

3... 2... 1
Welcome!

MIH Programs: Building, Expanding, Sustaining

Kendra Siler, PhD
David Willis, MD



CommHIT HQ @
Kennedy Space Center

04
25
24



Need CEs?

**Do you have HITCM-PP
or CMM credentials?**

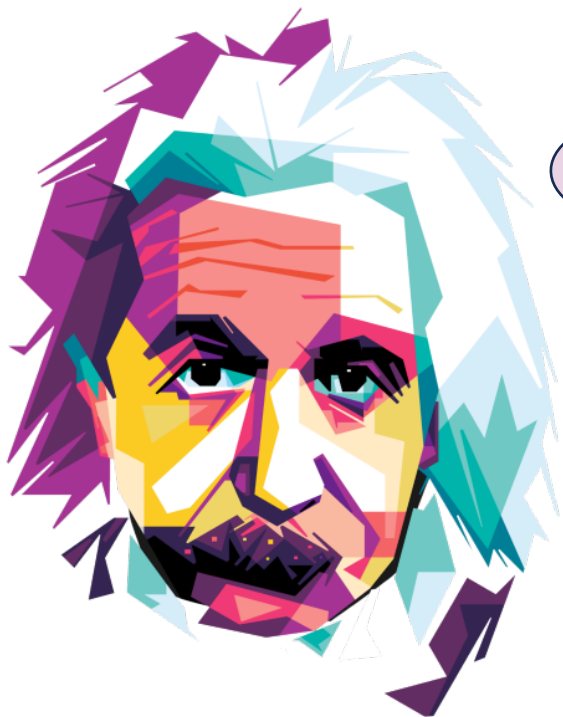
PAHCOM is offering 7.0
CEUs for CMMs and
HITCM-PPs attending



Are you a certified CHW?

FCHWC is offering 3.0
CEUs for attending
certified CHWs





9am – 3pm:

Florida
HEALTH
Emergency Medical
Oversight

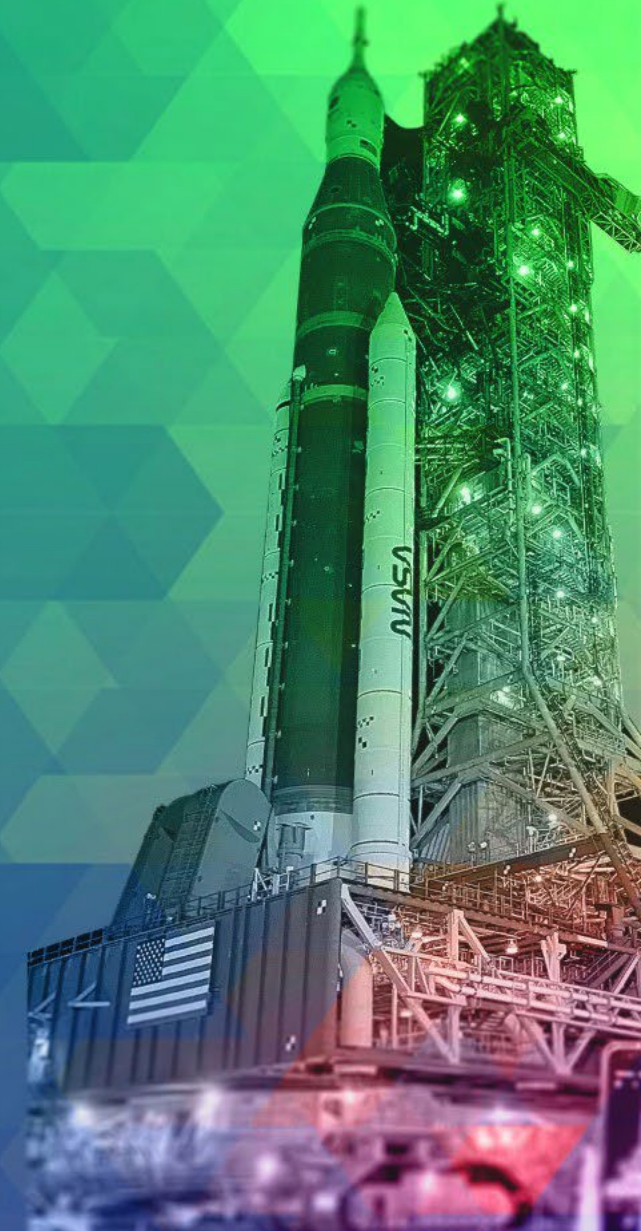
**EMS Resiliency &
Innovation for
Health Care
Access
Symposium**

- ✓ **BREAK** 10:45–11am
- ✓ **LUNCH** 12–12:45pm
- ✓ **BREAK** 1:30–1:45pm
- ✓ **BREAK** 2:15–2:30pm

**Enjoy Firehouse Subs for Lunch
& New Snacks at all Breaks**

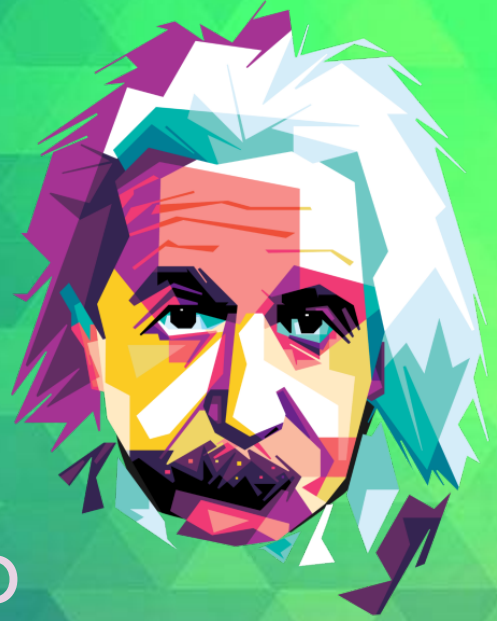
Lunch with Space Ed

Astronauts Memorial
Foundation's CEO Rep.
Thad Altman is
providing us a special
presentation of Space
Center History at
Lunch



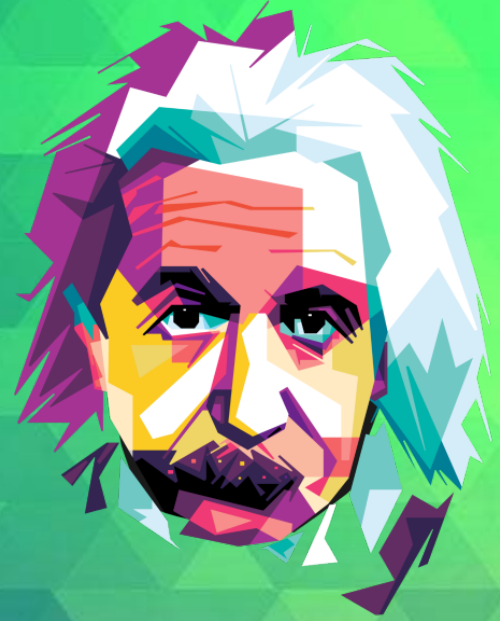
What is CommHIT's Mission?

To increase community health, develop workforce, and improve lives by planning & operationalizing complex programs that involve combinations of community, health, & technology in areas that are rural, underserved, or otherwise remote.



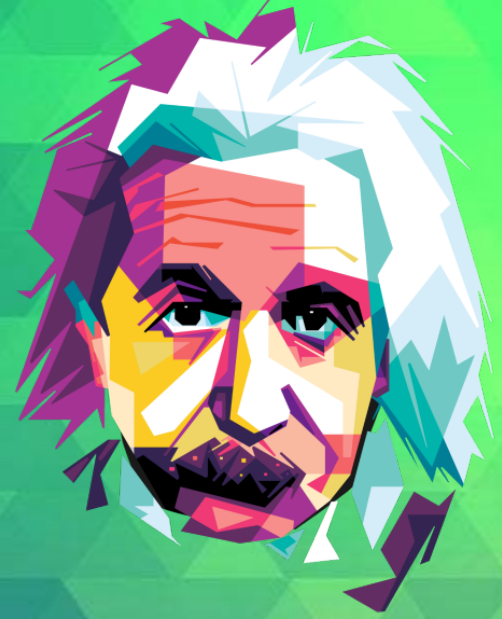
What is CommHIT's Vision?

Create a strong, flexible, and sustainable COMMUNITY HEALTH WORKFORCE that can help patients in all communities day-to-day and in times of emergencies.



What does CommHIT “do”?

CommHIT's a non-profit that focuses on the discovery and efficiency of processes and technologies dealing with the remote care of people—particularly those in rural, underserved, and other remote areas.



Community Connected Care Workforce (C3w+) Program

\$1.545M

\$450,000 direct services

Aug 1, 2022 – Jul 31, 2025



CommHIT.org

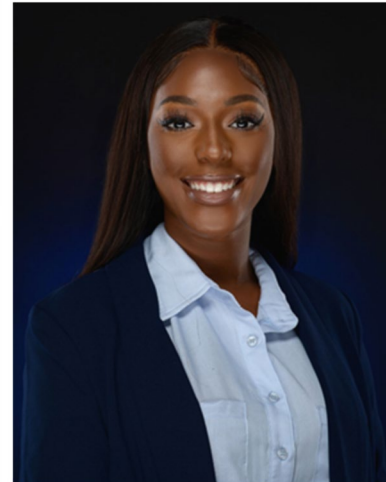
CommHIT Core EMS Team



Andy Post, MA
VP of Operations
THAP Administrator
C3w+ Program Director



Kevin Salzer, MSP, AICP
Chief Technology Officer



Jaquesha Jefferson
Lead Data Analyst



Keith Smith
Technical Project
Manager



Makaya McKnight
PCG, Administrative
Services

C3w+ Phase 1: Three Resources for EMS Agencies



Resource 1: Customized plans to create or expand CP-MIH Programs*

Resource 2: Relevant Trainings & Workforce Development

- ✓ Tech-based Community Health Worker (***dual-certification recommended***)*
- ✓ U.S. Dept of Health and Human Services Cyber Training: 405(d) Program
- ✓ Community Paramedic
- ✓ Apprenticeship Programs*

Resource 3: Participation in statewide network for MIH-CP Program development (**CP Zone**). Today at 4pm!



What's the CP Zone?

Community Paramedicine (CP) Zone is:

- ✓ Statewide network lead by Chief Steven Shaw
- ✓ Supported by CommHIT's \$1.5M federal grant
- ✓ Comprised by Florida EMS leadership & key staff interested in developing, financially supporting, and expanding their MH Programs
- ✓ Meets two times a year (next meeting is Oct 18) after CommHIT24 Forging Formidable Resilience

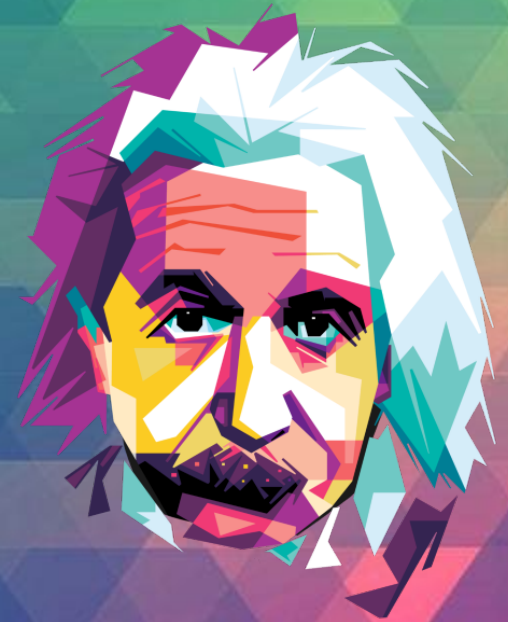


Tech-Based Community Health Worker (CHW-T)

- 20 hours of core training and 10 elective hours
- Most modules synchronous online; four hours are virtual in-person
- 40% tech-based

CommHIT's CHW-T focuses on:

- Digital literacy & security gaps
- Telehealth and home-centered care
- SDOH
- Rural and underserved populations
- New CMS reimbursements



C3w+ Phase 2: Financial Sustainability for MIH Programs



Community Integrated Health Services

(CHI for Medicare patients)



CommHIT.org

Community Integrated Services for Community Paramedicine Programs/MIH in Florida

1. Community-based services to address the Social Determinants of Health that impact health outcomes for patients
2. Services are “incident to” a Physician or Advanced Registered Nurse Practitioner who oversees the clinical care for the patient
3. Services are provided “outside of a facility” for an initial 60 minutes per month; additional 30 minutes as needed



CHI Process (Clinician Stage)

1. **CLINICAL EVALUATION:** Clinician evaluates the patient in regular visit, televisit, discharge from hospital, transition of care visit, or Annual wellness exam
2. **SDOH EVALUATION:** SDOH tool is reviewed with patient (5-15 min) and SDOH risks are evaluated against their clinical conditions
3. **CODING:** SDOH that impacts the patient's clinical conditions are identified with Z-codes and CHI services are ordered
 - Clinician bills for appropriate visit:
 - E/M code 99212-99215
 - Discharge code/TOC code
 - AWW
 - Clinician bills G0136 for SDOH Assessment/Evaluation
 - Clinician documents Z-codes impacting patient's health outcomes, obtains patient's verbal or written consent and refers for CHI services

CHI Process (Community Paramedic/CHW Stage)

4. **CP/CHW ASSESSMENT:** patient's situation evaluated for SDOH concerns identified by clinician referral
 - Formal or informal tool
5. **ACTIVE WORK:** CP/CHW addresses the SDOH concerns
 - Support, health literacy, health advocacy, transportation assistance
6. **DOCUMENT:** CP/CHW documents goals/progress in overcoming SDOH concerns **ALONG WITH** documentation of time spent (60 minutes per month, and additional 30 minutes if necessary) back to clinician
 - Clinician bills as indicated by CP/CHW
 - G0019 (*first 60 minutes*) and
 - G0022 (*additional 30 minutes*)

Benefits

- Sustainable income for CP/MIH Programs
- Opportunity for continued services to vulnerable patient populations
- Enhanced continuity of care with community practitioners

Pitfalls

- Practitioner involved in patient's ongoing healthcare needs to evaluate the SDOH impact on health and initiate CHI services
- Same practitioner must bill for CHI services provided for by the CP/CHW
- Caution regarding induced referrals, Starke violations

Business Models Utilizing CHI Services

INTERNAL PRACTITIONER

- MD/APRN part of CP/CHW organization
- Able to receive internal referrals
- Able to assess SDOH health impacts
- Able to bill:
 - Assessment visit
 - SDOH Evaluation (G0136)
 - Monthly CHI services (G0019/G0022)
- MD/APRN able to re-evaluate patient's progress

REFERRING PRACTITIONER

- Primary Care Provider (PCP) part of the community
- CP/CHW identifies vulnerable patient and notifies/refers PCP or PCP identifies SDOH risks in existing patient
- PCP refers patient to CP/CHW program
- CP/CHW provides CHI services and communicates this back to PCP
- PCP bills for monthly services and revenues shared with CP/CHW

70%
CP/CHW

30%
PCP

Referral, Communication, and Documentation



pulsara®

Referral
Initiation
for CHI Services

Communication
between
providers AND
patient

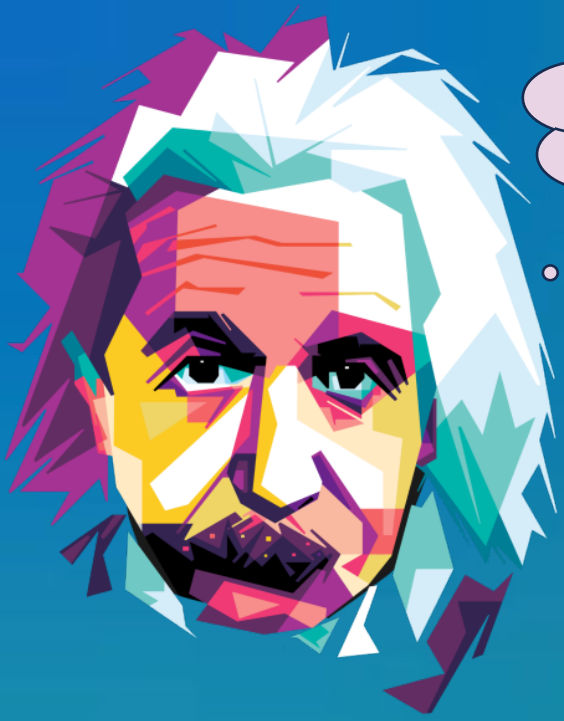
Referral and
Communication
with
Community
Resources

Documentation
for Billing

CommHIT.org

Questions?
Discussion?
Feedback? Ideas?





3–4pm:

5 mins



5 mins



45 mins **Network, visit Exhibitors, or get a peek of the Visitor Complex**

5 mins **Promptly return to the Meeting Hall for the CP Zone Meeting**

Presenting at 4:20pm today



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



CareerSource
BREVARD

Presenting at 4:40pm today

Case Analysis of Baker County Fire Rescue's CP-MIH Implementation and Financial Sustainability Plan

4:40PM-4:55PM

Linda Liebert-Hall and **Baker County Fire Rescue**

MIH Program Highlight: Flagler County Fire Rescue

4:55PM-5:10PM

Tracy Farmer Community Paramedic

Rob Errett Community Paramedic



Presenting at 5:10pm today



E-PLUS

Emergency Patient Look Up System

Save the Dates!

CommHIT24

Oct 17, 2024

Kennedy Space Center

9am-5pm

2nd 2024 CP-Zone Meeting

Oct 18, 2024

11am-2pm

CommHIT.org/c3w

CommHIT.org/CommHIT24event



Enhancing Mental Wellness Through a Comprehensive Approach

Presenters: Jeff Orrange, 2nd Alarm Project & FFSHC;
Deborah C. Beidel, Ph.D., ABPP UCF RESTORES, University
of Central Florida

Who We Are

- Second Alarm Project
 - Behavioral Health Navigation Services for Responder and Families
 - Peer Support and Critical Incident Response
 - Training and Education
 - Technical Assistance and Capacity Building
- UCF RESTORES Clinical Research Center
 - Education and Training
 - Peer Support and Critical Incident Response
 - Clinic serving first responders, military, survivors of mass shootings, natural disasters, sexual assault

First Responders: Solution focused, Strengths-based



- Choose a job that most people can't do
- Tolerate what is intolerable to others
- Front row seat to life's ugliest moments

Resiliency

...the capacity to recover quickly from difficulties;

toughness

...the ability of a substance or object to spring back into

shape; elasticity

Synonyms: flexibility, durability, strength, **give**



Resiliency is
not
Immunity

Stress Comes in Various Forms

Occupational PTEs

- Frequent exposure to potentially traumatic events, emergencies, and high-stress situations – distressing scenes, injuries and loss of life
- Constant exposure to traumatic events can contribute to a heightened sense of hypervigilance and a reduced ability to cope with stressors both on and off the job

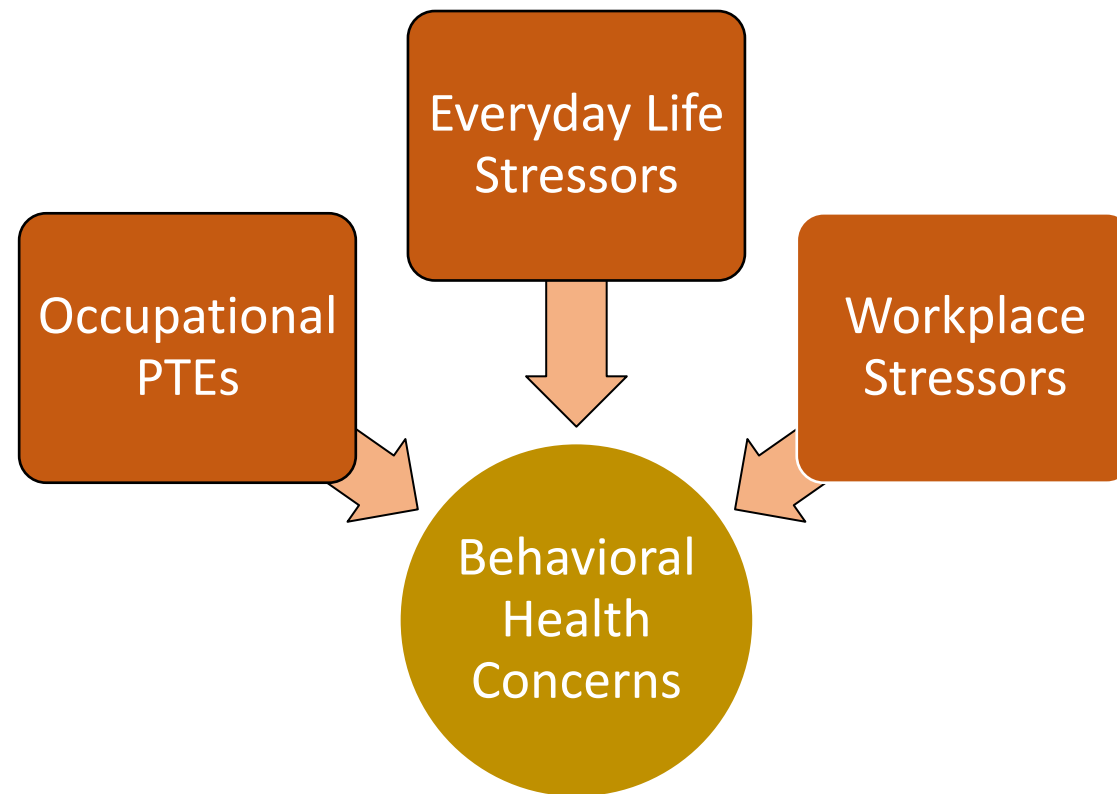
“Off the job” Stressors

- Relationship issues, financial pressures, family problems, and personal health concerns

Workplace/Organizational Stressors

- Long working hours, irregular schedules, organizational challenges, high workload, and limited resources
- Job demands – including making split-second decisions, managing critical incidents, and exposure to physical risks

The intersection of witnessing ***on-the-job trauma, off-the-job stress,*** and ***other workplace stressors*** can have a significant impact on the mental health of first responders.

