



20221013-CP-Committee-Minutes

Wednesday, October 13, 2022

2022 Community Paramedicine Sub-Committee Meeting

Meeting Date: 10/13/2022 9:30 AM

Location: <https://mainestate.zoom.us/j/81397146472>

“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
 - a. Dr. Lowry called the meeting to order at 9:33 A.M. and read the mission statement
2. Attendance
 - a. Committee Members: Dr. Lowry; Bridget Rauscher; Sally Taylor; Dennis Russell; Charlie Mock; Walter reed; Ellen McFarland; Brian Cashin; Dr. Busko
 - b. Guests: John Becknell (SafeTech Solutions); Heather Pelletier (Office of Maine Care Services); Karen Pearson (USM); Daphne Russell
 - c. Maine EMS Staff: Jason Oko; Ashley Moody; Sam Hurley (Maine EMS Director)
3. Modifications to the agenda
 - a. No proposed modifications to the agenda
4. Approval of meeting minutes
 - a. September 2020
 - i. Motion to approve the minutes by Brain Cashin, Second By Dennis Russell, No Discussion, Unanimous of all those present. Motion Carries
5. Old business
 - a. Scope of practice Discussion
 - i. Dr. Lowry reviewed the direction provided by Director Hurley regarding the Scope of Practice document



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1. Strive for the future
 2. Don't get bogged down into the weeds
 3. Formalizing what a CP Clinician can perform
 - a. Heather Pellitier asked if this was referencing a licensure process, this question is directly tied to potential policy that would be tied to licensure.
 - b. Director Hurley added that this would be to add a new licensure process, whether it is an add on to an existing license, so we can hold people accountable to the license and require continuing education.
- ii. Review of Dr. Busko's work on the scope of practice procedure list and a review of the documents regarding protocols that was shared after the last meeting.
- iii. Dr. Lowry shared the top-level skills that were a part of Dr. Busko's document as a new document the committee had not seen yet.
1. Ellen mentioned some concerns about push back from insurance companies
 2. Dennis mentioned administration of medications and did not see that on this list.
 - a. Not sure if that is a path we were heading down, dispensing medications yet, possibly if we were to consult with a physician prior to beginning the administration of the medication. Director hurley and Ellen agreed.
 - b. Ultra-Sound to assist procedures needs to be more clearly defined
 - i. Thinking to the future - IV Placement - Abscess detection - Urinary Retention -



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- ii. Dennis like the use of Ultrasound, but we may be better served to focus on other pieces.
- c. Sally mentioned that there are specific items mentioned (CHF/COPD), but we are missing things related to diabetes, (A1C, BGL), Foot checks
 - i. Dennis, can we say chronic disease management and education? To cover all of our bases.
- d. Sam mentioned the assisting with a mechanical ventilator, what is this about? Does it include changing settings?
 - i. Dr. Lowry reported it is a carry-over from previous versions and it is on the Colorado protocol.
 - ii. Dennis is unsure how we would utilize this in a CP program, it could be something we add later. We should not be changing settings.
- e. Sally asked - How minute or how broad do we have to be in this list?
 - i. Sam- The idea is that we should be specific enough to talk about the capacity of the system to respond and talk about the things we could potentially do. We have to be cautious about saying chronic disease management, it could be training or A1C checks, he would like to see us say, CPs can do specimen collection for Urine, blood whatever, and then another one that says CPs could do CLIA waived lab testing, overarching it is saying we can do these



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- things, but we do not pigeonhole into one specific test. We need to take this list to Maine Care to say, there are the things we can do, you need to pay us for these things.
- ii. Focus some attention on the behavioral health screenings there is potential money here. Could a physician order a screening, have a CP do it, and then avoid the emergency room with a possible admit to a Psychiatric facility.
 - 1. Heather mentioned a behavioral health triage - this individual is a danger to themselves, can they be served by a telehealth encounter or do they need to be in an inpatient or clinic, or immediate intervention.
 - f. Dr. Busko asked about the list he worked on.
 - i. Dr. Lowry merged some of the items from the two lists
 - ii. Heather provided some feedback on some items. Point of Care testing/CLIA Waived Testing
 - 1. We should remove iStat off the list - it is not CLIA waived
 - g. Dr. Lowry - Unsure about Nausea-Vomiting-Diarrhea management program from the Michigan protocols. Great way to keep some simple patients at home.
 - i. Dennis agreed - with physician consultation, we are not diagnosing. Receive the orders from the PCP, keeps everyone in the loop. He would leave it in.



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- ii. Ellen-Assuming everything here is done based on an order from a physician.
- h. Dennis mentioned Opiate addiction and suboxone administration - we should add this to the behavioral piece, believes there is opportunity here.
 - i. Dr. Lowry mentioned addiction management as an all-inclusive list
 - 1. Sally - Agreed with addiction management - has a logistic question, things outside of Paramedic scope, how will this be managed? Medications, procedures, equipment, etc.
 - 2. Bridget - agrees about addiction management - what does the behavioral health assessment include? Does Naloxone leave behind include in this and initiation of MAT therapy?
 - 3. Dr. Busko - add stool to specimen collection
 - 4. Dennis - for clarification, that is exactly what other systems do, they have an MIH drug box that includes 76 medications, and we are at the point where we are starting to take some of those meds away because physicians don't use them, and they are expiring. We do a simple screening BP, History, making a notification to the facility they are



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going to. It can be done pretty easily.
Initiation of MAT would be fantastic.

- i. Jason Reminded folks of our timeline, recommended an additional meeting in November or October to flush out this document, and that folks have edits to this shared document
- j. Dr. Lowry proposed a meeting in two weeks and allow folks to complete these items by the 30th. Jason recommended one week. Last week of October meeting the 27th of October. Same time, same link.

6. New Business

- a. CP Coordinator Position
 - i. Dr. Lowry spoke about the new hire, but did not share the individuals name, they start on October 31, 2022.

7. Action Items

- a. Share Document with the group regarding the scope of practice
- b. Share SharePoint drive with Charlie, Bridget, and Debbie
- c. Share meeting details for October 27th with the committee
- d. Share meeting details with the group for November 10th at Samoset

8. Next Meeting

- a. October 27, 2022 at 9:30 A.M.
- b. November 10, 2022, in person and on zoom.
 - i. Jason will confer with Sally to secure a room and provide details on the location at the Samoset.
- c. Adjournment at 10:56 A.M. with a motion by Dennis



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Attendance

Member	Position	Present Y/N
Matt Sholl, MD	Medical Direction and Practices Board Member	N
Bruce Lowry, MD	Community Paramedicine Program Medical Director	Y
Bridget Rauscher	Municipal EMS Community Paramedicine Program	Y
Sally Taylor	Non-Municipal Community Paramedicine Program	Y
Dennis Russell	EMS Training Center	Y
Cory Morse	Hospital Based EMS Community Paramedicine Program	N
Vacant	College / University	NA
Charlie Mock	At-large Community Paramedicine Clinician	Y
Walter Reed	At-large Community Paramedicine Clinician	Y
Ellen McFarland	At-large	Y
Brian Cashin	At-large	Y
Debbie Siegel	Home Health	N
Jonathan Busko, MD	Hospital	Y