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## The Evidence for Community Paramedicine in Rural Areas

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# *The Evidence for Community Paramedicine in Rural Communities*

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**Karen Pearson**

Flex Monitoring Team and  
Maine Rural Health Research Center

National Rural Health Association  
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May 9, 2013



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Critical Access Hospitals, States, and Communities

**Flex Monitoring Team** | University of Minnesota  
University of North Carolina at Chapel Hill  
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- EMS providers



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## *Overview of the Flex Community Paramedicine Project*

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### **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.

## *Overview (cont'd)*

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### **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



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## *What is Community Paramedicine?*

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### **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



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## *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*)

## *What is a Community Paramedic?*

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### ***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)*





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## *Differing Rural/Urban Goals to Community Paramedicine*

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### **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



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## *Preliminary Findings from State Interviews*

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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



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## *Findings from State Interviews, (cont'd)*

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- 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*

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**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)



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## *Funding Community Paramedicine Programs*

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- 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



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## *Findings from State Interviews: Legislative/Regulatory changes*

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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



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## *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





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## *Concluding Thoughts*

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- 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





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## *Resources*

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- [CommunityParamedic.org](http://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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