Community Paramedicine (CP)

Presented By:

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Disclosure

- Maine EMS
  - Board
  - CP Committee
  - Education Committee
- United Ambulance Service
- Maine Ambulance Association
- Caltaldo Ambulance Service
- MobileCE
- Community Paramedicine Association and Registry (CPAR)
- Global Community Paramedic Higher Education Council (GCPHEC)
- WGHGroup, LLC

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Welcome!

- **Presentation Overview**
  - Community Paramedicine in Maine
  - United Home Visit Program
  - Program Goals & Future Inclusions

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COMMUNITY PARAMEDIC

Maine
Community Paramedicine

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Legislative Background

2012: Maine Legislature passed LD 1837 granting Maine Board of Emergency Medical Services authority to approve up to 12 community paramedicine pilot sites for up to 3 years

Legislation did not provide any direct funding for the individual pilot sites

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Definition of Community Paramedicine

As defined by Maine's authorizing legislation:

- "the practice by an EMS provider primarily in an out-of-hospital setting, providing episodic patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition, within the scope of the emergency medical services provider as specifically requested or directed by a physician."
- Additionally, each service in the pilot program must include a PCP and an EMS Medical Director.

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Initial CP Services

- Based on community health needs assessment
- In collaboration with stakeholder and community partners
- Variation across the pilot sites
- Commonalities across the pilot sites

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Initial CP Services

Services Provided by the Maine Community Paramedicine Pilot Projects

	C.A. Dean	Calais EMS	Castine	Crown Ambulance	Greater Kennebec	Lincoln County	Mayo	Northeast Mobile Health Services	Northstar	Searsport	St. George	United Ambulance	
Medication Reconciliation		X	X		X	X	X	X	X		X	X	9
Diabetes Care	X	X		X	X	X	X			X	X	X	9
Fall Risk Assessment/Home Safety		X	X		X	X		X		X	X	X	8
Monitoring Vitals/ Physical Exam			X		X	X	X	X	X		X	X	8
Wound Care/Surgical Follow-up		X	X		X	X	X		X		X	X	8
Blood Draws		X			X	X	X				X	X	6
Vaccine Administration					X	X	X		X	X		X	6
CHF Care	X	X		X	X		X					X	6
COPD Care	X	X		X	X						X	X	6
Asthma Management	X			X	X						X	X	5
Diet/Weight Monitoring			X			X	X					X	4
Hypertension	X	X									X	X	4
Edema Assessment						X						X	2

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H.P. 981 - L.D. 1427

An Act To Make Community Paramedicine Services Permanent

Be it enacted by the People of the State of Maine as follows:

… Establishment of community paramedicine services. The board may establish community paramedicine services. As used in this subsection, "community paramedicine" means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician … June 28, 2017

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Community Paramedicine

1. Definitions

Community Paramedicine **means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician pursuant to 32 M.R.S. §84**

2. How to Apply

Once a service's application for a [illegible] Community Paramedicine designation has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the designation within seventy days.

A licensed Maine Emergency medical service will apply for approval of their community Paramedicine program. They will be required to submit to Maine EMS the following items:

- **Apply on forms available from Maine EMS**
- **A description of the intended Community Paramedicine plan to be approved by the Maine EMS Board;**
- **Have a quality assurance and quality improvement plan that directly addresses Community Paramedicine;**
- **An agency medical director and;**
- **A primary care medical director**

3. Scope of Practice

An Emergency Medical Services Person may provide care consistent with their license level as described in Chapter 5 of these rules.

4. Education Requirements

An emergency Medical Service must provide training in line with their proposed Community Paramedicine Plan.

