

Clause 12 in Report No. 12 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on September 20, 2018.

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Discontinuation of the Expanding Paramedicine in the Community Program

Committee of the Whole recommends adoption of the following recommendation contained in the report dated August 9, 2018 from the Commissioner of Community and Health Services:

1. Council receive this report for information
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Report dated August 9, 2018 from the Commissioner of Community and Health Services now follows:

1. Recommendation

It is recommended that Council receive this report for information.

2. Purpose

This report provides information about discontinuation of the Expanding Paramedicine in the Community (EPIC) program due to a withdrawal of funding from the Central Local Health Integration Network on March 31, 2018.

3. Background and Previous Council Direction

The Expanding Paramedicine in the Community program began as a pilot research project with tax levy funding

On [February 1, 2013](#), Council approved participation of York Region Paramedic Services in a clinical study (EPIC) with St. Michael's Hospital. The purpose of the study was to evaluate the outcome of integrating community paramedics directly to patients with chronic diseases within the Family Health Team to determine if the model of care would reduce 9-1-1 calls for paramedics and health care

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system usage. Family Health Teams are primary health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide primary health care for their community.

The study began July 2, 2013 and was to run for one year. It was extended due to delays in accessing the provincial health dataset from the Institute for Clinical Evaluative Sciences, and subsequently the study ended November 31, 2015.

268 patients were enrolled:

- 136 patients were randomly placed into the intervention group and received care from their regular family physician and the community paramedics
- 132 patients were placed in a control group

Upon completion of the study period November 31, 2015, York Region community paramedics continued to provide care for pilot patients until they were considered safe to graduate from the program

Continuation of the program was funded by York Region and the Ministry of Health and Long-Term Care until April 1, 2017, when Community Paramedicine funding was *transitioned* to the Local Health Integration Networks. The Central Local Health Integration Network (Central LHIN) provided funding for the program for one year, and ended its funding on March 31, 2018.

Community Paramedicine Projects are not eligible for Provincial grants

Community Paramedicine does not fall within the scope of Ministry funding under the *Ambulance Act* (i.e. 50/50 cost shared formula). As a result, Community Paramedicine programs must be funded entirely through the Region's tax levy, unless the Ministry of Health and Long-Term Care or the Central LHIN contribute funds at their discretion.

\$1.2 million was allocated to implement the EPIC program over the period of March 2013 to May 2014. Implementation costs included staff training, wages, backfill, equipment and research fees. Implementation costs were funded with Council approval by re-allocating approved operating budget funding from the annual Advanced Care Paramedic training program to the expanded scope of practice initiative (a savings of approximately \$1.9 million in property tax funding, of which the remaining \$700,000 was put to other operating budget needs).

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During the three fiscal years 2014 to 2016, the Ministry committed \$639,700. Over this same period, the Region contributed \$868,924 (Table 1).

Beginning April 1, 2017, oversight of Community Paramedicine programs transferred from the Ministry of Health and Long-Term Care to the Local Health Integration Networks. The Central LHIN allocated \$220,000 in one-time funding to the Region to continue the EPIC program until March 31, 2018.

Preliminary data indicates EPIC has had a positive impact on the health care system and patient outcomes

After many delays, some information on outcomes of the EPIC program was provided by St. Michael's Hospital in May 2018, along with a preliminary economic analysis that compared the costs of treatments and use of clinics for the control group and the pilot group. Some key results:

- EPIC addressed patient vulnerability by providing a “safety-net” created between the community paramedics and patients
- Median costs for inpatient hospitalization, outpatient hospital clinic visits, same day surgeries and home care were lower for those receiving services through EPIC compared to the control group
- Rehabilitation costs for those receiving services through EPIC were higher than the control group, as were costs for drug benefits and physician billings
- The Risk Ratio (the ratio of the probability of an event occurring) for Emergency Department visits, hospitalizations, and death was lower for the intervention group compared to the control group

The Region is waiting for St. Michael's Hospital to provide the formal quantitative results of the study – however, it has been communicated that the sample size of the study was not large enough to scientifically determine the significance of program outcomes.

Evidence of the effectiveness of Community Paramedicine is growing locally, nationally and internationally

The evidence supporting community paramedicine programs continues to grow locally, nationally and internationally. Currently, evidence suggests that community paramedicine programs mitigate 9-1-1 demand and provide safe, positive health outcomes for patients. There is also growing evidence that community paramedicine programs are cost-effective and can divert patients from the Emergency Department.

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There are a wide range of services and programs provided through Community Paramedicine of which EPIC is one example. Other Community Paramedicine Programs provided by York Region include:

- Long-Term Care community paramedicine program is designed to integrate community paramedics within the broader health care team supporting residents to decrease avoidable transports to hospital. This program will launch in late 2018
- Community paramedics are providing clinics at emergency housing locations to address health conditions of people who are homeless, and to refer patients to appropriate resources in the community for treatment and support
- CP@Clinic program, in collaboration with McMaster University, provides clinics in Seniors Housing buildings in the Region to assess cardiovascular, diabetes and fall risk for residents living in those buildings. Information is shared with the patient's primary care physician and other community health care resources to reduce 9-1-1 responses and ensure the patient's health needs are met. This program has demonstrated a 15% reduction in 9-1-1 responses to buildings with CP@Clinics
- A repeat caller program is currently under development. Once launched, the program will identify frequent callers of 9-1-1 and link those patients with health and community resources to meet their support needs more appropriately, and decrease their reliance on 9-1-1 services for health care. Currently, there are approximately 780 patients identified as frequent callers to York Region Paramedic Services, with "frequent" defined as having over five calls per calendar year

4. Analysis and Implications

Discontinuation of the EPIC Program is recommended as funding can be better allocated to address 9-1-1 calls

As of March 31, 2018 there were 99 patients in the program. The program is not promoting new patient enrollment and in June, 2018, family health teams were formally notified that no new patients would be enrolled. As of July 12, 2018, there were 95 patients.

