

MAINE STATE LEGISLATURE

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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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January 28, 2014

To: Sen. Kimberley Rosen, Rep. Lori Fowle, and Members of the Joint Standing Committee on Criminal Justice and Public Safety, and to;

Sen Amy Volk, Rep Erin Herbig, and Members of the Joint Standing Committee on Labor, Commerce, Research and Economic Development

From: Jay Bradshaw, Director, Maine EMS

Re: Annual Report on the Maine EMS Community Paramedicine Pilot Project

During the 2nd Regular Session of the 125th Legislature, LD 1837 was signed and enacted to authorize the Board of EMS to approve up to 12 Community Paramedicine Pilot Projects and require an annual report on these pilot projects to the Legislature on or before January 30th of each year (32 MRSA §84.4).

Background

Community Paramedicine (also known as Mobile Integrated Health Care) has been utilized by some EMS services around the country for several years; however, Maine was the first, and so far only, state to incorporate this concept into a state wide system. The Maine project was designed to explore how Community Paramedicine could work in a diverse demographic and geographic model. As a result, the Maine CP project has been the focus of considerable national interest.

An important consideration of the pilot projects is that while Community Paramedicine may expand the *sphere* of practice, it cannot expand the *scope* of practice for EMS providers. CP is also not just for paramedic licensed providers; proposals were accepted from services at many license levels.

To apply for participation in the pilot project, each proposal was required to:

- Identify other health care partners within the community
- Work with these partners to identify the unmet health care needs of the community
- Identify a primary care provider medical director and an emergency medicine medical director.
- Provide a training, quality improvement, and data collection plan.

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Proposals were then reviewed by the Maine EMS Community Paramedicine Steering Committee that included representation from:

- Maine State Board of Nursing
- Maine Medical Association
- Maine Hospital Association
- Maine Office of Rural Health
- Primary Care Physician
- Emergency Medicine Physician
- Hospital Administrator
- State EMS Medical Director
- State EMS Director

Many pilot proposals have common goals, such as: post-discharge visits for chronic illnesses such as congestive heart failure, chronic obstructive pulmonary disease, and diabetes. Depending upon the EMS provider's license level, these visits may also include EKG, flu vaccination, drawing blood, and specimen collection. Other typical services includes: basic home safety and wellness checks, fall prevention, and medication reconciliation.

2014 Community Paramedic Pilot Program Activities

Maine EMS activities in 2014 focused in three key areas:

1. Providing ongoing technical support for Community Paramedicine (CP) pilot project proposals
2. Providing ongoing awareness regarding CP pilot projects.
3. Publishing a Request for Proposal and contract for professional services to objectively review the pilot projects and quantify outcomes, including potential savings, patient satisfaction, and participant (EMS and PCP) satisfaction..

The Maine Community Paramedicine pilot projects provided care to **1,558 patients** during 2014. A summary of their projects follow:

Calais Fire Department Calais is one of many areas served by a Critical Access Hospital and with a significant shortage of primary care providers (PCP). For patients who do not have a PCP, one is assigned to them before a Community Paramedicine visit occurs.

Castine Fire Department First Responders Castine is a small volunteer fire department that works closely with a local physician. These providers visit about 6-10 patients as directed by the physician and primarily perform a basic patient assessment (vital signs, etc.) and overall safety and wellness check.

Crown Ambulance, The Aroostook Medical Center, Presque Isle. This pilot project is part of the hospital's Accountable Care Organization (ACO) plan. ACOs are a new model for healthcare organizations, and this is one of the first to include EMS.

C.A. Dean Ambulance, Greenville. C.A. Dean Hospital is also a Critical Access Hospital that operates an ambulance service which covers an extremely rural/wilderness part of Maine. There are limited primary care and home health provider resources in this area. At the end of 2013, the service was just beginning to enroll patients for Community Paramedicine visits.

Greater Kennebec County Community Paramedicine Pilot Project, Delta Ambulance (Augusta & Waterville) & Winthrop Ambulance. This project also includes active participation and coordination between the Belgrade Regional Health Center and Winthrop Family Medicine. Because of the overlap in the clinic catchment areas, the primary care providers work together to assure an efficient Community Paramedicine assignment taking into consideration patient location and the resources that are available.

Lincoln County Healthcare, Central Lincoln County Ambulance, Boothbay Regional Ambulance, and Waldoboro EMS. Development on this project began in conjunction with the closing of St. Andrew's Regional Hospital in Boothbay. Lincoln County Healthcare, Miles Memorial Hospital, works with several primary care providers to provide post hospital discharge follow-up and at-home episodic health care throughout several communities. This project is also incorporating the use of video technology (iPads on a secure network) to communicate with primary care and/or emergency department providers.

