

NY COMMUNITY PARAMEDICINE TASK FORCE

Attendance

Tom Lateukerg, Suffolk county EMS
Bob Delagi, Suffolk County EMS
David Kugler, NSLIJ CEMS
Carl Goodman, Suffolk REMAC
Shawn Bowe, NSLIJ CEMS
Michael Reid, FASNY
Brad Kaufman, FDNY
Yedidyah Langsom, NYC REMSCO
Timothy Egan, UNYAN
David Sherman, NC REMSCO
Cheryl Mayer, WE REMSCO
Derek Cooney, SUNY Upstate
Kevin Munjal, Mount Sinai

Welcome & Presentation by Kevin Munjal

- What is Community paramedicine?
 - It is an expansion of the role of EMS
 - It is meant to fill unmet needs in a community
 - It is different for each community
- 3 aspects
 - Patient Centered Emergency Response
 - Integration with Health Care Systems
 - Integration with Public Health Infrastructure
- Why Now?
 - This is a time of radical change in healthcare
 - Incentives being realigned: moving from volume based incentives to value based incentives
 - This creates opportunities to change the way resources are allocated.
 - Move care out of the hospital and into the community
 - Modern technology and telecommunications enable telemedicine in the field making reinvented emergency care systems more feasible
- State of the State Task Force
 - What we have done
 - Identified 4 major barriers and assigned a subcommittee to take on these issues
 - Financial Barrier - Reimbursement Reform Subcommittee
 - Regulatory/legal barrier - Legislative Reform Subcommittee.
 - Political Challenges - Public Relations Subcommittee
 - Technology and Data Limitations - Health Information Technology Subcommittee
 - Work products
 - Comprehensive Legal Document Review

- Financial Analysis of NYS Medicaid Policy
- Website
- Letter of Support Campaign
- Public Relations One Page Message
- Patient Survey
- Reimbursement Policy Paper - to be published in JAMA
- Draft Concept Map
- What we Still Need to Do
 - Expand Letter of Support Campaign
 - Formalize Relationship with State Bureau of EMS and State Department of Health
 - Reach out to all of the identified Organizations on the Draft Concept Map
 - Become a formal organization with the ability to accept and distribute funds.

Open Discussion

- Timothy Egan
 - There was a program in which Flu Shots were administered as part of a paramedic rotation and performed under the direct supervision of a physician
 - This was discontinued in part due to objections by the nursing union.
 - Zoll and other EMS technology companies are very interested in sharing data with the hospitals, but hospital EMR companies are not interested in receiving that information unless someone is willing to pay them.
- Tom Lateukerg
 - With the ImageTrend State Bridge, there is now a link between the EMS data and the SPARCS data.
- Article 30
 - The proposed Article 30 changes may be helpful for community paramedicine and possibly were made in light of awareness of this issue among DOH staff.
- Carl Goodman - How does this idea or concept apply to our volunteer EMS providers? Are they interested and are they able to participate?
 - Others: volunteers are in many ways already doing aspects of this. They check on their neighbors and elderly
 - They may be able to do individual components of all the different activities that we describe as part of community paramedicine.
- Interaction with Public Health
 - Several members voiced expressed a need to engage with local and state health departments
 - They are interested in health care disparities, improving access, creating a new vision of today's public health professional. --> they would be very interested in this.
 - Some are trying to move away from the name "community paramedicine" to something like "mobile integrated healthcare"
- Home Health Agencies
 - Is there an overlap? Many of these agencies are being sold and dissolved.
- Who is going to pay?
 - Perhaps we can disconnect transport from payment, but that is a battle with

- government and insurance companies.
 - Incentives are being realigned, particularly for ACO's
 - Fort Worth - Medstar is getting paid by ACO for CHF program and home observations.
 - It actually may get forced on us!
 - Everyone else in healthcare is starting to get paid based on quality. We need to add value to the system in order to earn reimbursement. They may stop paying us for transporting patients for whom this does not add value.
- Do Paramedics Want this?
 - Monroe-Livingston county did a pilot
 - Patients did not want to be taken to an alternate environment
 - Paramedics did not seem to fully buy-in? they were more interested in the sick patients and not the subacutes.
 - Dr. Munjal has done a survey at Mount Sinai that demonstrates high percentages of patients are comfortable with alternative destinations or treat and release.
 - Several members cited community paramedicine as a career option for older providers
 - Maybe not everyone wants to be a part of this, but enough probably do.
- What do the lawyers think about all this?
 - We have done a thorough analysis of the laws but we have not yet had a lot of legal input.
 - It was suggested that we have Lewis Marshall review our document analysis.
 - Perhaps NSLIJ or with some funding, we can get Karen Tedesco, a prominent lawyer in this field to look at this.
- Haven't we been through this before?
 - The history of a prior TAG that formed around the issue of paramedic licensure was raised.
 - Prior efforts to amend article 30 have failed.
- So why is this time different?
 - We are in the midst of unprecedented change in our healthcare system.
 - There is a major emphasis on justifying reimbursement on the basis of creating value
 - The state and others are being asked to save money
- It is quite possible that payers will suddenly declare that they do not want to pay us for transport if that transport has no value. Attendance

Homework

- Each member is asked to review the concept map and:
 - Make recommendations to edit it
 - Try to help the Task Force reach out to any of the players identified by a yellow box on the concept map.
- Each member is asked to try to spread information about the task force and community paramedicine to interested parties in their region
 - We should seek letters of support from all 18 REMAC's
 - We should hold regional meetings in all of the 18 Regions.