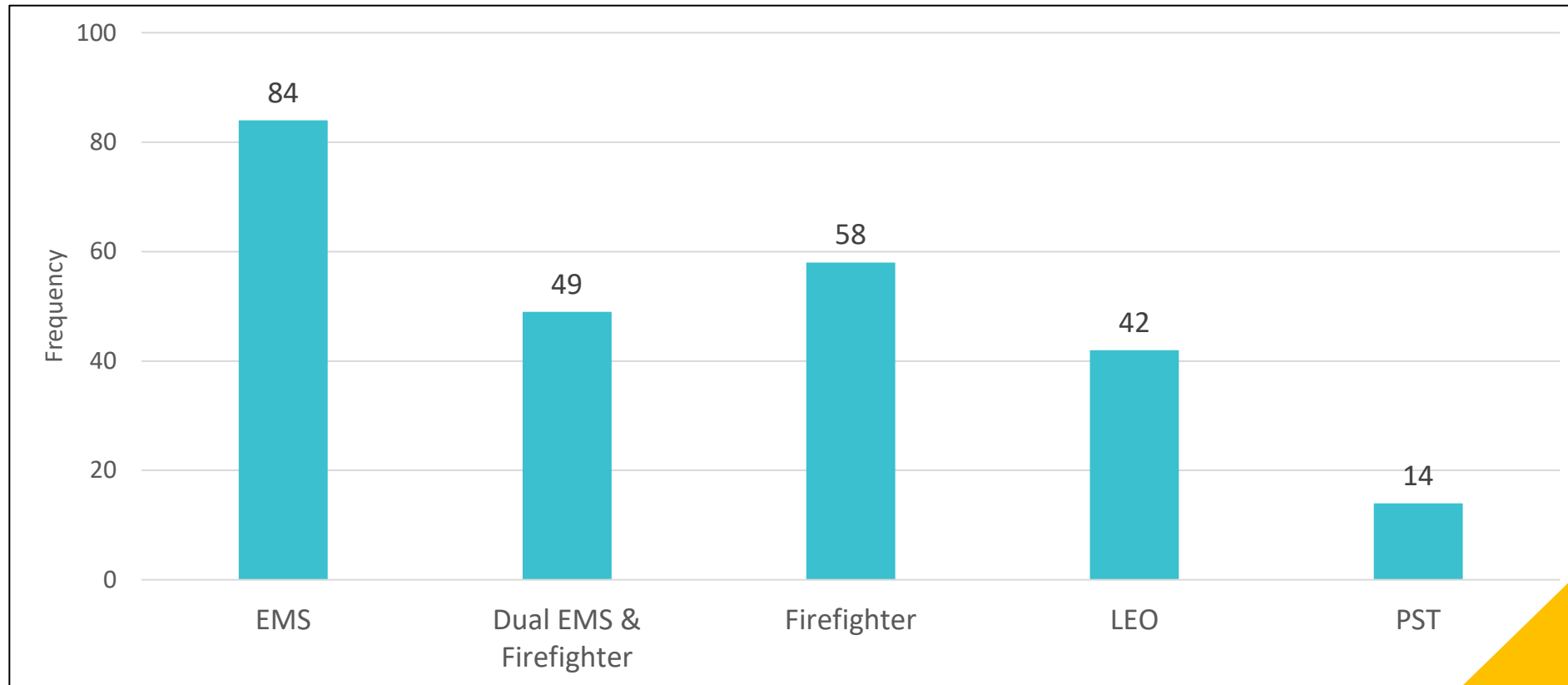


EMS Behavioral Health Survey Data

Category	EMS	General Population
PTSD (PCL-5)	31.8%	3.5%
Depression (PHQ-9)	60.7%	16%
Anxiety (GAD7)	87.0%	5.7%
Harmful Alcohol Use (AUDIT)	41.6%	8.5%
High Suicide Risk (SBQR)	20.4%	1-6%

Data courtesy of 2nd Alarm Project (n=173)

First Responder Suicide Deaths (Count) by Profession, Florida 2017-2022.



Data Sources: Florida Department of Health Bureau of Vital Statistics, Florida Department of Health EMS Licensure Data, The Division of State Fire Marshal Firefighter Licensure Data, Florida Department of Law Enforcement LEO Suicide Statistics.

What is BHAP?

Behavioral Health Access Program: Supportive and proactive framework that enables first responders to effectively manage the challenges of their demanding roles, maintain their well-being, and ultimately improve their overall quality of life.

A comprehensive and operationalized plan which clearly specifies the mental health services first responders and families need



Where those services are available within their communities



Levels and standards of care that are expected in the provision of these services

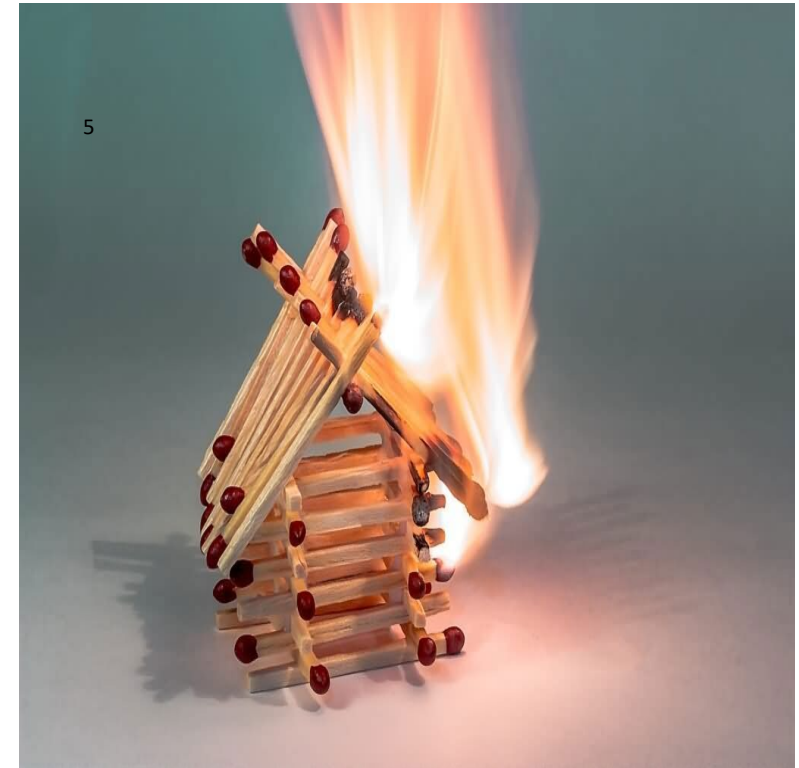
Why is a Comprehensive Approach Important?

Firefighter Syndrome

Scope of the Issue

- The accumulation of physical and psychological injuries creates a high allostatic load (wear and tear on the body because of repeated or chronic stress).
- Can lead to profound physiological changes.
- Load is different from, but similar to, that borne by military special operators

Frueh et al., 2023



Firefighter Syndrome



TBI and Toxic Exposures

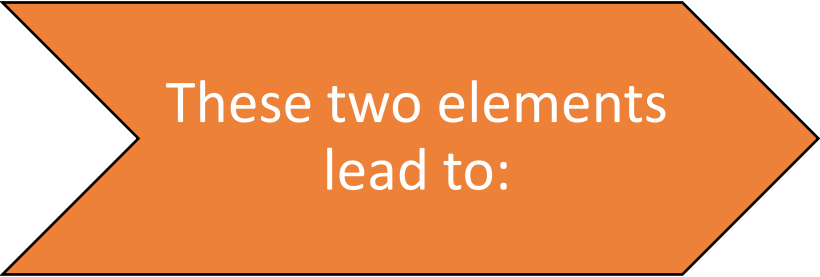
- Impact force injuries – concussions from falls, slips, structure collapse, flying projectiles
- Toxic environments – chemical, industrial, and residential fires
- Hazardous material – smoke, chemicals, bunker gear, foam



Hormonal Dysfunction

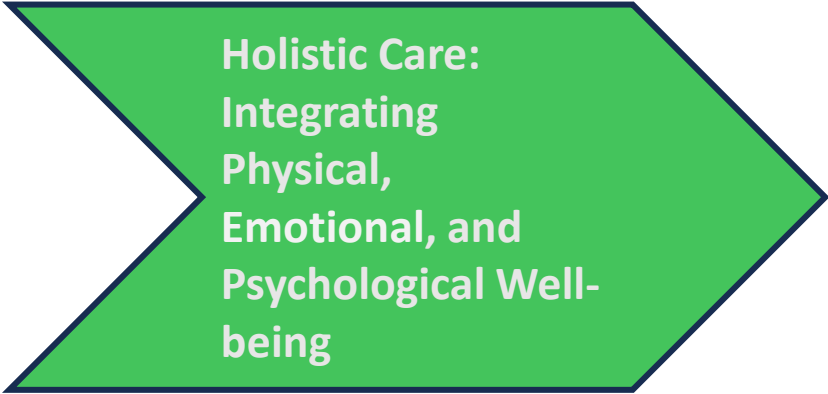
- Disregulate the endocrine system causing hormonal dysfunction
 - Low testosterone
 - Abnormal thyroid
 - Abnormal estrogen level
 - Irregular stress hormone levels (cortisol and norepinephrine)

Firefighter Syndrome



These two elements
lead to:

- Sleep disturbance/sleep apnea (due to TBI)
- Chronic pain, orthopedic problems, headaches
- Substance use (alcohol is drug of choice)
- PTSD
- Depression
- Anger
- Worry, restlessness, stress reactivity, panic attacks
- Marital and family dysfunction
- Problems with sexual health and intimacy
- Memory, concentration
- Perceptual system impairments- balance, dizziness, vertigo, tinnitus



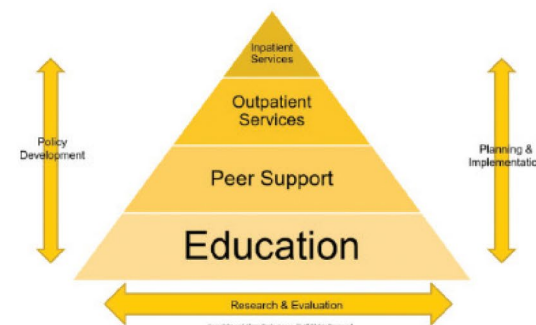
Holistic Care:
Integrating
Physical,
Emotional, and
Psychological Well-
being



BHAP Toolkit

The toolkit includes sections on how to create the following programs and supports for first responders and their families:

- Peer Support Teams
- K-9 Programs
- Family Support Resources
- Agency-wide Education and Awareness Initiatives
- Outpatient Counseling Services
- Inpatient/Residential Services
- Resources for Retirees
- Critical Incident Outreach
- Resources for Leadership
- Chaplaincy Programs
- Resources for Clinicians



BHAP TOOLKIT



2nd Alarm Project ©2023

Leadership's Role in Building a BHAP



Creating a Stigma-Free
Workplace



Leading Through Empathy and
Understanding



Supportive Leadership
Strategies



Fostering an Accepting Environment Through Education

- Importance of Education on Mental Health Awareness
 - Example of Training Programs for First Responders and Leadership at UCF RESTORES
 - Mental Health Awareness Training
 - Resiliency Training
 - Peer Support Training
 - REACT
 - Promoting Open Communication Channels
-

Assessing Program Effectiveness



METHODS FOR EVALUATING
CURRENT PROGRAMS



GATHERING FEEDBACK
FROM FIRST RESPONDERS



CONTINUOUS
IMPROVEMENT STRATEGIES

UCF RESTORES TRAINING PROGRAMS

Mental Health Awareness Training

90-minute introduction to common mental health concerns and available resources.

Resiliency Training

2.5 hour workshop on sleep hygiene, anger management, behavioral goal-setting, Communication skills, anxiety management

REACT Peer Support Training

8-hour didactic and skill-building training:

- identify peers' stress levels,
- navigate difficult conversations,
- coordinate higher levels of care or provision of resources

REACT TRAINING IMPACT TO-DATE

200+
AGENCIES

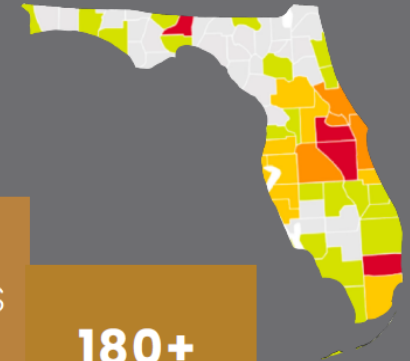
2,000+
PARTICIPANTS

180+
DATES

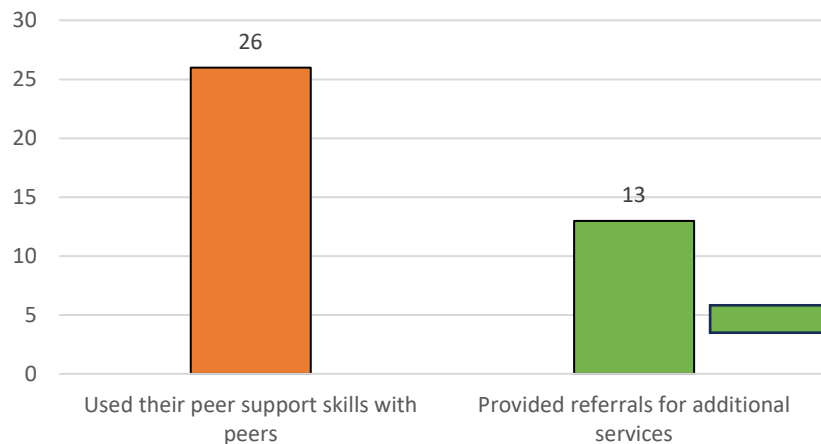
1,000+
Firefighters

1,000+ Law
Enforcement

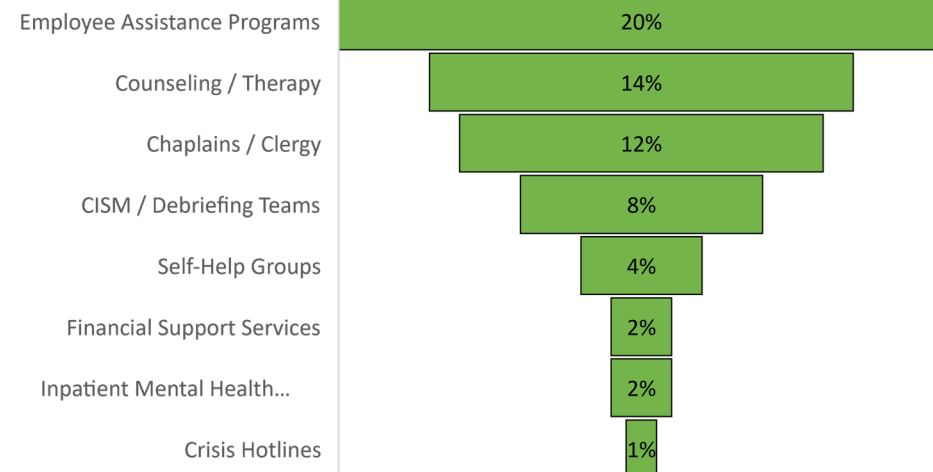
195+
Civilians



Average # of Peers Impacted per Month by
Trained Peer Supporters



Referrals Made by Trained Peer Supporters



Improving Your Providers Through Competent Clinicians

Importance of Qualified Mental Health Professionals

Providing Specialized Training for EAP Clinicians

Ensuring Accessibility and Confidentiality

Breaking the Stigma



LICENSED MENTAL HEALTH CLINICIANS

Working most effectively with the fire service requires understanding their language, lingo, and lifestyle. This two-day cultural competency course provides you with the knowledge and experiences necessary to understand fire service culture and thereby become a preferred mental health provider for firefighters and their families. This course is approved by the American Psychological Association for 7 CE credits.

COST: The course is provided at no cost by the Florida Firefighters Safety and Health Collaborative and their mental wellness partner, UCF RESTORES.

Courses are offered six times per year throughout Florida

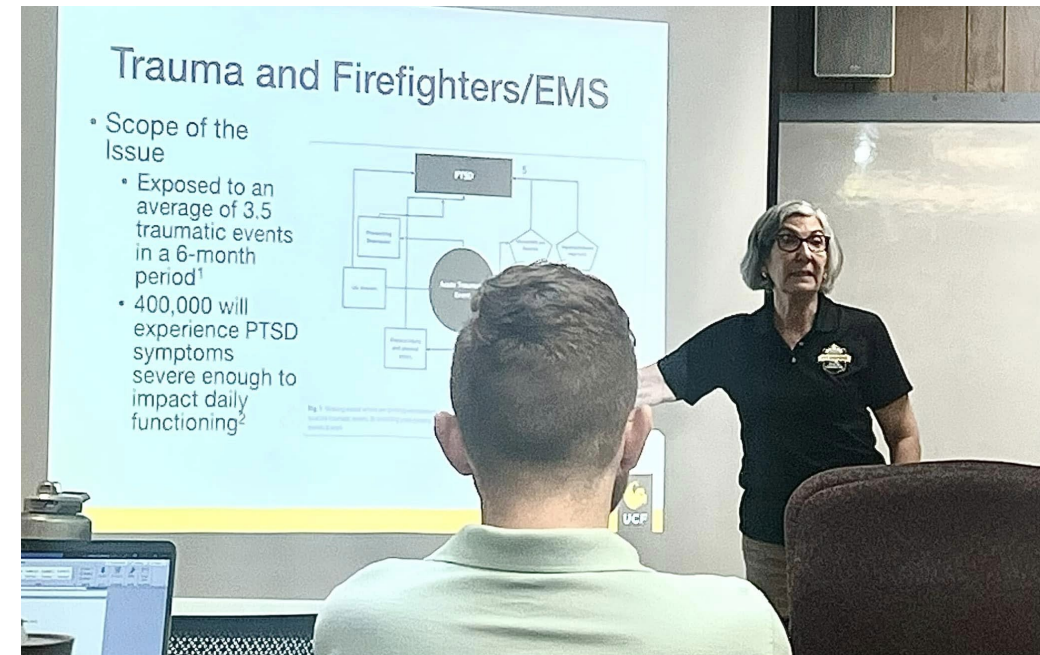


www.UCFRESTORES.com



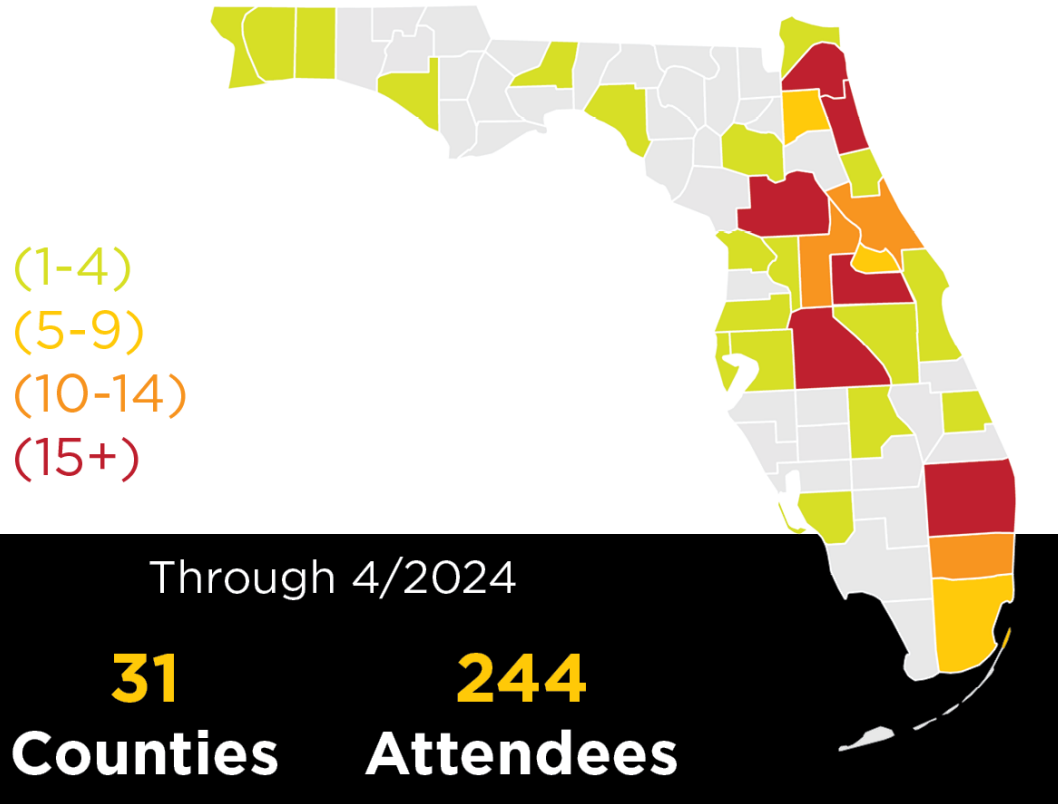
www.floridafirefightersafety.org

- Day 1: Didactic instruction that focuses on firefighter culture, language, lifestyle, trauma, resilience, prevention, and treatment of trauma. Approved by the American Psychological Association for 7 CE credits. Delivered by UCF.

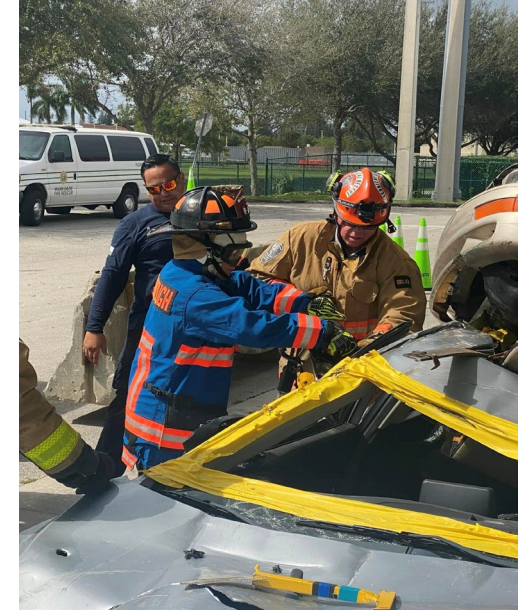


Cultural Competency Participation

Cultural Competency Training



Day 2: “Hands on” experiences at fire training facilities, taking part in several scenarios.

