolation, transportation issues, financial strain, lack of social support and the situation becomes overwhelming to handle. During a medical crisis, these individuals often call 911, EMS becomes their safety net and we as emergency responders have an opportunity to identify the vulnerable situation and do more than just treat the issue they've called for. With community paramedicine our personnel can now refer these patients to our community paramedics who can assist in helping to stabilize their lives as a whole.

SB 2374 HFD Testimony  
February 7, 2018  
Page 3

The State of Hawai'i's EMS System is considered one of the premier statewide systems in the Country and the EMT's and Paramedics of Hawai'i have a long history of excellence. I believe the timing is right for EMS to become integrated with healthcare to help stabilize lives, improve outcomes and reduce downstream healthcare costs. Our workforce are well trained, experienced and dynamic, we're available 24/7/365 and ready play a larger role in caring for our vulnerable populations.

The HCFD urge your committees' support on the passage of SB 2374.

Please do not hesitate to contact me at 932-2901 or [darren.rosario@hawaiicounty.gov](mailto:darren.rosario@hawaiicounty.gov) should you have any questions.

Respectfully,



DARREN J. ROSARIO  
Fire Chief

attachment



# Hawaii Fire Department Community Paramedicine Pilot October 2016-present

## Approach

The Hawaii Fire Department is uniquely positioned to provide a critical safety net for Hawaii Islands most vulnerable populations. Utilizing experienced paramedics in a proactive low cost method, HFD is able to rapidly assess an individuals global situation, identify issues that may have contributed to the current situation and through partnerships and collaboration with numerous agencies help facilitate solutions. The desired outcome is long term stability, improved healthcare, decreased readmissions and preservation of EMS resources.

## Process

- **Identify**- Individuals with high readmission risk, high system utilization, high vulnerability index, high fall risk.
- **Assess**- Comprehensive in-home assessment of medical history, medications, environmental, financial, transportation, social determinants.
- **Advocate/Navigate**- Referrals are made to agencies with services and resources that match the individual's needs, HFD CP helps navigate the individual through the process and is available as a resource as needed.
- **Reassess**- Follow up on scheduled intervals, and as needed to ensure goals are being met, services are being provided and patient is safe.

## Partners

County of Hawaii Office of Aging  
DOH Public Health Nursing  
Hawaii Island Family Health Center  
West HI Community Health Center  
Hilo Medical Center  
Kona Community Hospital  
East Hawaii IPA  
Adult Protective Services  
HOPE Services Hawaii  
HI Care Choices (formerly hospice)  
Case Managers/Care Coordinators  
Coordinated Services  
The Food Basket Inc.

## Referrals

Home health--Primary care--Long term care--Transportation--Meals--Behavioral health- Hospice--Housing--Adult protective services----Addiction services--Case management--Insurance--Medication Reconciliation

## Technology Tools

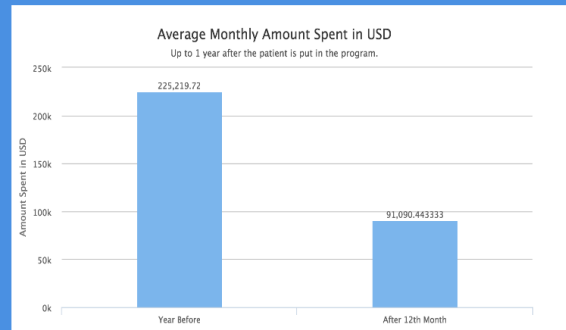
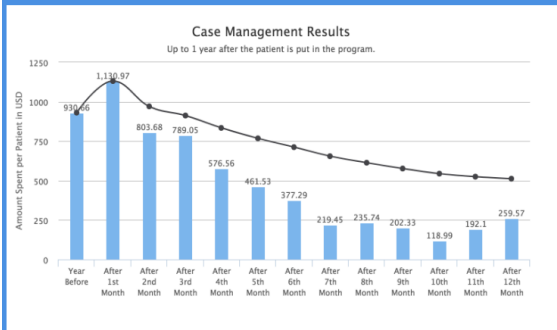
**Street Sense**- Mines and sorts EMS data to identify target populations, measures cost savings.  
**First Watch**- Real time data surveillance and analysis, identifying trends and sentinel events, alerts key staff.  
**Health Call**- Patient specific care plans based on best practices for readmission prevention.

## Measured Value

255 unscheduled home visits

43% reduction in EMS utilization

Total estimated cost savings (EMS & ED only)  
\$1,609,548 per year based on historical utilization vs utilization post CP



## Unmeasured Value

More than 100 visits to homeless encampments across East and West Hawaii as part of multi-disciplinary teams. Made contact with approximately 400 homeless individuals, provided medical assessments, wound care and assisted in scheduling appointments at health care clinics when necessary.

