

ND EMS Community Paramedic Committee
Meeting Minutes: February 22, 2012
10am-3pm (CT); FM Ambulance (2215 18th Street S – Fargo)

MINUTES

Committee participation:

Cody Friesz	Sherm Syverson
Curt Halmrast	Kelly Wanzek
Ron Lawler	Tom Nehring
Mona Thompson	June Herman
Tim Meyer	Wayne Fahy
Marlene Miller	Lynn Hartman (by phone for am)

Guest: Gary Wingrove

I. Introductions, Meeting Purpose, Goals

Marlene facilitated introductions and confirmed the group's purpose and goals for the meeting. This committee is a subcommittee of the ND EMS Advisory Council; discussions and subsequent recommendations are shared with the Council on a monthly basis when it meets. The subcommittee's purpose is to explore the community paramedic model and relay recommendations related to its implementation with the Council. The purpose of this meeting is to learn more about the model from guest, Gary Wingrove, develop next steps for a statewide stakeholder meeting, and provide recommendations for Council consideration.

II. HICCUP: History of Contemporary CommUnity Paramedicine

III. FOCUS: Features and Outcomes from Canada and the US

Gary presented detailed information and examples of the Community Paramedic Model. A copy of his PowerPoint presentation will be sent with meeting minutes.

IV. NERDS: Needs, Economies of scale, Resources, Detractors & Special considerations

V. WWNDD: What Will ND Do?

Group discussion related brainstorming needs in North Dakota, stakeholders, legislation, curriculum and more. Summary follows.

North Dakota Needs

- Tailor CP to all communities (urban, rural, tribal)
- ND needs to think about future workforce in EMS (current struggles are many including aging workforce, mainly volunteer)
- The state needs to think through a different model to sustain access to emergency care as well as access to primary and preventive care.
- Geographic barriers
- Need to know more about:
 - funding options and reimbursement

- Curriculum/educational options – need to explore further in order to propose recommendations for ND – what makes sense for ND? (e.g. standardized model (Gary recommends) or develop our own and tailor to our needs. What is practical, doable, cost efficient? Use of a core curriculum with optional modules; what will recertification look like?
- Understand current legislative language that may present as a barrier and think through proposing a bill for upcoming session.
- Need to pull resources and review to see what is a fit for us
- Need to pull relevant statistics to tell our story and use to write case studies/financial impact of CP implementation
- Develop a business model for services to implement
- Education of model
- Technical assistance will be needed to help services implement/understand
- Know what would it take for a community to implement CP/cp – pull info together so communities understand and can decide on whether to participate in a pilot, implement themselves or not.

Questions

- Is the intent to have a dual role? (CP and paramedic/EMT)
 - It can be a dual role – may depend on local (e.g. rural would probably need to function as a dual role/urban areas may implement as a specific role).
- How available are clinical sites?
- What skill level should the CP have? (more or less?)
- Change of role vs. scope (prescribing, suturing)?
 - Most examples elsewhere have not changed the scope. Will need to consider and decide.
- Use of technology? (e.g. Lifebot)
 - Possibility to consider; Ed Gregoire (NDDoH) recently attended conference on use of the Lifebot and has further information if needed.
- Who is being served by this model?
 - The need and rationale for implement the CP model varies by area/community, etc.
- What do state statutes say about practice? How would licensing work in ND? Requirements for re-certification? What legislative changes might be needed in ND?
 - Need to explore further
- Will there eventually be a national initiative that we should wait on?
 - National body – registry testing (CP Registry is used by colleges which equates to certification)
- What are other CP programs? What are their focus areas? Can the CP model be flexible?
 - Gary has grid of examples and shared examples in his powerpoint. We'll want to feature this at stakeholder meeting.
- What will be needed by varying payers for reimbursement?
 - Something to consider; follow Minnesota activity currently seeking Medicaid reimbursement and national discussions related to reimbursement as well.
- How long is the training?
 - Current curriculum is about 200 hours/can be completed in 6 month period.
- Who will be the academic institution that offers CP education?
 - Discussed different options. Online education currently available through Colorado; we may want to use this for now. FM Ambulance interested in working on curriculum for ND through affiliation with NDSCS. UND/NDSU MPH program may be an option in the future if advanced degree model recommended.

Barriers

- Funding/reimbursement of model/care
- May be difficult to obtain sites to pilot the model
- Address the needs we have now – don't get too far ahead of ourselves
- Stakeholder groups such as board of nursing, public health, hospitals
- Recruiting providers
- Educational requirements; two year degrees plus masters will be a deterrent.

Timeline

March 2012	Workgroups meet
April 2012	Full committee meeting prior to ND EMS Advisory council to review workgroup findings (consider meeting before NDEMSAC in Bismarck); date to be confirmed.
June 2012	Host statewide stakeholder meeting
Summer 2012	Possibly present on model to Interim Health Committee (Tom to discuss with Dr. Dwelle)
November 2012	Draft bill prepared for legislature
January 2013	ND Legislative session begins
August 2013	The soonest course would be available through FM ambulance and their association with NDSCS; could also consider distance education through Colorado.

Stakeholders

The following is a list of target audiences/organizations/individuals to invite to the stakeholder meeting. This is an “active” list and others may be added as needed/identified and specific individuals from each will need to be identified for invitation purposes.

- Opinion leaders
- MD Champion (Dr. Franks, Dr. Hanakom, ask NDMA)
- BCBSND, Sanford, Noridian, ING
- Medicaid
- Financial expert
- ND Healthcare Review, Inc.
- Board of Nursing
- ND CAH Quality Network
- Board of medical examiners
- Demographer (Dr. Rathke)
- Department of Commerce
- Associations (nursing, medical, hospital, EMS, county officials, long term care, public health, mental health, 911, dental, PA/NPs, rural health association, pharmacy, diabetes)
- Center for Rural Health
- American Heart Association
- First Link (211)
- MediQHome (BCBSND)
- Safe Kids
- EMSCC
- Patient advocacy groups
- Workforce safety
- Healthy ND (NDDoH)
- Industrial (NRASP, Hess - Oil)
- Foundations (Dakota Medical, Helmsley, other)
- Indian Health Services
- Catholic Health Initiatives
- VHA
- Legislators
- Health and Human Services
- Higher ed/colleges
- First responders
- Occupational health (Hedahl, other businesses)

Stakeholder Meeting (date TBD – target date: end of June 2012)

- Purpose: Introduce the CP concept, providing information, background, history, and examples from other states. Suggested agenda: Presenters (Gary, Ann (or Dr. Wilcox), and Chris) followed by Q&A of participant stakeholders. Gary has sample agendas, etc.
- Keep the message broad and balanced with enough detail so people understand our options
- Gary has grid with examples of other CP models showing which components were implemented in different communities (speaks to the flexibility of the model)
- Hold this sometime after the IRCP conference in Vancouver
- Work toward ND Plans and next steps – build consensus/ownership from other stakeholders

Community Paramedic Subcommittee Workgroups

Based on the above discussions the group agreed to work four workgroups to further explore and understand four overarching areas as noted below. The chair from each will convene their groups over the next month and be prepared to report back to the full committee at its next meeting in April.

1. Curriculum (Ron (Chair), Kelly, Wayne)
2. Finance (Tom (Chair), Sherm, Lynn, Cody)
3. Legislation (Cody (Chair), Tim, Ton, June)
4. Data/Case Studies/What Communities Need to Know
(Wayne (Chair), Lynn, Mona, Ron, Ton, Sherm, Marlene (if needed)).

Note: St. Aloisius Medical Center (Harvey, ND) volunteered to pilot this and Wayne Fahy would take training.