

EMERGENCY MEDICAL SERVICES AUTHORITY

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**LETTER OF INTENT
FOR COMMUNITY PARAMEDICINE PILOT PROJECT**

The California Emergency Medical Services Authority (EMSA) is seeking the interest of local EMS agencies to develop pilot projects that expand the role and practice of the Emergency Medical Technician–Paramedic (EMT-P). Expanded use of paramedic resources to address local health care needs is part of a national trend termed "Community Paramedicine", also known as "Mobile Integrated Healthcare".

This Letter of Intent solicits proposals from healthcare agency's or EMS providers in collaboration with a local EMS Agency (LEMSA) to develop a community paramedicine pilot project designed to test an expanded role for EMT-P's. EMSA will submit an application to the Office of Statewide Planning and Development (OSHPD) for a Health Workforce Pilot Project regarding community paramedicine based upon the selected local pilot project proposals.

I. Background

OSHPD advances safe, quality healthcare environments through innovative and responsive services and information that finance emerging needs, ensure safe facilities, support informed decisions and cultivate a dynamic workforce. OSHPD's Healthcare Workforce Development Division impacts the development of California's health professions and the communities they serve via career awareness, training and placement, financial incentives, and systems delivery, as well as research and policy. Specifically, OSHPD's Health Workforce Pilot Projects (HWPP) program allows organizations to test, demonstrate and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature. <http://www.oshpd.ca.gov/hwdd/HWPP.html>

The California Emergency Medical Services Authority (EMSA) provides leadership to develop and implement Emergency Medical Systems (EMS) throughout California and sets standards for the training and scope of practice of various levels of EMS personnel. EMSA operates the State Paramedic Licensure program that licenses and conducts disciplinary investigations of paramedics to ensure that the care they provide meet high standards for prehospital care. EMSA also plays a central role in improving the quality of emergency medical services available. In California, day-to-day EMS system management is the responsibility of local and regional EMS agencies. <http://www.emsa.ca.gov/>

Currently, EMT-Paramedics are trained to provide advanced life support services in emergency settings or during inter-facility transfers. California Health and Safety Code Division 2.5, Emergency Medical Services:

- a) Limits the EMT-Paramedics scope of practice to emergency care in the pre-hospital environment
- b) Requires that patients under the care of an EMT-Paramedic be transported to a general acute hospital that has a basic or comprehensive emergency department permit (Health and Safety Code Section 1797.52, 1797.218)
- c) Requires emergency medical services to transport a patient to the closest and most appropriate facility (Health and Safety Code Section 1797.114).

The expanded role of paramedic services through Community Paramedicine in California may allow for the following:

- a. Transport patients with specified conditions not needing emergency care to alternate, non-emergency department locations.
- b. After assessing and treating as needed, determine whether it is appropriate to refer or release an individual at the scene of an emergency response rather than transporting them to a hospital emergency department.
- c. Address the needs of frequent 911 callers or frequent visitors to emergency departments by helping them access primary care and other social services.
- d. Provide follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital.
- e. Provide support for persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions.
- f. Partner with community health workers and primary care providers in underserved areas to provide preventive care.

II. Project Authority

HWPP (Division 107, Part 3, Chapter 3, Article 1, Health and Safety Code Section 128125) allows organizations to test, demonstrate, and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing laws are made

by the Legislature. The HWPP Program has become a model for demonstrating and evaluating expanded roles of health care providers and since 1972, 23 legislative and/or regulatory changes have been influenced by HWPP.

III. Project Parameters

This pilot project is intended to determine whether paramedics working in an expanded role in their community can help improve health system integration, efficiency, and/or fill identified health care needs. Statutes that may be temporarily waived through OSHPD's HWPP authority include the following sections of the Health and Safety code that limit the destination of patients transported by paramedics and that specify the limited emergency settings where Paramedics can provide services: 1797.52, 1797.114, and 1797.218. The pilot program will allow the State to generate, collect and analyze data that will examine the practice of community paramedicine and serve as a basis to recommend changes to existing statute and regulations.

The HWPP Application and project will be sponsored at the State level by the Emergency Medical Services Authority (EMSA). The project sites will be planned and executed at the local level by collaboration and partnership between Local EMS Agencies (LEMSA), EMS provider agencies, and appropriate health care partners. The HWPP project may be piloted for a period of up to 24 months. HWPP projects may be extended one year at a time for a few years, if OSHPD Director determines that continuation of the project will contribute substantially to the availability of high-quality services in the state or region.

