Health Workforce Pilot Projects Program
Application #173: Community Paramedicine
Updated November 17, 2014

APPLICANT/SPONSOR:
Emergency Medical Services Authority (EMSA)
FACEP 10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

PROJECT DIRECTOR:
Howard Backer, MD, MPH,
EMSA Director

SPONSOR TYPE:
Government agency engaged in health or education activities

PURPOSE:
Determine whether paramedics working in an expanded role in their community can help improve health system integration, efficiency, and/or fill identified health care needs.

APPLICATION CHRONOLOGY:

Application Submitted:	December 28, 2013
Application Approved for Completeness:	February 7, 2014
45-Day Public Review Process:	February 14-March 30, 2014
Public Hearing:	July 30, 2014
Staff Recommendation Released:	October 13, 2014
Project Approved:	November 14, 2014-November 13, 2015

ESTIMATED COST AND FUNDING SOURCES:
Estimated Cost: $1,120,000

Funding Sources Committed:

California Health Care Foundation Grant	$750,000
Emergency Medical Services Authority	$370,000
Total Committed	**$1,120,000**

PROJECT DESCRIPTION:
The applicant proposes to generate, collect and analyze data that will examine the practice of Community Paramedicine (CP) and serve as a basis to recommend changes to existing statutes and regulations in the following general project areas:

a) Transport patients with specified conditions to alternate locations that can be managed in health care settings other than an acute care emergency department, such as an urgent care or general medical clinic.
b) Address the needs of frequent 9-1-1 callers or frequent visitors to emergency departments by helping them access primary care and other social or psychological services.
c) Provide short-term home follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital with referral from the hospital, clinic, or medical provider.
d) Provide short-term home support for persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions with referral and under protocol from the medical home clinic or provider.
e) Partner with public health, community health workers and primary care providers in underserved areas to provide preventive care.

PROJECT OBJECTIVES:

- Provide additional training to exiting EMT-Paramedics to prepare them to practice as Community Paramedics under auspices of HWPP.
- Demonstrate cost-effectiveness of care provided by Community Paramedics compared to care as it is currently provided.
- Demonstrate that Community Paramedics can safely and effectively provide care that improves health care efficacy, patient-centered care, and integration of health system resources with reductions in both unnecessary ambulance transports to emergency departments and hospital readmissions.

Proposed Number of Trainees	100
Proposed Number of Supervisors	26
Proposed Number of Sites	13

BACKGROUND OF THE PROJECT:
Selected passages have been taken from the HWPP #173 application.

"Community Paramedicine (CP) is a new and evolving model of community-based health care in which paramedics function outside of their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. CP programs typically are designed to address specific local problems and to take advantage of locally developed linkages and collaborations between and among emergency medical services and other health care and social service providers and, thus, are varied in nature. Interest in CP has substantially grown in recent years based on the belief that it may improve access to and quality of care while also reducing costs.

In recent years, Community Paramedicine programs have been implemented in a number of states, including Colorado, Minnesota, Texas, Maine, Pennsylvania and Nevada, as well as other countries including Canada, England, New Zealand, and Australia. The implementation and operational costs of these programs in the U.S. and their outcomes are still being assessed. Few published reports of data are available at this time. There is a longer history and more literature on the outcomes of CP programs in other countries, but differences in methods of financing and delivering care in these countries makes it difficult to generalize the findings to the U.S. Interest in developing CP programs has been especially high in rural and other medically underserved areas."

The sponsor states that "this project will not displace other healthcare providers, but will fill unmet local needs utilizing paramedic skills and availability. Utilizing paramedics in expanded roles is attractive because they are already trained to perform patient assessments and recognize and manage life-threatening conditions in out-of-hospital settings. They are accustomed to providing care in home and community settings under relatively austere medical care conditions; are available 24 hours a day, seven days a week, 365 days a year; and are widely trusted and respected by the public. Further, paramedics are accustomed to collaborating with other health care providers in a variety of settings."

LAWS AND REGULATIONS PERTINENT TO THE PROPOSED PROJECT:

- California Code of Regulations, Title 22, Division 9, Chapter 4
- Health and Safety Code, Division 2.5, Chapter 2, 1797.52
- Health and Safety Code, Division 2.5, Chapter 4, 1797.218
- Health and Safety Code, Division 107, Part 3, Chapter 3, Article 1, commencing with Section 128125, the Health Workforce Pilot Projects Program
- California Code of Regulations: Title 22, Division 7, Chapter 6