

Community Paramedicine Ad Hoc Committee Meeting

May 14, 2013 – 3:00 PM ODPS – Conference Room 4-8

MINUTES

Call to order

The meeting was called to order at 2:57 PM, on May 14, 2013 by Deanna Harris – Committee Chairperson

Attendance:

Deanna Harris – Chairperson

Committee Members:

Geoff Dutton – EMS Board

Dr. Brian Springer – EMS Board

Gary Redd – EMS Board

Division of EMS staff:

John Sands – Chief of Operations

Melissa Wulliger – EMS staff

Dr. Carol Cunningham – State Medical Director

Guests:

Joshua Tilton – MMFD

James Davis – EMS Board

Dr. David Keseg – Columbus Fire Division Medical Director

Old Business:

The minutes from the April 16, 2013 Community Paramedicine Ad Hoc Committee meeting were reviewed. Members were satisfied with the content and recommended only a few grammatical changes.

MOTION was made to approve the content of the said minutes from the Community Paramedicine Ad Hoc Committee's April 16, 2013 meeting, with revisions made. Mr. Redd – First. Dr. Springer – Second. All present committee members were in favor. None opposed. None abstained. Motion approved.

Reports:

Definition of Community Paramedicine

The definition of community paramedicine and identifying its scope and boundaries was the main focus of the meeting. The Chairperson read HRSA's definition of "community paramedicine," which was provided by Dr. Cunningham.

It reads:

Community paramedicine is defined as an organized system of services, based on local needs, which are provided by EMTs and Paramedics integrated into the local or regional health care system and overseen by emergency and primary care physicians. This not

only addresses gaps in primary care services, but enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities.

As defined in the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), Office of Rural Health Policy Evaluation Tool, March, 2012, pg. 49:

A discussion took place regarding the definition, and there was some concern voiced regarding the verbiage “additional financial support from non-EMS activities.” It was decided that this might mean that revenue could be sought through the utilization of clinical skills, within the scope of practice, and then be reimbursed when providing medical care. It needs to be noted that this is not to be confused with a volunteer community service.

A question was raised regarding this definition being outdated due to the provisions in the Affordable Care Act and the fact that it was written with the rural EMS areas in mind. The purpose of a community paramedicine practice might be to eliminate hospitals having to readmit patients shortly after discharge and to provide reimbursement incentives in order to keep the patients at home if possible.

Dr. Cunningham stated that federal money and financially supported training opportunities are lost in Ohio by not legislatively defining critical care paramedics, tactical paramedics, and other specialty care EMS providers. It would be beneficial if charges could be placed and billed under specialty care. Financial support is deserved. The agencies that need this the most also need the training dollars as well.

The “scope of practice” is not going to change, but the ability for them to perform outside the realm of traditional emergency medical care, as it is defined in ORC 4765, will need to change. The language citing the term “emergency care” may need to be changed in legislation.” The word “emergency” may need to be stricken from the definition or the term “unscheduled” may need to be added in order for the individual to have authority to perform medical care outside of an emergency situation.

Role of Community Paramedicine

Dr. Cunningham reiterated that the committee’s role as the EMS board (or the new board) is to create a viable avenue for community paramedicine programs to be developed in such a manner that it can be designed to fit the local needs.

Dr. Cunningham stated that some parameters will need to be created in rule; however, the laws will have to be changed first. In addition, the laws and rules for the community paramedicine medical director will differ from what is currently in legislation and regulation for the medical director of an EMS agency. The law will need to be changed to allow for non-emergency activity in the scenario of community paramedicine.

Chairperson Harris stated that there are several models that already exist. Services should not be duplicated but gaps need to be filled. The role of the Community Paramedicine Committee is not to develop programs in communities but to enable the programs through legislation, regulation, and grants that will allow them to address their community-specific needs.

Grant Strategies

Dr. Cunningham reminded the committee of the issue that was presented regarding breaching the scope of practice. Dr. Cunningham states that one cannot request a grant for a procedure that may exceed the Ohio EMS scope of practice as we cannot solicit a study that is not compliant with our rules. An avenue needs to be created when an interested medical director presents a possible grant proposal to the board. At that point, the EMS Board, by rule, has the latitude to provide a temporary waiver of a scope of practice for the purposes of performing research.

