



RESOLUTION FOR CONSIDERATION

Board Meeting Date: March 26, 2014

Subject: Community EMS/ Paramedicine Whitepaper

Resolution #: 0314-01

Committee/Task Force: Community EMS/Paramedicine

Resolution:

The Board of Directors of the Pennsylvania Emergency Health Services Council does hereby resolve to support community paramedicine in the Commonwealth of Pennsylvania and accepts the whitepaper developed by the PEHSC Community EMS/Paramedicine Task Force for use in legislative and key stakeholder education.

Background:

Community paramedicine, sometimes referred to as mobile integrated healthcare, is an organized system of services, based on local need, provided by EMTs and paramedics, which is integrated into the local or regional healthcare system.

Over the last 10 years, community paramedicine has gained steady momentum due to the effects of healthcare reform, which has stressed primary care resources; imposes significant penalties on hospitals for readmissions; and pushed many people to seek care in overcrowded emergency departments where lower acuity patients wait hours for basic care.

Community paramedicine has implications in both the emergency and non-emergency realms of traditional EMS model. For example, instead of responding to numerous 911 calls generated by high frequency system users, the community paramedic takes proactive steps to avoid them by delivering services to the patient's home. Home visits to patients recently discharged from the hospital can lower 30-day readmissions by using their assessment skills and communicating the results to nurse-navigators and primary care physicians.

Financial Considerations:

Sources of reimbursement will be driven primarily by the scope of services offered. Potential payer sources include patient self-pay, hospital or healthcare system, skilled nursing facility or currently in some limited situations, a health care insurer. The long term success of this emerging area of practice depends on our ability to have governmental (Medicaid/Medicare) and private health care insurers to recognize its value in reducing health care costs and provide appropriate cost-based reimbursement.

Educational Considerations:

As with any healthcare provider, education and clinical training consistent with the functions of a community paramedic¹ is essential to ensure the delivery of safe, quality healthcare. This education should be delivered by an accredited educational institute and include foundational learning objectives including, but not limited to cultural competency, community roles and resources, expanded health assessment, personal safety and interdisciplinary team dynamics. Additional instruction in specialty areas may be required and will be primarily driven by the scope of services offered by the EMS agency.

Although there may be a need for the community paramedic to acquire additional psychomotor skills, the skills currently authorized by the Department of Health are adequate to deliver most of the services provided by a community paramedic. The community paramedic should be expected to demonstrate competence upon completion of the educational process and throughout their career in order to meeting the community's needs and expectations.

Board Meeting Comments/Concerns:

None.

¹ References to the term "Community Paramedic" in this document are intended to be in a generic nature and may also refer to services provided by an AEMT, EMT or EMR.