



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE
04333



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June 28, 2012

We are pleased to provide the enclosed application guidance for services to participate in the Maine EMS Community Paramedicine pilot project.

Section 1 of the guidance includes the statutory authority and rules requirements for Community Paramedicine pilot projects. Section 2 provides details about the application components that must be submitted in order to be considered for this pilot project.

There is no traditional "application form" to apply, nor is there an application fee.

Instead, applications must be in the form of a proposal that contains the required components. Section 2 describes the information that must be included in the service application, and which information must be submitted no later than 45 days prior to the requested start date.

Please also note that there is a limit of 12 Community Paramedicine pilot projects that may be approved. An approval number will be assigned in the order in which a completed application is received. Incomplete applications will not be assigned an approval number.

Applications may be submitted at any time; however, approval will not commence until after August 30, 2012, which is the effective date of the authorizing statute.

Please feel welcome to call Maine EMS if you have any questions about the Community Paramedicine pilot project and/or the application process.

Sincerely,

A handwritten signature in black ink that reads "Jay Bradshaw".

Jay Bradshaw
Director

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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330



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Maine EMS Community Paramedicine Pilot Project (CPPP) Application

1. Authority for Community Paramedicine Pilot Projects

A statutory change effective August 30, 2012, enables the Maine EMS Board to approve up to twelve community paramedicine (CP) pilot projects as follows:

Sec. 1. 32 MRSA §84, sub-§4 is enacted to read:

4. Establishment of community paramedicine pilot projects.

Using the same process established by the board in rule for using pilot projects to evaluate the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the board may establish up to 12 pilot projects for the purpose of developing and evaluating a community paramedicine program. A pilot project established pursuant to this subsection may not exceed 3 years in duration.

As used in this subsection, "community paramedicine" means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician.

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The board shall establish the requirements and application and approval process of pilot projects established pursuant to this subsection. At a minimum, an emergency medical services provider, including, but not limited to, an ambulance service or nontransporting emergency medical service, that conducts a pilot project shall work with an identified primary care medical director, have an emergency medical services medical director and collect and submit data and written reports to the board, in accordance with requirements established by the board.

On or before January 30th of each year, the board shall submit a written report to the joint standing committees of the Legislature having jurisdiction over criminal justice and public safety matters and labor, commerce, research and economic development matters that summarizes the work and progress during the previous calendar year of each pilot project authorized pursuant to this subsection.

The Maine EMS rule on pilot projects cited in the statutory language is:

§10. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

2. Application Procedure

An application will be considered complete when it is submitted to Maine EMS and contains the following sections:

- A. Section 1: Letter of Intent**
- B. Section 2: Type of Pilot Project**
- C. Section 3: General Project Description**
- D. Section 4: Patient Interaction Plan**
- E. Section 5: Staffing Plan**
- F. Section 6: Training Plan**
- G. Section 7: Medical Direction/ Quality Improvement Plan**
- H. Section 8: Data Collection and Plan**

An application approved by Maine EMS will be assigned one of twelve CPPP approval numbers (CPPP1 through CPPP12). Applications will be considered in the order they are received by Maine EMS. If an application is deemed complete by Maine EMS, it will reserve an approval number for that application until a decision is made to approve or disapprove the application. Maine EMS may request additional material in support of an application before it makes a decision to approve or disapprove. If an application is disapproved the approval number is placed back in the pool of numbers and the CPPP sponsor must reapply.

Because this program is intended to pilot innovative systems to address community EMS and health care needs, because there are a limited number of pilot opportunities, and because it is expected that significant resources will be invested in the detailed planning required to initiate a project, projects may be approved with some aspects of the detail required in the above sections being subject to further planning and description. These details must be approved by Maine EMS before a CPPP start date (the date on which patient encounters may begin) is approved. The guidance below specifies which requirements of the application sections must be in place at the time of the application submission for approval, and which must be in place prior to the start date. Once a start date is approved, any further changes to the project must be approved by Maine EMS, and the approval number will remain the same.

Once an application is approved and assigned a CPPP approval number, a CPPP start date must be approved by Maine EMS and occur within 180 days of the application approval. Otherwise, the CPPP approval number will be returned to the pool of numbers available, and the sponsor must submit a new application which will be considered with other applications in the order received.

The term of the CPPP will be no longer than three years from the approved start date.