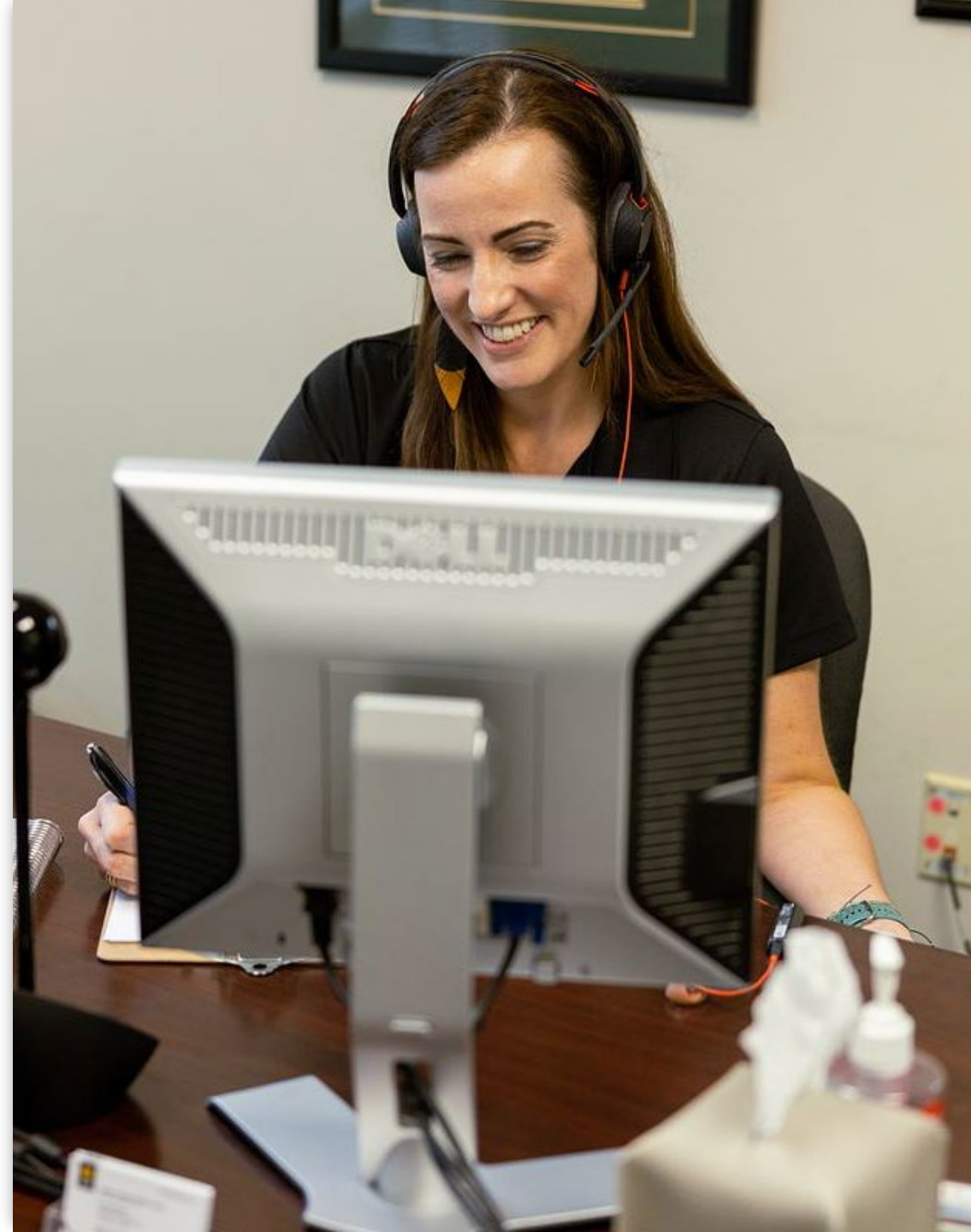


Redline Rescue <https://redlinerescue.org>



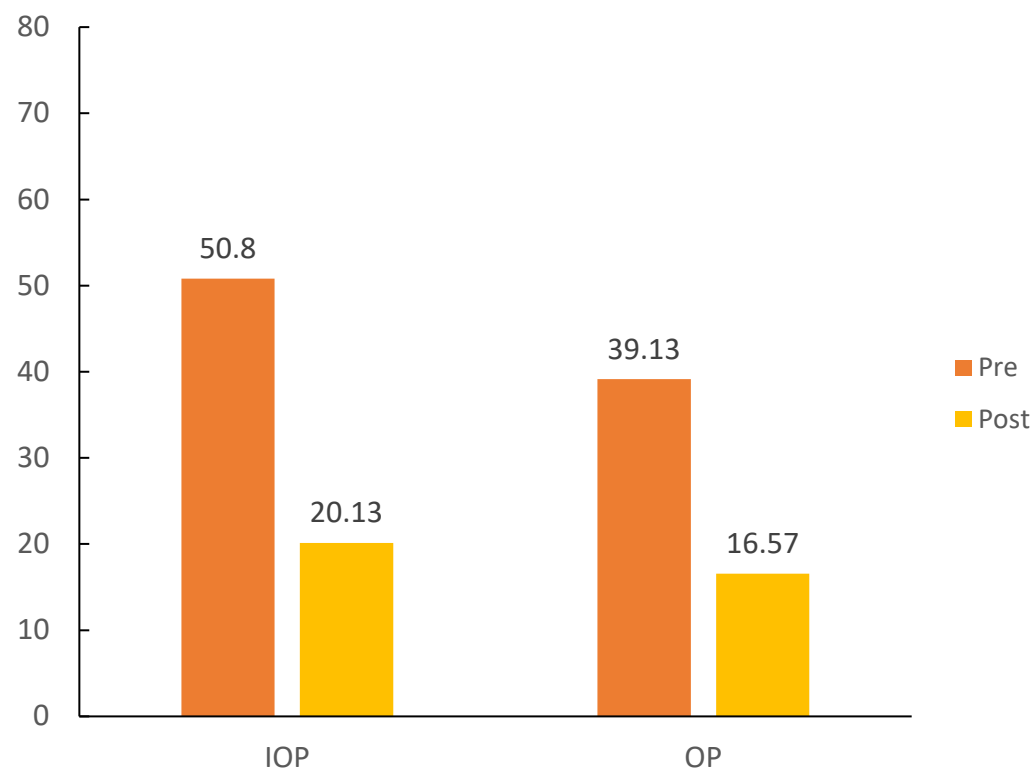
UCF RESTORES - Treatment Can Be Scaled

- Single session consultation
- Outpatient treatment
- Intensive outpatient program
- Scale interventions to need
 - Decrease stigma
 - Allocate resources effectively
- 100% found the Single Session Consultation to be very helpful
 - 68% indicated that they did not additional mental wellness resources when contacted 2 weeks later
 - 32% requested additional treatment



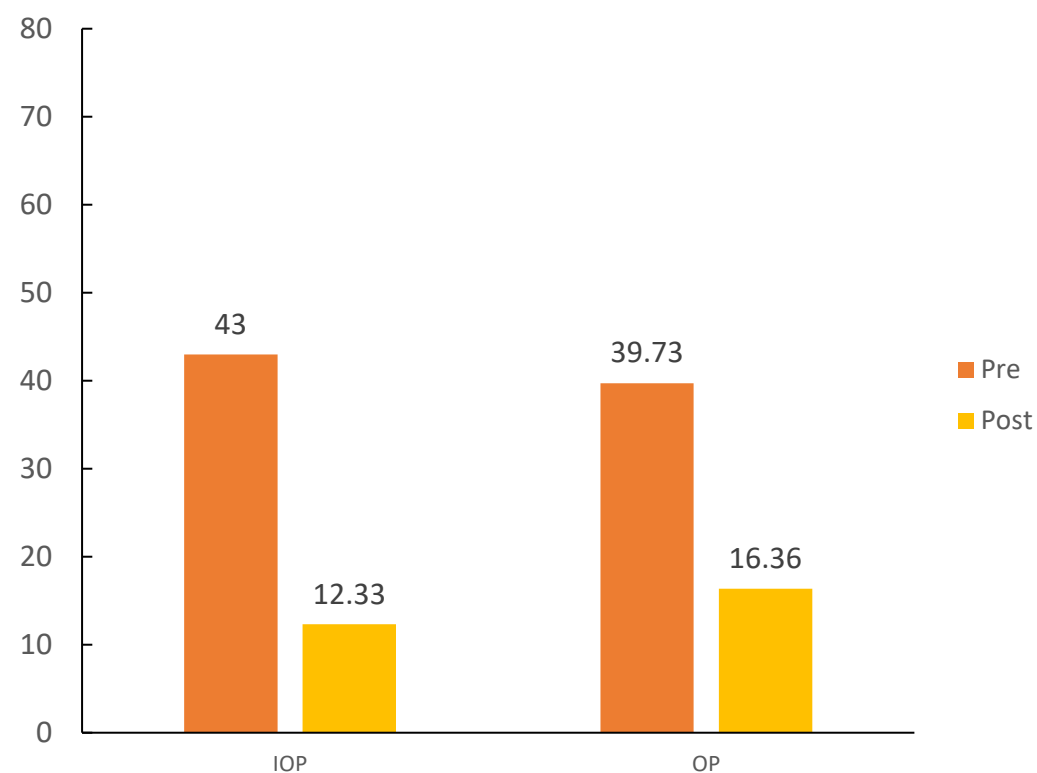
UCF RESTORES - Treatment Can Be Effective

PCL-5 - TMT



IOP $n = 60$; OP $n = 126$

PCL-5 - CPT



IOP $n = 3$; OP $n = 11$

Case Studies or Testimonials

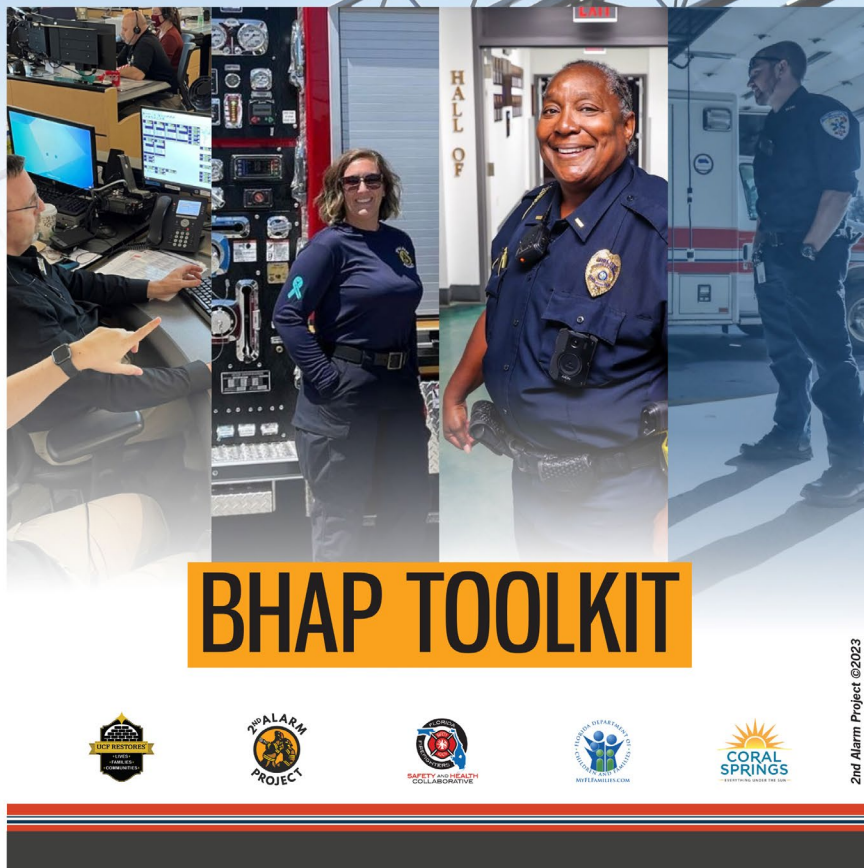
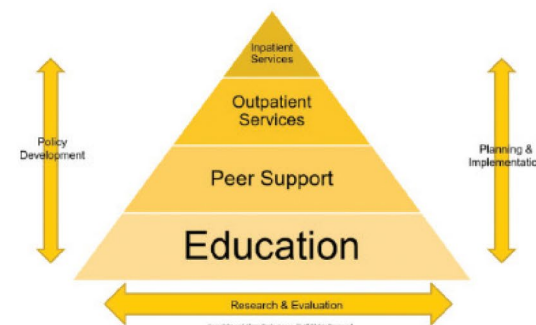




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- Inpatient/Residential Services
- Resources for Retirees
- Critical Incident Outreach
- Resources for Leadership
- Chaplaincy Programs
- Resources for Clinicians





Questions



04/25/24

BEMO: EMS Resiliency and Innovation for Health Care Access Symposium



“The Florida Stroke Registry: Collaborating with EMS Partners”

Carolina M Gutierrez, PhD

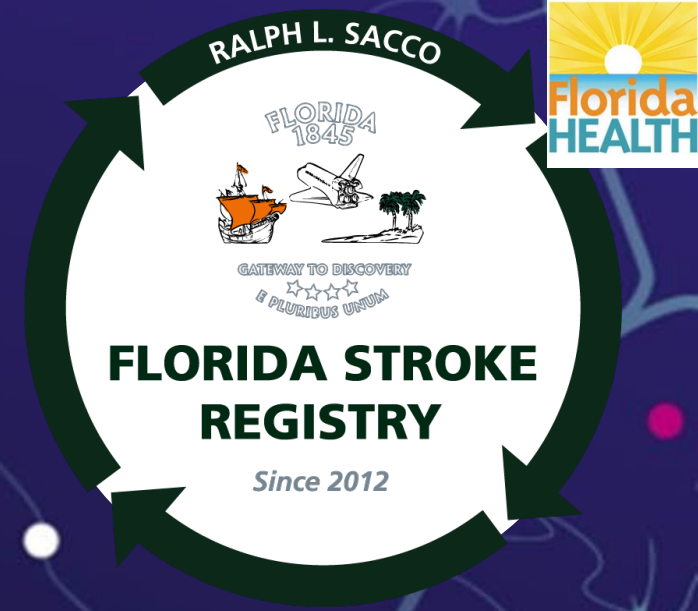
FSR Associate Director

Research Assistant Professor, Stroke Division
Department of Neurology
University of Miami

Supported by:
Florida Department of Health
CDC Paul Coverdell National
Acute Stroke Program

Presentation Goals:

1. What is the FSR
2. How can the FSR serve EMS
3. How can EMS collaborate & partner with FSR

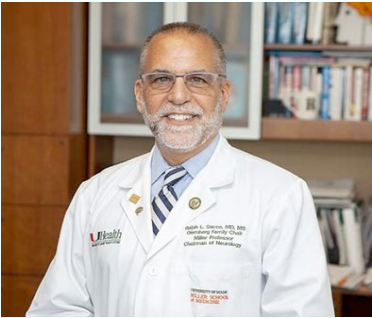


Overview Of The Florida Stroke Registry (FSR)



TIMELINE AND HISTORY

Founded by
Ralph L Sacco, MD MS
UM Stroke Registry
(FL-PR CReSD)



Initiated
NIH funded for 5 years



Florida Stroke
Registry (FSR)

Enacted
Section 395.30381,
Florida Statutes (F.S.)



Awarded
CDC Paul
Coverdell Acute
Stroke Program
Funding



Preparing
Renewal
Florida
Coverdell
Program
(‘24-’29)

June
2024



2012

2017

2021

2024

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

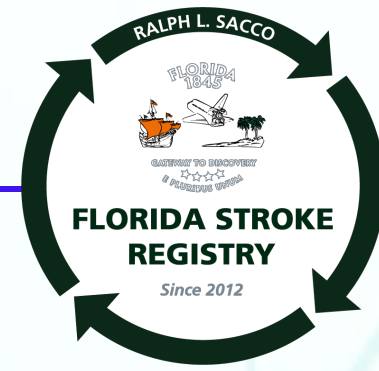
2024

50 **STROKE**
CENTERS

80 **STROKE**
CENTERS

180 **STROKE**
CENTERS

Overview Of The Florida Stroke Registry (FSR)



**GOAL: TO ADVANCE QUALITY STROKE CARE
THROUGH COLLABORATION**

AIMS

1 Track, measure, and benchmark stroke performance and outcome measures
to improve the quality of stroke care for all Floridians

2 Increase representation of FSR data and stakeholders
across phases of care
to drive a complete system of stroke care

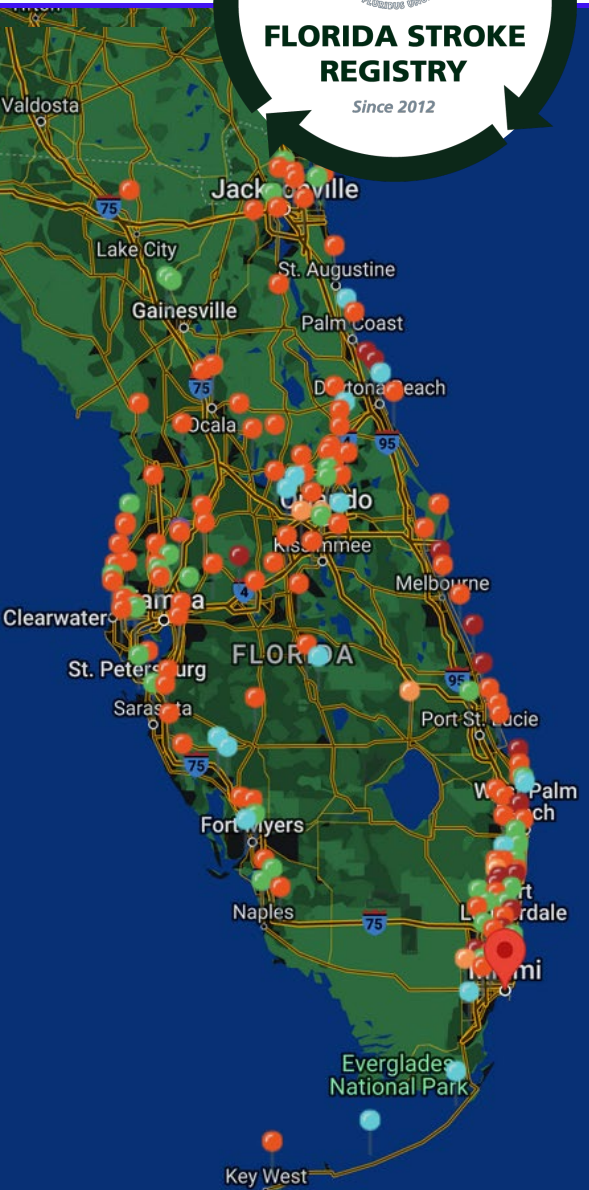
3 Develop evidence-based FSR results
to inform and develop interventions, guidelines, and policy

Overview Of The Florida Stroke Registry (FSR)

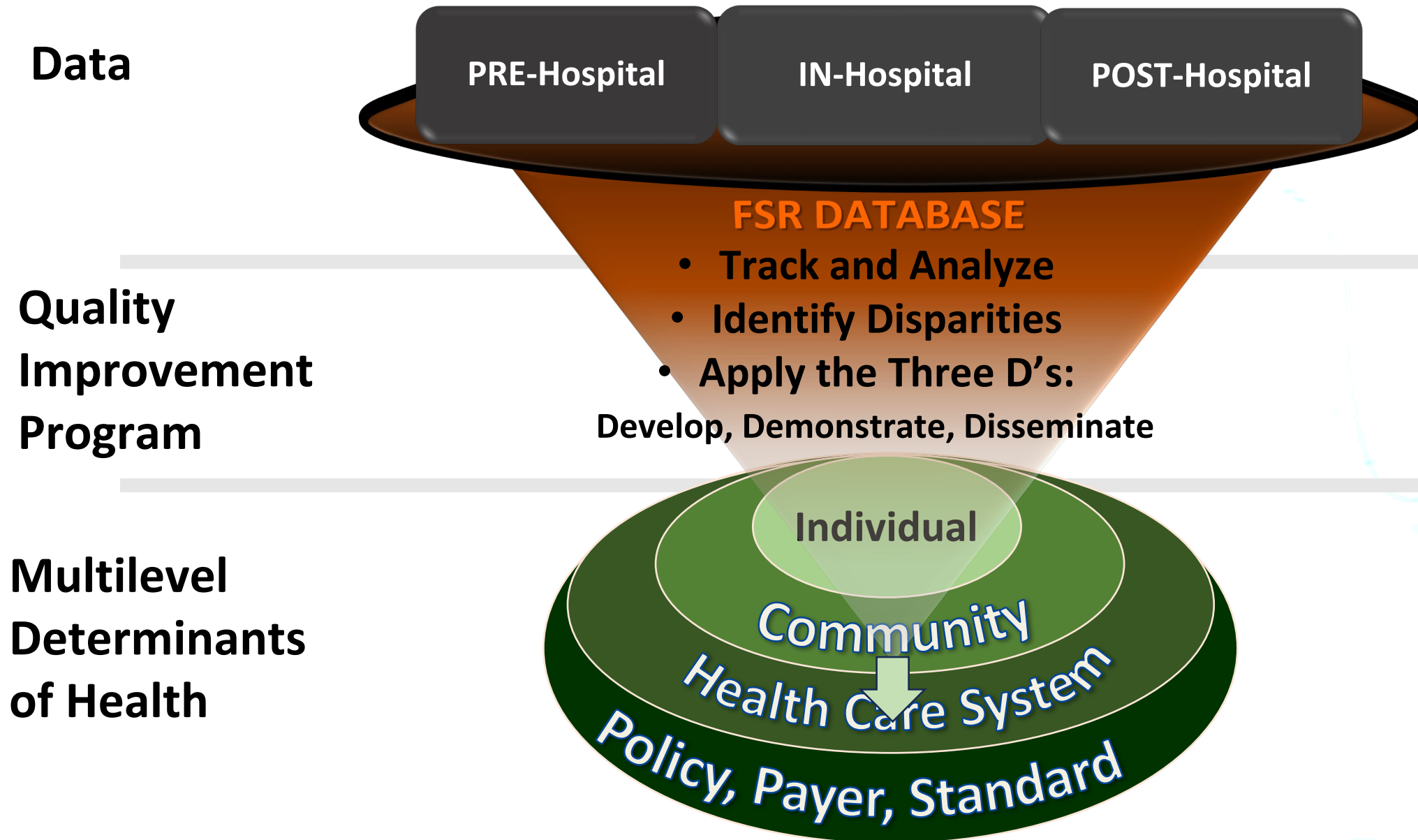


We are **180!**
(of a possible 185)
(89 %) nationally
certified stroke centers

Certification Type	Total sites	National Agency		
	180	JC	DNV	AHCA (HFAP)
Comprehensive Stroke Center	44	11	31	2
Thrombectomy Capable Stroke Center	17	13	4	
Primary Stroke Center	97	74	23	
Acute Stroke Ready	3	2	1	
None	19			



Overview Of The FSR: Conceptual Model



Overview Of The FSR: Advisory Committee



Since 2013 to current, the FSR receives guidance and contributions from EMS leadership statewide

Peter Antevy, MD

Al Brotons, EMT-P

William Scott Burgin, MD

Teresita Casanova, MD

Dianne Foster (AHA)

Antonio Gandia, MD

Ricardo Hanel, MD, PhD

Jonathan Harris, MD

Tara Hylton, MPH (DOH)

Angus Jameson, MD

Gerard Job, MD

Nils Mueller-Kronast, MD

Brijesh Mehta, MD

Max Mokin, MD

Terry Neill, MD

Paul Pepe, MD

David Rose, MD

Charles Sand, MD

Kenneth A Schepke, MD

Dileep Yavagal, MD

FSR Executive Committee

FSR ADVISORY COMMITTEE

Jose G Romano MD
Co-chair

Tatjana Rundek MD PhD
Co-chair

Peter Antevy, MD

Al Brotons, EMT-P

William Scott Burgin, MD

Teresita Casanova, MD

Dianne Foster (AHA)

Antonio Gandia, MD

Ricardo Hanel, MD, PhD

Jonathan Harris, MD

Tara Hylton, MPH (DOH)

Angus Jameson, MD

Gerard Job, MD

Nils Mueller-Kronast, MD

Brijesh Mehta, MD

Max Mokin, MD

Terry Neill, MD

Paul Pepe, MD

David Rose, MD

Charles Sand, MD

Kenneth A Schepke, MD

Dileep Yavagal, MD

FSR Executive Committee

Florida Stroke Registry Organizational chart

Jose G. Romano, MD
Executive Director

Carolina M. Gutierrez, PhD
Associate Director

EXECUTIVE COMMITTEE

Tatjana Rundek, MD PhD

Negar Asdaghi, MD
Hannah Gardener, ScD

Sebastian Koch, MD
Gillian Gordon Perue, MD

PROGRAM ADMINISTRATION

Christina Ampie, BS
Research/Administrative
Support Specialist

Judith Krigman, MA
Senior Research
Associate

Val Butler, MBA
Communications
Specialist

FSR CORES

BIostatISTICS
H. Gardener, ScD
Director

Scott Brown, PhD
Farya Fakoori
Hao Ying
Lili Zhou

EDUCATION
G. Gordon Perue, MD
Director

Erika Marulanda, MD
Nicole Sur, MD

OUTCOMES/RESEARCH
N. Asdaghi, MD
Director

Ayham Alkhachroum, MD
Lauri Bishop, PhD, DPT
Victor Del Brutto, MD
Karlson Johnson

