



## *National Consensus Conference on Community Paramedicine*

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*Atlanta Airport Hilton Hotel, Atlanta, Georgia, USA*

### *Agenda*

**Monday, October 1, 2012**

**0800-0830 WELCOME**

Gary Wingrove, President, North Central EMS Institute

**INTRODUCTIONS AND OVERVIEW**

Jim DeTienne, NASEMSO President, Co-Chair, Joint Committee on Rural Emergency Care (JCREC), Matt Womble, Associate member of NOSORH, past co-chair of JCREC, and Douglas Kupas, MD, Principal Investigator

**Overview:** Nationally, the historical structure and philosophy of Emergency Medical Services (EMS) has been built around the idea of rapid response, stabilization, treatment and transport of patients with life threatening illnesses and injuries. Community Paramedicine represents one of the most progressive evolutions in the delivery of community-based healthcare by using EMS providers within their current scope of practice in an expanded role. While this expansion in focus has been trialed in many different settings over many years, relatively little evidence exists that can be used to understand all the nuances of how this model can improve the quality of care, health of patients and decrease the overall cost of care.

It is critical for the purveyors of the Community Paramedic models to track, assess, monitor and constantly improve care, not only to ensure that the benefits are maximized, but also that the risks of *not* taking *all* patients to the hospital are mitigated. The purpose of this session is to disseminate the current knowledge, practice and tools used to improve the outcomes, quality, access to and cost and utilization of health care services. Conference objectives will also be examined including the need to identify metrics and rigorous methodologies that will effect positive change.

**0830-1015 PANEL 1: EXPANDED ROLE (PRACTICE)/EDUCATION**

**Facilitator:** Matt Womble

**Panel members:**

- *Drew Dawson, Director, National Highway Traffic Safety Administration, Office of Emergency Medical Services, Washington DC*
- *William Raynovich, NREMT-P, EdD, MPH, BS, Associate Professor and Director, EMS Education, Creighton University, Omaha, NE*
- *Anne Robinson, RN, BSN, Public Health and Community Paramedic Nursing Consultant, Eagle, CO*
- *Johnathan Smith, Chief, Community Paramedic, Brighton Volunteer Ambulance, Rochester, NY*
- *Michael Wilcox, MD, Medical Director, Scott County Public Health Dept., Shakopee, MN*

**Areas of Examination:**

- Current practices:** What is the current state of education and training of Community Paramedics in the areas of medical care, referral practice and documentation (including overview of national curriculum and status of receiving college credit)
- Discussion of gaps:** How should the expanded role of the community paramedic be defined (skill sets, practice setting, medical oversight, paramedicine specialty)? What type of education is needed to support this skill set? What are the CP educational needs considering clinical, social, physical and emotional demands of the CP patient population? How can additional education and training use current models to assure patient satisfaction (HCAHPS model), incorporate the provider perspective (AHRQ provider safety survey, employee satisfaction) and teach assessment of integration with family and other social support structures? How can rural areas have reasonable access to education and training?
- Research questions/Identification of metrics and methodologies:** What are the standards for community paramedic training and education? What methodology should be used to evaluate and, if necessary, credential the curriculum? What are the competencies of a community paramedic and how should individuals be evaluated?
- Documentation/dissemination of results** (Who, What, When, Where, How)

**1015-1030 BREAK**

**1030-1215 PANEL 2: INTEGRATION WITH OTHER MEDICAL PROFESSIONS**

**Facilitator:** Douglas Kupas, MD

**Panel members:**

- *Debbie Dawson Hatmaker, PhD, RN-BC, SANE-A, Chief Programs Officer, Georgia Nurses Association, Atlanta, GE*
- *Ann Marie Papa, DNP, RN, CEN, NE-BC, FAEN, Clinical Director, Emergency Nursing, Hospital of the University of Pennsylvania & Penn Presbyterian Medical Center, PA*
- *Jim Parrish, FACHE, FACMPE, CEO/Administrator, Humboldt General Hospital, Winnemucca, NV*

- *Anne Robinson RN, BSN, Public Health and Community Paramedic Nursing Consultant, Eagle, CO*
- *Kathy Robinson, RN, EMT-P, Program Manager, National Association of State EMS Officials and President, Danville Ambulance Service, Danville, PA*
- *Drew Werner, MD, Medical Director, Western Eagle County Health Services District, Community Paramedic Program, Eagle, CO*

**Areas of Examination:**

- Best Practices:** Where is service integration already occurring and what are the elements that make it successful?
- Discussion of gaps:** How to approach the integration of community paramedics, so that services are a community benefit and not competition to other providers such as: 1) Defining roles, responsibilities, relationships and data sharing issues (e.g., referrals, protected health information and electronic health records/health information exchange) with other community-based providers and services (primary care, public health, hospitals, home health, etc.); and 2) How to improve the sharing of outcomes, quality metrics and integrated quality improvement processes?
- Research questions/Identification of additional metrics and methodologies:** What is needed in terms of guidance or standards to assure that community paramedics are filling gaps and not duplicating services?
- Documentation/Dissemination of results** (Who, What, When, Where, How)

