Community Paramedic Toolkit

REVIEW OF EXISTING COMMUNITY PARAMEDIC TOOLKITS

December 2015

MDH Minnesota Department *of* Health

PROGRAM NAME (OPTIONAL)

Part 5: Review of Existing Toolkits

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I. Introduction

The goal of *Review of Existing Toolkits* was to identify, obtain and review existing toolkits or similar documents related to Community Paramedics (CP) developed at local, state or national non-profit, industry, foundation, clinic, health system or other organizations. This document is a snapshot of the 5 existing resources found as of December 2015.

Data Collection Methods

Information was obtained from conducting internet resource searches using the term, "Community Paramedic Toolkit". The definition of a toolkit used during the search included a set of tools designed together for a particular purpose or function.

While internationally the kinds of programs operated by ambulance services that are in the realm of EMS are known only as community paramedicine whether they are provided by EMTs, AEMTs, Community Paramedics, Registered Nurses, Nurse Practitioners, Physician's Assistants or physicians. In the United States, confusion has occurred with the introduction of the term "mobile integrated healthcare" in 2013.

Mobile Integrated Healthcare was introduced by those whom invented the term as the description of a system of resources from various sectors of healthcare, including community paramedicine. Unfortunately, the term has been used for purposes other than describing a system and this has resulted in confusion among policy makers, legislators, Congress and EMS agencies.

Recognizing this confusion as potentially detrimental to the community paramedicine movement, five national associations met in January 2015 at what was described as a "nomenclature incubator" session. That group of association representatives came to a consensus on how the two terms should be used. Four of the five association boards have approved the document; therefore, the consensus document has not been released publicly. The final association is expected to endorse the document in January 2016. The Paramedic Foundation is not a national association but we participated in the incubator meeting as the only ad-hoc participant.

The definitions that are expected to be fully endorsed and made public through the release of a joint association statement in January 2016 can be defined as: *programs operated by EMS agencies using people and systems normally regulated by a state EMS office should use the term* ***community paramedicine****. Agencies that are not EMS agencies and are using a variety of healthcare providers normally regulated elsewhere in a state health department should use the* ***term mobile integrated healthcare****.*

Because of the confusion over terminology the last couple of years our search for toolkits on community paramedicine show up using either; and sometimes, both terms. For the context of Minnesota and this report, the reader should infer "community paramedicine" when reading "mobile integrated healthcare" in the balance of this report. After the associations issue the joint position statement, the term confusion will slowly disappear.

II. Existing Toolkits

1. International Roundtable on Community Paramedicine

The International Roundtable on Community Paramedicine (IRCP) has been collecting resources and convening an annual meeting since 2005. It is the mission of the IRCP to *"promote the international exchange of information and experience related to the provision of flexible and reliable health care services to residents of rural and remote areas using novel health care delivery models and to be a resource to public policy makers, systems managers, and others. While its focus is on rural and remote medicine, the lessons learned may prove beneficial to the better provision of urban health care."* (IRCP n.d.) The IRCP website is used to collect information in eleven different categories and archive conference presentations from the past eleven years. The current list of categories, as listed on the website, are reflected in *Figure 1*.

Figure 1: IRCP Website Categories

1	Data Sets
2	Education
3	Expanded Role
4	Funding
5	General Articles
6	Networks
7	Paramedics in Hospitals
8	Performance
9	Policy
10	Research

Source (IRCP n.d.)

2. Mobile Integrated Healthcare: Approach to Implementation

In 2016, Jones and Bartlett published a book, *Mobile Integrated Healthcare: Approach to Implementation*. The book's list price is $101.95 and can be purchased on the website (www.jblearning.com). The 148-page book contains 9 chapters and the overview states, "various programs like this have appeared across the United States, but a definitive resource that describes how to successfully implement such a program has not been available. (This book) fills this void by serving as a reference not only to the EMS community, but also to other medical professionals working toward implementation of a successful MIH program. (The book) provides a step-by-step approach for the identification of community needs, forming the appropriate partnerships, selection of staff, acquiring resources, patient identification, and overcoming hurdles to a successful program" (Jones & Bartlett Learning 2014). The book's primary focus on Mobile Integrated Health is outside the scope of this report. The table of contents of the book has been outlined as a potential resource for future research.

Figure 2: Mobile Integrated Healthcare, Table of Contents

Chapter 2	Healthcare Reform and Mobile Integrated Healthcare Systems
Chapter 4	Assessing Community Needs and Promoting Stakeholder Engagement
Chapter 6	Types of Mobile Integrated Healthcare Programs
Chapter 8	Initial and Sustainable Funding Models

Source (Jones & Bartlett Learning 2014)

3. National Association of Emergency Medical Technicians: MIH-CP Program Toolkit

In July 2015, The National Association of Emergency Medical Technicians (NAEMT) compiled a Mobile Integrated Healthcare-Community Paramedic (MIH-CP) Toolkit on their website www.naemt.org. Five initial EMS agencies contributed forms, documents and questionnaires that they were currently using to run their MIH-CP programs. Since August 6, 2015, 37 documents have been posted to the website, sorted by 15 different categories. *Figure 3* is a list of the categories.