3. Application Requirements

Section 1: Letter of Intent (must be included in application submission)

This is a letter, on the letterhead of the Maine EMS licensed service(s) applying for approval of a CP Pilot Project, formally transmitting the application to Maine EMS for consideration. It should state the Service's intent to support and staff the project for up to three years as described in the remainder of the attached application. The letter should be signed by the chief of the Service whose name is on file at Maine EMS.

Section 2: Type of Pilot Project (must be specified in application submission)

The applicant must identify the type of project as either:

a. *EMS Extended/Enabled Community Health Pilot Project (ECPPP)*

This is a project that addresses specific community health needs that are not being adequately met by other health provider resources. Ideally, it also will enhance EMS response resources in the community. All licensed EMS providers may participate in the project within the scope of their current Maine EMS defined practice. Training, medical direction, quality improvement, and data collection will be specific to the community health need being addressed, as will relationships with others in the community's health team.

b. *General Practice Community Paramedicine Pilot Project (GCPMP)*

This is a project that utilizes Maine EMS licensed paramedics who have graduated from a nationally recognized college based community paramedicine program, or possessing a nationally recognized equivalent set of training and experience. These providers may address all health care issues deemed appropriate by their primary care and EMS medical directors. Specific patient interaction will be on an episodic basis as requested by a physician. Given the mix of health care needs being addressed in the community, the medical director(s) will be responsible for implementing appropriate additional training as well as quality improvement and data collection as specified below.

A project type may be changed during the three year period if a new application reflecting the changed nature of the project is submitted and approved by Maine EMS. Failure to receive approval for a change of project type does not jeopardize the project's current approved status. The approval number for the original project will be transferred to the approved, changed project.

Section 3: General Project Description (must be included in application submission)

Describe the community/communities to be served, the Service base location(s) to be employed, the community health need being addressed, the current community health team members being partnered with, and the methodology for addressing the need (including any enhancements of the EMS response system that will result). It is not required that all CP operations be started simultaneously at all locations, but a general plan for implementation should be described.

Section 4: Patient Interaction Plan (must be included in application submission)

Describe the nature of anticipated patient care and diagnostic interactions. Specify how the patient community will be educated to have realistic expectations of the community paramedicine practitioners and these interactions.

Section 5: Staffing Plan (must be submitted 45 days prior to requested start date)

Who will be providing the CP services and how will these services fit within the normal EMS staffing of the Service? On what type of schedule will these services be made available? How will this staffing arrangement be funded? If this is a GCPPP, how many qualified paramedics will be employed?

Section 6: Training Plan (must be submitted 45 days prior to requested start date)

If this is an ECPPP, what training will be provided to enable the providers to deliver the services described above? Who will be responsible for training oversight and coordination and what are the qualifications of this person to do so?

If this is a GCPPP, where did the providers receive their CP training? Describe any additional training that is planned to enable the providers to carry out their services and the person(s) and their qualifications to provide and/or oversee this training.

Section 7: Medical Direction/ Quality Improvement Plan (must be included in the application submission)

Identify the Service's EMS medical director and describe his/her involvement in the Service's operation and its quality improvement system. Identify the primary care physician who will provide medical direction for the CP services to be delivered and describe the protocols developed for CP patient interactions. Describe how the EMS and CP medical directors will work together and how they will guide the service's CP providers in determining whether they are acting under CP or EMS protocols.

Section 8: Data Collection and Plan (must be submitted 45 days prior to requested start date)

If this is an ECPPP, describe what data demonstrates the need for this project, if any. Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how Maine EMS will be included in this.

If this is a GCPPP, define the population to be served. For this population, describe how data will be collected to measure against, at a minimum, the following performance markers:

- Number, type, and rate of CP patient interactions (e.g. interactions per patient per year)
- Rate of hospital admissions (admissions per patient per year).
- Rate of ED admissions (admissions per patient per year).
- Rate of 9-1-1 calls for EMS (calls per patient per year).
- Rate of hospital readmissions within 30 days of discharge (readmissions per patient per year).
- Rate of ED readmissions within 30 days of discharge (readmissions per patient per year).
- Primary care practice utilization rate (visits per patient per year).

Applications may be submitted via e-mail to: maine.ems@maine.gov or mailed to:

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152 State House Station
Augusta, ME 04333