A BLUEPRINT TO DEVELOP A COLLABORATION MODEL OF COMMUNITY MEDICINE AND COMMUNITY PARAMEDICINE



An HCA and IHA Partnered Initiative

Framework developed by M.S. HALL +ASSOCiATES

February 2023

Project Overview

- The Home Care Association (HCA) and the Iroquois Healthcare Association (IHA) have partnered to work with hospitals, home health agencies, physicians, emergency medical service organizations and other key community partners to develop and pilot ***Collaborative Models of Community Medicine and Paramedicine.***
- Goal/Design: Integrate existing community health resources (hospital, home care, physicians and additionally trained EMS personnel) to improve coordination and access to care and address critical system gaps in three geographic areas of NYS.
- Funding is provided by a Mother Cabrini Health Foundation grant to HCA

HCA EDUCATION AND RESEARCH

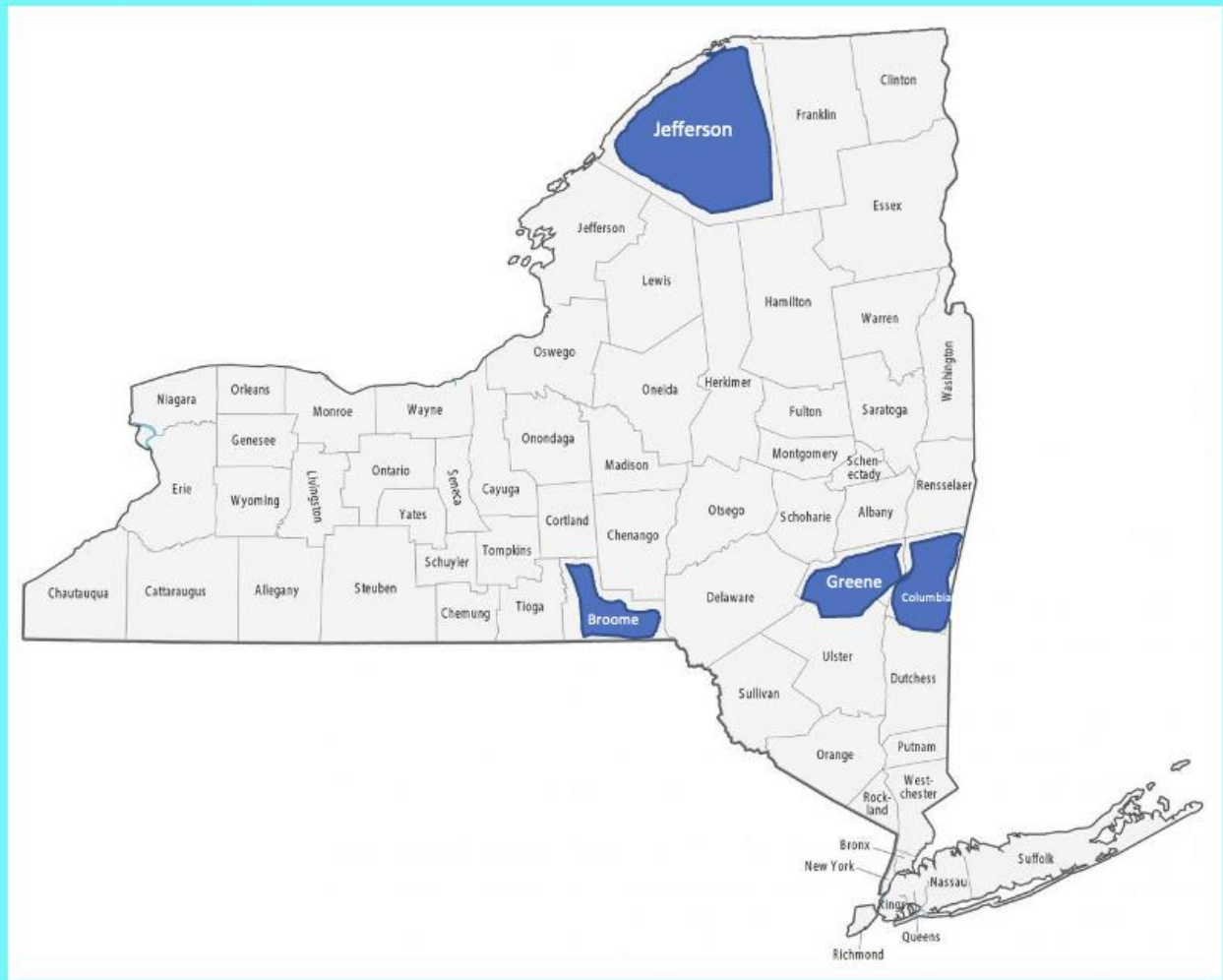
IROQUOIS Healthcare Association

M.S. HALL + ASSOCIATES

Mother Cabrini HEALTH FOUNDATION

Support for this statewide initiative is provided through a generous grant from the Mother Cabrini Health Foundation.

- North County Region
  Jefferson County
- Southern Tier Region
  Broome County
- Hudson Valley Region
  Columbia County
  Greene County



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Blueprint Model

- Engaged consulting firm M.S. HALL+ ASSOCIATES to develop a blueprint for replication in other communities
- North Country Region-The Jefferson County Mobile Integrated Health Program- was selected to serve as the blueprint model as this region was the first to implement this program
- The intent of the blueprint is to give a framework around how to get started with developing a program at a local level

Support for this statewide initiative is provided through a generous grant from the Mother Cabrini Health Foundation.

