Growth of CP Programs

Gary Wingrove

Community Paramedicine Course, University of Cincinnati, March 21, 2016
• Officer
• Corporal
• Sergeant
• Lieutenant
• Captain
• Investigator
• Chief
• Trooper
• Detective

• Lieutenant
• Captain
• Pump Operator
• Driver
• District Chief
• Inspector
• Prevention Officer
• HazMat Specialist

Emergency Physician
Obstetrician
Anesthesiologist
Cardiologist
Hospitalist
Orthopedist
Radiologist
Urologist

• CRNA
• CNP
• CCRN
• PICU RN

• Case Manager
• LPN
• CPCU RN
• Med Surg RN

National International
EMT Primary Care Paramedic
Advanced EMT Intermediate Care Paramedic
Paramedic Advanced Care Paramedic
(None) Critical Care Paramedic
(None) Community Paramedic
Ambulance Service Paramedic Service
Canada - 2015

<table>
<thead>
<tr>
<th>Canadian National Occupational Competency Profile Technician</th>
<th>Canadian Paramedic Profile Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Responder</td>
<td></td>
</tr>
<tr>
<td>Primary Care Paramedic</td>
<td></td>
</tr>
<tr>
<td>Advanced Care Paramedic</td>
<td></td>
</tr>
<tr>
<td>Critical Care Paramedic</td>
<td></td>
</tr>
</tbody>
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Canada – 2025 (Proposed to PAC Board by NOCP/CPP Steering Committee)

1. Professional Practice

1.1 Professional autonomy and accountability

1.2 Practice in a non-discriminatory manner
Canada – 2025 (Maybe)

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<thead>
<tr>
<th>Canadian National Occupational Competency Profile</th>
<th>Canadian Paramedic Profile Clinician</th>
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<tbody>
<tr>
<td>Emergency Medical Responder</td>
<td>Paramedic (Baccalaureate)</td>
</tr>
<tr>
<td>Ambulance Technician (not yet validated)</td>
<td>Critical Care Paramedic</td>
</tr>
<tr>
<td></td>
<td>Flight Paramedic</td>
</tr>
<tr>
<td></td>
<td>Tactical Paramedic</td>
</tr>
<tr>
<td></td>
<td>Community Paramedic</td>
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</tbody>
</table>

A Tale of Four Nations – Paramedic Profession Regulation

<table>
<thead>
<tr>
<th>Country</th>
<th>College of Paramedics</th>
<th>State/Provincial</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>National</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>Predict 2020 National</td>
<td>Currently by each Paramedic Service</td>
</tr>
<tr>
<td>Canada</td>
<td>Half (increasing)</td>
<td>Half (decreasing)</td>
</tr>
<tr>
<td>USA</td>
<td>None</td>
<td>All</td>
</tr>
</tbody>
</table>

United States

<table>
<thead>
<tr>
<th>Technician</th>
<th>Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR (certificate)</td>
<td>None</td>
</tr>
<tr>
<td>EMT (certificate/diploma)</td>
<td>None</td>
</tr>
<tr>
<td>AEMT (certificate/diploma)</td>
<td>None</td>
</tr>
<tr>
<td>Paramedic (certificate/diploma)</td>
<td>None</td>
</tr>
</tbody>
</table>

United States – One Possible Transition

<table>
<thead>
<tr>
<th>2015</th>
<th>2025</th>
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<td>EMR</td>
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United States – One Possible Transition

<table>
<thead>
<tr>
<th>2015</th>
<th>2030</th>
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<tr>
<td>EMR</td>
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IRCP 2016

2005

2014

• Over 200 Delegates – Biggest IRCP Ever
• 7 Countries
  • Australia
  • Canada
  • England
  • Ireland
  • Norway
  • United Arab Emirates
  • United States

Our Governments Are Investing

• Minnesota - $800,000/$1.5 Million in Shared Savings From CP Indigent Care
• Australia - $4,000,000 CP Workforce Grants
• Ontario - $6,000,000 Expansion of CP Programs
• United States – 2012, $13,500,000 Innovation Awards for CP Programs
• United States – 2014, $29,200,000 Innovation Awards for CP Programs

Community Paramedic

• Curriculum version 3
  • 2015 BCCTPC exam
  • 2016 update to version 4
• Rebranding
  • Community Paramedic Technician
  • Community Paramedic Clinician
  • Community Paramedic Practitioner
Community Paramedic

- MDH funded ‘employer’s toolkit’
  - CHW
  - Dental therapists
  - CPs

MDH CP Toolkit

- Phase 1:
  - Literature review
  - Compilation of legislation
  - Survey of practicing CPs
  - Survey of agencies
  - ID of existing toolkits
  - Financial Practices

- Phase 2:
  - Adjust Phase 3 work plan

MDH CP Toolkit

- Phase 3:
  - 11.02 Summarized CP scope of practice
  - 11.03 Summarized existing requirements for obtaining and maintaining CP certification
  - 11.04 Identified additional training necessary for transition into the workplace
  - 11.05 Identified services that can be, or are, provided by a CP distinguishing between those services that are reimbursable vs. not reimbursable
  - 11.06 Documented comprehensive policies and procedures for billing CP services

- Phase 3
  - 11.07 Summarized salary estimates and ranges for CPs
  - 11.08 Provided an analysis of the employer Return on Investment (ROI) in hiring a CP
  - 11.09 Documented potential community benefits of CPs
  - 11.10 Summarized existing models and/or use cases that demonstrated financial sustainability of using CPs
  - 11.11 Summarized existing models and/or use cases that illustrate how CPs can be used as a model to coordinate care for complex patients across settings of care

- Phase 3
  - 11.12 Summarized examples and models of integrating CPs into ACOs, HIPS or other shared health care reform delivery models and payment reform arrangements
  - 11.13 Summarized examples or models that use CPs to bridge disconnected sectors of the health care system
  - 11.14 Collected and compiled copies of applicable documents, specifically break-even and cash flow analyses, pro-forms, and any time studies or task-based analyses describing the basic components of the work for the CP

- Phase 3
  - 11.15 Provided other analyses that a potential employer would find useful such as: population based payment mechanisms that allow employers to contract their CP staff to a third party; productivity and volume estimates for a CP working in various clinical and non-clinical settings as well as for different types of providers; and, rural and urban differences in Minnesota. Additionally, an up-to-date communication mechanism for tracking continuing education opportunities for CP providers will be completed as part of this task
Community Paramedic

- Development of education portal: Mobile CE
- National measures committee

Questions & Discussion