COLLABORATIVE MODELS OF COMMUNITY MEDICINE & PARAMEDICINE



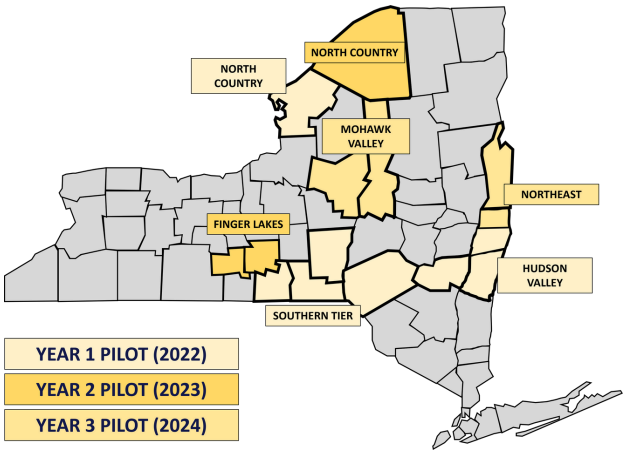
The Home Care Association of New York State Education and Research E&R (HCA E&R) received a grant from the Mother Cabrini Health Foundation to develop and pilot Collaborative Models of Community Medicine and Paramedicine.

HCA E&R partnered with the Iroquois Healthcare Association (IHA), and IPRO, the state-federal regional quality improvement organization to develop pilots in seven rural and small community regions across NYS.

Pilot Programs (2022-2026)

- Integrates core health system partners and practitioners from hospitals, home care, primary care, EMS, and other community partners in a coordinated manner for support in the community;
- Supports home care by serving as a bridge in critical points in care transitions between health care facilities and the home, while supplementing timely services.
- Improves communication, access, and continuity of care by flexibly choreographing the partnered assistance of core health system partners;
- Meets the health needs of the community, while simultaneously preventing potentially avoidable hospitalizations and avoidable emergency department usage by super-utilizers;
- Decreases 911 utilization and EMS transport for conditions able to be handled through preventive in-home support;
- Provides assessment of social determinants of health and patient educational needs for self-management;
- Supports individualized person-centered care across the healthcare continuum by actively involving the patient in their personal health management; and
- Care team can see a holistic picture of patient's health, history and recovery.

Pilot Site Regions



Why?

- Care is received at home, where the patient wants to be.
- Chronic conditions can be managed to prevent emergency department visits and hospital admissions/readmissions.
- Provides over-arching assessment of healthcare needs in the community at a challenging time when the healthcare system has limited resources.

Decreases emergency department visits by

69%

Decreases hospital admissions by

76%

Source: Data collected by 6 pilot sites representatives.

Collaborative Partners

Education & Research HCA E&R 501(c)(3)

IPRO Better healthcare, realized.

IROQUOIS Healthcare Association

Mother Cabrini Health Foundation

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

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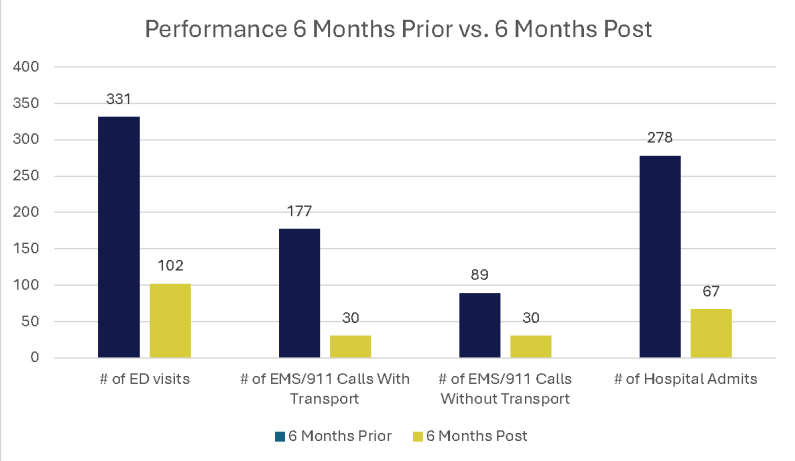
Performance Results 6 Months Prior and 6 Months Post Program Implementation



Percentage Change 6 Months Prior vs. 6 Months Post			
# of ED visits	311	102	69% decrease
# of EMS/911 Calls with Transport	177	30	83% decrease
# of EMS/911 Calls Without Transport	89	30	66% decrease
# of Hospital Admissions	278	67	76% decrease
Source: Data collected by 6 pilot sites representatives.			

Pilot Program Details and Payor Mix for 2025

Pilot Region	Pilot Start Date	Total Unduplicated Patients Served in 2025	Total Visits Made YTD in 2025	Payor Mix (2025)	Age Range (2025)
Columbia - Greene Counties	November 2022	26	127	Medicare = 92% Medicaid = 4% Other = 4%	51-96 years
Broome County	August 2022	107	536	Medicare = 64% Medicaid = 21% Other = 15%	27-94 years
Jefferson County	February 2022	44	469	Medicare = 86% Medicaid = 11% Other = 3%	44-93 years
Washington - Rensselaer Counties	October 2024	44	203	Medicare = 86% Medicaid = 0% Other = 14%	51-95 years
St. Lawrence County	May 2024	22	32	Medicare = 100% Medicaid = 0% Other = 0%	61-87years
Tompkins - Schuyler Counties	August 2024	66	209	Medicare = 48% Medicaid = 33% Other = 19%	33-95 years
Source: Data collected by 6 pilot sites representatives.					

Service Population

- Patients with complex, high-risk health conditions that result from medical, cognitive, behavioral, social, and age-related conditions.
- Patients living in rural communities facing challenges accessing care.
- Patients with multiple chronic conditions such as congestive heart failure, chronic obstructive pulmonary disease, diabetes, patients at risk for falls, or other inherent risks of emergency and medical vulnerability.
- Patients who need help with activities of daily living and other supports for safety and health.

What's Next?

Public and private insurers must recognize the value of these collaborative models and their applicability to health care. Ways to do that include:

- Coverage under private and commercial health plans.
- Medicaid coverage under the state's 1115 Medicaid waiver.
- Bundled services coverage under new and evolving forms of federal, state and private reimbursement.
- Coverage under other health plan models offered in New York.

Collaborative Partners

FOR MORE INFORMATION CONTACT
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