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Maine EMS
Community Paramedicine Committee

- CP Designations
- Education
- Data Collection
  - MEFIRS
    - CP Designation
    - CP Procedures
    - CP Worksheets

Maine Community Paramedicine Designations		
Community Paramedicine Affiliate	***Community Paramedicine Technician***	***Community Paramedicine Clinician***
Introduction to MIH and CP	Introduction to MIH and CP	College Curriculum
Core Role	Development and implementation	HTC EMCC NMCC Others
Home Safety Assessment	Community Needs Assessment	
Social Determinates of Health	Social Determinates of Health	Community Paramedic Certification Exam
Communication	Communication	
Medication Awareness	A&P review	
Chronic Disease CHF COPD Asthma Diabetes	Pharmacology	
Mental Health	Chronic Disease CHF COPD Asthma Diabetes Special Populations	
Patient Assessment	Mental Health	
Plan of Care	Patient Assessments	
	Plan of Care	
	Immunizations	

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Community Paramedic Toolkit

Community Paramedic Toolkit

Minnesota Department of Health
Office of Rural Health and Primary Care Emerging Professions Program
PO Box 64882
St. Paul, MN 55164-0882
Phone: 651-301-3838
http://www.health.state.mn.us/divs/orhpc/workforce/emerging/index.html

This project is part of a $45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

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- **Home Visit Program Coverage Area:**
- ***Auburn (Population 23,033)***
- ***Bridgton (Population 5,368)***
- ***Denmark***
- ***Greene***
- ***Harrison***
- ***Leeds***
- ***Lewiston (Population 36,221)***
- ***Lisbon***
- ***Lisbon Falls***
- ***Mechanic Falls***
- ***Minot***
- ***Sabattus***
- ***Sweden***
- ***Turner***
- ***Wales***

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Team Dynamics & Roles:

Administration

Dr. Richard D'Alessandro, MD
United Service Medical Director

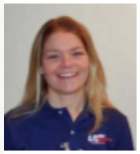
Dr. Mike Wilcox, MD
Community Paramedic Medical Director

Jenifer Madore, FNP
Community Paramedic Medical Director

Dennis Russell, M.Ed., ATC, CSCS, NRP, CP
Program Manager

Daphne Russell, AAS, EMT-P, EA-C, CP
Program Coordinator

Meet your Community Paramedicine team!


Daphne Russell, CP

Daurie Norfolk, CPT

John McCauley, CP

Allison Ross, CP

Dennis Russell, CP

Colby Brann, CPT

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Program History

- United Ambulance – Home Visit Program
  - **Initial Rollout** – June 2011
    - Medical Assistant Model
  - **Maine EMS Approval** – May 2013
    - CP Certificate Model & Utilization

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Community Paramedicine Education

National / Maine

- Hennepin College

North Central EMS Institute

United Training Center

Community Paramedic Training Program -August ’14

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COMMUNITY® PARAMEDIC curriculum

COMMUNITY® PARAMEDIC clinician

COMMUNITY® PARAMEDIC technician

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Program Goals:

-Increase EMS Access & Appropriate Use for Vulnerable populations.

-Decrease unnecessary 911 activations, ER visits, and admissions.

-Focus on readmission issues (30-day) for vulnerable patients as required by hospitals.

-Assist hospitals in decreasing penalties for 30-day readmissions (targeted populations).

-Continue collaboration with other health care professionals to further develop the program.

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Services Offered:

- ✓ **Home Inspection – Safety Check and Fall Risk Assessment**
- ✓ **Review of Medical Conditions, Medications, and Allergies**
- ✓ **Review Local Resources and Services**
- ✓ **Well-Being Checks (scheduled)**
- ✓ **Chronic Disease Education**
- ✓ **Wound Care**
- ✓ **Blood Test**
- ✓ **Influenza Vaccinations**

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Program Eligibility?

- Local residents that live alone or have **limited assistance** at home.
- Individuals who **routinely use emergency services** for general assistance (public service calls).
- Individuals who have **limited access to resources** (home health, social services, etc.).
- Individuals who are **high volume users of emergency departments** (for non-emergent or chronic issues).

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Enrollment Process?

Referrals:

- Organizations in the Community (HA/DHHS, etc.)