DATA SCIENCE & ENGINEERING

Deepthi Puram

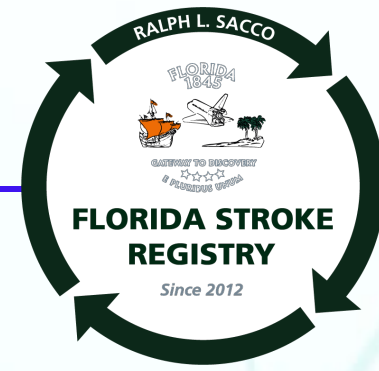
Sreeharsha Venkatapuram



Presentation Goals:

1. What is the FSR
2. **How can the FSR serve EMS**
3. How can EMS collaborate & partner with FSR

A Grassroots Effort Lead by EMS, ER, & FSR



FSR Regional Dashboards stroke hospital reperfusion performance measures report

Developed to:

- Improve EMS triage and delivery of stroke patients to hospitals
- Provide EMS a reference on a stroke center's characteristics and capabilities to perform reperfusion therapy
- Enhance communication and data transparency between EMS and hospitals
- Improve time to acute stroke treatment through tracking, measuring, and benchmarking
- Increase the utilization of acute stroke treatments

FSR Regional Dashboards



Improving Acute Stroke Care By Tracking and Measuring

11 REPERFUSION MEASURES
(benchmarked by county and state)

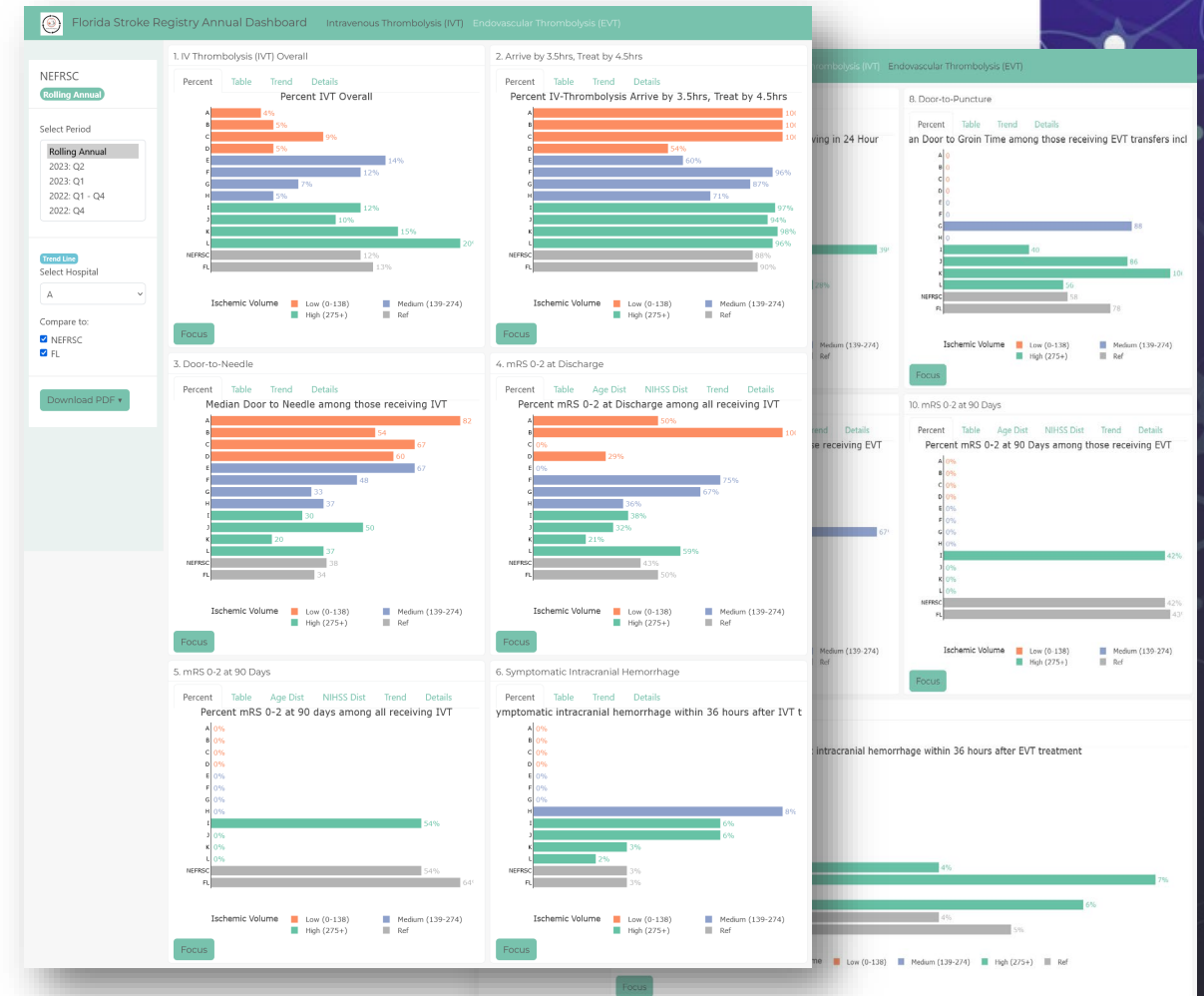
FSR MEMBERS ONLY – Hospital AND EMS Director
Account Holders (stroke coalition members)

Intravenous Thrombolysis (IVT) Measures:

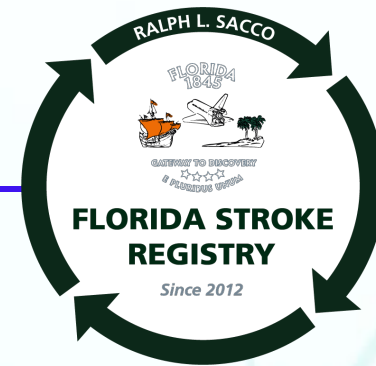
1. Percent IV Thrombolysis (IVT) Overall
2. Percent IVT among those arriving in 3.5 hrs., treat by 4.5 hrs.
3. Median Door to Needle among those receiving IVT
4. Percent mRS 0-2 at Discharge among those receiving IVT
5. Percent mRS 0-2 at 90 Days among those receiving IVT
6. Percent symptomatic intracerebral hemorrhage after IV

Endovascular (EVT) Measures:

1. Percent EVT among those Arriving in 24 Hours
2. Median Door to Puncture Time all EVT (transfers included)
3. Percent mRS 0-2 at Discharge among those receiving EVT
4. Percent mRS 0-2 at 90 Days among those receiving EVT
5. Percent symptomatic intracerebral hemorrhage after IA tPA or MER

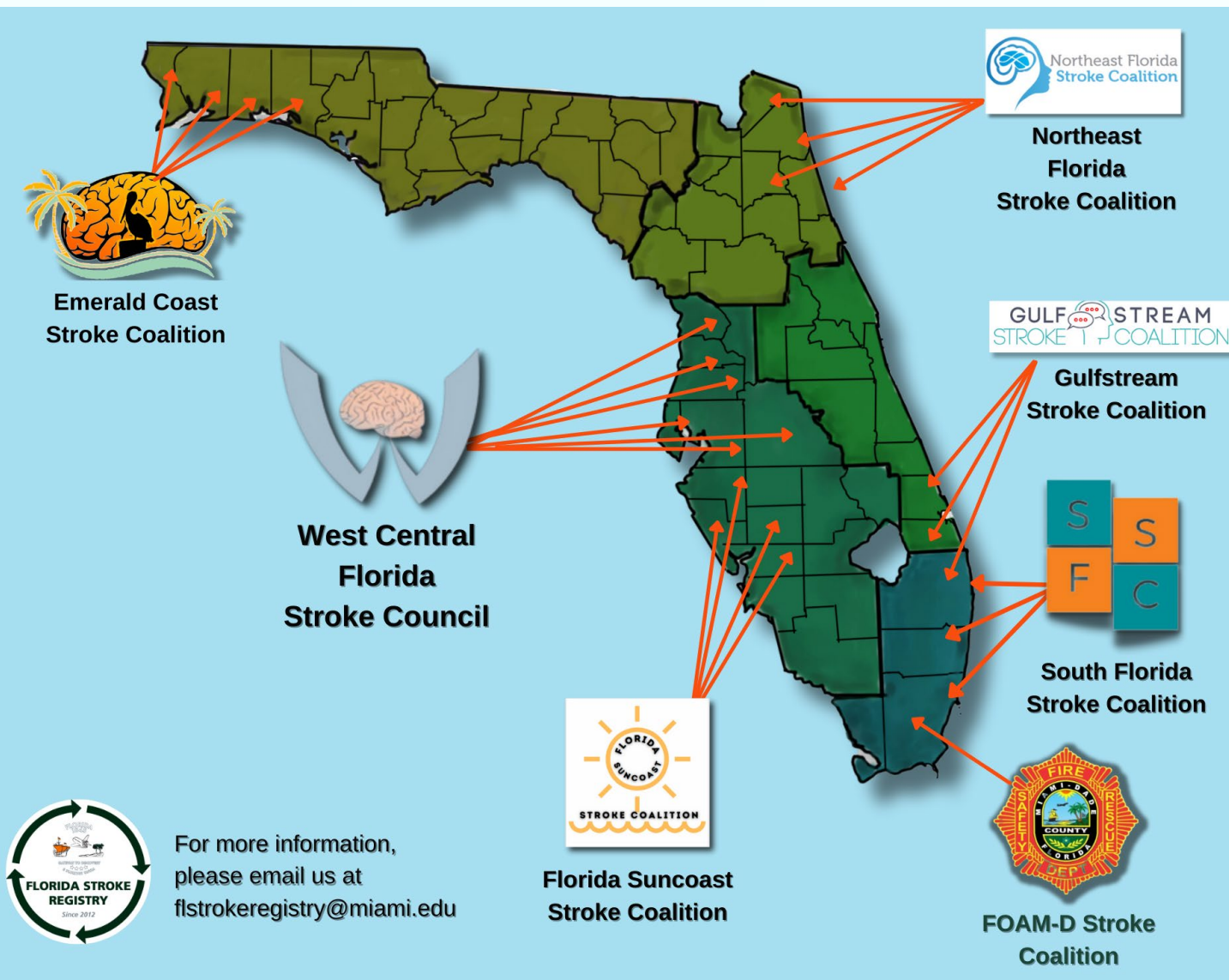


FSR Regional Dashboards Utilized as a Quality Improvement Tool within Stroke Coalitions



The Florida Stroke Registry Stroke Coalition Model:

- The application of the FSR Regional Dashboards as a quality improvement tool
- Coalition member collaboration and data transparency to accomplish the best quality of stroke care for all Floridians
- Volunteerism and service dedicated to the local community
- A multi-disciplinary coalition membership to promote team-based approaches and complete systems of stroke care



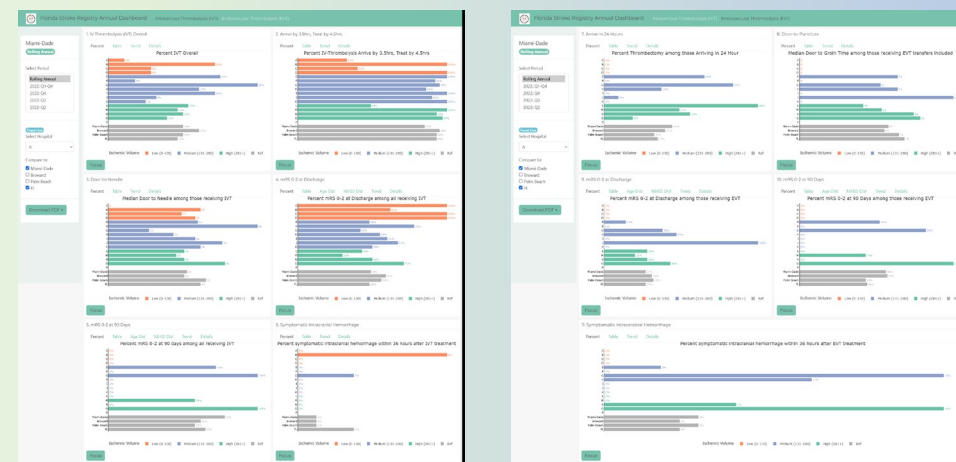
UM FSR team (1- 4)

- 1) Download and clean data
- 2) Develop Dashboard graphs
- 3) Upload to the FSR secure website
- 4) Notify **HOSPITALS** and **EMS** Medical Directors (with FSR secured website accounts) to view the website

Regional Dashboard Dissemination Strategy

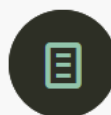
EMS/Hospital Collaboration (5-7)

- 5) **Hospitals and EMS Medical Directors view blinded Regional Dashboards**



- 6) **EMS Medical Directors request unblinding codes from the Hospitals (hospital 1=A; hospital 2=B; etc.)**

- 7) **Best practices and gaps in performance are reviewed in stroke coalitions**



FSR HOSPITALS ONLY

Access your hospital dashboard
For more information on data
[this page](#).



FLORIDA STROKE COALITIONS

Welcome EMS and hospital members! This section features Florida stroke coalitions participating in the FSR Regional Dashboard initiative.

[Click here](#) to find your local stroke coalition, (blinded) Regional Dashboards, and a new way to better collaborate and improve the quality of stroke care

Enhancing FSR Regional Dashboards

Promoting Collaboration and Data Transparency

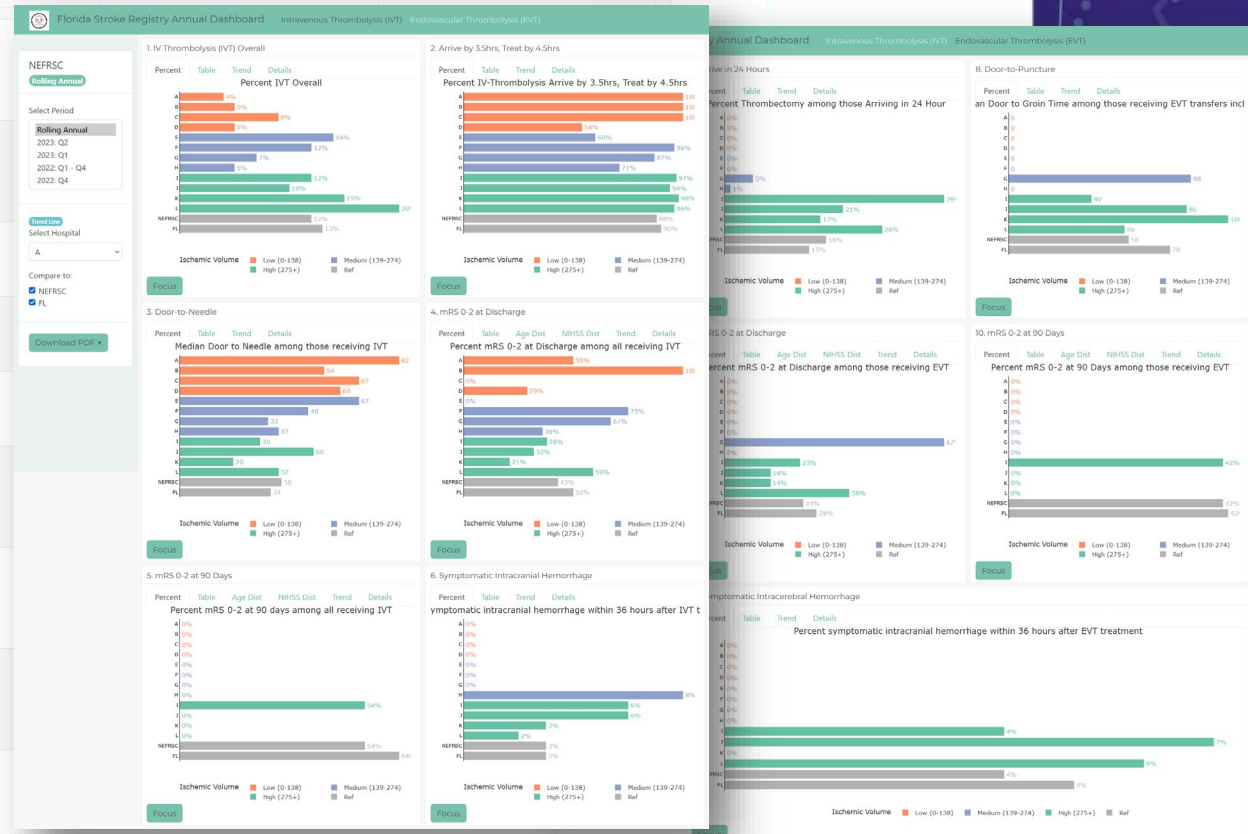


FSR MEMBERS ONLY – Hospital AND EMS DIRECTOR Account Holders

NEFSC Regional Dashboards – Q2 2023 & rolling (Q3 2022 – Q2 2023)

Join in the discussions!

EMS SYSTEM	MEDICAL DIRECTOR	STROKE CENTER CERTIFICATION	STROKE COORDINATOR CONTACT INFORMATION	STROKE CENTER DATA TRANSPARENCY
Ameripro EMS of Florida DUVAL	MATTHEW JAMES THOMPSON Email	► See all Stroke Centers		
Century Ambulance Service, Inc DUVAL	DAVID THOMAS MURRAY Email	► See all Stroke Centers		
Clay County Fire Rescue CLAY	JUSTIN DEATON Email	► See all Stroke Centers		
Clay County Fire Rescue DUVAL	JUSTIN DEATON Email	► See all Stroke Centers		
Fernandina Beach, City Of NASSAU	ADAM SAMUEL BRANOFF Email	► See all Stroke Centers		
Flagler County Fire Rescue ST. JOHNS	KRISTIN BOND MCCABE KLINE Email	► See all Stroke Centers		
Hamilton County Ambulance Service DUVAL	ROBERT FREEMAN SPINDELL Email	► See all Stroke Centers		
Jacksonville Fire and Rescue Department, City Of CLAY	BRADLEY JOSEPH ELIAS Email	► See all Stroke Centers		
Jacksonville Fire and Rescue	BRADLEY JOSEPH ELIAS	► See all Stroke Centers		



Northeast Florida

YEAR FOUNDED: 2021
CHAIR: WENDY CAMP ARNP
COUNTIES: CLAY
DUVAL
NASSAU
ST JOHNS

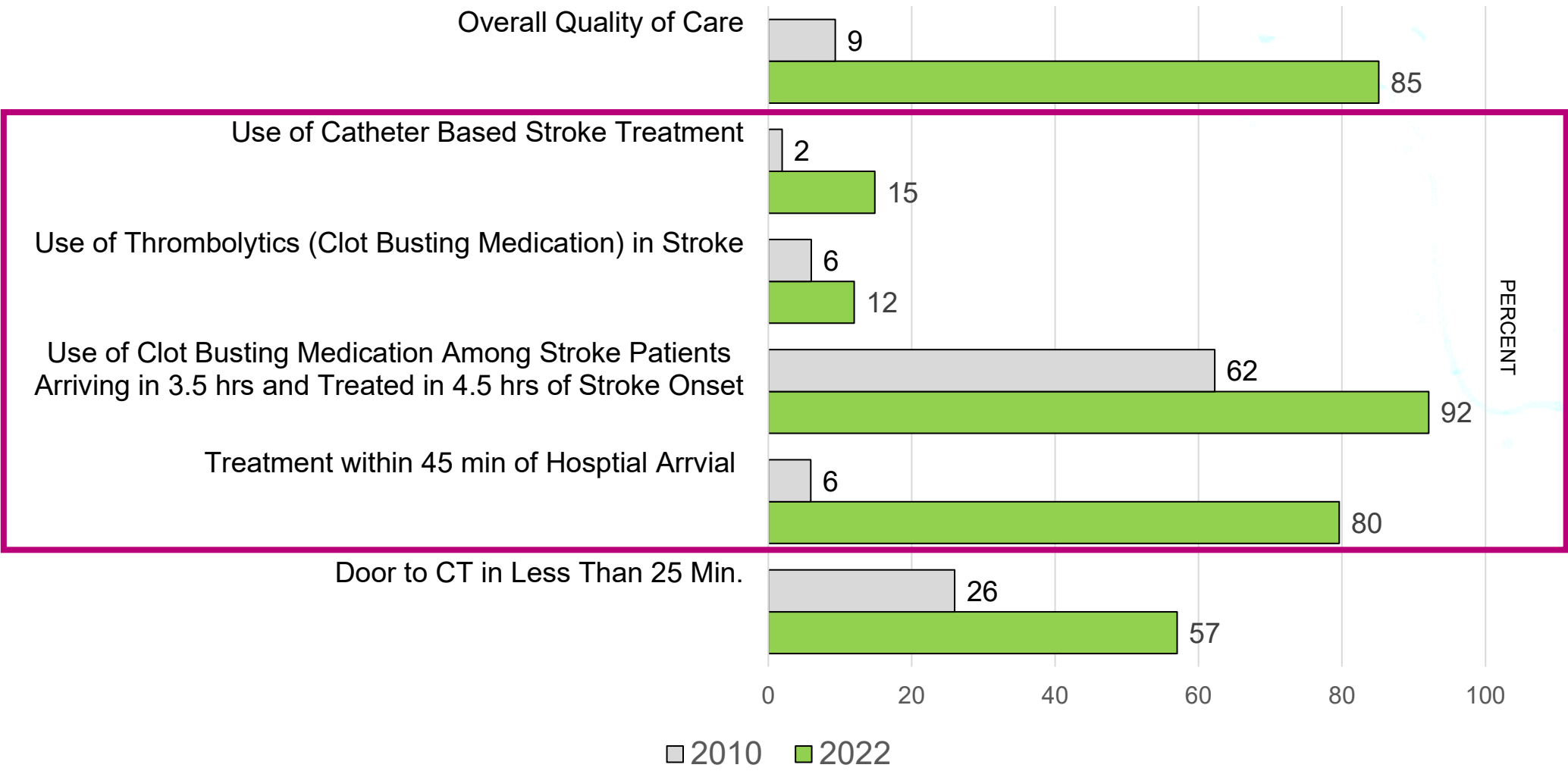
CONTACT US
WENDY.CAMP@BMCJAX.COM

PARTNERS AND MEMBERS

Data Tracking, Benchmarking, and Quality Improvement



Performance Improves Each Year



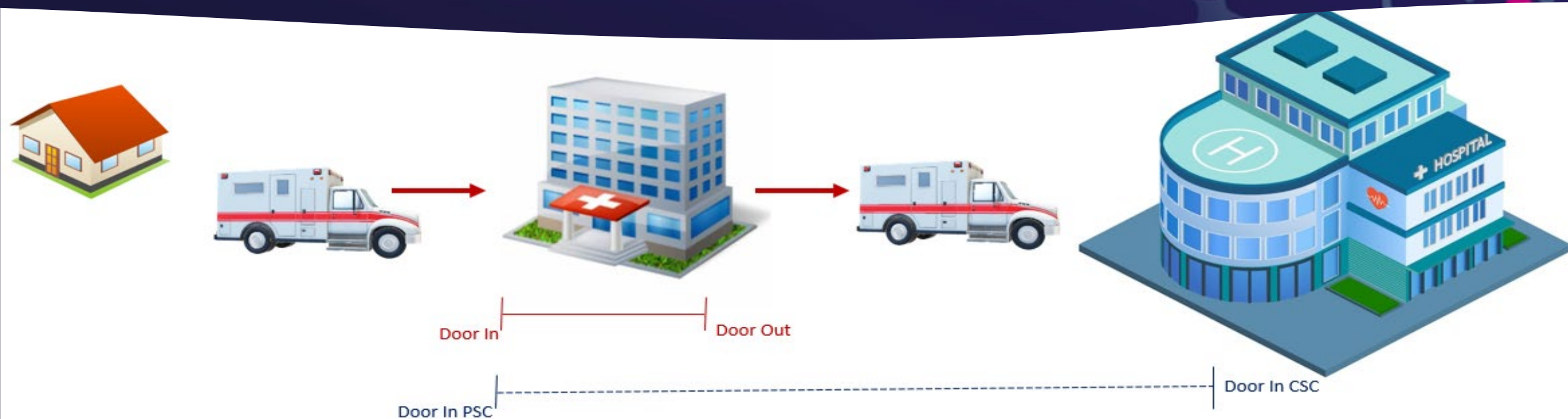
Adding Measures to the FSR Regional Dashboards:

