SOUTH CAROLINA COMMUNITY PARAMEDIC QUALITY MEASURE SET

Revised Date: 12/5/2016

CURRENT REQUIREMENTS (adjusted):

For this population, the requestor should describe how data will be collected to measure against, at a minimum, the following performance markers (best practice of benchmark of pre and post enrollment period):

- Number, type, and rate of CPP patient interactions (e.g. interactions per patient per enrollment period)
- Rate of hospital admissions (admissions per patient per enrollment period)
- Rate of ED admissions (admissions per patient per enrollment period)
- Proportion of non-emergent calls to transports (calls per patient per enrollment period)
- Rate of hospital readmissions within 30 days of discharge (readmissions per patient per enrollment period)
- Rate of ED readmissions within 30 days of discharge (readmissions per patient per enrollment period)
- Primary care practice utilization rate (visits per patient per enrollment period)

SOUTH CAROLINA COMMUNITY PARAMEDIC (CP) QUALITY MEASURE SET

1) Global

- *Number of referral to the CP program*
- *Number of enrolled CP patients*
- *Average enrollment period*

2) Care Coordination (requires more than one quarter of data, so they are captured on an annual basis)

- Number of visits to a medical home (visit per patient per enrollment period)

3) Quality of Care (requires more than one quarter of data, so they are captured on an annual basis)

- **Percentage of patients 18 years and older seen for a visit who were screened for tobacco use and who received cessation counseling if identified as user in measurement year** (screening per patient per enrollment period)

4) Utilization (Captured on a quarterly basis)

- **Rate of 30 day readmissions**
- Rate of ER visits
- *Proportion of non-emergent calls to transports (calls per patient per enrollment period)*
- *Number, type, and rate of CPP patient interactions (e.g. interactions per patient per enrollment period)*

Key: *Represents EMS measures,* **Represents CMS measures,** Adapted CMS measures

    - *a. Proportion of non-emergent calls to Community Paramedic (calls per patient per enrollment)*

5) Expenditures (Captured on a quarterly and annual basis)

- **Inpatient hospital facility payments** (PM per enrollment period)
- *EMS agency payments (PM per enrollment period)*

6) Patient Engagement

- *Patient Experience Survey as measured by self-report (Per Member Per Quarter)*
- *Rate of CP appointment no-shows and cancelations (PMPM)*
- *Rate of home visits (per member per month, quarter, annual)*

7) Quality Measures

- *Follow-up contact with 48 hours of ordering physician referral (PMPM)*
- *Medicine reconciliation in the home within 48 hours of ordering physician referral (PMPM)*
- *Home visit duration (PMPM)*

8) Community Care Team

- *Community Resource Referral (PMPM)*
    - *Has a medical home*
    - *Referral to coverage option*
- *Alternative Case Management Referral (PMPM)*
- *Behavioral Health Referral (PMPM)*

9) EMS Agency Balancing Measures

- *Community Paramedic Satisfaction Survey as measured by self-report (Per provider per 6 months)*
- *Community Paramedic Retention Rates*
- *Call times when Community Paramedic is on duty (per provider per 6 months)*

10) Physician Balancing Measures

- *Physician Satisfaction Survey as measured by self-report (per provider per year)*

Measures in Development:

1) Care Coordination (requires more than one quarter of data, so they are captured on an annual basis)

- **Percentage of acute inpatient hospital admissions with a follow-up visit (any provider) within 14 days** (interactions per patient per enrollment period)

2) Quality of Care (requires more than one quarter of data, so they are captured on an annual basis)

- NQF Specific Chronic Disease Measures

3) Utilization (captured on a quarterly basis)

Key: *Represents EMS measures,* **Represents CMS measures,** Adapted CMS measures

- **Rate of ER visits that resulted in an inpatient hospital admission**
- **Rate of ER visits that did not result in an inpatient hospital admission**
- **Ambulatory care sensitive condition admissions**
- **Rate of all-cause acute inpatient hospitalizations**

4) Expenditures (Captured on a quarterly and annual basis)

- **Inpatient hospital facility payments (PMPM)**
- **Non-Inpatient facility payments (PMPM)**
- Primary care payments (PMPM)

5) Patient Engagement

- *STATEWIDE Utilized Survey- Patient Experience Survey as measured by self-report (Per Member Per Quarter)*

6) Quality Measures

- **Follow-up contact with 48 hours of a hospital admission, hospital discharge or ER visit (PMPM)**
- **Medicine reconciliation in the home within 48 hours of a hospital discharge or emergency department visit (PMPM)**

8) EMS Agency Balancing Measures

- *STATEWIDE Utilized Survey - Community Paramedic Satisfaction Survey (Per Provider per 6 months)*
- *Severity of EMS calls, by responder (per responder per 6 months)*

9) Physician Balancing Measures

- *Physician Satisfaction Survey as measured by self-report (per provider per year)*

DHEC in Development:

- Prescription payments (PMPM)
- Extent to which special populations participated in the program

DATA COLLECTION (when appropriate):

1) CP Visit Information

- Date of visit
- Date of birth
- Gender
- Primary Diagnosis
- Secondary Diagnosis
- Body Weight (lb)
- Blood Glucose
- Diastolic BP/Systolic BP
- Pulse

Key: *Represents EMS measures,* **Represents CMS measures,** Adapted CMS measures

- Pulse Oximetry
- Respiratory Rate
- Education give
- Falls Assessment
- Home Health Assessment
- Medications
- Primary Care Provider / Medical home
- Seen Primary Care Provider Since Last Visit
- Other providers (specialist) and visits
- Referrals to Physician
- Referred to an alternative Program
- Primary, secondary insurance coverage

2) Acute Care Visit Information

- ED Visit Date
- ED Visit Reason / diagnoses
- IP Visit Date
- IP Visit Discharge
- IP Reason/ diagnoses
- ED Cost / payment
- IP Cost / payment

3) EMS Visit Information

- EMS Use Data
- EMS On Scene
- EMS Reason
- EMS Dispatch Time
- EMS Return to Service

4) PCP / specialist / ambulatory visit info

- Visit date(s)
- Reason / Diagnoses
- Charge / payment

JUSTIFICATIONS for the Community Paramedic Model

Value to EMS

Value to Hospital

Value to Primary Care

Value to Payors

Value to Patient

Achieving the IHI Triple Aim

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