Presenters

Session Facilitator: Scott Emery, Partner, M.S. HALL+ ASSOCiATES

Jefferson County Mobile Integrated Health Program

Ginger Hall, Director of Public Health, Jefferson County Public Health Department

Paul Barter , EMS Director, Jefferson County Public Health Department

Chris Singleton , Education Coordinator, Jefferson County Public Health Department

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A Blueprint of a Collaboration Model

Jefferson County Mobile Integrated Health

Outline

- Blueprint:
  - Business model canvas
  - 9 elements of the blueprint
- Jefferson County MIH Collaboration model blueprint
- Key Takeaways

Blueprint

Business Model Canvas

- A visualization of how an organization systemically creates, delivers, and captures value for the people it serves
- Creates a shared language
- Comprised of 9 elements:
  - Patient population
  - Value proposition
  - Buy-in & Support
  - Channels
  - Mission Success
  - Key Resources
  - Key Activities
  - Key Partners
  - Cost Structure
  - Revenue Streams

KEY PARTNERS

- Local Hospital
- Local providers
- CHHA
- EMS teams

KEY ACTIVITIES

- Trust and coordination among CHHA and EMS providers
- HVS and interactions with CHHA
- Placing referrals, assessments, care plan development

KEY RESOURCES

- Personnel across the orgs
- Medical equipment
- Tech - laptops
- Shared EMR
- Care plan
- Paul & Chris (instructors) - education of other staff
- Different mindset than crisis intervention
- Level of trust because of transparent communication between personnel
- Strategic alliance between corporations with each other's backup
- Patient-centric posture
- Dotted line borders
- Staff time and commitment

VALUE PROPOSITION

- In home/ person visits done by EMT, paramedics, Advanced EMT
- Education for the patients, families, providers
- Identification of actual barriers to health
- Conduit between physician and patient - eyes and ears

BUY-IN & SUPPORT

- Patients
- Public health
- 3 local Hospitals - discharge planners
- Local primary care providers (100s)
- Veterans Administration
- EMS providers
- Board of legislators
- Home care agencies
- Families of patients

CHANNELS

- Home care agencies - referrals
- Booklets for the program
- TV ads (soon)
- Press coverage (soon)
- FDRHPO board
- Face-to-face meetings & conversations

PATIENT POPULATION

- Patients In Jefferson County
- COPD, CHF, Diabetes, Risk for fall
- Already on or coming on to Jefferson County (CHHA)
- Referred to us from hospital due to frequent ER visits, EMS, or Community-based referral
- Often overlooked population - fall through the cracks

COST STRUCTURE

- Personnel
- Start-up cost: orientation, Staff training

REVENUE STREAMS

- Reimbursement
- Grants

http://www.businessmodelgeneration.com/canvas

- Jefferson County MIH Collaboration model blueprint

Patient Population



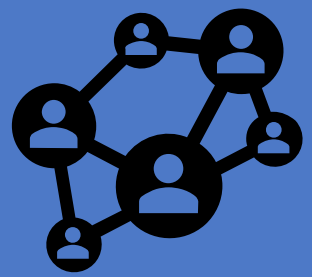
- Definition: the different groups of patients an organization aims to reach and serve
- Model: COPD, CHF, diabetes, and/or risk of falling patients in Jefferson county who have frequent ED visits
- *How did the team agree on these groups of patient population?*

Value Proposition



- Definition: the services or bundle of services you provide your patient population
- Model:
  - In home/person visits done by EMT, paramedics, Advanced EMT
  - Education for the patients, families, providers
- *How do these value propositions uniquely meet your patients' needs?*

Buy-in & Support



- Definition: recognition and reinforcement from internal and external stakeholders for the success of the model
- Model: Patients, Families of patients, Board of legislators, local Hospitals - discharge planners, EMS providers, Home care agencies
- *How collaborative did the team have to act to get buy-in and support from all levels?*

Channels



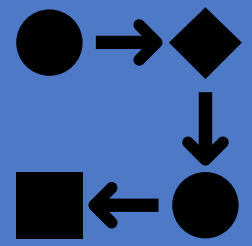
- Definition: how an organization communicates with and reaches its patient population to deliver its Value Proposition
- Model: Home care agencies – referrals; Face-to-face meetings & conversations
- *Why is working with patients in their "world" so vital to this project?*

Key Resources



- Definition: the most important assets required to make a model work
- Model: Personnel across the orgs; Medical equipment; Shared EMR; Level of trust because of transparent communication between personnel
- *How did you cultivate a different mindset than crisis intervention as the foundational resource for this project?*

Key Activities



- Definition: the most important actions an organization must do to make its model work
- Model: HVS and interactions with CHHA; Placing referrals, assessments, care plan development; Trust and coordination among CHHA and EMS providers
- *How did you develop trust and coordination as a central activity?*

- Key Takeaways

Key Takeaways



- Make your model visible
- Technical solutions and adaptive challenges
- Start with building trust!
- Communicate, communicate, communicate!

FOR MORE INFORMATION CONTACT

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