



TERRY MOULTON



WISCONSIN STATE SENATOR

23RD SENATE DISTRICT

From: Senator Terry Moulton
To: Senate Committee on Health
Re: Testimony on Senate Bill 149, Community paramedics, community emergency medical technicians, community emergency medical services providers, and services provided by emergency medical technicians.
Date: October 16, 2017

Thank you Chairwoman Vukmir and members for allowing me to testify on Senate Bill 149 this morning.

With rising healthcare costs, provider shortages and a fast-changing marketplace, more and more communities in Wisconsin are experimenting with mobile healthcare, where providers see patients in their neighborhoods or homes to meet local needs and achieve provider-directed goals outside of a traditional clinic or hospital setting.

Communities across the country have found Emergency Medical Services personnel, or Community EMS, to be an effective delivery model for mobile healthcare. Through initiatives like safe sleep checks for infants, medication checks for the elderly, or programs to help patients manage chronic disease, Community EMS allows local providers more flexibility and room for innovation as they work to lower healthcare costs and meet any number of local healthcare goals like reducing readmission rates, increasing access to care, or targeting at-risk populations.

Senate Bill 149 authorizes creation of a Community Emergency Medical Services program in Wisconsin, allowing EMTs and paramedics to operate under the medical direction of a physician in non-emergency settings to help patients manage chronic disease and perform post-discharge follow-up care. To maximize flexibility and enable providers to give the most needed care, SB 149 is not a prescriptive or one size fits all credentialing process. Instead, SB 149 would allow local communities and health care providers to submit a customized program proposal and training plan for approval by DHS. Program plans could be as narrow as safe sleeping checks for newborns or involve more comprehensive training for health risk assessments, chronic disease management or medication compliance. Each plan and the necessary training would be reviewed by DHS in consultation with the EMS board.

Only licensed EMT's or paramedics who are employed by EMS service provider, have at least two years of service and have completed a department approved training program would be eligible to receive a Community EMT or Community Paramedic credential and carry out an approved DHS Community EMS program plan.

We worked closely with the Wisconsin Department of Health on SB 149 and are proud to have the support of the Wisconsin Emergency Medical Services Association, the Professional Ambulance Association of Wisconsin, the Wisconsin Office of Rural Health, the City of Milwaukee, the Milwaukee Fire Department, the Professional Fire Fighters of Wisconsin, the Milwaukee County Association of Fire Chiefs, the Wisconsin State Fire Chiefs' Association, and the Interim Dean of UW-Milwaukee College of Nursing - the home of Wisconsin's first major Community EMS pilot program.

Please vote to recommend passage of Senate Bill 149 and give providers an effective way to enhance care, reduce costs and take preventative medicine to where it's needed most.

Serving the 23rd Senate District



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

**Testimony before Senate Committee on Health and Human Services
Senate Bill 149 and Assembly Bill 151
Rep. Amy Loudenbeck
October 17, 2017**

Thank you, Madam Chair and committee members for the opportunity to submit testimony in favor of this bi-partisan legislation, Senate Bill 149 and Assembly Bill 151. This bill will advance opportunities for non-emergency health care services to be provided in Wisconsin by creating and setting parameters for community emergency medical technicians and community paramedics.

Community Emergency Medical Services, or Community EMS is part of what many people associate with Mobile Integrated Health. In its simplest definition, Mobile Integrated Health is the provision of healthcare using patient centered, mobile resources in the out-of-hospital environment. It may include services such as: working with the local hospital to provide community paramedicine care, chronic disease management, preventive care or post-discharge follow up visits.

Allowing for the development of Community EMS programs in Wisconsin will allow hospitals, private ambulance companies, and municipal EMS providers to develop new strategies for delivering quality care, in the right place, and at the right time.

As more and more communities consider establishing Community EMS, one of the challenges they encounter is a lack of state standards to follow, and no specific qualifications or guidance regarding services that can be provided. This bill creates training standards, sets parameters for working with a hospital, and gives the Department of Health Services (DHS) the ability to approve individuals for a credential and various training programs.