INTERFACILITY TRANSFERS

Door In Door Out

Door In Door In

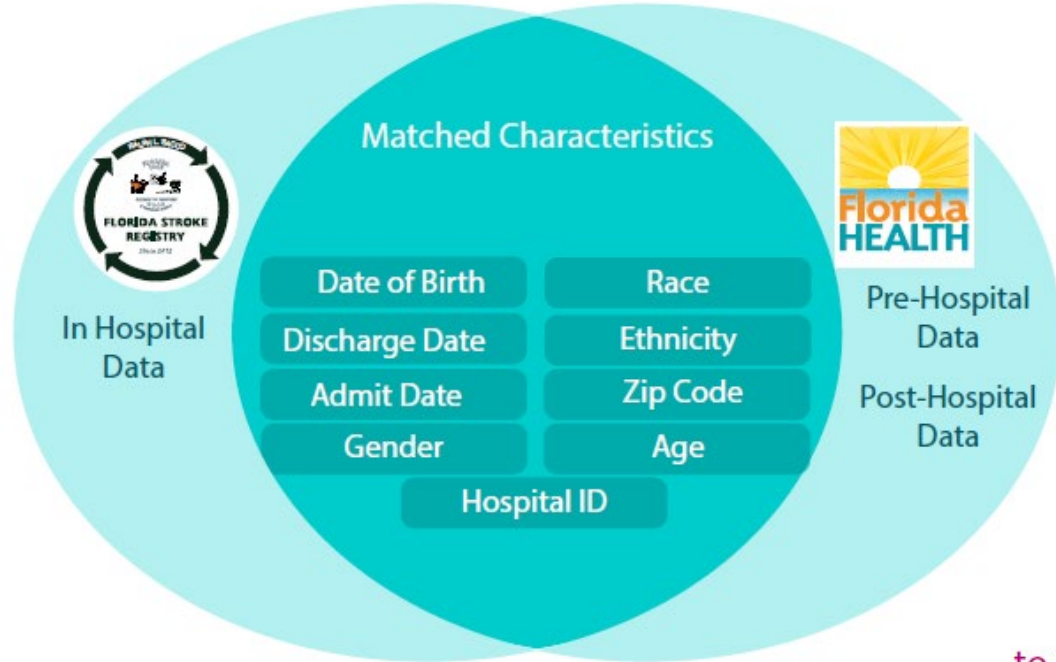
Other...



Linking Data Across the Continuum of Stroke Care



FSR links data to track and measure across phases of care...



Current Data Available for Linking:

- EMSTARS (limited) data 2010 - 2021
- AHCA data 2010 – 2021
- AHA GWTG-S data 2010 – current

...to identify gaps to address and/or best practices to share

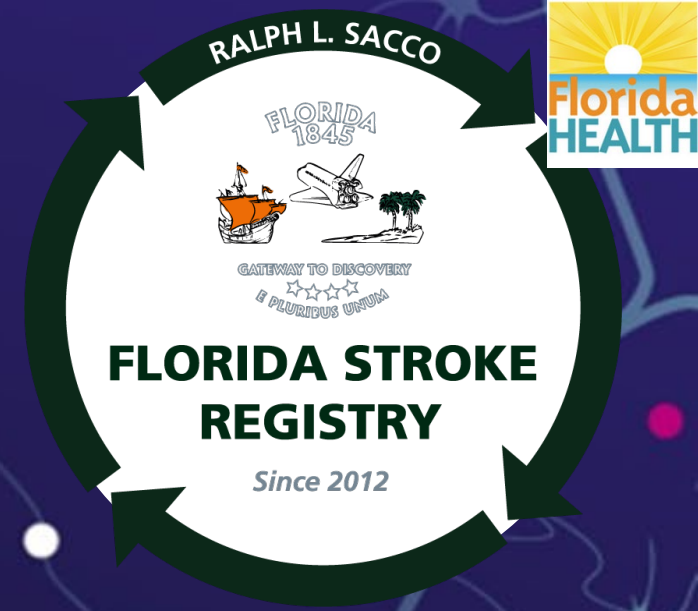
WHAT WENT **RIGHT** AND PRODUCED THE **BEST** PATIENT OUTCOMES



WHAT WENT **WRONG** AND PRODUCED THE **WORST** PATIENT OUTCOMES

Presentation Goals:

1. What is the FSR
2. How can the FSR serve EMS
- 3. How can EMS collaborate & partner with FSR**



Contact the FSR to Obtain an Account at the Website

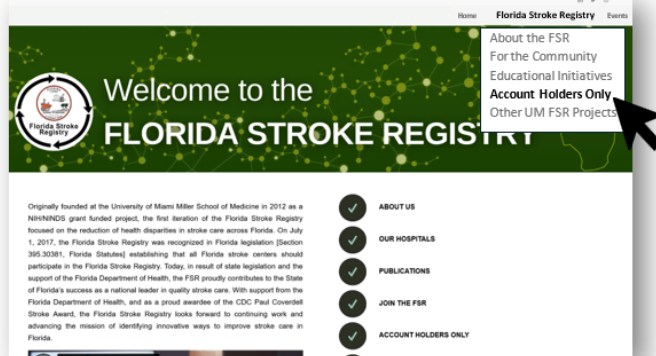


Accessing FSR Regional Dashboards

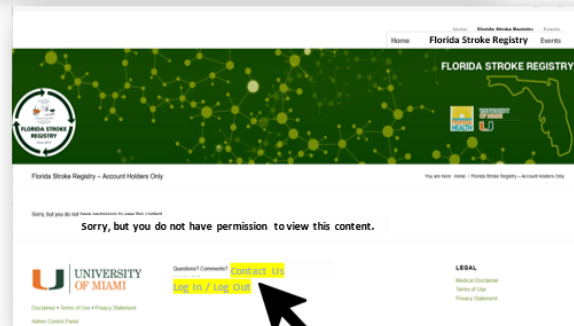
Seven (7) easy steps for EMS members to **Login to the FSR website**, **Locate Your Stroke Coalition**, and **Access FSR Regional Dashboard**

Login to the FSR website

1. Obtain a secured account at the Florida Stroke Registry (FSR) website by contacting us at fstrokeregistry@miami.edu or call 305-243-8306.
2. Once you have your account, **click on "Account Holders Only"** (under the Florida Stroke Registry tab within the FSR website <https://floridastrokecollaboration.org/>)

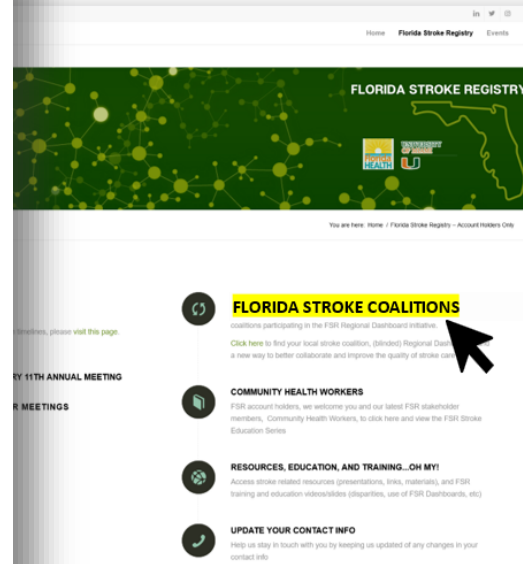


- a. if you are not logged in (or if you have not obtained an account), you will see this page (either log in with your password, or contact FSR)

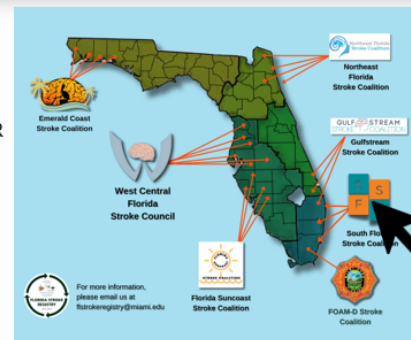


ion:

the landing page below, **click on Florida Stroke Coalitions** to find



will see a
gnized
your
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patients to
ur areas FSR
an example
ke Coalition;



eracy process

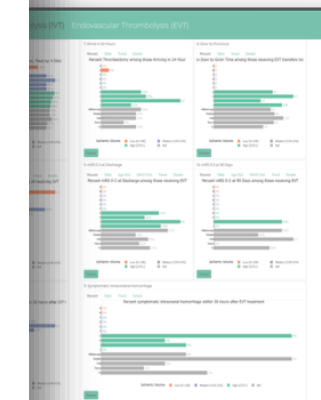
ated stroke centers including site certification level,
ncy indicator.

STROKE COORDINATOR CONTACT INFORMATION	STROKE CENTER DATA TRANSPARENCY
Florence Nightingale Fnightingale@hospital.org 000-000-0000	Yes No

ata and separately 12 months of data)
ta collected from the American Heart Association
ysis and the other for Endovascular treatment
ncy between and organized by volume of ischemic
nd counties (participating in a stroke coalition) and

Endovascular (EVT) Measures:

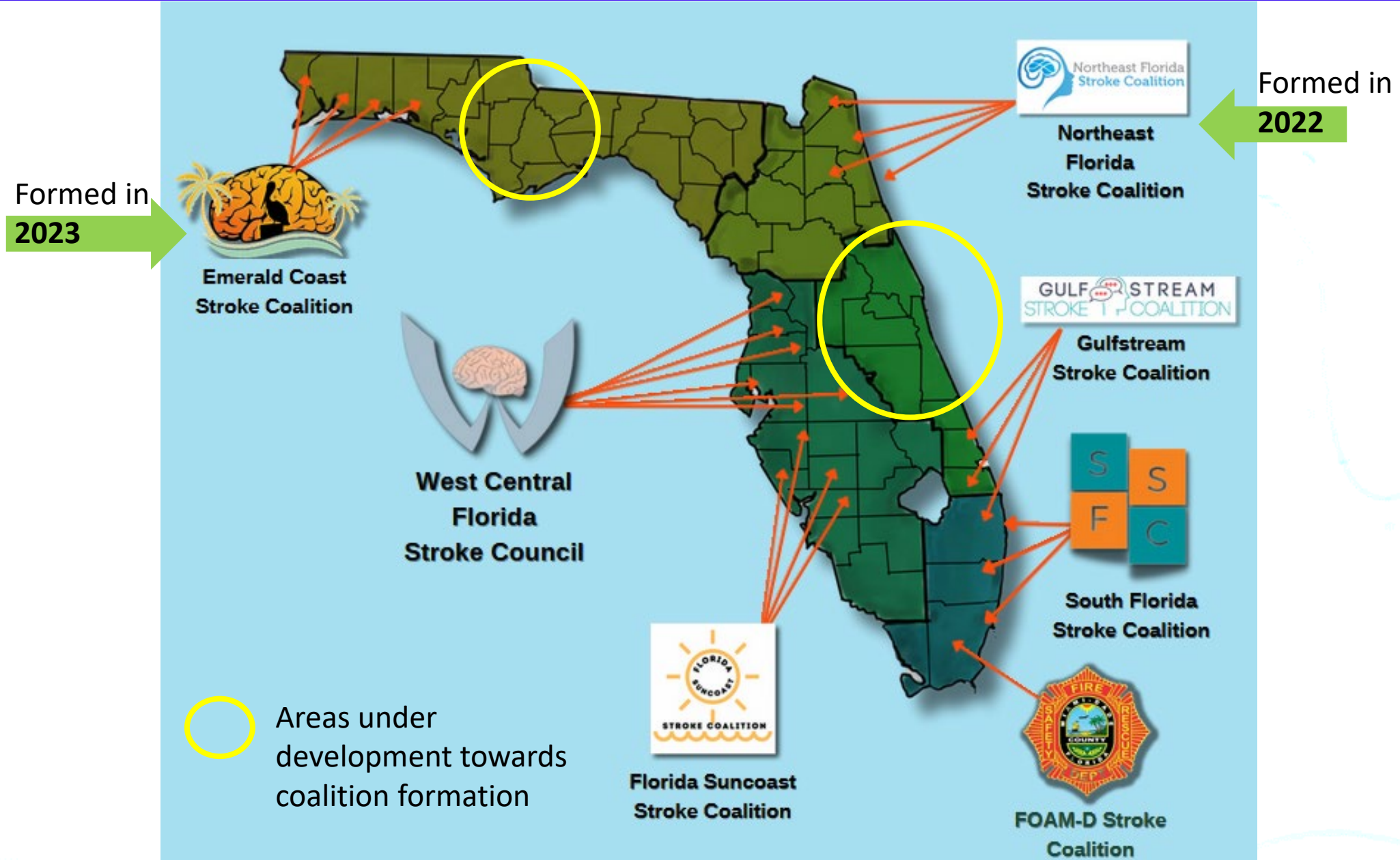
- Percent EVT among those Arriving in 24 Hours
- Median Door to Puncture Time all EVT (transfers included)
- Percent mRS 0-2 at Discharge among those receiving EVT
- Percent mRS 0-2 at 90 Days among those receiving EVT
- Percent symptomatic intracerebral hemorrhage after IA tPA or MER



een local hospitals and EMS systems in the use
ke care. We welcome all feedback to serve you
know your thoughts!

5-243-8306
fstrokeregistry@miami.edu

Join or Create a Stroke Coalition



Attend the FSR's 12th Annual Stakeholder Meeting



SCHEDULE OVERVIEW

NOTE: MINIMAL ADJUSTMENTS TO TIMES MAY OCCUR

DAY 1 THURSDAY, AUGUST 1ST

8:00AM - 10:00AM
MDC Help Initiative-
Community Education

10:00AM - 12:00PM
FSR Short Course Stroke
Education for CHW

10:30AM - 12:00PM
Stroke Workshop for EMS

11:00AM - 12:00PM
Stroke Victor Advisory
Committee

12:00-1:00PM LUNCH

1:00 - 2:30PM
Coalition of Coalitions
1st Annual Meeting

15min break

NETWORKING SESSIONS

2:45 - 3:30PM
Q/A & Networking 1:
State Stroke-Related Resources

15min break

3:45 - 4:30PM
Q/A & Networking 2:
"Outcomes from the Florida
Coverdell Program"

5:00-7:30PM
FSR Opening Reception and
Networking Poster Session

DAY 2 FRIDAY, AUGUST 2ND

7:30 - 8:30AM
Breakfast & Meeting
Registration (& CE pre-test)

8:30 - 10:25AM
Session 1: Welcome & FSR
Overview

Keynote Address:
Cheryl Bushnell

10min break

10:35AM - 12:00PM
Session 2: "FSR Stakeholder
Initiatives: Improving Pre-
Hospital Quality of Stroke
Care"

12:00 - 1:00PM
FSR Luncheon and
Hospital, EMS, & Citizenship
Awards

1:00 - 2:10PM
Session 3: "FSR Driving a
System of Stroke Care"

15min break

2:25 - 3:40PM
Session 4: "FSR Improving the
Quality of Stroke Care"

3:40 - 4:00PM
Closing (& CE post-test)

ADJOURN



Dates:

August 1- Thursday Pre-Meeting

August 2- Friday Full Day Meeting
(CE's)

RSVP QR CODE

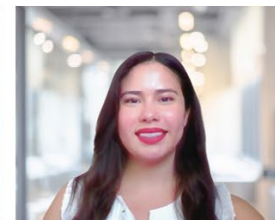
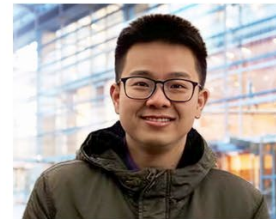
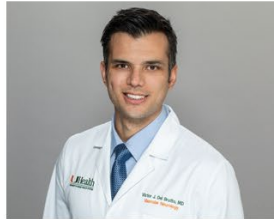
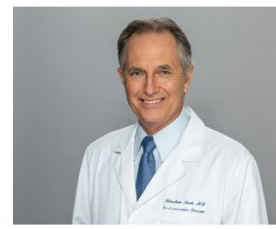


Site:

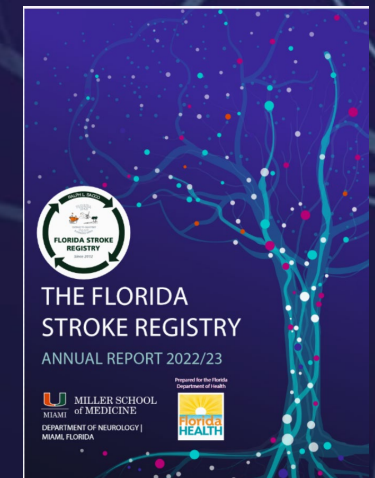
**The Westin Fort Lauderdale
Beach Resort**

321 North Fort Lauderdale Beach
Boulevard, Fort Lauderdale, Florida,
33304

Thank you



Want More FSR? View Our
Annual Report [Here](#).



Email: flstrokeregistry@miami.edu

Website: <https://floridastrokecollaboration.org/>

Florida Department of Health

The Future of EMS in Florida: Where do we go from here?



EMS Resiliency and Innovation for Health Care Access Symposium

April 25, 2024

Angus M. Jameson MD MPH FACEP FAEMS
State EMS Medical Director

What Does the Future Hold?



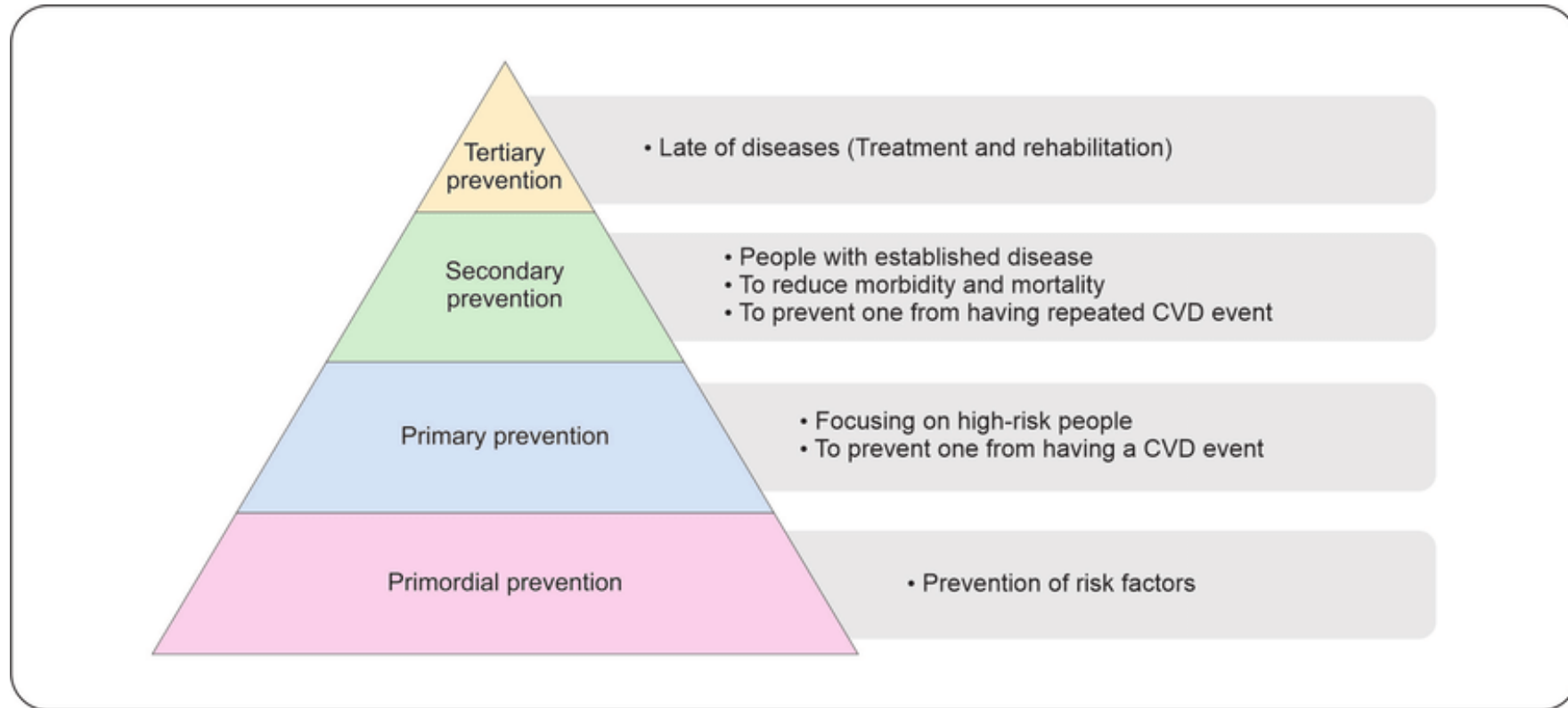
1. EMS is:

- a) Reimagining Ourselves**
- b) Growing up**
- c) Adapting and Evolving**
- d) All of the Above**

What Does the Future Hold?

“This data from CMS’ external evaluator proves the significant savings to the Medicare program. We also have patient experience data from patients enrolled in the ET3 program demonstrating that patients who are not transported to the ER have higher patient satisfaction with the EMS response,” said Matt Zavadsky, Chair of NAEMT’s EMS Economics Committee and a member of the CMS ET3 Model Quality Workgroup. “This proves the economic and patient experience benefit of changing the EMS payment model from payment for transport, to payment for the care we provide.”

What Does the Future Hold?



EMS is Uniquely Positioned and Capable



Tools, Trust, and Transitions

EMS is Uniquely Positioned and Capable



EMS is Uniquely Positioned and Capable

We have some amazing tools at our disposal:

Old ones like oxygen, glucometers, and defibrillators

Newer ones like peer support/BHAP, TXA, suboxone, and even mobile stroke units with CT scanners on board

EMS is Uniquely Positioned and Capable

What tools should we embrace next?



