

What is Community Paramedicine and why the interest?

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The Problem



- Significant number of ambulance services are unsustainable over time
- There are significant gaps in the current system

Potential Solution

Community Paramedicine (CP)

Takes already medically-trained EMS personnel and gives them additional training to address other environments and disease issues

What CP is not!

- It does not increase the scope of paramedic practice
- It does not replace current healthcare providers
- It is not an answer to all of the ills of the current delivery system

Who is Using CP?

- Currently 17 states
- In the next 1 to 2 years, approximately 40 states will be using some form of CP

Two Models

- Urban – mainly decreasing unnecessary ambulance calls and unnecessary emergency room visits
- Rural – filling gaps in the current healthcare delivery system

Levels of Training

- 200 – 400 hours of additional training
 - Chronic disease patients
 - Workplace and home wellness
 - Home visits
 - Occupational health
- EMTs and paramedics
- National curriculum
- Associated with higher education institution (still to be identified in ND)

Stakeholders

- EMS
- Physicians
- Public Health
- NPs and PAs
- Hospitals
- Nursing

Activities to This Point

- Community paramedicine sub-committee to the EMS Advisory Council
- Stakeholder meetings
- Funding received for a demonstration project

Moving Forward

- Continue stakeholder meetings
- Gain consensus
- Proceed with legislative process if necessary
- Possible revenue stream
- Demonstration project
 - Education
 - Working within a community