History of Contemporary Community Paramedicine

Filling an Unmet Need with Untapped Resources

Keys to Community Paramedic Program

Working Definition
A community paramedic is a state licensed EMS professional that has completed a formal standardized educational program through an accredited college or university and has 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.

Changing to Ems eMs
Myth #1
- Community paramedicine is a new phenomenon

Myth #2
- There is a movement to push everyone into only ONE model of community paramedicine

Myth #3
- All paramedics will have to become community paramedics and every ambulance service will have to have one.

The Community Paramedic model will NOT:
- Replace current health-care systems or positions.

The Community Paramedic model will NOT:
- Change the current defined scope of practice of EMS personnel.

The Community Paramedic model will NOT:
- Decrease the level of care provided.
The Community Paramedic model will NOT:

- It is not an answer to all of the ills of the current delivery system

Levels of Training

- 200 – 400 hours of additional training
  - Chronic disease patients
  - Workplace and home wellness
  - Home visits
  - Occupational health

Training

- EMT’s – Paramedics
- National curriculum (modified regionally)
- Associated with higher education institution

The Current Models

- Province of Nova Scotia
  - Primary Healthcare: Long and Brier Islands (NP/CP)
  - Substitution: Collaborative Emergency Centres (RN/CP)
  - Community Coordination: Nursing Home Care (CP)

- Wake County, NC
  - Both ends of the Spectrum
  - “Advanced Practice Paramedic”
    - Alternative Destination
      - 204 patients in 12 months
      - Mental health: 14 bed hours, cardiac 3 bed hours
      - Opened beds for 816 more cardiacs, saved $350,000
  - Falls in Assisted Living
    - 1 to 5 per day – 1,500 per year
    - 81% do not require hospitalization
    - $2.5 million in system expense
Fort Worth, Texas

- Frequent Fliers
- “Community Health Program”
- Tarrant County: July 2009 to August 2011, decreased volume by 58.2%, savings $3.7 million (patient charges and EMS costs). Reduced emergency bed occupancy by 14,334 hours ($9.8 million). Overall, $13.5 million reduction in costs and charges over 2 years.

Scott County, MN

- County Public Health
- Mdewanketon Sioux

Where are we?

- Sub-committee to EMSAC
  - Representatives from EMS, ND DEMST, UND Rural Health, AHA, and FLEX

Where are we?

- Stakeholder meeting
  - At U Mary last July

Where are we?

- Legislation
  - SCR 4002
    - Concurrent resolution to study Community Paramedic in ND
  - SB 2004
    - Budget contained line for .5 FTE CP coordinator
    - (other .5 will be STEMI coordinator)

Where are we?

- Demonstration projects
  - SB 2004 also contained monies to train a group of paramedics and start a demonstration project
  - No details yet
  - Likely a couple rural sites and an urban site
Where are we?

- Education
  - Curriculum under construction and will be reviewed by the sub-committee
  - Must be approved by DEMST and taught by an accredited institution
  - Large portion is clinical rotations in primary care

Where do we go from here?

- More stakeholder meetings
- Education of public and healthcare facilities
- Demonstration project

Questions?

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