EMSA anticipates receiving proposals from LEMSAs or EMS and healthcare providers with LEMSA support to participate in CP pilots involving any of the following general project areas:

- a. Transport patients with specified conditions not needing emergency care to alternate, non-emergency department locations.
- b. After assessing and treating as needed, determine whether it is appropriate to refer or release an individual at the scene of an emergency response rather than transporting them to a hospital emergency department.
- c. Address the needs of frequent 911 callers or frequent visitors to emergency departments by helping them access primary care and other social services.
- d. Provide follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital.

- e. Provide support for persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions.
- f. Partner with community health workers and primary care providers in underserved areas to provide preventive care.

IV. Pilot Site Requirements and Program Standards

Pilot Eligibility

Any Healthcare agency or EMS provider in collaboration and partnership with a Local EMS Agency may submit a Letter of Intent for consideration of participation in the HWPP. All partners, including the local EMS agency (LEMSA), must be signatories to the proposal. Prospective applicants must either employ paramedics or have a MOU with an agency that employs paramedics.

Local and State Governance and Medical Control

EMSA will establish a State CP Advisory Committee to review and oversee the individual project sites. The Advisory Committee will provide feedback, direction and monitor any program issues that arise. The Committee will include representation from EMSA and from each project site, including representatives of LEMSAs, EMS providers, and healthcare systems.

EMSA anticipates that increased medical control and oversight will be necessary to ensure patient safety and for quality improvement. The LEMSA Medical Director or his designee will act as the principal investigator and has primary responsibility for medical control for any project in her/his jurisdiction. A local CP Project Steering Committee must be established for each pilot site that includes the LEMSA Medical Director or his designee, the LEMSA administrator or designee, as well as a medical director and administrator from any participating Healthcare systems and EMS provider agency. The purpose of this Steering Committee is to provide additional medical and administrative oversight. The local Steering Committee shall work in collaboration with the EMSA Community Paramedicine Project Manager and Independent Evaluator.

Paramedic Eligibility

In order to be eligible to be trained as a Community Paramedic, the individual should have a minimum of 4 years' experience as a Paramedic. Preference should be given to individuals who have an A.A. degree or higher level of education, and each shall be recommended for the

training program by the Medical Director of the agency or LEMSA. If feasible, health care partners should participate in the selection.

Standardized CP Training

The core content of the CP training curriculum will be standardized among the pilot programs. Training will include both didactic and clinical training. This training is estimated to be approximately 150-200 hours, depending upon the pilot project, and will use the nationally recognized CP training curriculum as a model. <http://communityparamedic.org/Home.aspx>. The curriculum will be reviewed and may be modified by the State Advisory Committee to ensure that it meets the needs of all proposed pilot areas. Core training may be coordinated geographically based on the location of the approved pilot proposals.

Local CP training must also provide an understanding of the project parameters, local medical system organization, project policies and protocols and clinical experience. This content should be approved by the Local Project Steering Committee and will be subject to review by the State Steering Committee.

At the conclusion of training, a student will be required to successfully pass an examination to demonstrate competency. A pilot program local accreditation will be granted by the LEMSA upon successful completion of the training program and examination. The LEMSA will then notify EMSA of the CP accreditation, which will be documented in the central registry.

Data Collection

Data collection will be the responsibility of the local project and should measure or demonstrate key objectives for the project. Proposed data points may be altered or supplemented by the Independent Evaluator.

Objectives for evaluation should be tailored to the specific concept(s) being tested and should include:

- Increased access to care
- Improved efficiency of healthcare delivery
- Decreased hospital readmissions
- Decrease in low acuity ambulance transports
- Decrease in low acuity emergency department visits

- Cost savings
- Healthcare service utilization patterns
- Patient satisfaction
- Primary care provider and/or health system satisfaction

Optimally, applicants should have the ability to 1) collect and share data electronically, and 2) include linkage to Electronic Health Records (EHR's). Pilot participants will be required to provide a report of quarterly results to the local CP Project Steering Committee, Independent Evaluator, and to the State CP Advisory Committee through the EMSA Project Manager for review.

Funding

Funding will be the responsibility of each pilot site. Projects may be supported through grants, identified cost savings, or partnerships with other local agencies.

