

Testimony
Health Services Committee
Wednesday, September 26, 2012
North Dakota Department of Health

Good morning, Chairwoman Lee and members of the Health Services Committee. My name is Terry Dwelle, the State Health Officer for the North Dakota Department of Health. I'm here to provide conceptual information regarding the potential utilization of community paramedics in North Dakota and how this could help provide additional cost effective clinical and public health services, particularly in rural areas of the state and enhance the sustainability of our current EMS system.

A recent Institute of Medicine report encouraged the integration of public health and primary care to help improve quality of life, decrease health-care costs and enhance population wellness. Appropriate use of mid-level practitioners, like community paramedics, can be a cost effective, efficient way of providing this integration at the community level.

The North Dakota Rural EMS Improvement Project Report was the result of a 2009 legislative study of the EMS system in North Dakota. This study provided some key pieces of information about our current EMS system and some challenges for sustainability including:

- An EMS service can function with volunteer personnel up to approximately 350 runs per year. Beyond that number full-time personnel are needed.
- Fee for service sustainability is generally not achieved until the service provides at least 650 runs a year.
- 10% of EMS services in North Dakota are currently sustainable by fee for service with 90% not sustainable by fee for service (subsidized by various grants and mill levies)

Sustainability of EMS by fee for service would likely be highly desired. This could potentially be accomplished by expanding the role of paramedics to that of community paramedics.

Five states are currently using community paramedics including Minnesota, Montana, Colorado, Texas and California. Community paramedics, appropriately trained, could provide billable services including:

- Community mid-level clinical evaluation and treatment.

- Community level Call-a-Nurse services / advice.
- Chronic disease management support.
- Case management of complex cases.
- Worksite wellness facilitation and on-site clinical support.
- School wellness and mid-level clinical services.

These services, provided at the community level, could meet various needs including:

- Provide enhanced integration of public health (primary prevention) and primary care at the community level. It would likely increase the coverage of vulnerable citizens.
- Reduce inappropriate emergency department visits by 15% to 70%.
- Provide more coordinated care through chronic disease management and case management of complex cases if appropriately integrated with current health-care systems.
- Enhance worksite wellness to decrease presenteeism, absenteeism, clinical and pharmaceutical costs.
- Enhance school wellness / clinical care in the absence of school nurses.
- Through fees for services could assist in keeping EMS services sustainable particularly in rural areas of the state.

Chairwoman Lee, members of the committee, this concludes my testimony. I would be happy to answer any questions you may have.