EMS is Uniquely Positioned and Capable

How much trust do we have in our communities?

Our communities expect a lot from us....

And in turn give us a great amount of trust.



WITH GREAT POWER
COMES GREAT
RESPONSIBILITY



EMS is Uniquely Positioned and Capable

We meet people where they are and on their terms

We may not often frame it this way, but we actually do a real world practice of “Patient Centered Care” practical kind of way

The four primary care (PC) core functions (the ‘4Cs’, ie, first contact, comprehensiveness, coordination and continuity) are essential for good quality primary healthcare and their achievement leads to lower costs, less inequality and better population health.

Jimenez G, Matchar D, Koh GCH, Tyagi S, van der Kleij RMJJ, Chavannes NH, Car J. Revisiting the four core functions (4Cs) of primary care: operational definitions and complexities. Prim Health Care Res Dev. 2021 Nov 10;22:e68. doi: 10.1017/S1463423621000669. PMID: 34753531; PMCID: PMC8581591.

EMS is Uniquely Positioned and Capable

We are at the hub of *MANY* of the transitions of care that patients experience as they move through the healthcare system

Patient-centered care focuses on the patient and their individual or particular health care needs

EMS is Uniquely Positioned and Capable

EMS is a:



VectorStock®

VectorStock.com/28116890

Neutral Navigator and a Trusted Broker

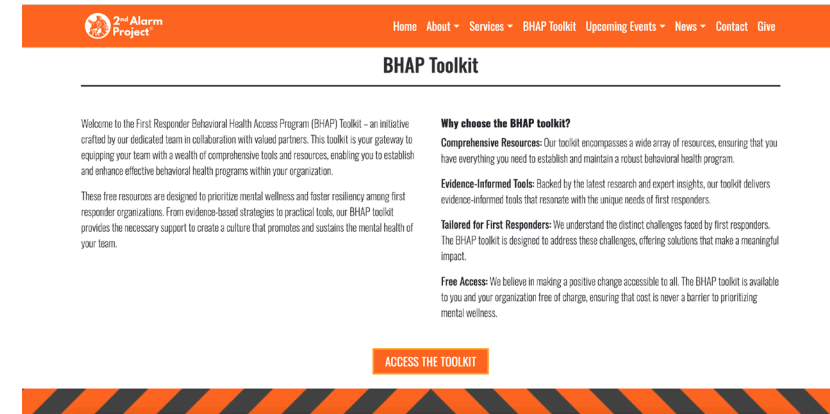
EMS is Already MORE Than a Ride to the Hospital

Who remembers our vaccination clinics and antibody deployment?

The number of CP/MIH programs in FL grew significantly during COVID and were instrumental in the state's deployment of vaccines and monoclonal antibody treatments.

What other novel things did you do during COVID?

EMS is Already MORE Than a Ride to the Hospital



What Will YOU make EMS Next?

We aren't done reinventing ourselves yet!

In 2022 FL had:

~730,000 low acuity ED visits = \$2 billion Financial Impact¹

~ 500,000 low acuity EMS transports = \$800 Million Financial Impact²

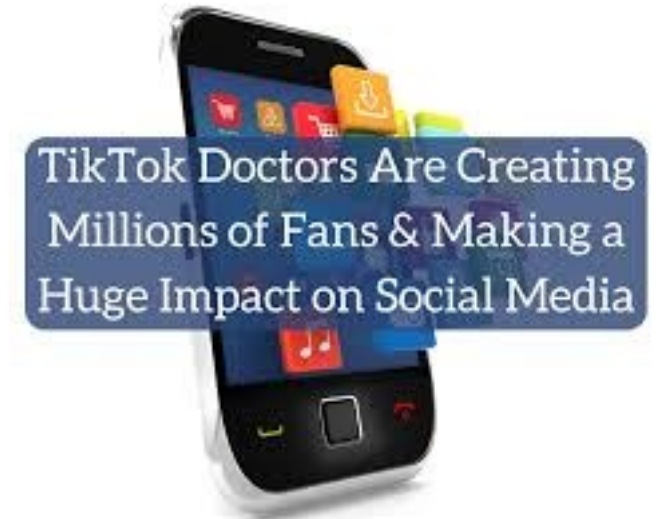
1- According to the Agency for Health Care Administration (AHCA) 2022 Emergency Department Utilization Report Set

2- Data from the Department's EMSTARS repository show that approximately

What Will YOU make EMS Next?



Traditional Strategies



Novel Ideas

What Will YOU make EMS Next?



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What Will YOU make EMS Next?



What Does the Future Hold?



1. EMS is:

a) Reimagining Ourselves

b) Growing Up

c) Having an Identity Crisis

d) All of the Above

Whatever You Make It!

Questions or Comments?

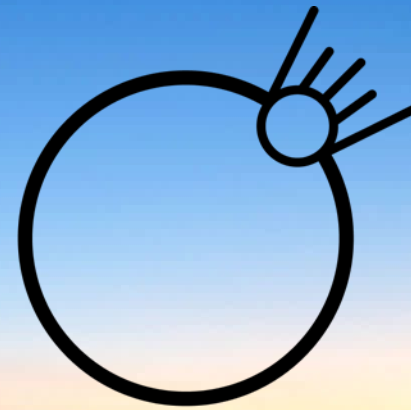
Angus Jameson MD MPH
State EMS Medical Director

Angus.Jameson@flhealth.gov



Join Us!

Oct 5-6, 2024



NASA
INTERNATIONAL
SPACE APPS
CHALLENGE

 **Cape Canaveral**

www.spaceapps.win.ngo

presented by

CommHIT
at Kennedy Space Center

CommHIT.org



Community Connected Care Workforce (C3w+) Program

\$1.545M

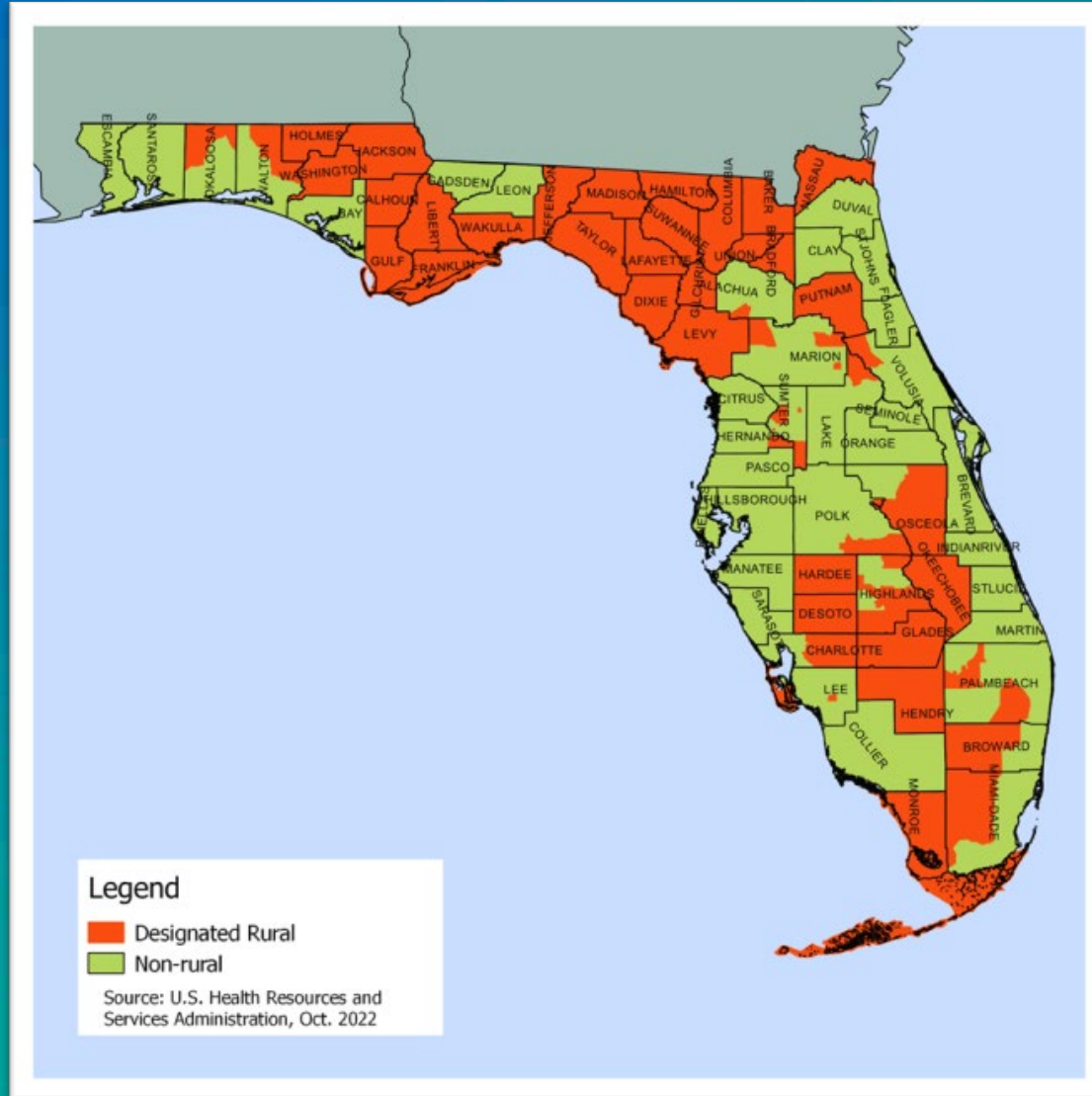
\$450,000 direct services

Aug 1, 2022 – Jul 31, 2025



CommHIT.org

Where the grant is focused



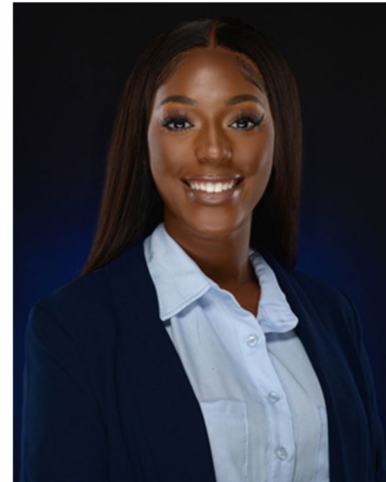
CommHIT Core EMS Team



Andy Post, MA
VP of Operations
THAP Administrator
C3w+ Program Director



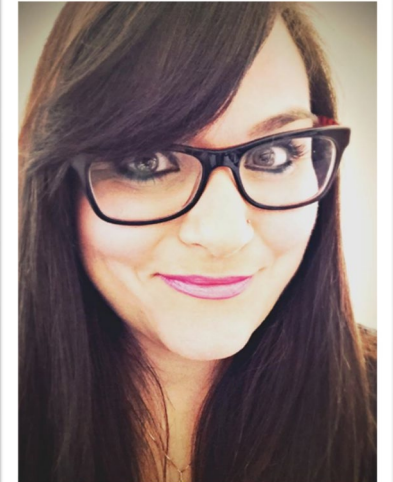
Kevin Salzer, MSP, AICP
Chief Technology Officer



Jaquesha Jefferson
Lead Data Analyst



Keith Smith
Technical Project
Manager



Makaya McKnight
PCG, Administrative
Services

C3w+ Phase 1: Three Resources for EMS Agencies



Resource 1: Customized plans to create or expand CP–MIH Programs

Resource 2: Relevant Trainings & Workforce Development

- ✓ Tech-based Community Health Worker
- ✓ (dual-certification recommended)
- ✓ U.S. Dept of Health and Human Services Cyber Training: 405(d) Program
- ✓ Community Paramedic
- ✓ **Apprenticeship Programs**

Resource 3: Participation in statewide network for MIH–CP Program development (CP Zone).



Apprenticeship Programs

- ✓ Fire-EMT → Fire-Paramedic → Community Paramedic
- ✓ Each occupation would have a minimum of 2000 hours OJT with job competencies recommended by EMS agencies
- ✓ At least 144 hours of standardized related training & instruction for each



C3w+ Phase 2: Financial Sustainability for MIH Programs

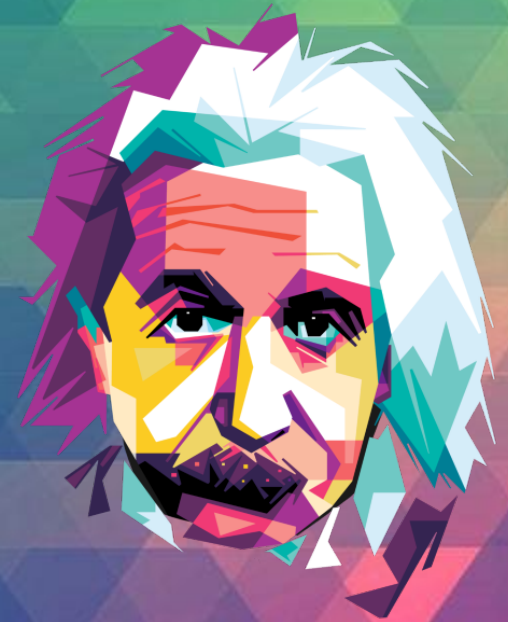


Tech-Based Community Health Worker (CHW-T)

- 20 hours of core training and 10 elective hours
- Most modules synchronous online; four hours are virtual in-person
- 40% tech-based

CommHIT's CHW-T focuses on:

- Digital literacy & security gaps
- Telehealth and home-centered care
- SDOH
- Rural and underserved populations
- New CMS reimbursements



C3w+—proposed Options to Use CHI Services

INTERNAL PRACTITIONER

- MD/APRN part of CP/CHW organization
- Able to receive internal referrals
- Able to assess SDOH health impacts
- Able to bill:
 - Assessment visit
 - SDOH Evaluation (G0136)
 - Monthly CHI services (G0019/G0022)
- MD/APRN able to re-evaluate patient's progress

REFERRING PRACTITIONER

- Primary Care Provider (PCP) part of the community
- CP/CHW identifies vulnerable patient and notifies/refers PCP or PCP identifies SDOH risks in existing patient
- PCP refers patient to CP/CHW program
- CP/CHW provides CHI services and communicates this back to PCP
- PCP bills for monthly services and revenues shared with CP/CHW

70%
CP/CHW

30%
PCP

C3w+ Phase 2: Referral, Communication, & Documentation



pulsara[®]

Referral
Initiation
for CHI Services

Communication
between
providers AND
patient

Referral and
Communication
with
Community
Resources

Documentation
for Billing

UPDATES

Resource 1: Customized plans to create or expand CP-MIH Programs

Baker County: Plan Complete

Gadsden County: Narrowing the focus of their program to diabetes based on data analysis. Plan development in process.

Gilchrist County: Plan in development to expand their program using their HELPS program as a foundation.

Glades/Hendry: Needs start date for first discussion.



UPDATES

Resource 2: Relevant Trainings & Workforce Development

- ✓ Over 30 trainees have completed core CHW-T training. CommHIT Team is helping them become certified CHWs
- ✓ Four Community Paramedics completed through MIH Academy. Working on getting data from Seminole State College completers
- ✓ HHS Cybersecurity Best Practices (Five Threats) is built into CHW-T training
- ✓ Working with Florida Fire Chief Association, Alachua County Fire Rescue, and FDOE on apprenticeship development



Save the Dates!

CommHIT24

Oct 17, 2024

Kennedy Space Center

9am-5pm

2nd 2024 CP-Zone Meeting

Oct 18, 2024

11am-2pm

CommHIT.org/c3w

CommHIT.org/CommHIT24event



Utilizing Resources to Build Your New Apprenticeship Program

Anne Everly – Apprenticeship Training
Representative Region 6, FDOE
Melissa Byers- Business Liaison/Apprenticeship
Navigator, CSB

Florida's Bold Vision for Workforce Development

Governor DeSantis' Goal: Florida will be #1 in the nation for workforce education by 2030

2021 Reimaging Education and Career Help (REACH) Act

CareerSource Florida Strategic Apprenticeship Policy

CareerSource Florida Board of Directors allocates grants for apprenticeship expansion

Pathways to Career Opportunities Grants (PCOG)



Registered Apprenticeship Works Across All Industries: 1,200+ Occupations!



Healthcare



Manufacturing



Construction



**Hospitality &
Transportation**



Trade & Logistics



Information Technology



Energy

Benefits of Registered Apprenticeship



Employer-designed and driven
Build & grow your own skilled workforce
A work-based learning opportunity
Long-term talent development solution
Time-tested, proven, strategic
Accredited by the Florida Department of Education

Employer-designed and driven

Build & grow your own skilled workforce

A work-based learning opportunity

Long-term talent development solution

Time-tested, proven, strategic

Accredited by the Florida Department of Education



Your Local CareerSource Can Assist With:

Short-Term Solutions

On-the-Job Training Reimbursement

- CareerSource can offset the cost of training new employees

Upskill your Existing Workforce

- Employed Worker / Customized Training funding

Your Local CareerSource Can Assist With:

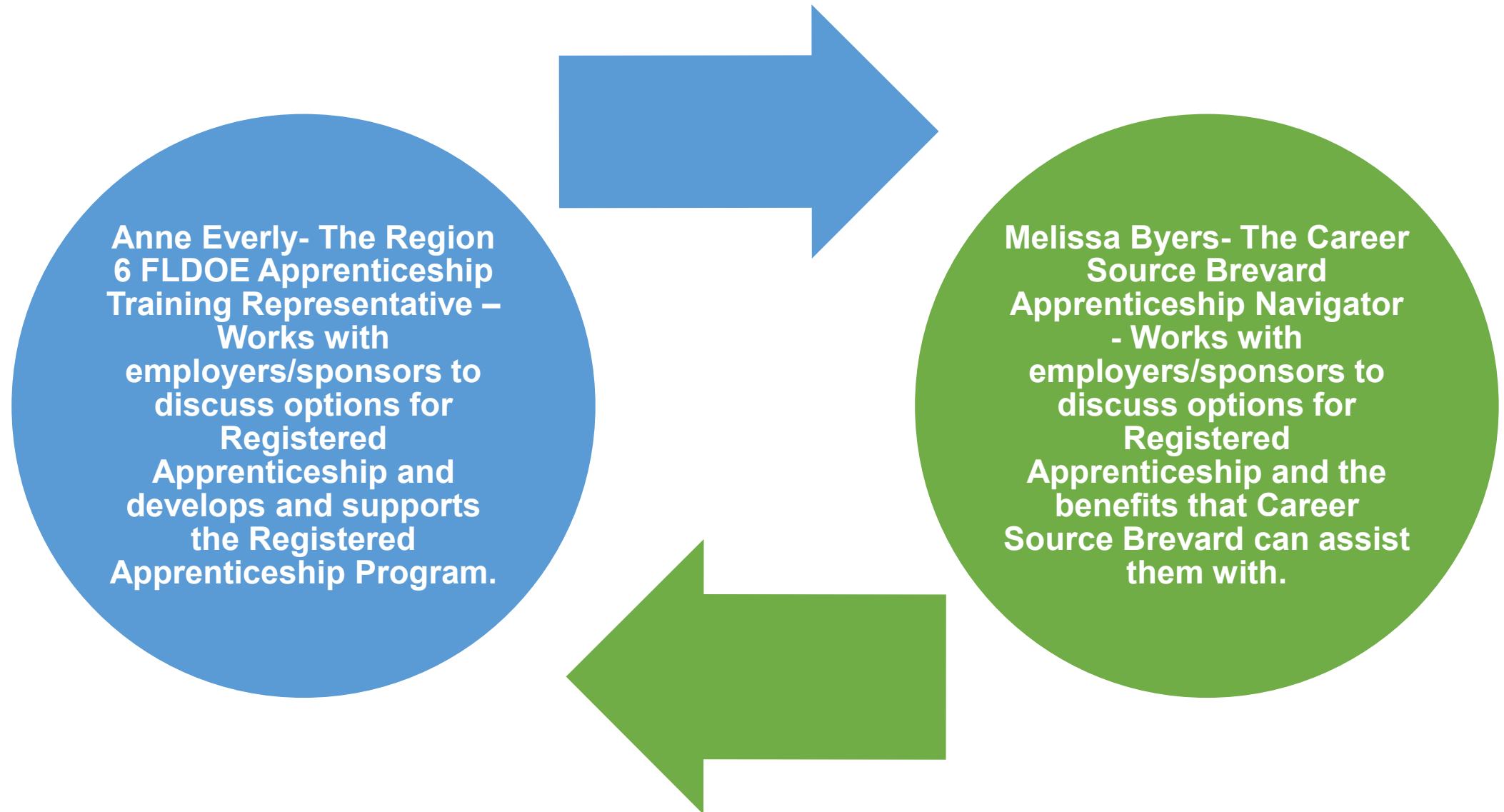
Long-Term Talent Development

Apprenticeships – Building your talent pipeline

According to the US Department of Labor:

- Apprenticeship programs increase productivity and reduce employee turnover
- 94% of graduating apprentices retain employment
- ROI = \$1.50 for every \$1 spent

Florida Department of Education & Career Source Brevard A Great Partnership!



Collaborative Business Outreach Engagement

We are a team ATR & AN

ATR and AN have done several business engagement meetings to highlight development of apprenticeship for specific industries. Including presentations, Q&A, and more.

AN provides services that CareerSource can provide such as OJT funding and other WIOA source dollars as well as any other grant funding sources they may have. Talk about recruiting services with ability to attend job fairs, post positions and etc. Services that are provided regularly are all still support to those employers and any other benefits that come with creating a registered apprenticeship.

Together another approach to outreach has been looking at LMI data (AN pulled) to see the need of programs within the area and reaching out to those who have been interested through connections both the ATR and AN have previously made. These meetings usually are prepared with data, examples, and outcomes. This approach helps those see what possibilities are out there.

Working together with leads we receive and setting up meetings where we both go. Listening to what the employer or those in front of us are seeking can help us determine if joining a group, creating a group, or an individual program is best. It also allows for us to see if apprenticeship is right for them as well.

