

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

WRITTEN

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

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 23, 2018 11:00am Room Number: 211

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

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

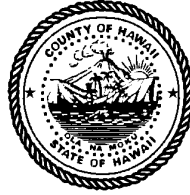
6 This legislation creates a 3-year CPM pilot program for Oahu and a neighbor island based on the
7 recommendations of the CPM working group, HCR 90, Regular Session 2016. The pilot (FY
8 2019-2022) will evaluate the cost-benefit of utilizing a pro-active in-home care delivery system
9 for health needs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

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

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

22 Thank you for the opportunity to testify.

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 22, 2018

The Honorable Donovan Dela Cruz, Chair
Committee on Ways and Means
The State Senate
State Capitol, Room 211
Honolulu, Hawai'i 96813

Dear Chair Dela Cruz:

SUBJECT: SB 2374, RELATING TO COMMUNITY PARAMEDIC SERVICES
Hearing Date: Friday, February 23, 2018
Time/Place of Hearing: 11:00 am, Conference Room 211

I am Darren J. Rosario, Fire Chief of the Hawai'i Fire Department (HCFD). The HCFD supports 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 260 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.

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.

SB 2374 HFD Testimony
February 22, 2018
Page 3

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 should you have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Darren", with a horizontal line extending from the end.

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

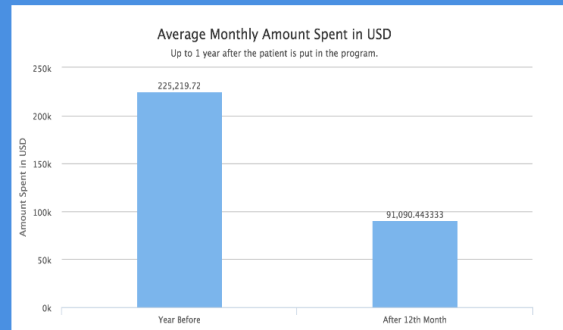
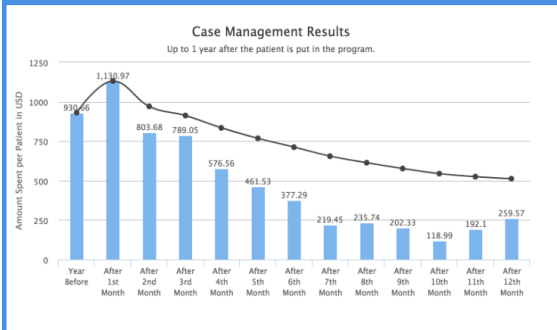
Street Sense- Mines and sorts EMS data to identify target populations, measures cost savings.
First Watch- Real time data surveillance and analysis, identifying trends and sentinel events, alerts key staff.
Health Call- Patient specific care plans based on best practices for readmission prevention.

Measured Value

260 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

Friday, February 23, 2018 at 11:00 am

Conference Room 211

Committee on Ways and Means

To: Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

From: Michael Robinson
Vice President & Government Relations

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

My name is Michael Robinson and I am the Vice President of Government Relations and Community Affairs 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 write 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 remain 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: 2/21/2018 3:13:02 PM

Testimony for WAM on 2/23/2018 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Speedy Bailey	Testifying for American Medical Response	Support	Yes

Comments:

SB-2374

Submitted on: 2/22/2018 8:24:08 AM

Testimony for WAM on 2/23/2018 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tito Villanueva	Testifying for American Medical Response	Support	No

Comments:



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Donoyan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Committee on Ways and Means
Paula Yoshioka

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

Date: February 21, 2018

Hrg: Senate Committee on Ways and Means Hearing; Friday, February 23, 2018 at 11:00 A.M. in Room 211

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

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 of 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.¹ 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 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.

¹ HHIC Special Homeless Project, 2016



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Committee on Ways and Means

From: Howie Klemmer, MD, Chief, Emergency Medicine, The Queen's Medical Center
Date: February 21, 2018
Hrg: Senate Committee on Ways and Means Hearing; Friday, February 23, 2018 at 11:00
A.M. in Room 211

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

My name is Howie Klemmer. I am the chief of emergency medicine at The Queen's Medical Center (Queen's), Punchbowl and West Oahu. I appreciate the opportunity to provide testimony in support of S.B. 2374, relating to community paramedicine services. This measure would establish and fund a 3 year community paramedic service pilot program through the Department of Health.

The mission of The Queen's Medical Center is to provide quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i. Queen's provides care to our most vulnerable and underserved patient populations like the homeless. Over 64% of the state's medical encounters for the homeless occur at Queen's. These encounters usually involve an ambulance ride to the ED for chronic medical and psychiatric conditions, which are better served and managed by a primary care physician or clinic.

Coordinated care services are needed to help our homeless population and other underserved populations who frequent the emergency department due to lack of access to other healthcare services. Coordinated Care will help these individuals get the right care, at the right time, in the right place, and for the right reasons. Coordinated care promotes a win-win situation for the patient and the health system by allowing for more efficient and appropriate utilization of precious resources.

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.

SB-2374

Submitted on: 2/22/2018 10:28:12 AM

Testimony for WAM on 2/23/2018 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

Comments:

SB-2374

Submitted on: 2/21/2018 4:04:29 PM

Testimony for WAM on 2/23/2018 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments: