SWOT Analysis for Community Paramedicine Initiative

Strengths

- Revenue / Expense Avoidance
  - Potential for revenue enhancement for services provided
  - Assist in meeting CMS goals for reduction of admissions/LOS
  - Assist in meeting quality measures for AMI, Sepsis, Pneumonia, SCIP
  - Cost of service vs. visit to PCP or Urgent Care Center

- Positive community interaction with EMS providers

- Career ladder for staff / staff motivator with large workforce

- Much of practice meets State criteria for scope of practice

- Large patient population with ability to improve quality of life for chronically ill patients

- No current regulations (May not be needed depending on how it is crafted)

- Ability to mold program into something that meets the State of NJ need vs. the "standard idea of "rural medicine".
  - Think of ideas outside normal community paramedicine

Weaknesses

- No current method for reimbursement in NJ

- Expense
  - Education and training
  - Equipment
  - Salaries/benefits

- Need for stakeholders awareness education and acceptance of concept

- Need to establish comprehensive data collection list for quality indicators, patient and financial outcomes, and performance reviews. How do we measure success?

- Data sharing interoperability need

- Due to national program infancy, value has yet to be nationally recognized.

- Responsibility for patient in areas where there are competing MICU Community paramedic programs

- Facilitate use of PCMH / ACO verbiage in program

Opportunities

- Market Niche
  - Intrinsic to health systems
  - Cost of service vs. home health care services

- Opportunity to shape concept to meet NJ needs or create "new concept"

- Collaborate with insurers to create fair and equitable payment framework for services rendered.

- Aid in hospital outcomes such as Press Ganey scores

- Collaborative opportunities with non-MICU affiliated hospital

- Professional recognition of Prehospital providers as integral to the healthcare continuum and creating public private partnerships

- Profess healthy lifestyles and preemptive medicine while decreasing medical illiteracy

Threats

- Pushback from Home Health Services or other agencies

- OEMS choosing to regulate process

- Scope creep

- Need to ensure we do not give the impression that we are trying to “end-run” regulations or work outside of scope of practice.
- Need to define when a “call” is an EMS call vs. Community Paramedicine call

- CVS, Walgreens, Rite-Aid “Minute Clinics”

- Private agencies with SCTU could be competitor

Notes:

Political considerations

- Need to determine how service will influence local physician practices credentialed at host hospitals. If perceived to reduce revenue, may receive pushback.

Regulatory considerations

- Crew configurations need to be assessed
- Is on-line medical control necessary
- Will potentially new crew configuration be able to provide emergent ALS care

Practice considerations

Task force will need to examine a process for data transference from facility/PCP to field providers as well as from field to facility/ PCP for future follow-up.