Contact:  
EMS Captains  
Jesse Ebersole jebersole@hawaiicounty.gov 808 7471043  
Vern Hara vhara@hawaiicounty.gov 808 339 5882

**SB-2374**

Submitted on: 2/7/2018 1:02:17 PM

Testimony for CPH on 2/8/2018 1:20:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE  
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES  
DEMOCRATIC PARTY OF HAWAII  
TO THE COMMITTEE ON CONSUMER PROTECTION AND HEALTH  
AND  
COMMITTEE ON HIGHER EDUCATION  
THE SENATE  
TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2018  
Thursday, February 8, 2018  
1:20 P.m.**

Hawaii State Capitol, Conference Room 224

**RE: Testimony in Support of SB 2374, RELATING TO COMMUNITY  
PARAMEDIC SERVICES**

To the Honorable Rosalyn H. Baker, Chair; the Honorable Jill N. Tokuda, Vice-Chair,  
and Members of the Committee on Commerce, Consumer Protection and Health:

To the Honorable Kaiiali'i Kahele, Chair; the Honorable Donna Mercado Kim, Vice-Chair,  
and Members of the Committee on Higher Education:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii ("DPH"). Thank you for the opportunity to provide written testimony on Senate Bill No. 2374 relating to Community Paramedic Services Pilot Program.

The OCC Legislative Priorities Committee is in support of Senate Bill No. 2374 and is in favor of its passage.

Senate Bill No.2374 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it establishes and appropriates funds for a three-year community paramedic services pilot program.

Specifically, the DPH Platform provides that "[a]ccess to health care is a basic human need. Our citizens and visitors have an inherent right to high quality high standard health care. The state legislature and the federal government should take all appropriate steps to create and support a health care system of public, for-profit, and nonprofit hospitals and other medical facilities that follow best practices to enhance and protect and preserve life." (Platform of the DPH, P. 7, Lines 361-364 (2016)).

Given that Senate Bill No.2374 provides for the Community Paramedic Services Pilot Program, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

**/s/ Melodie Aduja**

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: [legislativepriorities@gmail.com](mailto:legislativepriorities@gmail.com), Tel.: (808) 258-8889



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Rosalyn Baker, Chair  
The Honorable Jill N. Tokuda, Vice Chair  
Members, Committee on Commerce, Consumer Protection, and Health

The Honorable Kaiali'i Kahele, Chair  
The Honorable Donna Mercado Kim, Vice Chair  
Members, Committee on Higher Education

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: February 6, 2018

Hrg: Senate Committee on Commerce, Consumer Protection, and Health and Committee on Higher Education Joint Hearing; Thursday, February 8, 2018 at 1:20PM in Room 224

Re: Support S.B. 2374, Relating to Community Paramedic Services

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My name is Paula Yoshioka and I am the Vice President for Government Relations and External Affairs for The Queen's Health Systems (Queen's). I appreciate the opportunity to provide testimony in support S.B. 2374, relating to community paramedic services. This measure would establish and fund a three-year community paramedic services pilot program through the Department of Health (DOH).

The mission of Queen's is to provide quality health care services to improve the well-being of Native Hawaiians and all the people of Hawai'i, which includes our most vulnerable and underserved patient populations like the homeless. Queen's provides the majority of medical care to our homeless population in Hawai'i. An upwards of 64% of all hospital visits by the homeless are at Queen's, where care is delivered at partial or no reimbursement.

There is a high utilization of Emergency Department (ED) resources by homeless individuals for non-emergent needs. Many of our homeless patients are Super Utilizers of the ED and suffer from mental health and substance abuse issues.<sup>1</sup> Queen's believes that increasing coordinated care services for our homeless patients and utilizing community paramedicine to deliver non-emergent care will help address some of the issues that our homeless patients face because of their unique circumstances.

The costs to the entire continuum of care—from hospitals to long-term care facilities to home-based services—of treating the homeless population are large and growing. There are still unmet needs for our homeless patients and while Queen's has been a leader in care coordination, we

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<sup>1</sup> HHIC Special Homeless Project, 2016



## THE QUEEN'S HEALTH SYSTEMS

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know that much more needs to be done within the community to close the gaps in services and supports for our homeless population. Thank you for the opportunity to testify on this measure.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

**Thursday, February 8, 2018 at 1:20PM**

Conference Room 224

Senate Committee on Commerce, Consumer Protection, and Health

To: Senator Rosalyn H. Baker, Chair  
Senator Jill N. Tokuda, Vice Chair

Senate Committee on Higher Education

To: Senator Kaialii Kahele, Chair  
Senator Donna Mercado Kim, Vice Chair

From: Michael Robinson  
Vice President & Government Relations

**Re: Testimony in Support of SB 2374 – Relating to Community Paramedic Services**

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My name is Michael Robinson and I am Vice President and Government Relations at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox – specialize in innovative programs in women's health, pediatric care, cardiovascular services, cancer care, bone and joint services and more. Hawai'i Pacific Health is recognized nationally for its excellence in patient care and the use of electronic health records to improve quality and patient safety.

