MEMORANDUM

To: Board of Emergency Medical Services

From: Community Paramedicine Committee

Date: February 27, 2024

Subject: Community Paramedicine Committee Feedback on Board Directive

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The Community Paramedicine Committee reviewed the Board's directive from their January meeting at their January and February meetings. The committee recognizes that these are nuanced conversations that will require ongoing work. As such there is not a total consensus by the committee on most of these topics after our initial discussions. Acknowledging the differing and evolving perspectives of our committee members, we suggest the following principles and themes to guide the Board when considering the growth of CP in the state.

1. **Mobile Integrated Health (MIH):** The committee has reviewed the national growth of this community health concept with interest and excitement. As we examine MIH and how it relates to our efforts to grow CP in Maine, we understand that conceptually, CP can be a component of MIH, but the two are not the same, and the terms should not be used interchangeably. The committee supports exploring the development of MIH in Maine. However, we feel that such an evolution should occur under a structure distinct from our work to date on CP. In our review of other implementations of MIH, the committee suggests that MIH is a multi-faceted response involving diverse services, such as social work, maternal health, behavioral health, and other community health workers. Given that the scope of MIH represents a significant expansion of the current concept of CP, the committee would recommend an exploratory effort, either through our committee or in a new MIH committee at the Board's discretion. Such an effort could evaluate and propose a plan to implement MIH within Maine and suggest necessary regulatory changes to the Board. We have also been cautioned that equating CP to MIH without further development of structure and regulatory framework could create issues in developing a flexible MaineCare reimbursement model. At this point, we are not yet ready for MIH within the state and all that entails for the healthcare delivery system.

2. **Coordination and Collaboration:** The committee discussed that coordination and collaboration represent vital tools in CP's growth and are paramount in avoiding issues around supplantation. In particular, we understand that as CP services grow, both in number and in geographical coverage, overlap and intersection with other community health services is inevitable. Deliberate planning and guidelines will need to be established, ideally in concert with the regulatory bodies of other health services, to ensure a collaborative and complementary approach to these interactions. When considering coordination with other clinicians, the needs of the patient, the gaps in services available,

and health of the community should remain the ultimate goals of the CP agency. The committee would like to discuss further what that looks like operationally. This concept must consider external stakeholders such as home health, hospice, and palliative care, as well as interagency coordination and collaboration.

3. **Sustainability:** The committee discussed that while the growth of CP in Maine is desirable and proceeding rapidly, the extent and direction of this growth need to be monitored and instructed by the regulatory framework. Within this structure, the guardrails placed must allow for the financial and operational sustainability of CP. In the committee's deliberations, we considered that policy precedents set to manage the growth of CP need to be universally applicable and feasible for all agencies to implement should they choose.

4. **Standardization:** The committee discussed that with growth, it is essential that we ensure that when a physician places an order for CP services for a patient, the care provided is of the same quality regardless of location. This would be evidenced by all CP providers at a given level being equivalently trained within the same scope of practice in line with their license level. The ongoing work on developing educational standards should support future educational standardization. Currently, CP agencies are varied in their capabilities, training, and services provided. Many services have grown CP from a pilot project framework, and each agency developed training to meet their community needs without any standard required training. Therefore, each agency could have drastically different training and services. This proved an effective and necessary step in the early stages of CP within Maine; however, as a now established and recognized service statewide, structure and standardization will provide safer and more effective growth opportunities.

5. **Patient-Centered/ Community Care:** The committee discussed the need to maintain a patient-centered and ethical approach even when business and financial interests pressure us to change care. Each community has different needs for CP and ensuring that the community voice is not lost with growth and financial pressures should be a primary goal in both the Board's and our own deliberations. The committee acknowledges that the foundation of CP is in the name of "community," and we caution efforts to implement CP in Maine that do not stem from a community response.

6. **Referral patterns:** Referrals are physician-ordered and based on the patient's plan of care. The committee identified that this is critical for sustainability and growth. We raised concerns regarding the consequences of business contracts in opposition to patient choice and referral options. The committee strongly argues that the referring physician should not be limited in their referral options by business arrangements that preference one CP agency to another. If that were the case, the committee has concerns about the ability to make choices in the best interest of the patient. Furthermore, the committee raises the prospect that altering referral patterns between CP services could permit an agency with business acumen to out-compete a smaller, truly community-based service, impacting the sustainability of our current community-based model.

7. **Service Area Expansion:** The committee recommends continuing to view requests for expansion of service area on a case-by-case basis and supports the Board's decision around this. We caution against any regulatory or universal changes in policy regarding the CP service area without further deliberation and consideration of stakeholder input.

The committee intends to continue the conversation on these critical topics. As CP grows in our state, we find ourselves at an exciting and pivotal moment in the role of EMS in community health. We welcome the Board's feedback and guidance on prioritizing the issues as presented above and in consideration of new opportunities as they arise. Thank you for your time and consideration of this matter.

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