In crafting the bill with several stakeholder groups, we tried to find balance while providing flexibility for these programs to truly reflect the needs that each individual community faces. That is why you'll see limited detail in the bill regarding the training programs and the services that will be allowed to be provided. We believe for these programs to be successful, they need to be built around the community's needs. Several of those stakeholders here today to talk to you about what they are doing in their communities, and illustrate why this is a key component to this legislation.



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

I would like to note that this bill will have a technical amendment to reflect the new terminology. You may recall that in April, I testified before this committee on SB 24/AB 59- the technical update to the EMT language in our state statutes. That bill has passed and been signed into law. The amendment on this bill will be updating the terminology to reflect those changes.

In closing, allowing for the development of a Community EMS program will allow hospitals, private ambulance companies, and municipal EMS providers to develop new strategies for delivering quality care, in the right place, and at the right time.

Thank you for the opportunity to submit testimony on this bill today. Please feel free to contact my office with any questions or concerns.

GUNDERSEN HEALTH SYSTEM®

October 17, 2017

The Honorable Leah Vukmir, Chair
Committee on Health and Human Services
Wisconsin State Senate
Room 415 South, State Capitol
Madison, WI 53708

The Honorable Terry Moulton, Vice-Chair
Committee on Health and Human Services
Wisconsin State Senate
Room 310 South, State Capitol
Madison, WI 53708

Re: Support of Senate Bill 149/Assembly Bill 151—relating to community medical service providers

Dear Chairwoman Vukmir, Vice-Chair Moulton, and members of the Senate Committee on Health and Human Services:

On behalf of Gundersen Health System and Gundersen Tri-State Ambulance, we are registering in support of Senate Bill 149/Assembly Bill 151 as amended. This bi-partisan legislation relates to community paramedics, community medical technicians and the services they may provide. Enacting this bill supports our mission and strategic plan to enrich every life through improved community health, outstanding experience of care, and decreased cost burden.

For background, Gundersen Health System is an integrated health system located in nineteen counties throughout western Wisconsin, southeastern Minnesota and northeastern Iowa. Our system includes a primary hospital in La Crosse, five critical access hospitals, air and ground ambulance services and over 50 clinics throughout the region. With over 7,000 employees, we are the largest employer in the region. Gundersen Tri-State Ambulance is a wholly owned, not-for-profit organization providing emergency and non-emergency ground ambulance services spanning western Wisconsin, southeastern Minnesota and northeastern Iowa since 1970.

This legislation accomplishes the objective of formalizing the roles of the community paramedic program. This bill is imperative due to the tremendous opportunities available to better serve our patients. The goal is to have community paramedics work to reduce the readmission rate of high-risk heart failure patients within the 30 day post-discharge window from our hospital. Discharge plans for heart failure patients are often challenging for patients and their caregivers, as plans frequently require complex medication regimes, as well as lifestyle and behavioral

as lifestyle and behavioral modifications. Without support to the adjustment to this new health lifestyle, patients have a higher chance of hospital readmission.

In 2012, the Centers for Medicare and Medicaid Services (CMS) implemented the Medicare Readmissions Reduction Program. For each hospital, the program calculates an “excess readmission ratio” as a predicted readmission rate and expected readmission rate for various diagnoses. Ratios exceeding expected readmissions across similar hospitals are applied a payment reduction. Though Gundersen Health System has performed well and has avoided any readmission penalties since the beginning of the program, hospitals can be assessed up to 3% reduction in Medicare reimbursement each year. Medical costs associated with treatment for readmitted patients are likely much higher than the assessment of the payment penalty.

To be proactive, Gundersen Health System diligently researched the community paramedic program. Serving patients throughout our tri-state region, we envisioned the positive potential a comprehensive community paramedic program could provide to our patients and communities. Therefore, our initiative integrates the community paramedic program into the transitional care program as a transition support system. The primary objective of our project is to reduce readmission rates for heart failure patients to less than 10% and enroll at least eight patients per month.