Mayo Regional Hospital Ambulance, Dover-Foxcroft. Mayo Regional Hospital is another Critical Access Hospital that operates an ambulance service covering rural Piscataquis County. Initially, patients will primarily be identified by the hospital discharge planner or emergency department. However, other primary care practices affiliated with Mayo Hospital will be invited to participate as the program evolves.

North East Mobile Health, Rockport. North East Mobile Health is the largest paramedic service in Maine. This pilot project works primarily with Penobscot Bay Medical Center and Maine Medical Center to follow-up with fall patients. During 2015, this may be expanded to other areas and include follow-up care with trauma patients for wound care.

Northstar EMS, Franklin Memorial Hospital, Farmington. Northstar has 5 base locations throughout Franklin County. Northstar works closely with local primary care providers to identify patients who may benefit from Community Paramedicine care.

St. George Ambulance, Port Clyde. St. George Ambulance increased their staffing to be able to work with Kno-Wal-Lin Home Care and Hospice and with Penobscot Bay Hospital to care for patients in the Port Clyde area.

United Ambulance, Lewiston. United has 2 part time staff dedicated to working with local primary care practices and providing home visits for primarily fall and diabetic patients. United anticipates seeing an expanded variety of patients in 2014.

Searsport Ambulance Searsport works with local primary care providers and with Waldo General Hospital (Critical Access Hospital) to identify patients meeting the criteria for a Community Paramedicine visit. The ambulance service is also active in working with other organizations to promote public health programs such as dental clinics and blood drives.

Observations from Pilot Projects

There is consensus among pilot project sites that initial training takes longer than anticipated, and that the interaction between EMS services, home health agencies, primary care providers, and hospital providers has been positive and supportive.

Many services continue to report that home visits take longer than anticipated. Initially, some of was due to the learning process for the Community Paramedicine providers, but overall home assessments and safety/wellness checks consistently average more time than an average emergency call.

Services are also reporting unanticipated benefits.

- When Castine was significantly impacted by the December 2013 ice storm, Emergency Medical Responders and Emergency Medical Technicians reported that the training in conducting safety/wellness checks was invaluable as they went throughout the community to check on residents.
- Delta Ambulance personnel reported seeing patients who previously declined care from home health agencies. However, these patients expressed comfort and trust with the Delta staff who provide Community Paramedicine visits. In many cases, patients utilizing the Community Paramedicine program would otherwise have waited until their condition worsened and then been transported to an emergency department.
- United Ambulance also reported patients who prior to enrollment in their Community Paramedicine program were frequently using a hospital emergency department for follow up care. After enrollment with CP, these patients are now able to obtain non-emergency in-home care, which has resulted in a significant reduction, or elimination of requiring ambulance transportation and care at an emergency department.

Challenges

There is currently no reimbursement for Community Paramedicine visits. This was understood by services at the outset; however, with the steady increase in requests for visits, this is becoming a growing issue for some services. Reimbursement will be essential for many services to continue offering CP at the conclusion of their respective 3 year pilot projects.

Meetings were held with the DHHS MaineCare office to discuss the merits of having a mechanism to reimburse for CP, similar to what is already available for some diabetic patients. This received a favorable response and is being incorporated into proposed MaineCare rules changes.

Reimbursement is also an essential factor outside Maine. On a national level, the Centers for Medicare and Medicaid Services (CMS) released a model innovation grant (CMMI) to identify data that would objectively measure the impact of a CP program in terms of cost savings and patient satisfaction. Maine EMS is involved in many discussions about these performance measures and during 2015 will work to incorporate as many as possible into the data collection system.

Community Paramedicine is referenced in the DHHS Statewide Innovation Model grant, but is unclear how that will take place.

Late in 2014, several fire departments in the greater Portland area received a grant from the Federal Emergency Management Agency to train paramedic/firefighters in Community Paramedicine. The training is being done through a distance learning program with Northern Maine Community College and is expected to graduate ~ 20 students. However, because the current law sets a cap on the number of pilot projects, a statutory change will be necessary before any new services are able to begin offering Community Paramedicine.

Work plan for 2015

During 2015, the primary goals of the Maine EMS CP project are to:

- Work to revise the existing CP pilot project statute to remove the maximum number of services, and allow the Board of EMS to renew the pilot project terms.
- Work with the Muskie School, University of Southern Maine, to collect data and to work on the methodology to quantify the impact of the pilot projects.
- Provide technical assistance for Community Paramedicine pilot projects
- Conduct regular opportunities for Pilot Project administrators to discuss both challenges and best practices with each other.
- Continue to provide outreach educational opportunities.

Administrative support for the Maine EMS Community Paramedic Pilot Project is provided by a grant from the DHHS, Maine CDC Rural Health and Primary Care Program's Rural Hospital Flexibility Grant.