



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
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Maine EMS Community Paramedicine Pilot Project (CPPP) Application

1. Authority for Community Paramedicine Pilot Projects

Initial authorization for CP was enacted during the 125th Legislature, 2nd Regular Session, LD 1837 (PL 562). This authorization set a cap of 12 pilot projects for a maximum of three years.

During the 127th Legislature, 1st Regular Session, LD 629 (PL 92), the CP statute was amended to eliminate the maximum number of projects and enable the Board of EMS to renew pilot projects. This amendment went into effect May 19, 2016.

Sec. 1. 32 MRSA §84, sub-§4:

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 pilot projects for the purpose of developing and evaluating a community paramedicine program.

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.

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.

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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

Submit a proposal to Maine EMS that contains the following sections (described in more detail later in this document):

- 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**

Because this program is intended to pilot innovative systems to address community EMS and health care needs 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.

Once an application is approved, a CPPP start date must be also be approved by Maine EMS and occur within 180 days of the application approval.

The term of the CPPP will be 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 (GCPPP)*

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.

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.

Include letters of support from medical directors and involved health agencies.

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.

Include flow chart for patient referral and protocols for all proposed treatments.

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 in addition to MEMSRR required run reporting.

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).

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

Maine EMS
152 State House Station
Augusta, ME 04333