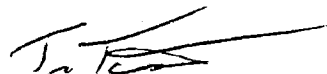
Our program requires professionals to be trained in patient assessment, diagnostic testing (electrocardiogram, sodium, potassium), and patient education. Patients receive a physical assessment, review of medications and appointments, and continued strategies to reinforce compliance with the discharge plan of care and/or disease management. All services are done under the direction and guidance of the medical director.

Enacting Senate Bill 149/Assembly Bill 151 as amended would help our transition care initiative expand formally into a comprehensive community paramedic program. The amendment to AB 151, passed unanimously in the Assembly Health Committee, aligns language in the bill with AB 59, relating to terminology changes to emergency medical services. Assembly bill 59 became 2017 Wisconsin Act 12, signed by Governor Walker this past June. Together, this legislation establishes legal parameters, training protocols, and necessary criteria and approval procedures for community paramedic programs. We believe community paramedicine best serves patients and community health. The extension of care beyond the walls of the hospital in line with a specific goal of reducing hospital readmissions is in the best interest of the patients and the care we provide in our communities.

On behalf of Gundersen Health System and Tri-State Ambulance, we are pleased to support this legislation that will advance improved patient care and community health. We thank the Senate Health and Human Services Committee for holding this hearing today and urge the passage of this bi-partisan legislation.

Please feel free to contact us with any questions.

Sincerely,



Tom Tornstrom
Executive Director
Gundersen Tri-State Ambulance



Andrea Hauser, DNP, RN, CNL
Director of Nursing
Gundersen Health System



Fire Department

Mark Rohlfing
Chief

Gerard Washington
Assistant Chief

Brian Smith
Assistant Chief

John Schwengel
Assistant Chief

October 16, 2017

Committee on Health and Human Services

RE: Senate Bill 149

Thank you for the opportunity to speak to you today. I am John Schwengel, Assistant Chief of the Milwaukee Fire Department – Bureau of Emergency Medical Services, Training, and Education. I am also a member of the Wisconsin State Fire Chiefs Association.

Community Emergency Medical Services offers an opportunity to initiate proactive programs that allow emergency medical technicians and paramedics to more effectively provide care to our most in-need/at-risk citizens of the community, proactively. By partnering with other healthcare organizations, supportive and combined services can reduce 9-1-1 repeat callers, reduce hospital re-admissions, provide ongoing medical evaluations for chronic conditions, offer programs aimed at fall prevention, and provide home safety assessments to ensure residence arrangements are appropriate.

Traditionally, on the emergency medical services side, the Milwaukee Fire Department, as most fire departments, provided reactive responses to medical calls by treating and transporting patients to an emergency care facility. In recent years we recognized there is a growing need to take a more proactive approach to engaging citizens in the management of their health. **We have successfully done just that!**

The Milwaukee Fire Department Community Paramedic Program was conceptualized in 2014 to proactively engage citizens by providing a model of patient care that focuses on achieving the International Health Institutes goals of: *Better Health, Better Care and Lower Cost*. Our program helps create a healthier Milwaukee by



providing a pathway to healthcare for our most at-risk population through proactive mobile integrated health visits. The fire service traditionally has put significant emphasis on fire prevention and outreach with positive results; we are confident the same success can be achieved for medical services within our community emergency medical services programs.

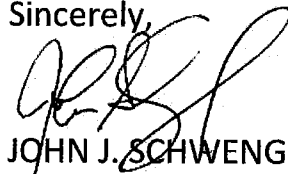
This proposed legislation as endorsed by the State Assembly will allow fire departments to get approval from the Wisconsin Department of Health Services – EMS Office to engage in developing Mobile Integrated Healthcare – Community Paramedic Programs that can partner, under contract, with hospitals, clinics, or physicians. It will also allow for the establishment of training programs, protocols and standards, while recognizing community paramedic designation under the guidance and approval of the Wisconsin Department of Health Services – EMS Office.

The legislation before you offers other options for emergency medical services responders to truly help and better serve their citizens. Pilot programs, as well as programs in other states, have demonstrated great results with patients' reliance on emergency rooms reduced, hospital re-admissions reduced, appropriate end-of-life care, and simple testing and procedures done in home vs. at office visits.

