Ask almost any doctor, and they’ll tell you that successful diabetes treatment is often less about clinical care than it is about proper nutrition and addressing a fundamental need in a patient’s life.

This was the case in Ottertail County, where a 40-year-old female patient, "Jane", was struggling to get enough food after diabetes took the bottom half of her right leg. Recognizing the woman’s peril, an Ottertail County Human Services, Community Alternatives for Disabled Individuals (CADI) social worker referred the patient to Ringdahl EMS Community Paramedic. SIM funding has allowed Ringdahl Ambulance to initiate a community paramedic program to address unmet needs in Ottertail County.

When the paramedic arrived at the Jane’s home, he found bare cupboards and an empty refrigerator. Her mobility issues were making it hard for her to get food which made it difficult for her to manage her blood sugars. The community paramedic made a trip to a local food shelf for Jane and helped her arrange for home delivered meals through MOM’smeals.com. The paramedic also worked with Jane’s primary care provider and case manager to help her identify and arrange for additional services including home care, health monitoring, setting up appointments and transportation.

Starting in May 2015, the community paramedic visited Jane's home weekly over a nine week period. By the end of that time - thanks to the collaboration between Ottertail County and Ringdahl – Jane was walking with her prosthetic leg and attending her dialysis and other appointments. She was doing so well that she started phasing out her home health services and decided to forgo

In February 2013 the Center for Medicare and Medicaid Innovation (CMMI) awarded Minnesota a State Innovation Model (SIM) testing grant of over $45 million to use across a three-year period. The goal is to help its providers and communities work together to create healthier futures for Minnesotans. Minnesota’s SIM initiative is a joint effort between the Department of Human Services (DHS) and the Department of Health (MDH) with support from Governor Mark Dayton’s office.

Minnesota is using the grant money to test new ways of delivering and paying for health care using the Minnesota Accountable Health Model framework. Thanks to SIM funding, dedicated programs are now in place to improve health in Minnesota communities, provide better care to our state’s residents, and lower health care costs by expanding patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services.
those delivered meals, because she prefers her own home cooking.

**Community Paramedics**

A Community Paramedic is like an extension of the physician, bringing care in the community and into patient’s homes; a resource that can provide an array of services such as health assessments, chronic disease monitoring and education, medication management, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care and minor medical procedures.

The Community Paramedic who helped Jane was hired through Ringdahl Ambulance Services’ Emerging Professions Integration grant, funded by the Minnesota Accountable Health Model. Ringdahl Ambulance Services was approached by Ottertail County Public Health to be part of their [Accountable Communities for Health](#) project with a goal to hire a full-time certified Community Paramedic for the region who could help:

- Reduce hospital readmissions.
- Decrease inappropriate use of emergency room and ambulance services.
- Improve medication compliance for patients with complex and chronic health conditions.
- Provide improved access to care and services for the behavioral health populations.