**1215-1330 LUNCH (on your own)**

**1330-1515 PANEL 3: MEDICAL DIRECTION/REGULATION**

**Facilitator:** Douglas Kupas, MD

**Panel members:**

- *Mike Bachman: Program Director, Wake County EMS, NC*
- *Troy Hagen, Director, Ada County Paramedics, Boise, ID*
- *Drew Werner, MD, Medical Director, Western Eagle County Health Services District Community Paramedic Program, Eagle, CO*
- *Michael Wilcox, MD, Medical Director, Mdewanketon Sioux Tribal EMS/Fire Department, Shakopee, MN*
- *Will Wilson, MPP, Grant Supervisor, Minnesota Department of Health, Office of Rural Health and Primary Care, MN*

**Areas of Examination:**

- Current practices:** What types of medical oversight, quality assessment, performance improvement and outcome evaluation (clinical and financial) are medical directors using? How are states currently regulating these programs? Is there a state regulatory model in existence that could be the standard for replication?
- Discussion of gaps:** What processes are needed to facilitate provider oversight of clinical quality assessment, error reporting, clinical handoffs, etc.? How can medical oversight be assured in rural communities that lack provider resources? How can states prepare to sufficiently provide for or allow the regulatory oversight

and support necessary for the expanded role that community paramedicine may practice?

- c. **Research questions/Identification of metrics and methodologies:** What are standard quality of care measures and methods for evaluation? How can state regulators use quality of care measures to help them determine how to regulate community paramedic programs?
- d. **Documentation/Dissemination of results** (Who, What, When, Where, How)

#### **1515-1630 DAY ONE WRAP-UP**

The facilitators for each panel will lead discussion of key points.

**Tuesday, October 2, 2012**

#### **0800-0945 PANEL 4: FUNDING/REIMBURSEMENT**

**Facilitator:** Jim DeTienne

**Panel members:**

- *Gregg Margolis, PhD, NREMT-P, Director, Division of Health Systems and Health Care Policy, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, DC*
- *Christopher Montero, Chief, Western Eagle County Health Services District, Community Paramedic Program, Eagle, CO*
- *Dan Swayze, DrPH, MBA, MEMS, Vice President of the Center for Emergency Medicine of Western Pennsylvania, Inc., Pittsburgh, PA*
- *Ryan White, Health Economist, Eide Bailly, Lone Tree, CO*
- *Matt Zavadsky, MS-HSA, EMT, Associate Director of Operations, MedStar EMS, Fort Worth, TX*

**Areas of Examination:**

- a. **Current practices:** What methodologies exist for tracking short-term and long-term financial impacts of Community Paramedic services (for example, comparing the costs of an acute care-driven model vs. a primary care medical home for target patient populations)?
- b. **Discussion of gaps:** What could be a framework for the consistent reporting of costs/savings and measured impact by patient and by population(s), to show the value to payer systems? What are next steps toward developing systems for Medicaid and Medicare reimbursement of services?
- c. **Research questions/Identification of additional metrics and methodologies:** How to rigorously evaluate and document the cost-savings of community paramedic programs, in order to leverage payment from payer sources?
- d. **Documentation/Dissemination of results** (Who, What, When, Where, How)

#### **0945-1000 BREAK**

## **1000-1145 PANEL 5: DATA, PERFORMANCE IMPROVEMENT AND OUTCOME EVALUATION**

**Facilitator:** Gary Wingrove

**Panel members:**

- *Dia Gainor, MPA, Executive Director, National Association of EMS Officials*
- *Gregg Margolis, PhD, NREMT-P, Director, Division of Health Systems and Health Care Policy, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, Washington, DC*
- *Kevin McGinnis, MPS, WEMT-P, Chief, CEO, North East Mobile Health Services, Scarborough, ME*
- *Lori Spencer, RN, CCEMT-P, Captain, Baraboo District Ambulance Service, Baraboo, WI*
- *Ryan White, Health Economist, Eide Bailly, Lone Tree, CO*

**Areas of Examination:**

- a. **Current practices:** What scientific data already exists to inform the implementation, operations, outcomes, and quality assurance/performance improvement of community paramedic programs?
- b. **Discussion of gaps:** What type of empirical research is still needed to inform the field? Given the expanded role of EMS programs, what standard types of data should programs be collecting?
- c. **Research Questions/Identification of metrics and methodologies:** In building a national research framework, what types of methodologies and standard metrics are still needed to measure health outcomes, program outcomes, cost savings, performance improvement and systems review? What are feasible methodologies to provide rigorous evidence that can link community paramedic programs to improved health outcomes , efficiencies, and cost savings?
- d. **Documentation/Dissemination of results** (Who, What, When, Where, How)

**1145-1300 LUNCH (on your own)**

**1300-1430 Community Paramedicine Research Agenda**

**Facilitators:**

- *Davis Patterson, PhD, Research Scientist, WWAMI Rural Health Research Center/Center for Health Workforce Studies, University of Washington*
- *Sue Skillman, MS, Deputy Director, WWAMI Rural Health Research Center/Center for Health Workforce Studies, University of Washington*

Pre-hospital EMS research: What is quality improvement vs. evaluation vs. research?

Promoting research to advance Community Paramedicine

Group activity: The Interview Design Process

Next steps: Drafting a Community Paramedicine Research Agenda  
Next steps: Drafting a Community Paramedicine Research Agenda, building consensus  
on top research priorities based on need/impact and feasibility

**1430-1500 WRAP-UP/CLOSING REMARKS**

Speaker: Douglas Kupas, MD, Principal Investigator

**POST MEETING DISCUSSION:** *Steering committee members and researchers will meet to develop a paper to identify a national research agenda on community paramedicine.*

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## *Conference Documents*

Website: <http://bit.ly/SpbCVK>



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