- Clients (Self Referral)

- EMS Employee Referrals

- *Referral Form* from a PCP

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Case Study #1:

- **Client: 73 year-old Female**
- **DX:** Depression, hypothyroidism, hypertension, lumbar stenosis, vitamin deficiency, uncontrolled type 2 diabetes, osteoporosis
- **Referral:**
  - Uncontrolled Diabetes
  - Frequent falls
  - Medication non-compliance
- **Frequency:** 7 EMS Transports, 8 ED Visits, 1 Admission
- **HVP Services:** Medication Assistance & Management, Well-Being Checks,
- **CP Visit:** 15 /4 months
- **Outcome:**
  - 12 months post
  - 4 transports/ ED visits no admissions
  - Medication Compliant
  - Appropriate PCP utilization based on CP recommendations.

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Case Study #2:

- **Client:** 63 y/o Male
- **DX:** Alcoholism, Mental Health Issues; Bi-Polar, PTSD, Major Depression
- **Referral:** AHCH, PCP
  - Poor med compliance
  - Illiterate
- **Frequency:** Monthly- transport by ambulance & ED visits, most resulting in admissions.
- **HVP Services:** Medication Assistance & Management, Well-Being Checks,
- **CP Visit:** 15 /4 months
- **Outcome:**
  - No 911 system activations
  - Medication Compliant
  - Appropriate PCP utilization based on CP recommendations.

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Case Study #3:

Client: 49 year old male/MaineCare

Diagnosis: morbid obesity, recurrent cellulitis, GERD, Bipolar affective disorder, chronic anemia

Referral: Primary Care Provider - home visit & safety check, well-being visits, wound care. No other home services would take client due to patient non-compliance/bed bug infestation in home. Patient refused long-term care.

One year prior to community paramedicine enrollment:

- 10 (911) ambulance transports (due to patient's size – 4 to 5 providers required)
- 10 Schedule ambulance transports
- 3 Transfers to outlying facility with open swing bed for long term rehabilitation
- 10 ED visits
- 9 admissions (1 ICU)

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Case Study #3:

Community paramedicine visits:

- 47 visits
- 4 ambulance transports
- 4 ED visits
- 6 admission

Achievements obtained to be discharged from program:

- Bedbug extermination
- Skilled home health referral and acceptance
- Personal care in home
- Motorized bed installed

One year post program enrollment:

- Patient moved from home to long-term care – has lost 100 pounds
- No admissions to date