Discontinuing the program may:

- Result in increased reliance on 9-1-1 services and further health care system use

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- Result in patients having difficulty in accessing care as many patients are frail, elderly and have mobility issues
- Result in patients feeling a loss of the safety and security of being able to receive timely care from a community paramedic in the comfort of their home

However, staff are not recommending continuation of EPIC using tax levy funding to make up the lost provincial funding because:

- The vast majority of savings appear to benefit primary care physicians and other health services, and do not offset Regional costs
- The EPIC model requires revision to improve efficiencies and effectiveness, including a more targeted approach to enrolling complex and medically frail patients, a defined care pathway that would enroll and graduate clients and a larger pool of clients to achieve economies of scale
- The number of people impacted is small, and would not have a significant impact on Paramedic Services 9-1-1 calls
- Given the changing environment since 2013 when EPIC was developed, the roughly \$300,000 annual Regional spend on EPIC would be more effectively used to reduce 9-1-1 call volumes by redeploying resources to addressing repeat 9-1-1 callers, high risk patients in the community, and to the Long-Term Care Community Paramedicine pilot project

Current patients will be supported through the process of winding-down EPIC

As of July 12, 2018, there were 95 patients enrolled in Expanding Paramedicine in the Community Program. Family Health Care Teams have been advised not to refer new patients.

A wind-down plan has been developed for the 95 patients currently enrolled in EPIC, to end the program by March 31, 2019. The plan includes working individually with each patient and their family health team to stabilize and transfer the patient to a new care plan. Until transfer, staff will continue to provide services to existing clients and help them find other supports and resources.

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Going forward, Paramedic Services will participate in the Central LHIN's new Assessment and Referral Program

The Central LHIN has developed a Community Paramedicine Strategy that takes a phased approach to implementation of community paramedicine. The Assessment and Referral Program is the first of two phases of this strategy and focusses on:

- Providing equitable access to services
- Providing access to relevant patient information through Health Partner Gateway and Connecting Ontario, to provide paramedics with information that may help to care for patients in their homes and integrate paramedic services to the health information system
- Exploring opportunities for increasing the use of tele-homecare models including the use of remote patient monitoring for patients with chronic disease allowing patients to stay in their homes and be monitored by health care professionals through mobile technology
- Identifying common community paramedicine metrics
- Developing a shared approach and standardized guidelines for community paramedicine education

Funding has been allocated based on population distribution in York Region, the County of Simcoe and the City of Toronto. The Central LHIN will identify common Community Paramedic metrics to be collected and reported and create standardized guidelines for delivering Community Paramedicine.

5. Financial Considerations

York Region has provided the majority of funding for EPIC

As shown in Table 1, the Region has funded 58 per cent of program costs from 2014 to 2017 and it is estimated that the Region will fund 64 per cent of program costs in 2017 to 2018.

Table 1
EPIC Funding – 2014/2015 to 2017/18

	2014/15	2015/16	2016/17	3-year Total	2017/18
Total Actual Costs	\$379,750	\$532,200	\$596,674	\$1,508,624	\$622,000
Total Costs funded by Ministry	\$198,500	\$220,600	\$220,600	\$639,700	\$220, 600
Total York Region Funding	\$181,250	\$311,600	\$376,074	\$868,924	\$401,400-

EPIC will be fully wound-down by March 31, 2019

During the wind-down period, EPIC will be funded from the existing operating budget (100 per cent tax levy) at an estimated cost of \$208,000 in 2018, and \$156,000 in 2019.

6. Local Municipal Impact

As there are currently 95 patients enrolled in the program, the municipal impact of discontinuing EPIC will be low. By refocusing the efforts of paramedics involved in the program to other community paramedicine initiatives, there is potential to have greater impact in the community through increased interaction with frequent 9-1-1 callers, high risk residents and residents in Long-Term Care.

7. Conclusion

With discontinuation of funding for the EPIC program by the Central LHIN on March 31, 2018, it is necessary to discontinue the EPIC program. Staff are not recommending that EPIC be continued using 100 per cent Regional funding as there are better opportunities for use of Regional funds, including focusing community paramedicine efforts on a broader group of patients. Lessons learned from the EPIC program will help inform optimal use of resources to ensure frequent 9-1-1 callers, high risk patients in the community, and Long-Term care residents have improved access to the services they require. In developing these programs, Paramedic Services may more effectively deal with growing call demands resulting in future operational efficiencies.

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For more information on this report, please contact Norm Barrette, Chief and General Manager, Paramedic and Seniors Services at 1-877-464-9675 ext. 74709.

The Senior Management Group has reviewed this report.

Recommended by:

Approved for Submission:

Katherine Chislett
Commissioner of Community and Health
Services

Bruce Macgregor
Chief Administrative Officer

August 9, 2018

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Accessible formats or communication supports are available upon request