

Testimony
Interim Health Services Committee
January 8, 2014
North Dakota Department of Health

Good afternoon Chairwoman Lee and members of the Health Services Committee. I am Tom Nehring, Director of the Division of EMS and Trauma at the North Dakota Department of Health. I am here to provide information about the study as a result of Senate Concurrent Resolution 4002.

As requested, I would first like to provide a report on the Eagle County Community Paramedic program in Colorado. Their program has been in existence for approximately three years and is deemed successful in the eyes of the medical community in Eagle County. While the program is three years old, they have only been seeing patients since 2012. The greatest number of patients who are enrolled in the program are referrals from the patient's own physician.

Their model is essentially a "rural model" as the majority of patients are seen within their own home to fill a gap that exists with traditional medical care. The greatest number of patients who are seen by the Community Paramedic program are those with logistical challenges (no transportation or lengthy transportation, inability to travel, etc.) as well as medication reconciliation. They are also frequently called for follow up on surgical patients, vital sign checks, indigent populations, lab draws, mental health issues and patients requiring frequent home visits where no home health occurs.

There is no reimbursement currently in Colorado, however, their legislative session has just begun for the year and there are bills being introduced regarding reimbursement and licensing of Community Paramedics

I would now like to provide an update on the status of the program in North Dakota. During the last legislative session in North Dakota, a full-time equivalent position was approved to coordinate the ST Elevation Myocardial Infarction (STEMI) program and the Community Paramedic program. Upon identifying the position requirements, we are finding it is unlikely one person will have the needed knowledge, skills and abilities to do both functions. We are proceeding with a hiring plan that will likely hire two separate individuals for these functions. We are aware of a paramedic within the state that is highly qualified, has completed community paramedic training in Minnesota and is interested in the Community Paramedic position. This position has just been advertised. We believe we will also successfully attract a qualified nurse to coordinate the STEMI program. We expect this hiring process to proceed rapidly now that we have substantially completed awarding of the EMS rural

stabilization grants, the EMS oil impact grants and the Helmsley grant awards. The STEMI position will also work with our office and the Stroke System of Care Program within the state.

The Community Paramedic subcommittee of the Emergency Medical Services Advisory Council has been actively planning implementation of the community paramedic pilot study. We met as recently as Monday, January 6, 2014, and a substantial amount of planning and advising has been completed including identifying the process for how the training will be implemented in this first year and how we can conduct the training in subsequent years.

The Community Paramedic subcommittee has recommended that a core group of North Dakota trainers be established by having them attend an existing and experienced educational program in another state. The program that they will attend is the Community Paramedic training in Hennepin County, Minnesota. The North Dakota core trainers will complete most of the didactic portion of the course through distance learning. The program starts on January 27, 2014, and ends on May 12, 2014. The clinical experience will be conducted in North Dakota with North Dakota physicians and other health-care professionals using North Dakota medical facilities.

The core trainers will come from a group including FM Ambulance paramedics in Fargo, paramedics from Rugby Emergency Medical Services and another service yet to be determined. Following their successful completion of the training, this core group will then begin conducting training in North Dakota.

While this committee provides a variety of EMS perspectives, other health-care disciplines have been provided an opportunity to provide their recommendations in past stakeholder meetings. We will continue to conduct these multidiscipline stakeholder meetings in the future, the next of which will be held in February 2014. Meeting invitations will be sent soon. Additionally, staff from the Division of Emergency Medical Services and Trauma are available to respond to questions and meet with stakeholders on an individual or group basis.

No work has been done yet regarding third-party reimbursement for Community Paramedic services. We anticipate those discussions will be held with third-party insurers from both the public and private sectors. The North Dakota EMS Association will be taking the lead for this portion of the program.

That concludes my testimony. I would be happy to answer any questions you may have.