The committee could put the word out to areas around the State of Ohio to find out who might be interested in putting a request together for a community paramedicine program and to tell the committee what community needs need to be met in terms of:

- how the area would like to do it
- how long they would like to do it
- how it needs to be supported
- how long it needs to be supported
- how much support would be needed if supported for a year
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In order for the committee to lobby agencies to apply for a grant, data and quality programs will need to be researched so that success can be shown. Once this structure has been established, then the idea of funding a grant will be a viable option for the committee to begin to collect data on rural and urban needs for programs that work.

The purpose of a grant once funded could be to create incentives to start community paramedicine programs. In exchange, survey the agency recipients, and conduct a study to find out their needs and find out what processes or procedures worked well for them:

- Hospitals could be a potential resource due to their loss of revenue every time a patient is readmitted. Hospitals have a vested financial interest to maintain discharged patients at home.
- Contact other systems, e.g., Fort Worth or Medstar, that are already doing this with hospice and local hospitals and inquire about their resources
- Contact stakeholders
- Ohio Department of Health
- Visiting Nurses Association

- Hospice

Funding Strategies

The funding portion is going to be a challenge. A hospital may consider hiring community paramedics to be a part of their social services staff, as hospital employees, or as an outpatient resource. It could be ideal to see a community paramedic based out of an EMS agency, because that agency has better knowledge regarding their community needs or to see an initiative possibly led by nurse practitioners under the auspices of medical directors.

If funding were available to initiate a community paramedic program, and reimbursement was received from hospice, after the paramedicine resource provide their value, they could potentially receive a flat fee for every hospice patient that was serviced by this resource. Minnesota passed legislation first which codified community paramedicine, and perhaps this is the avenue Ohio should explore. Reimbursement of community paramedicine providers will not come from hospitals until the laws are passed. Dr. Cunningham believes that we have to do a community paramedicine study and try to obtain funding support for it. Convincing nurses of the value of community paramedicine may be a challenge. Another concern is that expense of a liability statute, because legislation may need to change to cover the paramedic as an individual.

Some believe that legislation should not go first, because the first questions asked are ones for which the committee currently do not have answers. An option could be to engage in preliminary discussions to see if this is a cause that a legislator would like to support.

Dr. Cunningham stated that the dollars needed would vary depending on location. There are grants available specifically for research, and there may be grants awarded to causes other than those that are EMS-related. An option may be to use an EMS grant where one of the requirements is to affiliate with a hospital. An announcement could be made stating that grant requests are being accepted up to a certain dollar amount, specifically to meet whatever criteria the Board decided. However, EMS agencies may need to first engage in discussions with hospitals, to see if they can partner for grant funding and research support.

Historically, there are research projects that go unfunded. Some projects are excellent proposals while others have nothing to do with EMS. The EMS Board retains the right to designate a project that they wish to fund. As an example, the EMS approved grant funding for the University of Cincinnati Children's Hospital to do project work for the statewide trauma assessment.

As community paramedicine involved multi-organizational partnerships, it could be a joint research project between EMS, hospitals and the public health departments. The RFP could

require the applicant to have a memorandum of understanding or contractual partnership with another health care organization, i.e., an EMS provider and a hospital. For example: a solitary organization that also operates an EMS agency would not be eligible. However, a joint partnership, such as the City of Cleveland EMS working in conjunction with the Cuyahoga Health Department and the Clinic, on an endeavor would be.

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The Board determines the grant criteria, and one of the grants' key components could be that it might involve a local EMS agency, the local health department, and a designated group of hospitals. For example: Columbus Fire Department applies for a grant. A cardiologist at Riverside is approached and asked if he is interested in participating in a research program that would keep the CHF patients from being admitted, and then, these two parties would partner with Columbus Department of Public Health to serve as the health agency. These results would produce a basis for our research proposal, for it will probably identify a decrease in the number of readmissions for CHF patients.

Another way a grant may be used is to pay for wages of paramedics or to provide support for a program to assess study development, reimbursement, training wages or supplies, etc..

Other Programs

Chairperson Harris gave an update regarding Mr. Larry Bennett's educational session that is scheduled for July 12, 2013 from 9:00 AM to 3:00 PM at the Boy Scouts of America.

If committee members were to attend the informational session, it may prove to be insightful for the Community Paramedicine Committee. However, it is important to note that attendance by a committee member is not to be misconstrued as a statement of support for the educational sessions presented by Mr. Bennett.

