

Lebanon Mobile Integrated Health (MIH) Community Paramedicine Evaluation Report

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Introduction:

The Lebanon Mobile Integrated Health (MIH) Program is a collaboration between the Lebanon Fire Department and Dartmouth Hitchcock Medical Center (DHMC). The MIH program operates under the medical oversight of DHMC Emergency and Primary Care physicians in collaboration with Dartmouth Health providers. The program consists of both a community paramedic and two community nurses who are employed by the Lebanon Fire Department to work under this program. For the purpose of the evaluation, this report will focus solely on the community paramedic aspect of the MIH program.

The HRSA Community Paramedicine Evaluation tool serves as a comprehensive framework designed to assess the effectiveness and impact of Community Paramedicine programs, considering their unique health status benchmarks and performance indicators. This tool enables the collection of valuable data that not only guides the evaluation of existing programs but also informs future improvements and performance enhancements. With an evaluation period spanning from January 2021 to February 2023, a recent focus group was conducted on March 28, 2023, involving participants who utilized a digital polling tool to individually rate each question on a scale of 0 to 5. Subsequently, a thorough discussion ensued to reach a consensus and establish a final score. This systematic approach to evaluation ensures a robust and objective assessment of Community Paramedicine programs.

In the focus groups conducted as part of the evaluation process, three types of evaluation were assessed: Assessment, Policy Development, and Assurance. The first type, Assessment (100), involves the regular and systematic collection, assembly, analysis, and dissemination of information on the health of the community. This evaluation component focuses on gathering relevant data and metrics to understand the current health status of the community served by the Community Paramedicine programs. By assessing various health indicators, outcomes, and trends, this evaluation type provides valuable insights into the effectiveness and impact of the programs in improving community health. The second type, Policy Development (200), encompasses the promotion of evidence-based decision making within the Community Paramedicine programs. It involves building constituencies, identifying needs, setting priorities, and utilizing legislative authority and funding to develop plans and policies that address the identified needs. The third type, Assurance (300), focuses on providing constituents with the confidence that necessary services are being provided to achieve the agreed-upon goals. Assurance evaluation ensures that the Community Paramedicine programs are effectively delivering the intended services, meeting quality standards, and aligning with the established



goals and objectives. By assessing these three types of evaluation in the focus groups, the HRSA Community Paramedicine Evaluation tool gains a comprehensive understanding of the program's performance, its impact on community health, the incorporation of evidence-based policies, and the assurance of quality healthcare.

Evaluation:

The following action items from the Assessment (100) series were identified during the focus group:

101.1

Lebanon MIH Paramedicine Program scored a “3” for this question. The program is currently using one or more population-based and clinical data sources, not multiple. Furthermore, the program is lacking in gathering and using clinical data sources. As the program evolves, the program will start documenting their data sources to describe illness and injury. It is essential to identify and document the data sources that will provide information on the prevalence and nature of illness and injury in the community. This documentation will help create a comprehensive understanding of the health conditions that the MIH Paramedicine program aims to address.

101.2

Lebanon MIH Paramedicine Program scored a “4” for this question. The population health team serves as public health officials for the project; therefore, the group assists with the design and analysis of illness/injury risk assessments. To become the highest score, the program will create documentation of illness/injury assessments.

102.2

Lebanon MIH Paramedicine Program scored a “2” for this question. The program has not yet completed a gap analysis based on the internal and external resources. Therefore, to become the highest score, the program needs to establish resource standards, develop a standard gap analysis tool, and create a schedule for gap analysis. Additionally, developing a standardized gap analysis tool will enable the identification of resource gaps and facilitate the implementation of corrective measures.

102.3

Lebanon MIH Paramedicine Program scored a “4” for this question. When it comes to initial assessment and periodic reassessments, the program has ongoing data collection (process measures) and formal reports are published annually and distributed to all stakeholders. The yearly report goes out to all stakeholders including external, senior leadership, the city of Lebanon, it’s published, and it’s on our website/available to the public. However, the program needs to do a better job at showing program effectiveness. To become the highest score, the program must identify what effectiveness means for the program and develop appropriate reporting methods reflecting effectiveness in achieving its goals and objectives.

103.1

Lebanon MIH Paramedicine Program scored a “3” for this question. Additional sources of data are available, but not yet analyzed. Once this data has been analyzed, hospital readmissions and quality of life measures need to be included in a report to Dartmouth Health leadership by July 15, 2023. This reporting will demonstrate the program's impact on reducing readmissions and improving the quality of life for individuals served.

103.2

Lebanon MIH Paramedicine Program scored a “4” for this question. A semi-annual report (fact sheet) has been reported to the press, multiple press stories have been completed, and during every stakeholder meeting a case study is shared. These case studies include improvements in wellness and return to a quality of life. However, the programs information fact sheets do not document the cost-benefits of the MIH Paramedicine Program. To become a higher score, the program must include cost benefits in annual reports. This information will provide a holistic view of the program's value and potential return on the investment into the community.