Follow Through:

Turning Those Meetings into Actions

- Set a follow-up meeting
- Email re-cap of initial meeting with action items:
- Give presentation on Standards and Occupation Appendix (ATR with AN to listen in)
 - Determine Occupation
 - Determine Group/Individual
 - Determine RTI type

Development Strategies:

Putting Thoughts Onto Paper- The Heart

- Occupation Support- Determine correct RAPIDS Code and O-Net Code (ATR with AN to listen in, if available)
- Determine RTI provider and provide support for RTI options (ATR with AN to listen in, if available)
- Continuous support as needed during development of standards. (ATR with AN to listen in, if available)

Finalize Documents:

Set up Final Follow-up Meeting to:

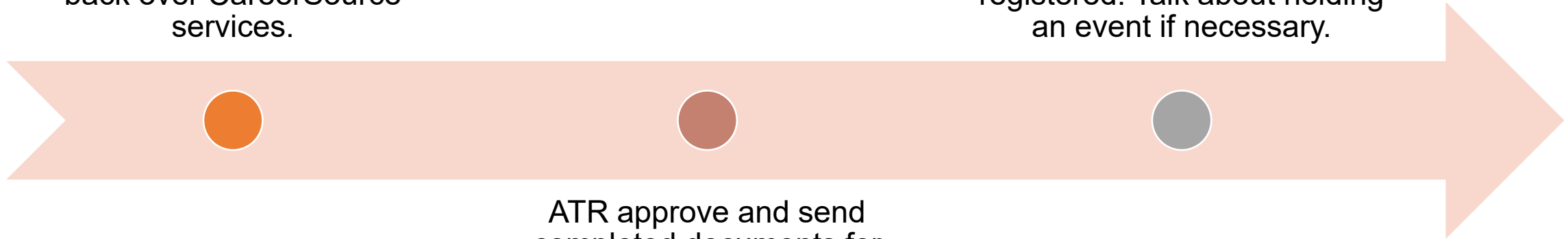
- Review of Program completed
RA Documents (ATR with AN to listen in)
- Continue to make adjustments until Docs are deemed Final (ATR and AN if available)
 - Program Final Signatures

Registering The Program

Final review of the documents with sponsor, ATR, and AN if available. Ensuring everything looks good and go back over CareerSource services.

AN can assist sponsor in recruitment ideas for once their program is fully registered. Talk about holding an event if necessary.

ATR approve and send completed documents for State approval and Registration.



Final Follow Through:

Once The
Program is
Approved &
Registered

- AN follow-up with business services needs.
 - Introduce appropriate Business Service member
- ATR follow-up with New Registered Program Onboarding

Apprenticeship Funding

On-The-Job Training Reimbursement

Assistance with Related Technical Instruction Cost

Supportive Services for the Apprentice

CareerSource Florida Incumbent Worker Training Grant

Apprenticeship Funding

Intermediaries

Pathways to Career Opportunities Grant

Tax Credits- * depending upon qualifications

Veteran (special funding/credits), Skillbridge- Military Transitional

Apprenticeship Resources

Apprenticeship Florida: www.apprenticeflorida.com

- Information on how to start new apprenticeship programs
- Answers to frequently asked questions

Thank You



Melissa Byers

Apprenticeship Navigator & Business
Liaison: **CareerSource Brevard**

mbyers@careersourcebrevard.com

(321) 394-0611



Anne Everly

Apprenticeship Training Representative
Florida Department of Education

Anne.Everly@FLDOE.org

321-505-9560

Financial Sustainability: Value of Planning Your MIH-CP Program



Chief Trevor Nelson, Baker County Fire Rescue

Linda Liebert-Hall, Liebert-Hall & Associates, LLC

April 25, 2024

Page 10 of 10

- Financial Sustainability
- Define
- Audience
- Strategy
- Alignment
- Execution
- Sustainability





Community Paramedicine Description

- Everyone on same page
- Medical direction



- Population Statistics
- Community Make-up

Introduction to the Area

Financial Sustainability:

Defines the potential target audience and demonstrates knowledge of the service area environment based on health care access indicators.

Critical indicators of access to healthcare are **poverty, employment, insurance status, connectivity, and education**. The following is a summary of these indicators for **Baker County**:

- There is one city in the county: Macclenny, the county seat, and one town, Glen Saint Mary. <https://worldpopulationreview.com/us-counties/fl/baker-county/cities>
- Median age 37.7. <https://worldpopulationreview.com/us-counties/fl/baker-county-population>
- The population per square mile is 48.3 in 2020, as opposed to the state's population of 401.4. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/PST045222>
- The race percentages for 2021 are Black or African American 11.87%, White 78.55%. <https://worldpopulationreview.com/us-counties/fl/baker-county-population>
- 15.1% of the population are 65 years of age and older compared to approximately 21.6% statewide. And the persons under the age of 18 is 24.6% compared to 19.3% for the state. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/PST045222>
- The Median Household income in 2022 dollars is \$67,872, which is about the same as the state level of \$67,917. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/INC110222#INC110222>
- 14.1% of residents aged 25 years of age and older have a bachelor's degree or higher, significantly lower than the state rate of 32.3%. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/EDU685222#EDU685222>
- 12.8% of the county's residents live in poverty, which is the same as the state level at 12.7%. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/IPE120222#IPE120222>
- 13% of Baker county residents under the age of 65 are uninsured, compared to 13.9% for the State of Florida. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/HEA775222#HEA775222>
- Residents with a disability, under the age of 65 years in the county is 9.5%, as opposed to 8.7% for the state. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/DIS010222#DIS010222>
- Households in the county with a computer is 93.9%, which is slightly lower than the state total of 95.2%. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/COM100222#COM100222>
- Households with a broadband internet subscription is 85.9% in the county and the state percentage is 88.8%. <https://www.census.gov/quickfacts/fact/table/bakercountyflorida,FL/INT100222#INT100222>



Baker County is made up of these entities and services:

- Healthy Baker is a **group of individuals and entities committed to improving the health of the residents** of Baker County.
- Ed Fraser Memorial **Hospital** is a critical access rural hospital. It has 25 acute care beds and a 10 bed 24 hour emergency department. Baker County Fire Rescue provides interfacility transfers for admissions to Jacksonville.
- **Primary care doctors:** According to the County Health Rankings & Roadmaps, there is 1 primary care physician for every 3,700 residents. <https://www.countyhealthrankings.org/explore-health-rankings/florida/baker?year=2023>
- **Urgent cares:** There are two urgent care facilities, MainStreet Family Care and Baker Rural Health Clinic.
- **Assisted Living Facilities:** There is one assisted living facility, The Clair Winston House, and two nursing homes, W Frank Wells Nursing Home, and Macclenny Nursing and Rehab Center.
- **Pharmacy Services:** There are 3 major chains, Walgreens, Walmart, and CVS, and a few private pharmacies.
- **Mental Health/Substance Abuse:** Services are provided by the Meridian Baker County Clinic.
- **Veteran services:** Baker County has a veteran services office and there is an American Legion post.
- **Schools:** There are 3 elementary schools, 1 middle school, 1 high school, and 1 alternative school.
- **Extension Center:** The University of Florida, Institute of Food & Agriculture Serves, has an extension service office.
- **Senior services:** Baker County Council on Aging offers scheduled transportation to take the elderly and disadvantaged to the doctor, medical facilities, meal sites, drug stores and shopping.
- **Food Pantry services:** The Baker County Minister Association operates the Samaritan Food Bank.
- Baker County **Sheriff's** Office provides law enforcement throughout the county.
- The Florida **Department of Corrections** operates a Baker Work Camp in the county.
- Baker County has an **economic tourism development council and chamber of commerce**.



- Community Health Improvement Plan (CHIP)
- Community Health Assessment (CHA)
- EMS Data
- Partner Data

Needs Assessment

Financial Sustainability:

Demonstrates the need for specific services as determined by health care providers in your service area and helps you to identify and establish a baseline for potential metrics.



Baker County Community Health Improvement Plan

March 2020 – 2024

A look at the health and
well-being of Baker
County residents.

Stakeholders

- Partners
- Funders
- Resources/In-kind



Financial Sustainability:

Demonstrates that you can leverage other health care resources, providers, and potential funding sources in your service area.

Referrals from Ed Fraser Memorial Hospital are highly probable.

The Meridian Baker County Clinic is an ideal partner for providing referrals to help individuals with ongoing support for substance abuse.

The primary care facilities present a good opportunity to partner on care for their patients, especially since most rural providers are already using Nurse Practitioners (NP) in their facilities. The program could ease their caseload and improve the overall care they can provide to their patients. The use of telemedicine could bring their Doctors, NP's, or Physician Assistant's into the patient's home. If they are not interested in actively engaging in partnership, they may still refer individuals to the program.

The assisted living facility and nursing homes could be partners to bring regular wellness care to their patients to reduce 9-1-1 calls to their facilities. Again, a possible referral source.

The pharmacies are potential partners for expertise in medication reconciliation checks and drug reaction information. They may also be aware of individuals needing assistance with navigation services or substance abuse.

The Veterans Service Office can provide access to individuals who are likely to need the services or utilize the 9-1-1 system.

Food pantry providers, churches, and the Sheriff's office could be sources for individuals needing assistance.

The cell phone service provider may be able to improve cell phone coverage to facilitate the use of telemedicine.



- Vision/Mission
- Goals
- Strategies to Achieve Goals
- Performance Measures

Program Plan

Financial Sustainability:

Critical information for any funder. To establish a clear direction, with measurable, impactful goals, and solid strategies to achieve those goals, with specific, defined methods to measure successful achievement of those goals.



Program Plan

The program name is ***Baker County Fire Rescue Community Paramedicine Program.***

Mission: We are committed to achieving improved health and wellness outcomes for our community members through a coordinated system of care.

Goals:

There are 3 primary goals and strategies of the program:

1. To reduce the total number of annual 911 calls by 10% in the first year.
 - Performance Measure: The total number of annual 911 calls.
 - Numerator: The total number of annual 911 calls for the current year.
 - Denominator: The total number of 911 calls for 2022.
 - Baseline: 2022* at 4,030. (**Complete annual data for 2023 is not available due to a change in data vendors during the year, so the full annual 2022 data is being used for the baseline.*)
2. To provide navigation services to connect at least 50 residents to the appropriate health care professionals or facilities, or social services agencies in the first year.
 - Performance Measure: The number of residents connected to the appropriate health care professional or healthcare facility or social services agency in a year.
 - Baseline: For 2023 = 0.
3. Provide ongoing follow up support to at least 20 individuals discharged from a health care facility for substance abuse in the first year.
 - Performance Measure: The number of individuals discharged from a health care facility for substance abuse receiving follow up support in a year.
 - Baseline: For 2023 = 0.



Strategies

For Goal 1: 911 Calls

1A. Identify the types of low acuity 911 calls.

- Develop brochures about the services offered by the CP program to share with patients, other health care providers and social service agencies to address the underlying low acuity issues.

1B. Identify the frequent users of the system. (Frequent user is someone who calls 911 at least 3 or more times per month.)

- Identify the underlying health or social issues for the frequent calls.
- Develop brochures about the services offered by the CP program to share with individuals who frequently use the 911 system.

1C. Perform home assessments and remediation

- CDC Check for Safety program
- Perform checks for:
 - Blood sugar
 - High blood pressure
 - Medication inventory and compliance
- Develop partners to assist with remediation efforts



Helps Data Collection Results



HELPS EVOLVE LOCALLY PROVIDED SERVICES (HELPS)

HELPS PROJECT FINAL ANALYSIS REPORT

CP/MIH PROGRAM 911 CALL REDUCTION TABLE

Cost per EMS Visit for your Agency: \$ 703.00

Patient	Three months prior to enrolling in HELPS Project		Since enrolling in HELPS Project		Summary	
	Average Number of 911 Responses per Month	Monthly Cost to Your Agency	Average Number of 911 Responses per Month	Monthly Cost to Your Agency	Monthly Savings to Your Agency	% Reduction of 911 Responses
A	5	\$ 3,515.00	2	\$ 1,406.00	\$ 2,109.00	60%
B	3	\$ 2,109.00	1	\$ 703.00	\$ 1,406.00	67%
C	4	\$ 2,812.00	3	\$ 2,109.00	\$ 703.00	25%
D	2	\$ 1,406.00	2	\$ 1,406.00	\$ -	0%
E	8	\$ 5,624.00	3	\$ 2,109.00	\$ 3,515.00	63%
F	2	\$ 1,406.00	1	\$ 703.00	\$ 703.00	50%
G	6	\$ 4,218.00	4	\$ 2,812.00	\$ 1,406.00	33%
H	5	\$ 3,515.00	4	\$ 2,812.00	\$ 703.00	20%
I	3	\$ 2,109.00	1	\$ 703.00	\$ 1,406.00	67%
J	2	\$ 1,406.00	0	\$ -	\$ 1,406.00	100%
Totals:	40	\$ 28,120.00	21	\$ 14,763.00	\$ 13,357.00	48%

Alignment/Conflict Evaluation



ORGANIZATION



STATE/FEDERAL
PROGRAMS



PARTNERS/FUNDERS

Financial Sustainability:

Alignment with a partner's or funding program's mission and goals is crucial for when being considered for support and funding requests.





- Patient
 - Customize for goal
- Stakeholders

Marketing

Financial Sustainability:
Demonstrates the ability to reach your target audience (both patients and stakeholders) so you can achieve the goals you've established.

Approaches	Types	Where	What
Participate in hosted events	Health care Presentations/Classes	Where host holds it	Present and/or provide brochures and information
Host events	Vaccination	Churches Veterans Center Assisted Living / Nursing Centers	Flu and Hepatitis A
Direct Marketing	Mailings	Target market areas	Brochure
	Emails	To people who attended an event and provided an email address	News about the program and participating healthcare providers
	Handouts	Brochures and business cards	Frequent 9-1-1 users Booths at health fairs/county fair Public events Paramedics & EMT's Fire Service personnel
	Newspaper articles	Local newspapers	Program events/activities and success stories/testimonials, participating healthcare providers
	Social Media	Fire Rescue website Facebook Blogs	Program events/activities and success stories/testimonials, participating healthcare providers
	Personal visits	Brochures and business cards	Physician's offices Hospital Transportation locations Sheriff offices Food pantries Pharmacies
Indirect Marketing to Potential Referral Sources			

Implementation Work Plan

Area of Focus	Key Action Steps	Person Responsible	Comments
A. Focus Area: Personnel			
A.1. Assign a Community Paramedic (CP)	Complete the job description.	Chief	Must be a licensed Florida Paramedic.
A.2. Training Skills	Assess the current skills of the CP and identify opportunities for skill development as needed.	Chief & CP	

B. Focus Area: Program Processes and Procedures			
B.1. Establish Required Procedures & Processes	Develop SOP's for the new service offerings.	Medical Director, Chief, & CP	
	Develop quality control measures for program.	Medical Director, Chief, & CP	
	Develop program protocols.	Medical Director, Chief, & CP	
	Complete the Memorandum of Agreement for Vaccinations.	Medical Director & Chief	

C. Focus Area: Service Offerings			
C.1. Prepare Patient Service Offerings	Develop a Patient Resource Guide and internal resources for patient navigation and advocacy support services.	CP	
	Set up educational programming and class topics / experts and facilities.	CP	
	Finalize patient visitation forms, materials, supplies, etc.	CP	

D. Focus Area: Marketing

E. Focus Area: Sustainability

F. Focus Area: Future Recommendations

Financial Sustainability:

Clearly shows you have a detailed implementation plan in place to launch the program or expansion plan.

- 2 Years
- Detailed narrative

Budgeting

Baker County Community Paramedic Program Budget		
Categories	2024	2025
Revenue		
State EMS Grant	\$ 37,500	\$ -
Opioid Funding Match for State EMS Grant	\$ 12,500	\$ -
Opioid Funding	\$ 90,994	\$ 139,123
Total Revenue	\$ 140,994	\$ 139,123
Expenses		
Payroll Expenses		
Salaries of Leader & Staff	\$ 21,756	\$ 43,512
Percentage of Salaries for Benefits	\$ 6,984	\$ 25,463
Overtime	\$ -	\$ -
Percentage of Overtime for Benefits	\$ -	\$ -
Total Payroll Expenses	\$ 28,740	\$ 68,975
Operations Expenses		
Administration		
Dues & Subscriptions	\$ 400	\$ 400
Marketing/Public Relations	\$ 1,200	\$ 1,500
Medical Direction Contract Fees	\$ 5,000	\$ 5,000
Office Supplies & Postage	\$ 950	\$ 1,200
Total Administration Expenses	\$ 7,550	\$ 8,100
Vehicles		
Fuel	\$ 12,000	\$ 24,000
Repairs & Maintenance	\$ 2,000	\$ 4,000
Total Vehicles Expenses	\$ 14,000	\$ 28,000
Miscellaenous Expenses		
Medical Equipment & Supplies	\$ 10,900	\$ 21,800
Training (Initial)	\$ 2,400	\$ 2,400
Training (Continuing)	\$ 5,000	\$ 5,000
Travel	\$ 675	\$ 675
Emergency Reserve (3%)	\$ 4,229	\$ 4,173
Computer Equipment and Tablets	\$ 10,000	\$ -
Total Miscellaneous Expenses	\$ 33,204	\$ 34,048
Total Operating Expenses	\$ 54,754	\$ 70,148
Capital Expenses		
4 X 4 Vehicle	\$ 50,000	
Vehicle Equipment	\$ 7,500	
Total Capital Expenses	\$ 57,500	\$ -
Total Expenses	\$ 140,994	\$ 139,123
Total Revenue After Expenses	\$ -	\$ -

Financial Sustainability: **Critical** to demonstrate your knowledge and solid understanding of the reasonable expenses necessary to operate the program over at least 2 years. Can also show shared risk between multiple funding sources rather than relying on a single source and, when appropriate, the investment by an agency.

Sustainability Types



- Financial
- Staffing
- Internal support
- Stakeholders
- Patients
- Community Support

Financial Sustainability



- Opioid
- Medicare – Community Health Worker
 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule by CMS, MLN9201074 January 2024
 - <https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>
- State Resources
 - EMS Matching grants
 - HELPS program
- Local resources
- Federal programs

Financial Sustainability



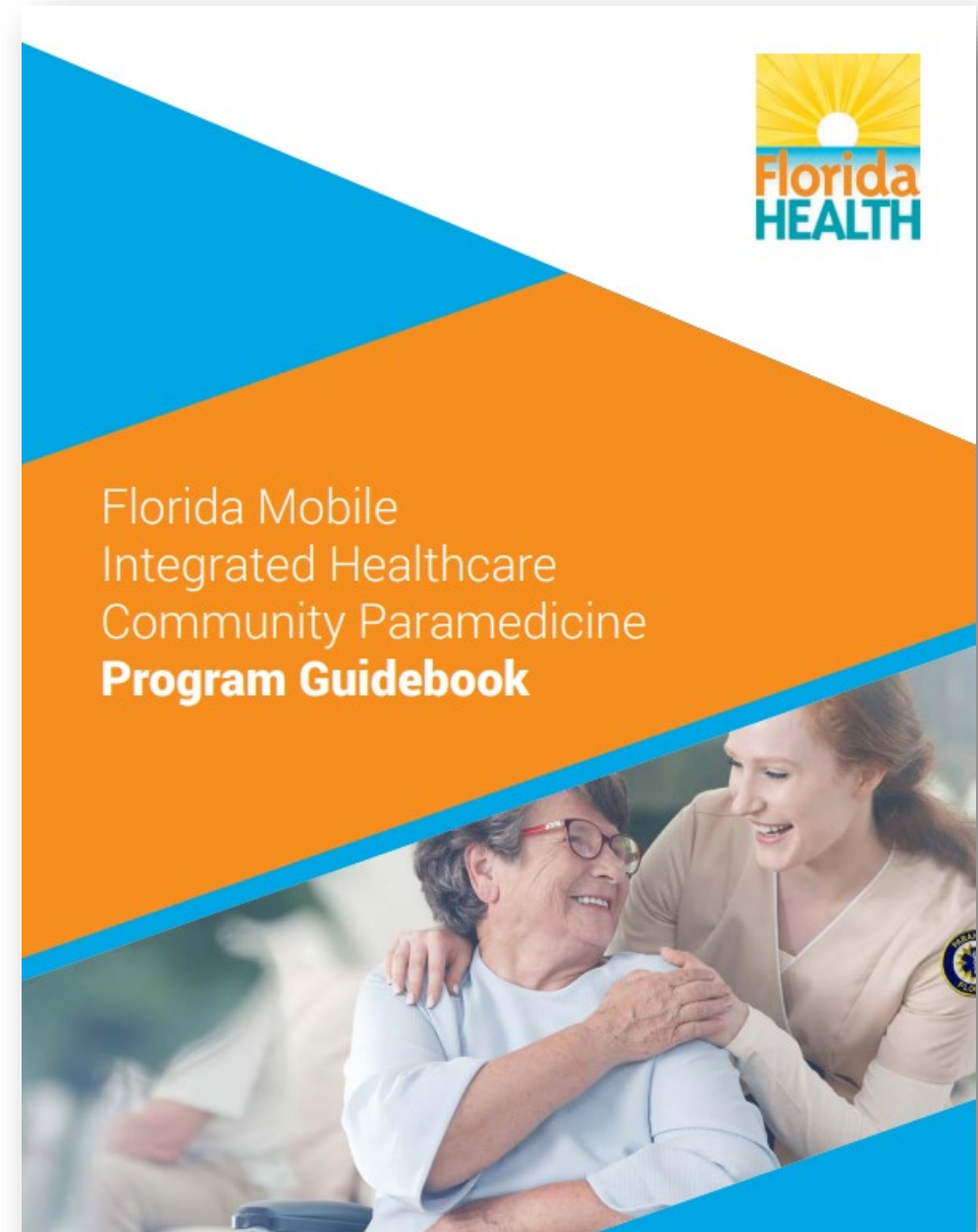
- New Legislation
 - Community Paramedicine Act of 2024
 - NAEMT, EMS on the Hill Day, 4/10/24
https://www.naemt.org/docs/default-source/events/emshd-2024/4-10-2024-emshd-mihv2.pdf?sfvrsn=1fa1f093_0
 - House Bill Introduced 4/23/2024
<https://cleaver.house.gov/sites/evo-subsites/cleaver.house.gov/files/evo-media-document/Community%20Paramedicine%20FINAL%20bill%20text.pdf>
- Foundations – disease specific
- Patient pay
- Stakeholder pay/in-kind
- Self funding

Questions?

Resource:

Florida Mobile Integrated Healthcare Community Paramedicine Program Guidebook

https://www.floridahealth.gov/provider-and-partner-resources/advisory-councils-stakeholder-groups/ems-advisory-council/_documents/florida-mihcp-guidebook.pdf



Contact Information

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Baker County Fire Rescue

Trevor.nelson@bakercountyfl.org

904-742-1486

Contact:

Linda Liebert-Hall

Liebert-Hall & Associates, LLC

Linda.Liebert.hall@gmail.com

701-540-2697





Community Paramedicine

FLAGLER COUNTY FIRE RESCUE



Community Paramedic History in Flagler County

- Program started in 2018 by Caryn Prather

Target population of “high frequency users”

Homeless population needs

- Program took a backseat during COVID
- Tracy and Rob take over program after Prather’s retirement

Expanding services of program with same goals in mind

Community Paramedicine – What is it?

- Our goal is to keep the community healthy and IN their homes
- Nobody likes going to the hospital for 8 hours at a time
- Reduction of call volume for existing ambulances

8 Ambulances for over 18,000 medical calls a year

Covers 571 total square miles of Flagler County

Community Paramedicine – What we do.....

- Home Health Assessments
- In-home Client Needs Assessments
- Health Plan Education
- Medication Education
- Care Coordination
- Community Outreach
- CPR Classes – Hands Only CPR



Flagler County CORE

**Coordinated
Opioid Recovery**
A NETWORK OF ADDICTION CARE



WHAT IS CORE?

The Coordinated Opioid Recovery (CORE) initiative is a multi-agency, multi-disciplinary, brand new system of care created to combat the opioid crisis. This new approach unites an expansive network of community partners who all share the same goal of preventing opioid-related overdose deaths.

