

COMMUNITY PARAMEDICINE AD HOC COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	June 18, 2013	3:00 PM	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218

ATTENDEES	<p><u><i>Committee Chairperson (acting Chairperson in place of Deanna Harris):</i></u> Gary Redd</p> <p><u><i>Committee Members:</i></u> Pam Bradshaw, Geoff Dutton, Dr. Wendy Pomerantz, Bruce Shade, Dr. Brian Springer</p> <p><u><i>ODPS-Division of Emergency Medical Services (EMS) Staff:</i></u> Dr. Carol Cunningham, Melvin House, John Sands, Linda Mirarchi, and Rachel Moore</p> <p><u><i>ODPS Staff:</i></u> None</p> <p><u><i>Guest:</i></u> Vic Graymire, Joshua Tilton, and Dr. Paul Zeeb</p> <p><u><i>Absent Committee Members:</i></u> James Davis, Matthew Dick, and Deanna Harris</p>
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ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
None		

AGENDA TOPICS

TOPIC	Welcome
DISCUSSION <i>(Mr. Redd)</i>	The meeting was called to order at 3:12 PM by acting Chairperson Gary Redd.

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
None		

TOPIC	Meeting Minutes
DISCUSSION <i>(Mr. Redd)</i>	The final version of the minutes from the April 16, 2013 meeting was approved with the changes that had been previously recommended.
	<i>ACTION:</i> A motion was made for approval by Dr. Springer. Ms. Bradshaw was the second. All members were in favor. None opposed. None abstained. Motion was approved.
	The draft minutes of the committee meeting from the May, 14, 2013 were approved with no changes.
	<i>ACTION:</i> A motion was made for approval by Mr. Redd. Dr. Springer was the second. All members were in favor. None opposed. None abstained. Motion was approved.

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
None		

TOPIC	Old Business -
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DISCUSSION <i>(Dr. Cunningham)</i>	An email from NASEMSO (National Association of State EMS Officials) was shared with the committee. NASEMSO is starting a Mobile Integrated Health/Community Paramedicine Committee. This was brought before the committee at this time for informational purposes only not to solicit memberships.
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DISCUSSION <i>(Mr. Redd)</i>	<p>The committee discussed the definition of a community paramedic as it is written in the U.S. Department of Health and Human Services Health, Resources and Services Administration (HRSA), and updated the current definition in order to abide by Ohio laws. The following definition was discussed, but has not yet been approved:</p> <p style="padding-left: 20px;"><i>“Community Paramedic – A state certified EMS professional who has completed a standardized community paramedic educational program and has demonstrated competence in the provision of health education, monitoring and services beyond the roles of emergency care and transport, and in conjunction with medical direction. The specific roles and services are determined by community health needs and in collaboration with public health and medical direction.”</i></p>
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“Community Paramedicine - An organized system of services, based on local needs, which are provided by 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 the clinical skills and additional financial support from these non-EMS activities.”

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
Dr. Springer is continuing to review and revise the definition of community paramedicine to be presented to the committee at the next meeting.	Dr. Springer	The August 20th meeting

TOPIC	New Business
DISCUSSION <i>(Mr. Redd)</i>	<p>New members were introduced to the Community Paramedicine Ad Hoc Committee. Those members are as follows: James Davis, Dr. David Keseg, Joshua Tilton, and Dr. Paul Zeeb. The Committee decided to hold off on including JD Postage in the motion until an application has been completed.</p> <p><i>ACTION: Motion was made to induct new members to the Community Paramedicine Committee. Those members are as follows: James Davis, Dr. David Keseg, Joshua Tilton, and Dr. Paul Zeeb. All members were in favor. None opposed. None abstained. Motion was approved.</i></p>

