COMMUNITY PARAMEDICINE TO HELP PEOPLE WHO USE SUBSTANCES

OVERVIEW AND RECOMMENDATIONS

INTRODUCTION

Community paramedicine (CP) programs are an extension of emergency medical services (EMS) that provide an opportunity to cover gaps in health care services within communities.[1] CP programs go beyond a traditional first responder ambulance model by blending components of public health, primary care, public safety, and prevention in a service delivery model.[2] These programs supplement — not replace — health care programs already available in a community. The goals of CP programs are to improve patient health and reduce overall health care costs.

Community paramedics are state licensed EMS professionals who complete an appropriate education program and demonstrate competence in the provision of health care services beyond those traditionally involved in emergency care and transport.[3] These advanced paramedics provide follow-up services after a health emergency to support access to care and prevent repeat incidents.

DEPLOYING CPs TO SUPPORT INDIVIDUALS WHO USE DRUGS

CP programs can empower EMS professionals to intervene and activate community resources for individuals who use substances and may benefit from supportive services. The following are some of the ways CPs can help people who use substances :

- Conducting screenings and brief interventions;
- Offering referrals to local treatment providers, mutual aid groups (such as AA or All-Recovery);
- Connecting individuals to their local Recovery Community Organization or Center;
- Dispensing naloxone, an opioid overdose reversal medication;
- Arranging for bridge medication between an emergency incident and an appointment with a substance use disorder (SUD) treatment provider;
- Supporting medication adherence, safe storage, and disposal;
- Providing education and medical care to prevent or treat substance-related infections; and
- Connecting individuals with social services, such as food assistance and violence- or substance-free housing.

If a patient has health insurance, the cost of providing some of these services could be reimbursable.

The following are considerations communities should take into account when starting new or adapting existing CP programs to enhance community SUD services.

UNDERSTAND STATE CP LAWS, REGULATIONS, AND PROGRAMS

State laws, regulations, or specialized programs determine the types of services that community paramedics can provide. CP authorizations can vary significantly from state to state, for example

- North Carolina EMS regulations permit EMS professionals to practice in CP program settings so long as the professional has received additional training as determined by the EMS system medical director to provide knowledge and skills for the community needs beyond the 911 emergency response and transport operating guidelines.[4]
- In Minnesota, state law broadly allows community paramedics to perform services in accordance with protocols and supervisory standards established by an ambulance service medical director, and as directed by a care plan developed by a patient's primary physician, advanced practice registered nurse, or physician assistant, in conjunction with the ambulance service medical director.[5] Such services may include health assessments, chronic disease monitoring and education, medication adherence, laboratory specimen collection, and

hospital discharge follow-up care.[6]
- In contrast, California does not have a CP law. Instead, individual pilot programs authorize community paramedics to practice in specific communities and for specific purposes.[7]

As such, stakeholders must understand whether or to what extent state laws, regulations, or programs would allow community paramedics to perform SUD-related services. State-specific information on community paramedic authorizations is available from each state's EMS agency.

CP program leaders should consult with experienced legal counsel for assistance with contracting, compliance, and risk management.

BRING COMMUNITY HEALTH LEADERS TOGETHER

When implementing or adapting your CP program with an aim of filling gaps in SUD services, it is important to communicate with other members of the community to learn about their needs and resources and gauge collaboration opportunities. According to David Ezzell, Education Consultant at North Carolina State Office of EMS, it is vital to engage key stakeholders early in the CP implementation or expansion process to identify community needs and discuss how groups can work together to address them. Many U.S. communities have well-established substance misuse prevention and recovery coalitions or recovery centers that can facilitate communication and collaboration among diverse local stakeholders.

Health care providers, community coalitions, recovery centers, and other public health and safety leaders in your area may already be considering ways to extend the reach of services for individuals who use drugs. Alternatively, these stakeholders may not be aware of the range of skills community paramedics possess or the general idea of using paramedics in expanded roles in the community. It is important that CP programs provide stakeholders with a basic understanding of what community paramedics can do and their potential impacts in the community.

Additionally, community paramedics typically interact with various other stakeholders, from other first responders to peer support specialists, housing advocates, social workers, and substance misuse prevention and recovery organizations. It is essential that community paramedics be aware of the local programs and initiatives that can be deployed in support of people who use drugs.

