

December 9, 2021

Friday, December 3, 2021

3:56 PM



Community Paramedicine Committee Agenda  
Thursday, December 9, 2021 at 9:30 A.M.

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all clinicians. All members of this committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this committee, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."

1. Call to order
2. Reading of the Committee Statement
3. Attendance:
  - a. Guests: Eric Wellman, Kristopher O'Connell, Do, Joe Brichetto,
  - b. Walter Reed, Sue Shorette, Matthew Sholl, MD, Corey More joined at 10:20 A.M.
  - c. Maine EMS Staff : Jason Oko, Sam Hurley
  - d. Welcome to Corey Morse
    - a. Corey was unable to attend.
4. Public Comments
  - a. No public comments were made
  - b. First meeting since September
    - a. Minutes will get caught up in January.
5. Additions or deletions to the agenda
  - a. No additions were made
6. Old business
  - a. Funding for CP

- a. No update for today, possibly wait for Sam to update
- b. CP Guidelines
  - a. Dr. Lowry discussed the guidelines -
  - b. Sam and Matt have an update on these guidelines
    - i. Benji and Matt are going to start facilitating the changes necessary and then present to MDPB
    - ii. Matt spoke regarding the guidelines - recognized there is formatting work, content wise, pairing them to larger with described scope of practice and describing it in the protocol, spending dedicated time in early 2022 to accomplish this and ready those guidelines for deployment.
      - 1. Dr Lowry - what can we do to assist facilitating this work?
        - a. One of the items we are hoping to take advantage of is the new position, some technical writing,
    - iii. Dr. Busko - Operational question - the idea was to give the agency a pathway to make the application process easy, so instead of having to develop their own guidelines, they could use the state approved guidelines 0 is that the operational intent? We need to be clear, because MDPB approves protocols, is this the minimum basic protocol set, and allow agencies to build on top of it?
      - 1. Dr Lowry - be careful of our wording - Guidelines or protocols?
    - iv. Dennis Russell - do we want these to be protocols or guidelines
      - 1. Matt says Maine EMS needs to discuss
        - a. Dr Lowry - what would be the difference?
          - i. Matt - the protocols are the standard everyone works by, guidelines are a suggestion that folks can take or leave and or modify. Matt gave some history of the Maine EMS protocols and protocols across the country
          - ii. Dr Lowry - raises a question - we were envisioning setting minimum standards, that agencies could expand upon - do the guidelines have a binding component that they would be required?

1. Dr Busko - if you were going to have a CP program, at a minimum you would have to meet the guideline, not all of them, but each one at a minimum, if you did diabetes education you would have to follow the minimum, but you would not have to do all of the guidelines.
2. Dennis - what is the intent of the guidelines/protocols?
  1. Sam - We need to have guidelines but his understanding is it establishes the base requirement of what you should be doing and there should be capacity to augment the guideline. A hybrid model between protocol/guideline based on agency capacity. While not ideal, we would like all agencies to be able to offer the same level of service across the state. It would be difficult to market if there were discrepancies in capability. As we build out education, we cannot decide what they are going to be able to do if we do not develop it into the education - We need to have this done by Q1 2022.
3. Thank you Sam - Standardization is key - Variation is confusing.
4. Walter reed - understands the necessity for standardization, but would like to see the flexibility to do whatever the PCP asks of us as long as it falls within the scope of practice of the clinician in addition to the protocol
5. Dr. Busko - protocols were based on the idea that you would have to go through the CP affiliate of training then they were based