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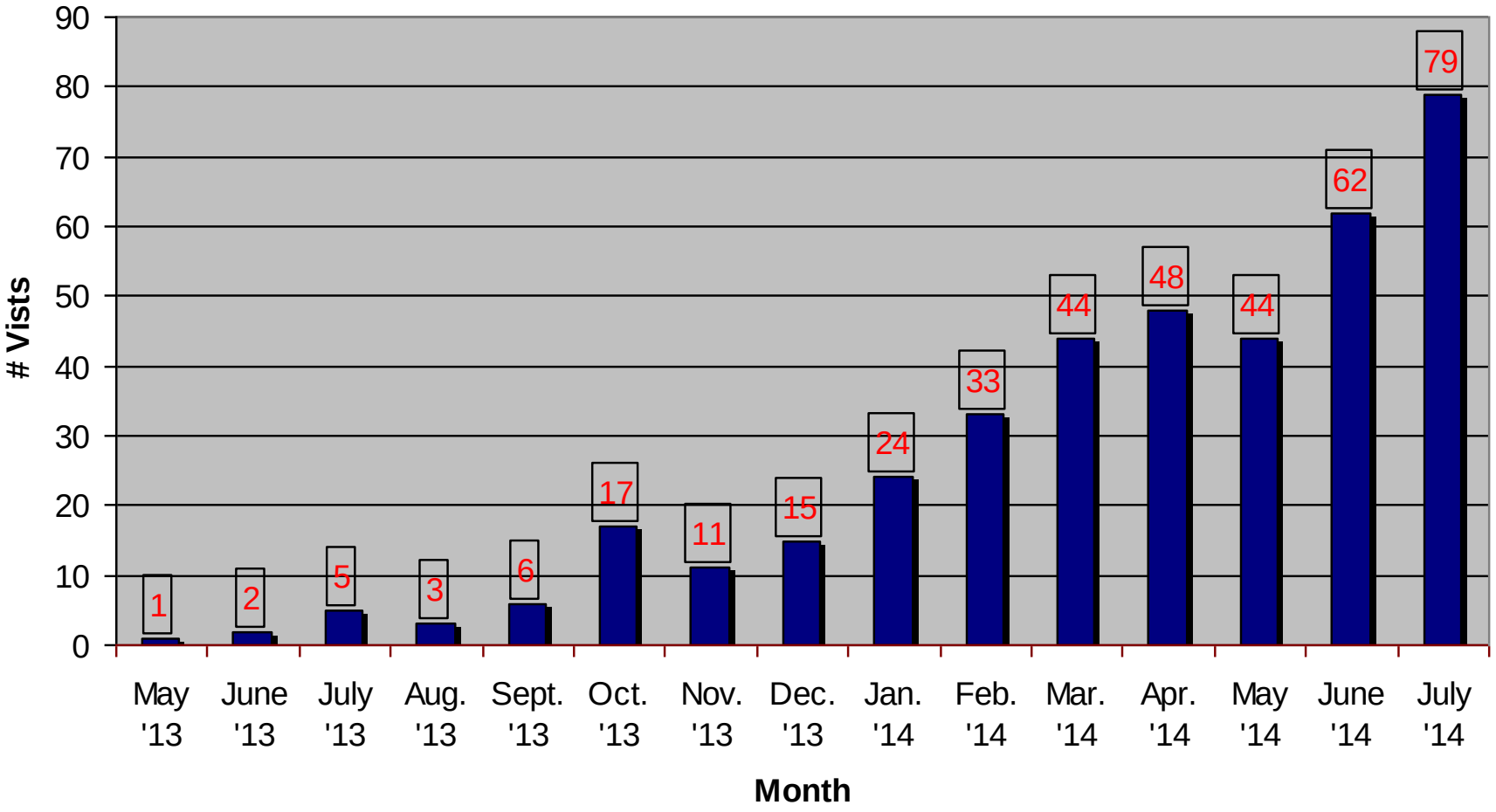
United Home Visits

