

20241114- Community-Paramedicine-Minutes

Thursday, November 14, 2024

09:30 AM



Meeting Subject: CP Committee Meeting

Meeting Date: 11/14/2024 at 9:30 am

Location: Zoom

<https://mainestate.zoom.us/j/82453959343?pwd=eThoUTIxR3E5bisraXhqZ1pDL1ZWdz09>

“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 am.
- 2) Mission Statement
 - a) Dr. Lowry read the mission statement.
- 3) Attendance
- 4) Modifications to the agenda
 - a) None
- 5) Approval of Meeting Minutes
 - a) October 10, 2024
 - b) Motion to approve by Dennis, seconded by Karen. Abstentions by Walter, Ellen, and Dr. McElrath. Unanimous approval by all others.
- 6) Office update – Soliana
 - a) Grants
 - i) The office plans to release an RFA in early December that will run through late January.
 - ii) The office has begun working on an EMS Supplement Grant that should support rural agencies with workforce initiatives and potentially starting up CP programs in the coming years.

iii) Karen Pearson announced her resignation from the CP Committee. November will be her last committee meeting.

(1) The committee thanked her for her work and wishes her well.

7) Old Business

a) Rule – update on process

i) The Board approved the new Chapter 19. It is at the AAG's office for form and legality review.

b) Pediatric Survey

i) This has been distributed to both the AAP group and MNPA and responses will be reviewed at the next meeting.

c) Physician Onboarding Materials

i) Intro to CP

ii) Job Description

(1) Intro to Medical Direction – is this necessary?

(a) The committee feels that the job description encompasses enough.

(b) Josh worries about pigeonholing by being too prescriptive with medical direction.

iii) FAQ

(1) The committee discussed frequent questions and responses that may be useful for the medical director FAQ:

(a) Who can be a PCP medical director?

(i) MD, DO, NP

(b) Who can do referrals?

(i) MD, DO, NP, PA

(ii) Can be any field and any specialty including ED physicians, Specialty physicians, discharging hospitalist

(iii) Committee discussed whether EMS clinicians or other providers (nursing, social workers, crisis, etc.) could do a referral. For example, could another licensed practitioner such as an LCSW do a referral?

1. This will be discussed with lawyers as it may not align with existing statute.

(iv) Committee also discussed what a workflow for patients who don't have a PCP may look like. How do they get connected to longer-term supports?

(v) Committee also discussed that each agency may tailor the referral pathway to their agency, community needs and resources

(c) Training?

(i) What are the community needs?

1. Duties and responsibilities can include developing/providing education to the CP clinicians.
2. The expectation is not that the medical director will provide the overarching education – not teaching certification classes
3. Medical director can provide some CEH opportunities or specific training on community needs, but there are options elsewhere

(ii) Reference job description via hyperlink

(d) How do you get referrals?

(i) Utilize information from above

(e) How is CP funded?

(i) Depends on the agency

(ii) Some agencies utilize municipal funding, grant funding, volunteerism and donations from community

(iii) There was a legislative stakeholder group on reimbursement for CP services

(iv) Agency contracts with private insurers

(f) QA/QI?

(i) Reference back to the job description via hyperlink

(ii) Work together w/ agency and available resources to develop a robust QA/QI program

1. Varies from medical direction doing majority of the overview to providing support on a broader QA/QI team

(iii) Can support with developing KPI/ metrics for the agency and the program

(g) Contact list?

(i) If we include a contact list how do we update or ensure its accuracy long-term?

8) Board Directive

i) MIH/Service Area- Standing Item

9) New Business

- a) None
- 10) Action Items for Next Meeting
 - a) Dr. Lowry and Soliana will develop a draft FAQ for review at the next meeting
- 11) Next Meeting
 - a) December 12th at 9:30 am
 - b) Motion to adjourn at 11:00 am

Attendance

Member	Position	Present Y/N
Bruce Lowry, MD	Medical Direction and Practices Board Member	Y
Raymond Howard, MD	Community Paramedicine Program Medical Director	N
Bridget Rauscher	Municipal EMS Community Paramedicine Program	N
Joshua Pobrislo	Non-Municipal Community Paramedicine Program	Y
Dennis Russell	EMS Training Center	Y
Cory Morse	Hospital-Based EMS Community Paramedicine Program	N
Karen Pearson	College / University	Y
Charlie Mock	At-large Community Paramedicine Clinician	N
Walter Reed	At-large Community Paramedicine Clinician	Y
Ellen McFarland	At-large	Y
Daniel Svenson	At-large	N
Nicole Burke	Home Health	N
Shauna McElrath, DO	Hospice/ Palliative Care	Y
Jonnathan Busko, MD	Hospital	Y