Conversations among stakeholders in your area can help you educate them on community paramedics' capabilities, help you develop a comprehensive plan for implementing or expanding your CP program, and set your program up for success.[8]

ENSURE COMPETENCY FOR TREATING SUDS

State laws and regulations determine minimum requirements for certification as a community paramedic. However, not all skills necessary to support individuals who use drugs are acquired through initial training. Therefore, CP programs must thoughtfully determine the entry-to-practice and ongoing training standards necessary to assist this population. Programs should ensure that community paramedics' pre-certification and continuing education includes courses related to substance use.[9] Specifically, community paramedics should be thoroughly trained on how to conduct a needs assessment for individuals who have overdosed or who otherwise show signs of problematic substance use, including how to evaluate their physical, psychological, and social needs and how to obtain and document a patient's informed consent for follow-up services.

"Patients served have stated that before CP intervention, they felt isolated and didn't know where to go; but with CP intervention, they were more educated about resources in the community." - Captain Samuel Robinson, Program Coordinator, McDowell County Community Care Paramedic Program

BUILD PATIENT TRUST AND INCORPORATE PEER SUPPORT SPECIALISTS

Patient reluctance to accept follow-up services can be a barrier to success for CP programs. According to William Kehler, Emergency Services Director for McDowell County,

North Carolina, it is important for community paramedics to build trust with patients by establishing rapport and helping them with urgent needs, such as finding a local food pantry. Mr. Kehler also recommends that CP programs embed a peer support specialist within their program if possible. Peer support specialists are trained individuals who use their lived experience of substance misuse and recovery to support individuals with SUDs.

ASSESS STAFFING LEVELS TO MEET COMMUNITY DEMAND

CP programs should estimate their workload based on an assessment of community need, conversations with stakeholders, and any performance benchmarks set forth in contracts or memoranda of understanding. This estimate should account for anticipated volume of visits, travel times, and administrative needs, among other factors.[10] This information can be used to determine whether paramedics will split time between regular and CP duties, or whether the CP program will require full-time community paramedics.

INTEGRATE COMMUNITY PARAMEDICS INTO THE PATIENT CARE TEAM

States may require community paramedics to practice under the direction of a patient's health care provider and in coordination with the EMS agency's medical director.[11] As such, community paramedics should be in regular communication with the patients' care teams as a best practice. Patients with SUDs can present with complex cases; they oftentimes have co-occurring disorders. Regular communication among providers, including community paramedics, is key to implementing treatment plans, referring patients to other providers, addressing acute changes in patients' situations, and ensuring safe discharge planning and continuity of care.

DEVELOP A PLAN FOR SUPERVISION, ONGOING ASSESSMENT, AND QUALITY IMPROVEMENT

To help improve patient care and program performance, EMS medical directors should establish protocols for supervising community paramedics, assessing program performance, and implementing quality improvement initiatives. Medical directors should ensure community paramedics are adequately trained to meet established patient care guidelines; conduct ride-alongs and regularly scheduled case reviews; and be readily available for in-person or virtual consultations as needed. Tracking overall program performance is also important. Trackable datapoints may include 911 calls, repeat drug poisonings, hospital admissions, the patient's receipt of services, and patient satisfaction.[12]

Tracking such data allows CP programs to demonstrate their impact in the community and can be used to advocate for program expansion and more favorable reimbursement policies. For example, in 2017, the North Carolina Office of EMS (NCOEMS) collaborated with EMS systems to assess three CP pilot programs that targeted a different area of preventative patient care, but with the common goal of reducing EMS utilization and overall health care costs. Based in part on measured reductions in overall EMS use by high EMS utilizers, NCOEMS estimated between $2.1 million and $2.9 million in cost savings per year if these programs were implemented statewide.

ENDNOTES

1 https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/ems-and-disaster-preparedness/ems-resources/mih-cp-primer-2016.pdf
2 https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/ems-and-disaster-preparedness/ems-resources/mih-cp-primer-2016.pdf
3 https://www.ruralhealthinfo.org/topics/community-paramedicine#definition
4 10A NCAC 13P .0102, 10A NCAC 13P .0506
5 https://www.revisor.mn.gov/statutes/cite/144E.28
6 https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf
7 https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/CP-CommunityParamedicineConceptSheets_v3.pdf
8 https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf
9 https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf
10 https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf
11 See, for example, Arkansas Code § 20-13-1602(c)
12 https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf

Supported by the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with funding from the Substance Abuse and Mental Health Services Administration,State Opioid Response Supplemental - Prevention Funds (SOR- 3H79TI081710-01S1)