The Evidence for Community Paramedicine in Rural Areas

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The Evidence for Community Paramedicine in Rural Communities

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• State EMS directors and staff
• EMS providers
Purpose: To examine

• Evidence base for the use of community paramedics,

• Role for these personnel in rural healthcare delivery systems,

• Challenges states have faced in implementing programs,

• Role of state Flex Programs in supporting community paramedicine programs.
Methods:

• Literature Review
• Review of State Flex Grant Applications
• In-depth interviews with state and local stakeholders, including:
  • State Office of Rural Health/Flex Coordinators
  • State EMS Directors
  • EMS providers
  • Hospital administrators
What is Community Paramedicine?

**Brief history:**

- Red River project (New Mexico), 1992
- EMS Agenda for the Future, 1996
- “Solving the Paramedic Paradox,” 2001
- Rural & Frontier EMS Agenda for the Future, 2004
- Joint Committee on Rural Emergency Care (JCREC), 2010
- HRSA Community Paramedicine Evaluation Tool, 2012
Defining Community Paramedicine

No universal definition, but common themes:

• An emerging field in health care where EMTs and Paramedics operate in **expanded roles** in an effort to connect underutilized resources to underserved populations. (*HRSA, Community Paramedicine Evaluation Tool, 2012*).

• A model of care whereby paramedics apply their training and skills in “non-traditional” community-based environments (**outside the usual emergency response/transport model**). The community paramedic may practice within an “expanded scope” (applying specialized skills/protocols beyond that which he/she was originally trained for), or “**expanded role**” (working in non-traditional roles using existing skills). (*International Roundtable on Community Paramedicine*)

• An organized system of services, **based on local need**, which are provided by EMTs and Paramedics integrated into the local or regional health care system and overseen by emergency and primary care physicians. (*Rural & Frontier EMS Agenda for the Future, 2004*)
Community Paramedic: A state licensed EMS professional

- Completed a formal internationally standardized Community Paramedic educational program through an accredited college or university,
- Demonstrated competence in the provision of health education, monitoring and services beyond the roles of traditional 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.

(HRSA, Community Paramedicine Evaluation Tool, Appendix B, 2012)
Differing Rural/Urban Goals to Community Paramedicine

**Rural** addresses

- Primary care shortages
- Geographic distances to nearest hospital
- Utilization of paramedics during “down time”
- Career path opportunities

**Urban** addresses

- High volume of 911 calls
- Wait time in the ED

**Both** look to keep patients in their homes, reduce hospital readmissions and frequent ambulance transports
Preliminary Findings from State Interviews

We contacted 15 states engaged in Community Paramedicine (CP) development:

**State EMS Agencies:** GA, IA, ME, NE

**SORH/Flex:** AZ, CO, GA, IA, ME, MN, NH, ND, PA, SC, WI

**Local EMS agencies:** CO, WI

**Local organizations:** AL (urban model), NY (Assoc. Prof. Emergency Medicine, University of Rochester, School of Medicine), WA (Prosser Memorial Hospital-CMS Innovation Award grantee), Nova Scotia Emergency Health Services Director of Provincial Programs
Findings from State Interviews, (cont’d)

• Most CP programs are initiated at the “grassroots” level: Local ambulance companies seek out hospitals or other health care agencies with which to collaborate/partner

• Stakeholder groups are essential to successful development and buy-in of CP programs

• Community needs assessments are critical to developing CP goals and services

• Training varies, from established national curriculum to in-house trainings with partner agencies

• Reimbursement is a significant challenge
Community Paramedic Services

Dependent on the needs of the community, but typically includes:

- Assessment
- Blood draws/lab work
- Medication compliance
- Medication Reconciliation
- Post-discharge follow-up within 48-72 hours as directed by hospital, PCP, or medical director
- Care coordination
- Patient education
- Chronic disease management (CHF, AMI, Diabetes)
- Home safety assessment: e.g. falls prevention
- Immunizations and flu shots
- Post-surgical wound care (not all CPs have this in their scope of practice)
- Referrals (medical or social services)
Funding Community Paramedicine Programs

- Reimbursement issues are the most challenging for the “non-transport” services provided by CPs.
- Funding for the CPs most often is provided by the ambulance company.
- Some hospitals provide funding for CPs.
- Grants: CMS Innovation Grant (WA-rural hospital model, NV-urban model).
- Commercial insurer: PA (urban model).
- State Office for Aging: NY.
Findings from State Interviews: Legislative/Regulatory changes

Most states trying to work within existing EMS scope of practice (not requiring regulatory change)

- **CO**: initially licensed as Home Health Provider, currently working on new regulatory framework for CPs
- **ME**: legislative change to authorize CP pilot projects
- **MN**: legislative change certifying CP as provider type eligible for Medicaid reimbursement
- **NE**: legislative change to remove the word “emergency” from the scope of practice
- **WI**: legislative change to allow pilot project for CP to work outside scope of practice
Role of the State Flex Program

• **2010-2011**: Five states Flex programs undertook Community Paramedicine activities

• **2012**: Nine states included Community Paramedicine initiatives in their State Flex Grant applications, with six states providing funding for CP activities

• State Flex offices/staff provide facilitation of stakeholder meetings and dissemination of CP opportunities.

• Partnership of State Offices of Rural Health and State EMS agencies
Concluding Thoughts

- No “cookie cutter” approach to CP programs:
  - Based on community needs
  - Role of CP similar, but services may be different
- Partnerships and collaboration at local and state levels are essential
- Funding mechanisms and reimbursement for services needs careful consideration
- Data collection is key
- Evaluation
Resources

- CommunityParamedic.org
- International Roundtable on Community Paramedicine
- Community Paramedicine Evaluation Tool (HRSA)
- Community Paramedic Handbook (Western Eagle County Health Services District & North Central EMS Institute)
- National Consensus Conference on Community Paramedicine (Patterson and Skillman, 2012)
- National Association of State EMS Officials (NASEMSO)
- National Highway Traffic Safety Administration (NHTSA)
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