A California HealthCare Foundation (CHCF) grant with EMSA is pending to support the state program manager, an independent evaluator, training programs, and a stipend to assist in pilot site data collection.

IV. Letter of Intent Proposal Format

A Letter of Intent should be typed and no more than 8 pages in length.

One application for a pilot project proposal is required for each unique study design or methodology. A LEMSA, or applicant, may submit multiple applications within the LEMSA. The LEMSA is responsible for coordinating multiple pilot projects. A pilot project proposal may include multiple EMS providers and healthcare partners (provided it maintains the same study design). Multiple study concepts (i.e. pre-hospital or out-of-hospital) may be incorporated into a single design or methodology.

- a) Title of Proposed Project Concept
- b) Identify the category(s) that best describe the project you propose to pilot

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Transport to alternate locations	Post hospital or emergency department follow up
Assess, treat and refer	Care for chronic conditions
Manage frequent 911 callers	Preventive health services

- c) Brief description of proposed concept, project management and partners (include geographic area to be served)
- d) Purpose and objectives
- e) Estimated project length (24 Months)
- f) Background Information
 - Need for project
 - Types and number of patients likely to be seen
 - Anticipated number of community paramedics to be trained and future anticipated employment opportunities for community paramedics
 - Other programs in California or other states serving as models for this project
- g) Program Management
 - Operational methodology
 - Local governance and medical control
 - Provisions for protecting patient's safety
 - Anticipated sources of funding
 - Paramedic eligibility
 - Local CP Training
- h) Evaluation and data collection (include components regarding process evaluation, qualitative evaluation, impact evaluation and utilization, estimate of healthcare cost savings, and dissemination of results)
- i) Contact Information:

Contact Person	Name of Local Agency
Address	Telephone
E-mail	Fax number

V. Submission of Letter of Intent

Interested parties are requested to submit a Letter of Intent proposal in electronic format to EMSA:

Lou Meyer
Project Manager
Community Paramedicine - Mobile Integrated Health
Emergency Medical Services Authority
lou.meyer@emsa.ca.gov

All Letters of Intent must be submitted no later than 5:00 p.m. on September 30, 2013 to be considered.

VI. Project Steps and Timeframe

Letter of Intent (LOI) Conference Call

An LOI submission conference call will be hosted by EMSA on August 14, 2013 to allow interested parties to ask questions or receive clarification on any part of the Letter of Intent for Community Paramedicine.

In order to assist in facilitating the LOI Conference call, please submit all questions via email to Lou Meyer at EMSA no later than August 7, 2013.

HWPP Project Steps and Timeframe

EMSA will review all proposals submitted and, in collaboration with OSHPD, will select proposals to take part in the HWPP. EMSA reserves the right to select or reject any proposal.

EMSA will then complete and submit the application to OSHPD for review. As part of the review process, OSHPD will solicit input from relevant licensing boards and committees, and a public meeting will be held to allow public comment concerning the proposed project. A public hearing will also take place to document the HWPP on public record. Following the public hearing, OSHPD will notify EMSA of the overall application status, and EMSA will notify the involved parties.

Approximate Timeline

Year	Month	Task
2013	July - Sept	<ul style="list-style-type: none"> Proposals through Letter of Intent submitted by September 30, 2013
	October	<ul style="list-style-type: none"> EMSA proposal review with OSHPD to select pilot sites
	November	<ul style="list-style-type: none"> EMSA submits HWPP application to OSHPD
		<ul style="list-style-type: none"> OSHPD internal review process, application sent to Licensing Boards for review
	December	<ul style="list-style-type: none"> Licensing Board review
2014	February	<ul style="list-style-type: none"> OSHPD Public Meeting held for public comments
	March	<ul style="list-style-type: none"> OSHPD Public Hearing takes place
	April	<ul style="list-style-type: none"> OSHPD will notify EMSA if application for HWPP is approved
		<ul style="list-style-type: none"> EMSA will notify pilot sites, recruitment will begin within the EMS agencies for community paramedics
	June	<ul style="list-style-type: none"> Training will begin for CP pilot programs
	September	<ul style="list-style-type: none"> CP's begin providing care for first 1 year period
2015	September	<ul style="list-style-type: none"> Overall project analysis begins Pilots are anticipated to be extended for an additional year to 2016 to gather additional data
		<ul style="list-style-type: none"> OSHPD Project Analysis Report
	October	<ul style="list-style-type: none"> OSHPD Project Analysis Report