2013-2014



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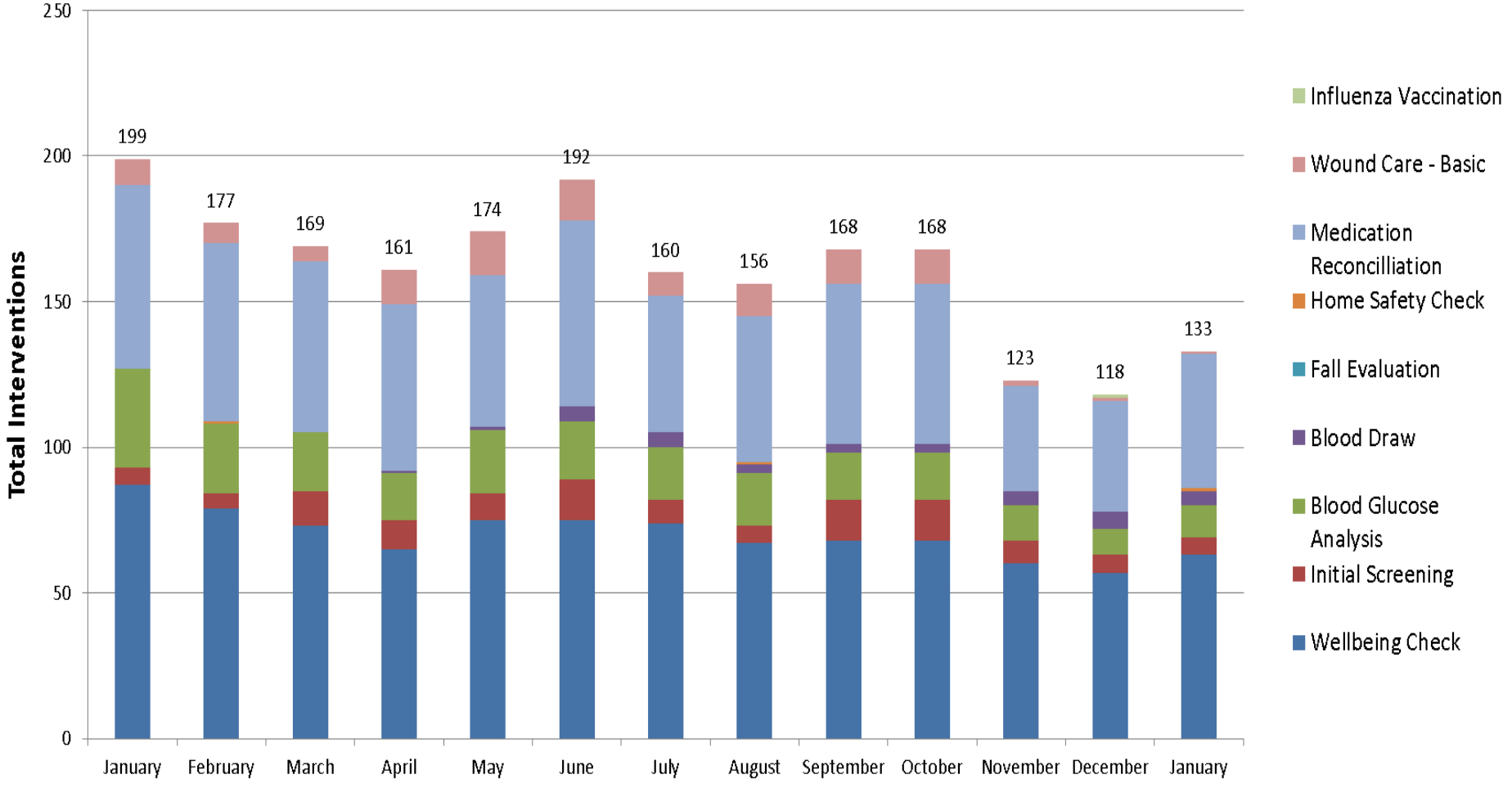
United Ambulance Community Paramedicine Interventions by Month
January 2016 to January 2017



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UAS Community Paramedicine Grant Projects

- St. Mary's
  - ED High Utilizer Program
- Bridgton Hospital
  - ED High Utilizer Program
- Maine CDC Asthma Grant
  - In-home asthma education program
- United Way Thrive Grant
  - In-Home Opioid Overdose

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ED High Utilizer Program

- Patient 1 – enrolled 10/2016
  - 6 Mo Lookback: 29 (ED), 14 (BED), 9 (UC), 0 (IP), 12 (PCP)
  - 6 Mo Rolling: 6 (ED), 1 (BED), 3 (UC), (IP), 9 (PCP)
  - Key Interventions: well-being checks (scheduled-initially, as needed-now), incentive program, basic care, quarterly check-ins with PCP
- Patient 2 – enrolled 10/2017
  - 6 Mo Lookback: 12 (ED), 1 (BED), 0 (UC), 1 (IP), 0 (PCP)
  - 6 Mo Rolling: 2 (ED), 0 (BED), 0 (UC), 0 (IP), 0 (PCP)
  - Key Interventions: Free Care application, sign-up with a PCP

What is Next?

- Grants
- Contracts
- 3rd Party / MaineCare

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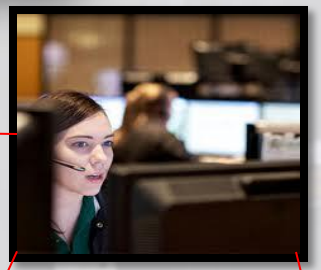
Innovative Partnerships

Better Care – *Reduced Cost*

- **Right** *Resource*
- **Right** *Time*
- **Right** *Patient*
- **Right** *Outcome*
- **Right** *Cost*



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Thank you

- Dennis Russell

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