103.5

Lebanon MIH Paramedicine Program scored a “4” for this question. When the program began, the program was presented to each DHMC department and asked what benchmarks they need documented and what key points need to be identified within the patients record. A formalized tool filled with information resources to elicit information from the broader medical community has not yet been created. Therefore, to ensure the program remains responsive to the needs of the broader medical community, an annual plan should be developed to gather input and feedback. This input will help shape the program's information dissemination strategies and ensure that the medical community receives the desired information from the MIH Paramedicine program. It's also important for them to be included in MIH Paramedicine informational events.

The following action items from the Policy Development (200) series were identified during the focus group:

201.1

Lebanon MIH Paramedicine Program scored a “5” for this question. Within the state of NH, the MIH program follows the well-defined and clear path of prerequisite protocols (EMS regulations, licensure, certification, and scope of practice).

202.1

Lebanon MIH Paramedicine Program scored a “5” for this question. The multidisciplinary advisory committee has well-defined goals and responsibilities relative to the development and oversight of the MIH Paramedicine Program that meets regularly, attends meetings, and brings collaboration and consensus concerning the roles and direction of the program.

202.4

Lebanon MIH Paramedicine Program scored a “3” for this question. Currently the program does not have specific protocols for the MIH Paramedicine activities drafted and written. To become the highest score, It is essential to establish and document the standard operating procedures and protocols that guide the operations of the MIH Paramedicine program.

203.1

Lebanon MIH Paramedicine Program scored a “2” for this question. There is no MIH Paramedicine Program plan of action items, but there is an advisory committee that meets regularly. As we establish our program goals annually, we will write a plan to support these goals. Specifically, a plan to support goals for the second half of 2023 will be created. This plan will serve as a roadmap for program implementation and ensure alignment with the identified objectives. Furthermore, this targeted plan will provide guidance and direction for the program's activities during this period, helping to ensure progress towards the desired outcomes.

204.2

Lebanon MIH Paramedicine Program scored a “3” for this question. There is funding for the development of the MIH Paramedicine Program, but there is no ongoing commitment of funding secured. The program has funding through December 2023. To secure continued support and funding for the Lebanon MIH Paramedicine Program, it is necessary to initiate the reapplication process with Dartmouth Health leadership in July 2023. This timely reapplication will allow for the program's sustainability and continued operation for an additional three years and continue to evaluate potential billable opportunities for services provided by the paramedics. This evaluation will help identify revenue-generating avenues and maximize the program's financial sustainability.


205.3

Lebanon MIH Paramedicine Program scored a “4” for this question. The program meets regularly by looking at program compliance, operational issues, and improving our numbers, but not the bigger and more difficult to measure issues like patient outcomes. To ensure that patient outcomes remain at the forefront of decision-making and program planning, it is important to include discussions on patient outcomes during advisory council meetings starting from May 2023 onwards. This inclusion will enable the advisory council to provide valuable input and recommendations based on the program's impact on patient health and well-being.

The following action items from the Program Assurance (300) series were identified during the focus group:

301.1

Lebanon MIH Paramedicine Program scored a “4” for this question. Lebanon’s community paramedic will continue to collaborate and provide information with related public health and healthcare providers as they improve their capacity to exchange data. To become a higher score, it is important to assess and determine how the MIH Paramedicine program can effectively



utilize community health needs assessment data to monitor and address the health needs of the community. This evaluation will help ensure that the program remains responsive and aligned with the identified community health priorities.

302.1

Lebanon MIH Paramedicine Program scored a “2” for this question. Currently, the program knows about the administrative and program cost data but does not include the cost data in the annual report. Going forward, the program will report the annual costs in the annual report. This reporting will help stakeholders and decision-makers understand the financial resources allocated to the program and assess its cost-effectiveness.

303.1

Lebanon MIH Paramedicine Program scored a “3” for this question. The program has authority for a MIH Paramedicine Program medical director and expectations have been developed. The current medical director (Dr. Trimarco) has a job description for Dartmouth Health and as an EMS medical director, but not for the MIH program. To become the highest score, the program will develop comprehensive job descriptions for the MIH paramedicine medical director(s). These descriptions will outline the qualifications, duties, and expectations for the medical director(s) in providing medical oversight and leadership to the program.

Conclusion:

Overall, by addressing the assessment component, policy development efforts, and program assurance during the evaluation, the Lebanon MIH Paramedicine Program will be strengthened. Addressing assessment allows for a comprehensive evaluation of the program's impact, resource allocation, and effectiveness. While policy development provides clarity and direction when documenting the procedures and protocols, along with the annual plans supporting programs goals. The reapplication process will secure continued support, while the evaluation of billable opportunities will enhance financial sustainability. Finally, the inclusion of patient outcomes in advisory council meetings will ensure a patient-centered approach to decision-making and program development. Lastly, by addressing the Lebanon MIH Paramedicine Program's assurance, the evaluation of community health needs assessment data will ensure a targeted approach to addressing community health needs. Reporting the annual costs will enhance transparency and accountability; and developing job descriptions for the medical director(s) will provide clear guidance and expectations for their role in the program. All these action items are great future improvements and performance enhancements for the Lebanon MIH Paramedicine program.