The key features of this program include the following:

- **FREE:** regardless of whether or not you have insurance
- **CONFIDENTIAL:** no one outside of your care team will know you are receiving treatment
- **No law enforcement involvement:** we are not looking to get you into trouble, we just want to help
- **Peer support:** speak with someone who has been there
- **Medication-Assisted Treatment:** evidence-based opioid use disorder treatment
- **Counseling:** behavioral health support continues past just the opioid use disorder treatment
- **Care coordination:** CORE supports the whole person and all presenting needs

WHO IS INVOLVED?

Flagler County CORE employs a team of local agencies committed to giving those struggling with opioid use disorder a real chance at recovery. The team includes peer support specialists, community paramedics, care coordination staff, counselors, and medication assisted treatment providers from each of the agencies shown here.



HOW DO I GET HELP?

Our "no wrong door" approach means you can get involved with CORE through any of the partner agencies listed here, or you can reach out to us directly using the information to the right.

This program is free to anyone who needs help overcoming opioid use disorder. It is completely confidential and there is no law enforcement involvement. Reach out to us using the information below or visit our office.

1-877-393-CORE (2673)
help@flaglercore.org
www.flaglercountycore.org
160 Cypress Point Parkway
Building B, Second Floor, Suite 205
Palm Coast, FL 32164
Walk-in Hours: Monday - Friday from 9:00 AM - 4:30 PM

What we do..... (cont.)

- Substance Use Disorder Program
- Leave at home Narcan Program

What we do.....(cont.)

Home Health Assessments

Preventing Slips and Falls




What can we do to prevent slips and falls in our home?


- Remove things you can trip over from stairs and places you walk
- Remove small throw rugs or use double-sided tape under the rug
- Keep items you use often in cabinets you can easily reach
- Have grab bars put in next to and inside your tub and near the toilet
- Use non-slip mats in the bathtub and on shower floors
- Improve lighting in your home
- Have handrails and lights on all staircases
- Wear well-fitting shoes with good support inside and outside the home



CPR Classes – Hands Only CPR

CPR 

Performing CPR while waiting for medical assistance can greatly increase a person's chance of survival from cardiac arrest.



Flagler County Fire Rescue - Community Paramedicine

What we do.....(cont.)

Community Education



Community Outreach





Community Paramedic – Contact Information

E-mail:
commparamed@flaglercounty.gov

Office #: 386-313-4260

Tracy Cell #: 386-507-3415

Rob Cell #: 386-268-7480



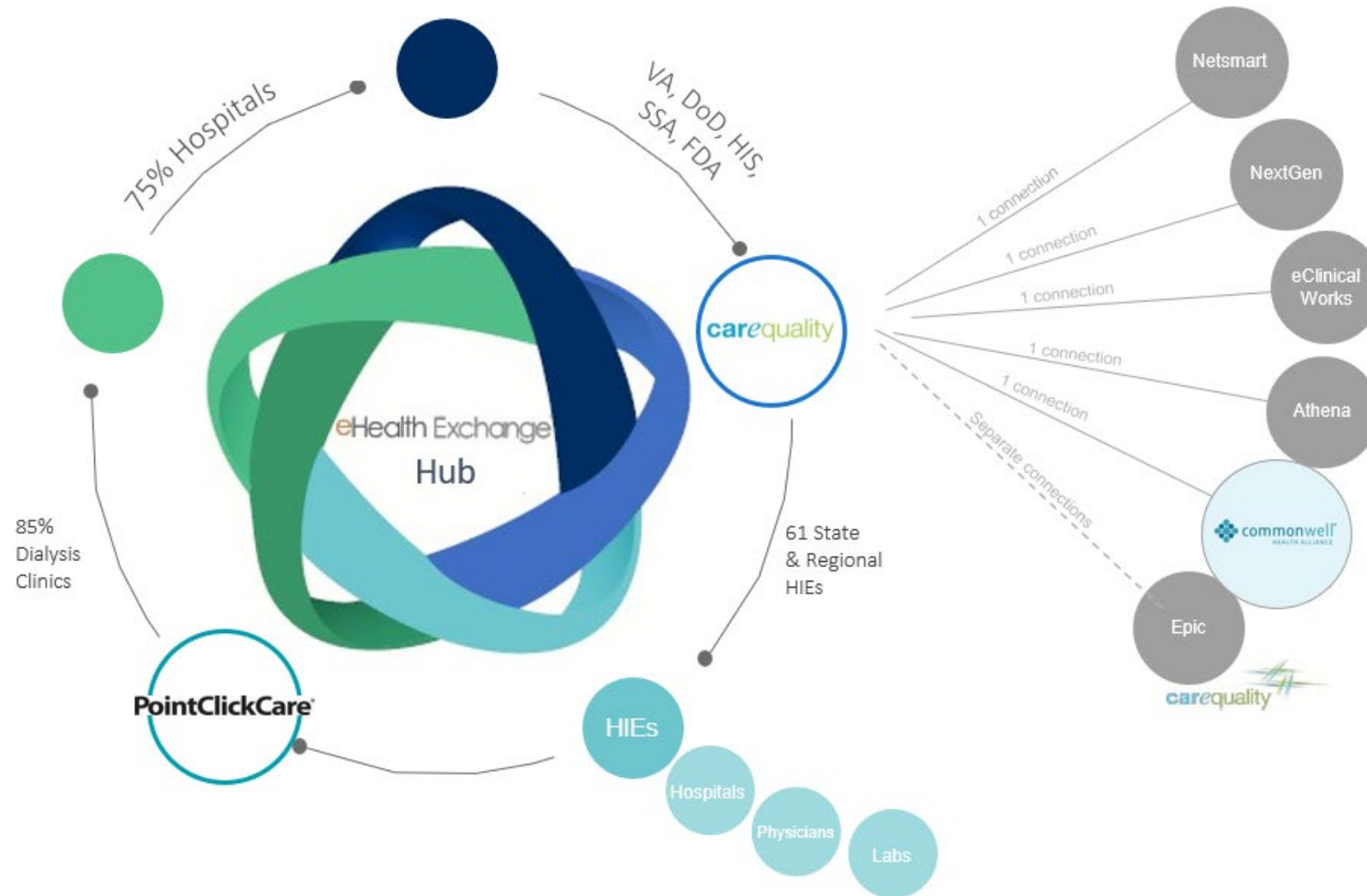
Florida's Health Information Exchange Program

Florida Health Information Exchange (HIE) Overview

- The official Florida HIE; operated under contract with the Agency for Health Care Administration (AHCA)
- Founded in 2011, to facilitate the secure statewide exchange of health information between health care providers, hospital systems, payers, and other health care organizations
- AHCA governs the HIE by establishing policy, convening stakeholders, providing oversight, engaging Federal partners, and promoting the benefits of health information technology
- PointClickCare contributes innovative technology, strategic insight, and manages the day-to-day operations of the Florida HIE Services



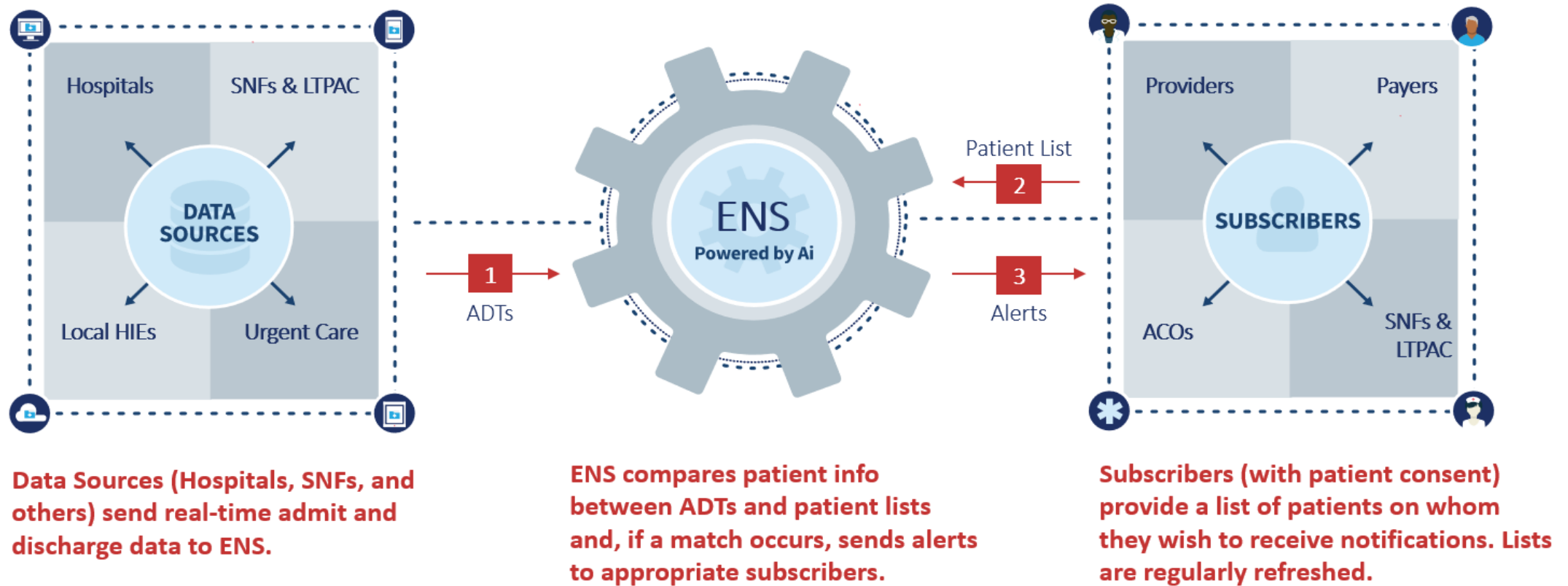
National Health Information Exchange Networks





Encounter Notification Service ENS

How ENS Works



Florida Health Information Exchange (HIE) ENS

Florida HIE's Encounter Notification System (ENS) provides real time notice of encounters at various Florida health care facilities.

Use this information to:

- Schedule post-discharge follow-up visits for transitional care management and continuity of care
- Reach out to admitting facilities to convey existing treatment relationship
- Prevent potentially avoidable hospital readmissions
- Enroll patient in care plan/program (pregnancy, BH, SDOH, asthma, etc.)



ENS Encounter
Notification
Service®

ENS Data Sources

Facility Type	Data Sources
Hospital	287
Home Health	98
Hospice	38
Skilled Nursing Facility	240
Urgent Care	73
Crisis Stabilization Unit	7
Emergency Medical Services	1
County Health Department	67
Total	811



ENS Smart Alerts

- Smart Alerts enhance ENS by targeting specific elements within the patient encounter data like diagnoses and/or conditions
- Notifications can then be directed to the most appropriate person for follow-up and care coordination
- Some ENS subscribers are using smart alerts and other ENS data filtering and customization to achieve better outcomes for their patients
 - Patients seen by Emergency Service Providers, but not taken to hospitals for treatment
 - During an emergency patients at special shelters during an emergency



ENS Encounter
Notification
Service®

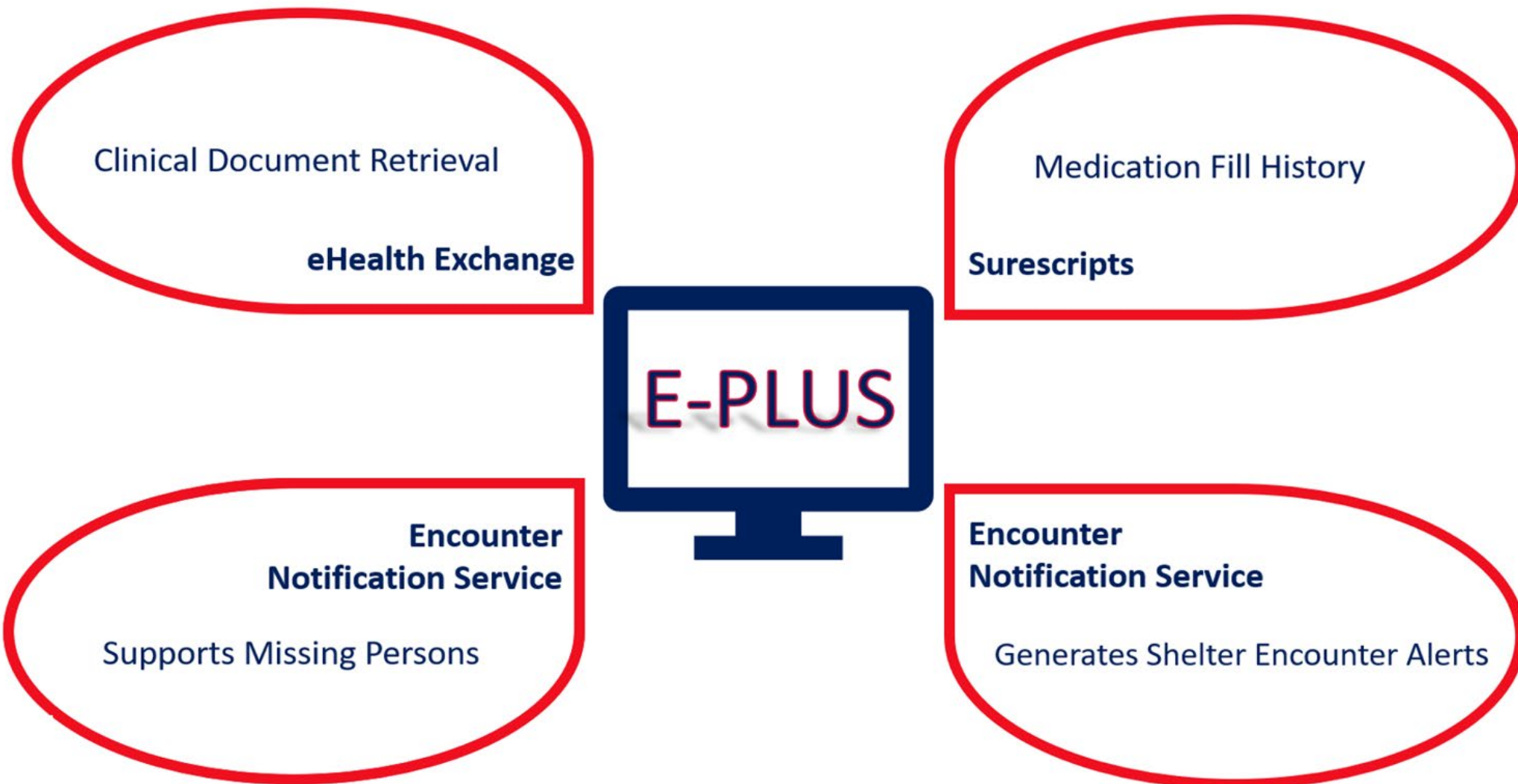


Emergency Patient Look-Up Service (E-PLUS)

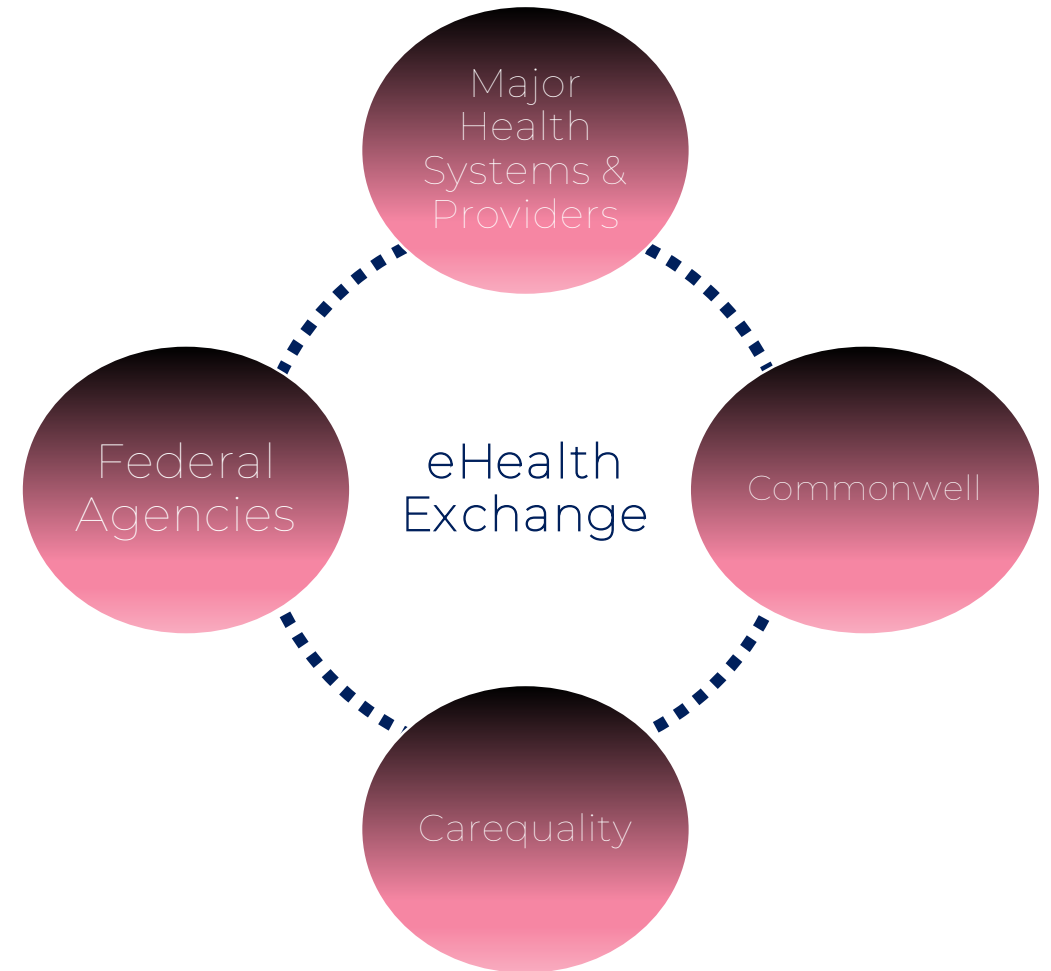
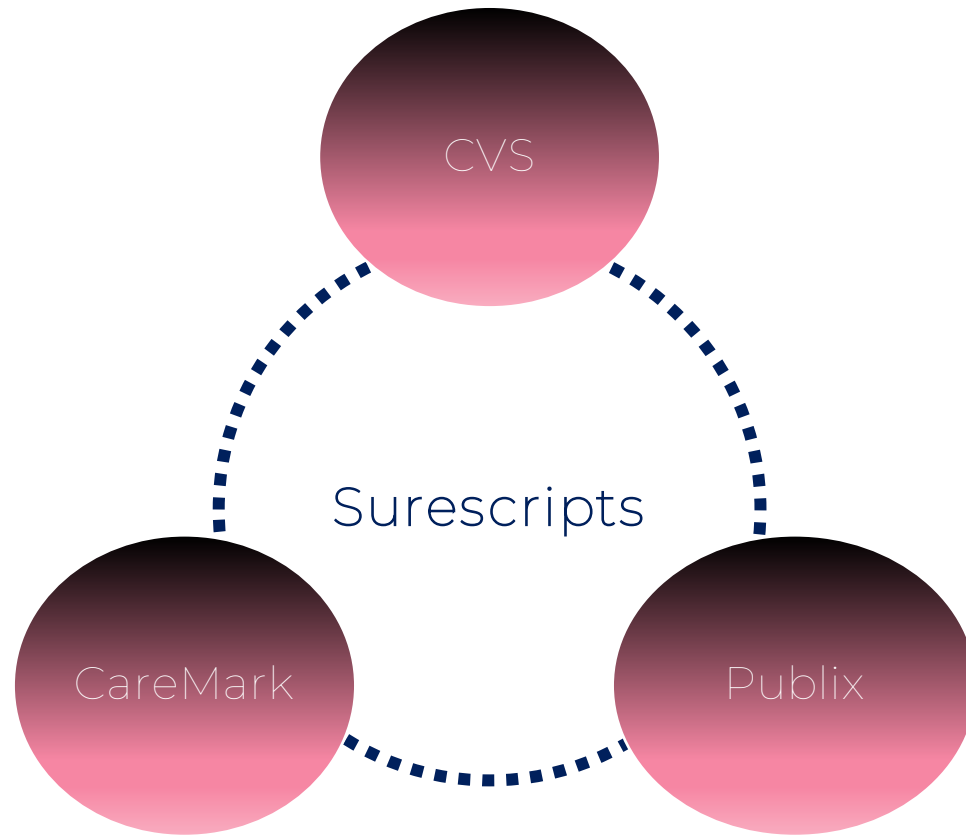
Emergency Patient Look-Up Service

- Patient Search Application
 - Enables County Health Department Staff at Special Needs Shelters to Access Clinical Records and Medication Fill Histories
 - Connects over 2,700 health care facilities across the state of Florida
 - Secure access to clinical documents, including medication history
- Emergency Census Application
 - Enables improved care coordination during times of disaster by enabling Special Needs Shelters to alert ENS Subscribers that their patients have been evacuated to a Special Needs Shelter
- Missing Persons Application
 - Enables users to search the Encounter Notification Service to quickly locate missing or unaccounted for persons during times of emergency





Patient Search Data Sources





Emergency Census

Utilizes registration data from Special Needs Shelters collected by Department of Health

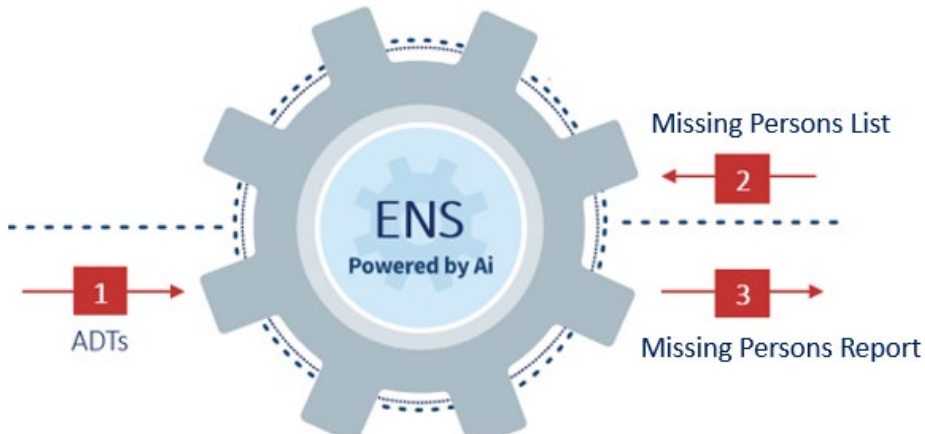
Becomes a data source to the Encounter Notification Service

AHCA-DOH-DEM agreement in place to share shelter registration data



How E-PLUS Interacts with ENS

Emergency Census Sends to ENS Encounter
Data from Special Needs Shelters



Missing Persons sends lists of missing persons to ENS, which reports back the findings of a search for missing persons.

E-PLUS
Emergency Patient Look-Up System





Contact Us

Florida-HIE.net

FLHII@myflorida.com

EPLUS@myflorida.

Contact Us



E-PLUS@ahca.myflorida.com

FLHIE@ahca.myflorida.com



<https://ahca.myflorida.com/e-plus>

www.Florida-HIE.net