Figure 3: MIH-CP Categories of Resources

2	High Utilizer
4	Job Description
6	Mental Health
8	Observation Admission Avoidance
10	Patient Assessment / Evaluation
12	Patient Referrals
14	Post-discharge Follow-up

Source (MIH CP Program Toolkit 2015)

4. Principles for Establishing a Mobile Integrated Healthcare Practice

The Principles for Establishing a Mobile Integrated Healthcare Practice is a toolkit developed by The Mobile Integrated Healthcare Practice Collaborative, supported by Medtronic Philanthropy, published in 2014 by the RedFlash Group. The publication outlines the 9 different steps to establish a Mobile Integrated Healthcare Practice (MIHP). Community paramedicine is referenced in the second section, Program Taxonomy, stating, *"despite the diversity of MIHP programs, common themes and defining characteristics are now present with sufficient maturity to warrant a descriptive taxonomy that expands beyond the community paramedicine model"*. The publication separates out MIHP and CP, emphasizing MIHP as the model of the future. *Figure 4* outlines the 9 different steps outlined in the document.

Figure 4: MIHP Implementation Steps

1	Population Health Needs Assessment	Describes need for a population assessment including finding other relevant documents from previous assessments. (Page 8- 11)
2	Program Taxonomy	Describes need for EMS to be included in taxonomy in four general types. (Page 12 – 16)
3	Infrastructure and People	Describes the types of personnel to consider helping run a program. (Page 17 – 20)
4	Competency and Education	Describes the need for education on competencies required for a specific program but not necessarily broad education. (Page 21 – 25)
5	Clinical Leadership and Medical Oversight	Describes the roles and responsibilities of the Medical Director (Page 26 – 28)
6	Financial Considerations	Describes how to engage partners and considerations for cost share and reimbursement. (Page 29 – 32)
7	Legal and Political Considerations	Discusses the challenges and opportunities in starting a program regarding local and state regulations. (Page 33 – 34)
8	Health Information Technology	Discusses need to create health information exchange and the viability to create this resource. (Page 35 – 37)
9	Program Evaluation	Discusses needs and steps to create an evaluation program. (Page 38 – 40)

Source (Beck, E. & Beeson, J. et.al. 2014)

At the conclusion of the publication, 6 MIHP programs from 4 agencies are showcased from urban settings across the country. The website for additional resources is no longer working, therefore, the document can be difficult to obtain.

5. Western Eagle County Health Service District: Community Paramedic Program Handbook

The Western Eagle County Health Service District (Eagle County Paramedic Services) handbook was developed in 2011 to help programs develop and learn from the processes that were developed creating the first Rural CP program in the US. The handbook highlights the best practices from planning to medical direction. The handbook has many appendices that can be used for startup companies including sample MOU's, physician orders and others.