I testify in support of SB 2374 which establishes and appropriates funds for a three-year community paramedic services pilot program. This measure establishes reporting requirements for the program which will be repealed on December 31, 2021.

A high percentage of calls for Emergency Medical Services are from repeat callers who call multiple times per day for issues that do not require an emergency response. These individuals' medical concerns would be more effectively served by a functioning community paramedic system. As the call volume rises each year and the number of ambulance stations remains the same, it is important to establish community paramedic services to provide appropriate services to non-emergency callers. This will help to ensure that Emergency Medical Service professional are available to serve in dire situations, when otherwise they might be occupied with non-emergency medical concerns.

Our State faces high medical costs from repeat Emergency Room visits from chronically homeless individuals. Community Paramedic Services would not only reduce these health care costs but would also improve health in the State by addressing post-hospital discharge care, hospice care, behavioral health, and acute and chronic medical conditions such as infection diseases, diabetes, hypertension, and asthma.

A report that evaluates the overall impact of the pilot program will be important in the proposal of future legislation. Measured evaluation will be necessary in any sustainability and expansion efforts beyond the initial pilot program.

Thank you for your consideration of this testimony in support of SB 2374.

**SB-2374**

Submitted on: 2/7/2018 11:43:11 AM

Testimony for CPH on 2/8/2018 1:20:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andy Ancheta	American Medical Response	Support	No

Comments:



**SB-2374**

Submitted on: 2/7/2018 11:20:34 AM

Testimony for CPH on 2/8/2018 1:20:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Speedy Bailey	American medical Response	Support	No

Comments:

**SB-2374**

Submitted on: 2/7/2018 9:26:05 AM

Testimony for CPH on 2/8/2018 1:20:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tito Villanueva		Support	No

Comments:

Please support this initiative to establish a community paramedic program to provide appropriate services to non-emergent callers who would otherwise be using valuable emergency medical services needed for true emergencies.

**SB-2374**

Submitted on: 2/5/2018 8:38:04 AM

Testimony for CPH on 2/8/2018 1:20:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Curt S. Morimoto		Support	No

Comments:

Community Paramedicine programs have proven to be effective in communities across the mainland. Please support SB2374 as initial steps in pursuing it's effectiveness in specific communities here in Hawaii. Thank you.

**SB-2374**

Submitted on: 2/8/2018 12:01:03 AM

Testimony for CPH on 2/8/2018 1:20:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
James Ireland		Support	Yes

Comments:

1. My name is James Ireland and I am a community physician. I have previously worked as an Emergency Room physician for 8 years and was the former Director of Emergency Services for the City and County of Honolulu. Since St Francis closed, he have lost both ER capacity and hospital beds on Oahu, yet at the same time, the population has increased and people are getting older and in need of more medical care. Our emergency rooms (ERs) today are busier than ever, some seeing over 200 patients a day. Our 911-responding ambulances are busy as ever, too. Unfortunately, a small subset of the community uses 911, EMS and the ERs for all of their medical care, sometimes on a daily basis. When we studied this, we found some people calling 911 for an ambulance on Oahu five times a week for months and even years. The top ten people (911 callers) in one year accounted for hundreds of calls to EMS and ER transports and over one million dollars in health care expenditures. One man called 911 165 times in 12 months. Right now, under current regulations, EMS must respond to every 911 call and must transport if the patients request going to the hospital. The ER, at the minimum, must complete a medical screening exam of all patients presenting to the hospital, regardless if they come in once, weekly, or even daily for months and months. When I worked in the ER, I had compassion for all, and wanted to help everyone, but many of the "frequent callers" came to the ER for really inappropriate complaints. Some ran out of medications, others wanted a sandwich or food, others wanted a place to sleep. This tied up ambulances and ER space needlessly, and those with more serious medical issues and injuries were forced to wait. The proposed intervention with a community paramedic program would be to see those who frequent ERs and provide them with more appropriate care. The teams would identify and meet those individuals who over-use EMS and ER resources and address their issues in the outpatient setting, ideally preventing 911 ambulance transport and unnecessary ER visits. This would potentially save millions of dollars in health care costs. Not only could community paramedic teams treat minor medical illnesses such as hypertension, diabetes and wounds, they also could direct patients to more appropriate care for their various issues. For instance, mental health needs and chronic medical issues could be taken care of by an existing community health center. The paramedic team could connect the patient to the various centers to establish primary care. Similarly, they could do the same for mental health or social service needs, such as housing or family issues. I believe our previous study found most

of the frequent EMS/ER users to have Medicaid/Quest insurance, so the savings by eliminating unwarranted EMS/ER costs would be passed on to the State. I think it is a good investment. Patients would get better, more appropriate care; EMS and ERs would get some relief, and ultimately the State would have a great financial return on their investment in this program.