Community Paramedicine Remote Patient Monitoring

Better Health at Home
About Future Health Services

- Established in 2011 by the South Central Community Development Corporation (SCCDC)
- Provides telehome monitoring services to chronically ill patients in Southern Ontario.
- Currently located in 8 different counties.
- Provides immediate health care saving, efficiencies as well as financial savings.
Community Paramedicine Remote Patient Monitoring Program

- Initiative of Community Paramedics across Ontario to keep patients with chronic illness, such as COPD and CHF, safe at home and out of the hospital.
- Innovative program is designed to improve quality of life, as well as to improve communication among health care providers to deliver the highest quality of coordinated care.
Remote Patient Monitoring

Eligible patients will have access to easy to use devices in their home to monitor parameters such as blood pressure, weight, oxygen saturation, blood sugar remotely.

Using these devices daily will allow the community paramedics to monitor the patients biometric data. If this data exceeds the threshold set, an alert will be generated and a community paramedic will review the patients current health status and make an appropriate response.
Project Scope

• Project funded by Canada Health Infoway ($1.66M)
• Eight County EMS services participating in project (urban and rural)
• 1,500 patients are eligible to participate in the program for 6 months over a two year period
• Integrate three existing platforms to bring RPM to the front line Community Paramedics and allow them to provide information to patient's Circle of Care.
• Project will be evaluated by Queen’s University to identify reduction in EMS calls and ER visits.
• Clinical Advisory Committee will review results from a Circle of Care perspective.
Virtual ‘Circle of Care’
Program Architecture
Draft Agreement Framework to Address PHIPA

Project Sponsor
(EMS Agent & Electronic Service Provider)

South Central Community Development Corporation (SCCDC)

Subcontract Agreement

Supplier Agreement

Future Health (Contract Service Provider)

MOU Agreement

EMS Candidate Data (for enrolment) from iMedic System

Enrollment Form

8 EMS Services (Health Information Custodians)

Hastings EMS
Essex EMS
Sudbury EMS
Peterborough EMS
Grey EMS
Renfrew EMS
Wellington EMS
Dufferin EMS

EMSs have contracts with InterDev which is ESP to Services.

Pre-existing Data Sharing Agreement w EMS Services

PHI only sent when Patient has signed Consent & Form

PHI Flow

Creates Circle of Care

PHI role is setting up Circles of Care

Draft Agreement Framework to Address PHIPA

Note: Circle of Care members should only be added from Enrollment form or with express consent of patient.
Who is Presently Eligible?

A diagnosis of COPD and/or CHF and one of the following:

- 3 911 calls in the past 12 months
- 2 Emergency Room Visits in the past 12 months
- 1 hospital admission in the past 12 months
## Target Patient Population

<table>
<thead>
<tr>
<th>Institution Census Division</th>
<th>County Population</th>
<th>LHIN/CCAC</th>
<th>COPD Target</th>
<th>CHF Target</th>
<th>Diabetes Target</th>
<th>Patient Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hastings</strong></td>
<td>134,934</td>
<td>South East (10)</td>
<td>121</td>
<td>62</td>
<td>13</td>
<td>196</td>
</tr>
<tr>
<td>% by Ambulance</td>
<td>1%</td>
<td></td>
<td></td>
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<td></td>
<td>13%</td>
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<td><strong>Peterborough</strong></td>
<td>134,933</td>
<td>Central East (9)</td>
<td>121</td>
<td>62</td>
<td>12</td>
<td>195</td>
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<tr>
<td><strong>Wellington</strong></td>
<td>208,360</td>
<td>Waterloo-Wellington (3)</td>
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<td>70</td>
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<tr>
<td><strong>Cochrane/Parry Sound</strong></td>
<td>16,019</td>
<td>Hamilton-Niagara (4)</td>
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<td>91</td>
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<td><strong>Essex</strong></td>
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<td>Erie St. Clair (1)</td>
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<td>South West (2)</td>
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<td>42</td>
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<tr>
<td><strong>Renfrew</strong></td>
<td>101,326</td>
<td>Champlain (11)</td>
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<td>45</td>
<td>10</td>
<td>146</td>
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<td></td>
<td>10%</td>
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<tr>
<td><strong>Sudbury</strong></td>
<td>160,274</td>
<td>North East (13)</td>
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<td><strong>Total</strong></td>
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<td>887</td>
<td>505</td>
<td>108</td>
<td>1500</td>
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Source: CIHI FY2012/13 (Distinct/Unique Cases)
Success Stories

A community paramedic, Cathy has had two patients this week that she advised go see their family doctor based on alerts and trends. Patients were hesitant, but she encouraged them to go. In one case the physician adjusted the medication and the patients BP is improving. In the other case, he was starting to build up fluid in his lungs, his meds were adjusted and he is being sent for chest x-rays. The physician in this case said he would have ended up in the hospital had it not be caught so early!