Figure 5: 12-Steps to developing and creating a CP Program

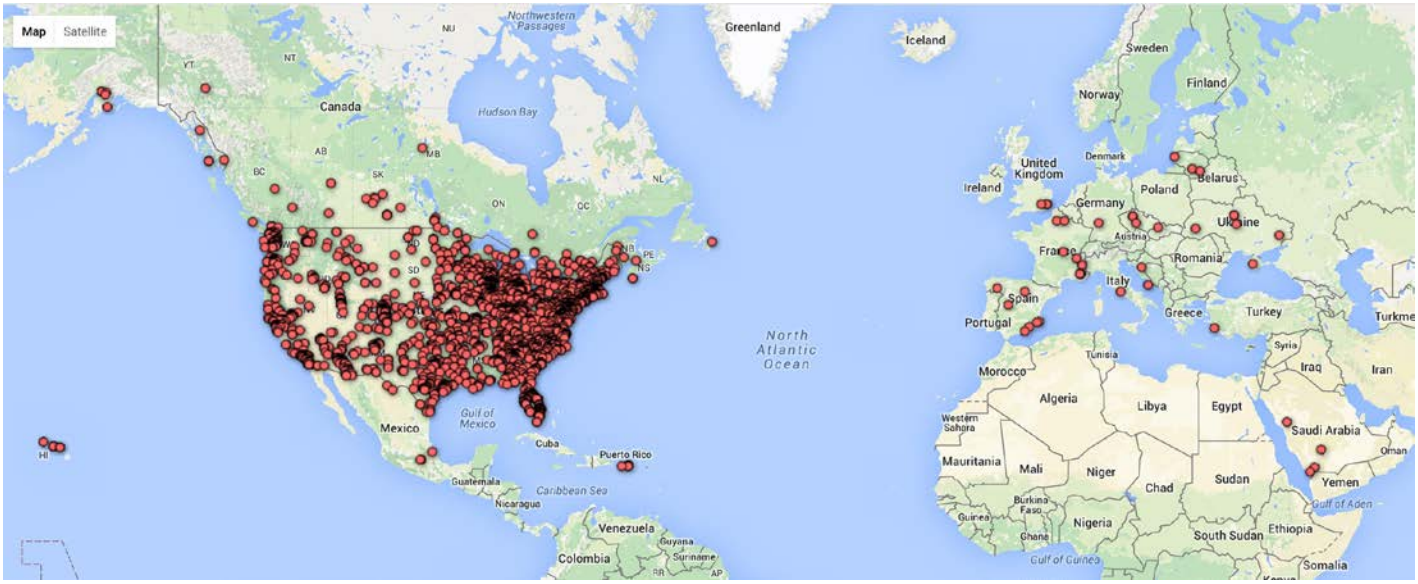
Step		
1	History	Describes the origins of CP and why it is important to develop programs in the rural areas. (Page 3 – 7)
2	Plan to Plan	Describes developing a list of community stakeholders and start with a needs based approach. (Page 8)
3	Assess Program Feasibility	Discusses the feasibility from all perspectives including local and state regulation. Includes a feasibility checklist. (Page 8 – 10)
4	Medical Direction	Describes the need for Medical Direction and the type of medical director to involve. (Page 10 – 11)
5	Assess Community Needs	Details how to conduct a community needs assessment with local partners. (Page 11)
6	Program Scope	Develops lists for services, needs, and budget (Page 11 – 14)
7	Engage the Community	Describes how to engage stakeholders and keep them engaged over the long term. (Page 15 – 16)
8	Policies and Procedures	Describes ideas and issues with development of policies and procedures including some ideas on what to develop. (Page 16 – 17)
9	Plan and Implement Education	Describes the process for engaging a college or university if needed for the education and training. (Page 17 – 18)

10	Develop an Evaluation Plan	Develops the evaluation tool for the program with data metrics. (Page 18 – 20)
11	Begin Operations	Describes how to begin operations and engage the referral sources. (Page 20 – 21)
12	Evaluate the Pilot Phase	Describes how to continually evaluate the program including best practices on CQI. (Page 21)

Source (Western Eagle County Health Services District 2011)

Since October 2011, the handbook has been requested on average 5 times a day from agencies around the world. *Figure 6* below shows the distribution of the handbook from the beginning of 2014 through December 2015.

Figure 6: Map of Handbook Distribution



Source: (Western Eagle County Health Services District 2011)

III. Conclusion

While it appears there are few handbooks or "how-to" manuals in existence, each one is very comprehensive when considering program design, implementation, education and evaluation. There are truly only 3 handbooks with the other 2 being resource sites with program templates. The resources included in this report include extensive templates and easy to use guides. The notable differences in the guides appears that the MIH handbooks are addressing the broader health care audience and the Community Paramedic manuals are addressing how EMS can integrate at a provider and programmatic level.

One document in this report "*Principles for Establishing a Mobile Integrated Healthcare Practice*" is no longer offered on the sponsor's sites but was searchable on another site. This may show that the principles described or the distribution of that manual was not widely accepted.

It is clear that the Western Eagle County Health Service District handbook has been the most widely distributed, free of charge, with an estimated 7,500 downloads on every populated continent globally with the widest distribution in North America. However, it has not been updated with newer practices that might be meaningful in the long term, due to the lack of resources needed to continue its development.

Finally, "*Mobile Integrated Healthcare: Approach to Implementation*" is the most expensive option for the amount and type of knowledge covered, which could be garnered through low and no cost resources. Most of the topics and guidelines in the handbook can be searched and addressed without having to incur costs. However, it is a convenient resource as all topics are in one location and can be passed from person to person within an organization. This manual may also be helpful, making EMS talking to Health Care administrators easier.

It has been determined that there are enough resources and entities providing CP services where finding a colleague with a connection to learn more about community paramedicine is becoming less difficult.

References

Beck, E. & Beeson, J. et.al. 2014. *Principles for Establishing a Mobile Integrated Healthcare Practice.* Encinitas, CA: RedFlash Group.

IRCP. n.d. *IRCP .* www.ircp.info.

Jones & Bartlett Learning. 2014. *Mobile Integrated Healthcare: An Approach to Implementation.* Burlington, MA: Jones and Bartlett.

"MIH CP Program Toolkit." *NAEMT.* http://www.naemt.org/MIH-CP/mih-cp-toolkit.

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Western Eagle County Health Services District. 2011. "Community Paramedic Program Manual Section." *Community Paramedic Program.* http://www.communityparamedic.org/Program-Handbook.