on the EMS licensee scope of practice written as EMT, AEMT, Paramedic, not

6. Dennis Russell - one - Concern is that we have been driving since the creation that we need to have a community needs assessment - then to provide what we need within that realm -
7. Second - we have education plans now that are developed under national standards. They have been active in Maine without guidelines
  1. Sam - CAN is integral part of CP - it is how you establish connections with all involved parties - we cannot be everybody's fix all - we can't be hospice or home health. We have to differentiate ourselves, we are not trained to their level
  2. Dr. Sholl - the intention is not far off, we need to build in sustainability - we want to create great protocols that includes a process to support them longitudinally.
- b. Dr Lowry emphasized that this is a collaborative discussion.
- c. Dr Busko - it sounds like we are moving towards doing this backwards. We may need to retract the protocols, there was never an intent to define a scope of practice with these protocols -
- d. Walter Reed - appreciate the thoughts, we are helping Home Health and Hospice, not replacing them.
- e. Dr Lowry - Are we heading in the right direction, or do we need to revise the entire situation - what would be the recommendation in furthering CP right now?

- i. Dr. Sholl - the committee has sort of defined scopes of practice - wants to coordinate with the rest of the health care system. The current draft is a good starting point - we need to add process - structure - definitions - Have some work to do to mature the document.
- ii. Dr. Lowry - do we need a working group Dr. Sholl will discuss with Sam and get back to Dr Lowry
- iii. Any other comments on the guidelines/protocols or the process as it stands - none heard.

c. Education Standards

7. New Business

a. CP Grant

a. Committee roles and responsibilities

- i. Maine EMS needs help with sourcing a CP coordinator - none are moving forward - we are re-posting the position - please share the posting with your friends.
- ii. The university of Southern Maine and the Cutler institute is supporting us for evaluation and monitoring of the grant
  1. We need the data to say our program is sustainable
  2. Like the Lincoln county assessment
- iii. We are working collaboratively with the Maine Community College System to develop CP education standardized across the state. To make sure our programs meet the needs of the state.
  1. The outcome will be to build a new certification at Maine EMS, so we can track it.
    - a. Dr. Lowry - What role can the committee play in the above ventures?
      - i. Sam - we will get back to you with some items. Eric Wellman needs assistance and the USM will need input as well. We are in the initial phase, which is contracting, the contract with MCCS should be signed by the end of this year, but Eric will have times he will need to bring things to this committee

- ii. The committee will need to advise the contractors.
- iii. Dennis - for clarity - this looks like training centers are not going to have the opportunity to provide CP education -
  - 1. Sam- Maine EMS is buying the product form MCCS - it will be MEMS property - other training centers can provide the training, but the same standards will need to be met. Additional funding will be provided to support delivery as long as the established standards are met.
  - 2. Dr. Lowry - You mentioned a goal to raise up ten new organizations in the next year - do you have any comment or additional information and what can we do to help?
    - 1. Original plan said 25 programs - we have dropped it to 10 due to Covid, emphasizing rural areas.
      - 1. We want to strengthen our programs and be sure we have at least ten providing consistent services. need to work on reimbursement. Make sure modifications for reimbursement get made expeditiously.
      - 2. Is the state actively soliciting communities?
      - 3. We will be luck to not lose folks who have been working over the years without funding. We are reducing services due to lack of funding
      - 4. Ellen - in LC - CP services have slowed - we have had the health system budget for a stipend reimbursement for calls and hired

a CP coordinator part time to work as a point between the services and the practices.

1. We have sub-grant funding available.

iv. Dr. Lowry - this has been a very productive meeting.

b. State of CP

a. NEMHS

b. 10 new services

i. One service ended operations

c. Welcome to Cory Morse

i. Cory introduced himself

c. Community College Rep Position

a. We need to post this position -

d.

From <[https://stateofmaine-my.sharepoint.com/personal/jason\\_a\\_oko\\_maine\\_gov/Documents/Desktop/CP%20Minutes/CP\\_Committee\\_Minutes%2007082021.docx](https://stateofmaine-my.sharepoint.com/personal/jason_a_oko_maine_gov/Documents/Desktop/CP%20Minutes/CP_Committee_Minutes%2007082021.docx)>

Send out copy of CP Education Standards in January.

Data collection - work on the MEFIRS product.