DISCUSSION <i>(Mr. Redd and committee members)</i>	<p>It was requested that a brief description of community paramedicine committee be created for the Division of EMS website. If approved, it will read:</p> <p><i>“Community Paramedicine Committee has been formed to explore a viable avenue for community paramedicine programs to be developed in such a manner that it can be designed to fit local needs, fill gaps in health care access and delivery. Currently, its concept is being examined by this committee and community paramedicine is not a recognized specialty by the Emergency Medical, Fire and Transportation Services Board. At this time, community paramedicine is not established in law in the State of Ohio.”</i></p> <p>Committee Directives: The path for this committee should be identified. Goals and objectives for community paramedicine in Ohio should be created. The committee felt that meeting every other month is not enough time to make critical decisions that are necessary now in order to keep up with community needs and the rapid evolution of community paramedicine programs. It was suggested that a committee meeting take place every month until substantial progress has been made in the footprint of community paramedicine. Topics of concerns:</p> <ul style="list-style-type: none"> • The committee should decide whether or not they are going to own community paramedicine. If so, what does that mean? • Should the committee attempt to change the law first before proceeding with the community paramedicine venture? • The committee should identify the needs in the communities, and how can community paramedicine accommodate those needs? Not just now, but down the road as well. • The committee should identify obstacles and points of opposition.
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- Does the committee have the resources to handle this undertaking? The community paramedic program article that ran in *The Honolulu Star*, June 3, 2013, addresses the fact that the costs associated with running the program were so high that the program folded. With that being said, Ohio still has over 11 counties that do not even have a medical center.
- Who will be the watchdog for the hospitals that use paramedics incorrectly?
- Can the committee prevent third parties from teaching community paramedicine before the State of Ohio has designed or established guidelines.

Grants:

- Should the committee agree to a grant? Grant wise, if we were to simultaneously work to expand the scope of practice to allow community paramedicine, while investigating the needs through a grant, could we then through the context of those grants be allowed to go outside the scope of practice?
- If the committee decides on a grant program that would solicit proposals, we should probably start writing it now in order to make the submission deadline April 1.
- Should the committee wait on third parties to submit proposals for grant money so that they can create a pilot, then Ohio can just regulate it.
- Does the committee want to proceed with the idea of a grant and pilot? The purpose would be to establish a precedent when attempting to change the law. Some data has been established that may not be Ohio specific, but it could still serve the purpose.
- Will the committee push for the scope of practice to be changed so that funding can be received for pilot programs? If so, who will guide those programs?
- There was discussion regarding the grant being based out of the Department of Health, but an opinion is needed first.

Pilot Program:

- Should the committee proceed with the idea of a pilot and use the law to interpret the scope of practice for the pilot program?
- Linda stated that before the scope is changed, one could run a pilot program. However, that pilot will have to be written as a research project complete with parameters, hypothesis, and reporting just like any other grant.
- Linda also stated that we have rules that allow us to run a pilot project so that people can work outside the scope of practice and still be protected. However, we do not have authority to change the rules, because it is written in law. The law is very clear regarding pre-hospital care.
- A committee member stated that community paramedicine is already in practice. For the sake of time, should the committee forget pilots and grants and work on protecting Ohio's citizens and those certified to help Ohio citizens?

Legal Opinions:

- The committee needs to confer with legal regarding the emergency care clause in order to offer an opinion regarding community paramedicine – non-emergency medicine. Currently under ORC, certificate holders can only provide emergency services.

- Should the committee change the law to allow for community paramedicine?
- Should the committee place on the website a statement saying that “at this time, it is illegal to practice community paramedicine in the State of Ohio.”
- The committee needs to know from legal if EMS is not exceeding the scope of practice but using their skills in a different venue, is it the venue that is the problem in the law.

Steering Committee:

- Should the committee form a group of experts, in the different fields, who would be utilizing the benefits of community paramedicine. Suggested experts would include: nurses, visiting nurses, home health, paramedics, and physicians. This would be a group of people who establish the common ground and provide evidence along with their interpretation of the meaning of community paramedicine to them. This will enable the Community Paramedicine Committee to identify all of the pros and cons of community paramedicine.
- The next task would be to identify the experts and invite them to the next meeting.

ACTION ITEM(S)	PERSON RESPONSIBLE	DEADLINE
Decide whether or not a motion needs to be made including JD Postage on the committee. If so, an application has to be completed.		August 20 th meeting

ATTACHMENTS
<ul style="list-style-type: none"> • Travel reimbursement forms • 4765.01 Division of Emergency Medical Services Definitions. • The community paramedic program article that ran in the <i>The Honolulu Star</i>, June 3, 2013, addresses the fact that the costs associated with running the program were so high that the program folded.

NEXT MEETING
<ul style="list-style-type: none"> • The next scheduled meeting is August 20, 2013.