The Milwaukee Fire Department and surrounding departments within Milwaukee County believe this legislation will help the entire state establish uniformed approval processes for community paramedics in regards to training, protocols, and standards of care. It also establishes an approved conduit to launch contractual partnerships with hospitals, clinics, or physicians.

Your support of this legislation will create opportunities for fire departments across the state to assist at-risk populations to help them attain *Better Health, Better Care and Lower Cost*, all while creating sustainability for community paramedic programs. I respectfully ask for your support of this community emergency medical services legislation.

Sincerely,



JOHN J. SCHWENGEL
Assistant Chief



Greenfield Fire Department
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October 17, 2017

Since the 1970's, EMT and Paramedics have delivered out of hospital care. This care has generally remained unchanged and sent patients down a two lane road following evaluation and treatment. These lanes lead to two options; sign a release and stay home or be transported to the Emergency Department. This model needs to be revamped as patients are not receiving the care they need as they are delivered to Emergency Rooms that have become overcrowded, are not necessary for their ailments and is the most expensive destination.

Fast forward to the present and EMS has seen a spike in usage while staffing ambulances becomes more difficult. Inappropriate use of the 9-1-1 system, misconceptions and lack of access to other medical providers is beginning to crush service demands and divert resources from true emergencies. Additionally, we are an ageing society. The youngest Baby Boom just turned 53 years old and with a life expectancy of 85, we are just at the beginning of potential service increases. While there is disagreement on how to fix Health Care. However, there is general agreement that the system is broken. Health care is expensive and difficult to navigate. Community EMS has the ability to achieve the health care "triple aim":

- Improve patient care experience, quality and satisfaction
- Improve the health of populations
- reduce the per capita spending on health care.

However, Community EMS is difficult and not a one size fits all solution. Nonetheless, we must tackle these issues and it is not too hard to look to another example to see a template for potentially solving this medical problem. That is the how we tackled the US fire problem. Ironically, during the 1970's as EMS was emerging, a focus was placed on fire prevention. Previously, the majority of resources were allocated to suppression but this strategy resulted in many fire deaths. Community EMS will allow us to move from a completely reactive medical response model to a more proactive, prevention and intervention model.

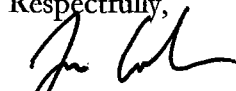
A few recent local examples:

- Very early upon our transition to a more proactive approach we recognized a US Veteran that had called 9-1-1 forty times in one month. EMS members were scheduled to meet with him and assisted him in connecting with VA resources and a food bank. They worked with his apartment complex to get him a first floor apartment as walking the steps exacerbated his breathing problems and resulted in calls to 9-1-1.

- Recently, A 51 year old was repeatedly calling and using his medical pendant button. We recognized and dispatch our Community Paramedic team versus continuing to respond to the scene and transport him to the hospital. Our Community Paramedic team began working on connecting him to more appropriate resources as we were being called to assist him in the bathroom.
- In Milwaukee County, the fire departments of Greenfield, North Shore, Milwaukee and West Allis have initiated Community EMS programs to address their specific health care gaps. The local issues Greenfield has begun addressing are falls and hospice care. As we looked at hospice, our providers were unfamiliar and reverted to simply transporting patients that had an end of life plan. We educated our providers and the results have been better patient and even provider satisfaction as we understand hospice and attempt to abide by those care decisions. Recently, a crew was notified a patient was on home hospice. They knew to contact the Hospice Nurse and communicated with the nurse who responded while our crew was still on scene. Under the traditional model, the hospice patient would have been transported against their wishes, against their care plan to the most expensive point of care because that is all we knew and the best of two options (transport or not).

We are at the earliest phases of Community EMS but this Bill is necessary to begin exploring and providing better patient care, improving the health of our communities and controlling health care costs.

Respectfully,



Jonathan Cohn
Fire Chief, Greenfield
President, Wisconsin State Fire Chiefs Association