There is concern about our committee members' names appearing on an e-mail list. Anna Firestone, legal counsel, may need to advise us on this issue. In a recent communication, Mr. Bennett mentioned the EMS Board, Chairperson Harris' name in two places, and her place of employment.

Other Concerns:

- He is starting a community paramedicine program with paying students.
- He presented to the EMS Board and was on record stating that he is running this program. Do we have obligation to protect the paying students?
- What are the ethical concerns for the students who are paying to attend the program?
- What are our concerns for U of C and possibly even the board for knowing that students are enrolled and paying for classes that are labeled community paramedicine, but yet are not recognized by the Ohio EMS Board?
- Do we have any authority over schools and what topics they teach?

These issues demonstrate just how quickly legislation needs to be defined by the Board. In addition, Ohio has a responsibility to our providers to make sure that they are not putting their certifications at risk by executing a skill that was in a course they completed after they were erroneously informed that it was endorsed by the Ohio EMS Board.

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Director House informed the committee that he had spoken to Larry Bennett. Director House made it clear to Mr. Bennett that he has no authority to do what he is proposing, and that it will be placed in the newsletter (Siren). In addition, Mr. Bennett was informed of the Board's position, and that a committee has been established to examine this issue. At this time, the Board is only investigating the concept community paramedicine.

Dr. Cunningham states that the Board should consider posting a statement on the website:
"Ohio recognizes these four levels of EMS providers. The Board is exploring other facets of EMS, but currently there are only four provider levels recognized by law."

In addition, another idea is to have the Board include it in the definition of community paramedicine. It could read:

"Ohio currently recognizes only four levels of EMS providers. The EMS Board is actively exploring specialty care and other facets that are not currently recognized, and Ohio is actively investigating options."

Legislation Barriers

The committee believes there will be barriers when securing legislation regarding specialty care community programs. The endorsement specialty care program deals specifically with education in specialty areas but is under the umbrella of scope of practice and delivery of emergency care as it is currently defined.

If there is a representative who decides to champion this cause, we need to know who is going to object to the ideas and/or concepts presented. In talking with Mr. Shade, Mr. House and Linda Mirarchi, all are confident that no one will be against this program.

Ultimately, the way we would like to support community paramedicine is to create a separate certification for specialty care and then endorsements under the paramedic license. It would allow us by rule to create endorsements on the paramedic license. The four areas currently being discussed in the Specialty Care Committee are air medical, critical care, hazardous materials (HAZMAT), and tactical EMS (TEMS).

Dr. Cunningham believes that specialty care endorsements need to be a separate mission and that we should address community paramedicine as a separate entity. Specialty care is the performance or delivery of emergency services, and it does not involve hospitals and public health. Community paramedicine is going to take a three-tiered foundation to build. The Medical Oversight Committee feels confident that specialty care legislation should move through

as long as no one changes it to accommodate community paramedicine which is based on non-emergency care.

Dr. Cunningham said the way the laws are written currently, we can pass the four proposed subspecialty care categories currently being worked on in MOC. The Board is checking with legal to see if we already have the ability to set up the endorsement without any new legislative changes. Otherwise, we will try to find a way to quickly attach this proposal to other legislation that is going to pass. Mr. House is exploring alternatives.

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Follow-Up/Action Items

Chairperson Harris concluded the meeting with the following committee considerations and/or action items:

- The ad hoc committee wants to propose to the EMS Board an RFP for research to the 2015 grant cycle requests
- The Board needs to examine legislation and determine what could be amended in order to start the process
- The Board needs to be confident that Ohio is not currently endorsing any conflicts in rule in any educational programs
- The committee needs to decide on a definition of community paramedicine even if the Board decides to not endorse community paramedicine
- A draft definition needs to be distributed to the committee members. Each member should review and potentially edit the draft definition that will hopefully lead to a final committee decision on the definition of community paramedicine

Next Meeting

The next meeting date is June 18, 2013; however, Chairperson Harris is unable to attend. If the committee meets on this date, a committee member will need to chair the meeting. The meeting time and place will need to be established.

John spoke to Anna regarding the Minnesota attachments. She was unable to attend this meeting but may attend the next one.

MOTION to ADJOURN. Dr. Springer – First. Mr. Redd – Second. All present committee members were in favor. None opposed. None abstained. Motion approved. The meeting was adjourned at 4:35 PM.