

### Town of Bowdoinham

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# Memo:

Select Board,

**To:** Nicole Briand, Town Manager **Date:** February 26, 2024

Jason Lamoreau, Director of

From: Recreation & Community Reference Community Paramedicine

Services Grant

Request to Seek External Funding to
Design a Plan for a Community Paramedicine Program
in Bowdoinham

### **Summary**

The Age Friendly Committee, in partnership with the Bowdoinham Emergency Medical Services Committee, is proposing that the Town seek funding from the Maine Health Access Foundation to develop a feasibility and operations plan for a Community Paramedicine Program. As conceived, the program would provide in-home supports and services by Advanced Emergency Medical Technicians (AEMT)/Paramedics who are certified to offer non-emergency services in the home under the authorization of a physician or advanced practice provider. Medical services would be provided to residents requiring (1) care following hospital or ER discharge; (2) management of chronic diseases; or (3) other emergency or non-emergency care.

Last year, about 250 "9-1-1" calls were made by Bowdoinham residents. Of these calls, about 85% resulted in emergency ambulance services to the hospital. The remaining approximately 15% of calls were either triaged over the phone or required care in the home without the need for emergency transport to the hospital.

The goal of community paramedicine is to (1) reduce hospital admissions, hospital readmissions and ambulance use; (2) increase access to timely medical care; and (3) improve healthcare efficiency by using the skills of local medical professionals.

### **State Support for Community Paramedicine**

Recognizing that use of the emergency medical system is a very costly means of providing non-emergency care, the Maine State Legislature approved funding to advance the establishment of Community Paramedicine. The purpose of the funding is to increase access to basic healthcare through the deployment of AEMTs/Paramedics specially trained in non-emergency services such



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as patient assessment, non-urgent treatment, post hospital and ER follow-up, medication reconciliation, chronic disease management, falls assessment, and service referral.

Towns are eligible for up to \$60,000 to support the establishment or expansion of a community paramedicine program. This one-year grant is intended to support upfront costs of new or expanding programs during which time a long-term financial plan would be put into place through sponsorships, insurance reimbursements, or contractual arrangements with area hospitals and health care providers.

State funding is limited to Towns that have developed a feasibility and implementation plan and have at least one AEMT/Paramedic trained and certified in community paramedicine at the time of state grant award.

### **Next Steps**

To qualify for State funding, the EMS and Age Friendly Committees would like to seek funding from the Maine Health Access Foundation under its Discretionary Grant program. The purpose of funding would be to (1) engage a consultant to develop a feasibility and operations plan for a Community Paramedicine Program; and (2) enroll one AEMT/Paramedic in a certification program for community paramedicine. We anticipate that funding requests to the Foundation would not exceed \$10,000.

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#### Preliminary Components of a Feasibility and Implementation Plan

- 1. Interview relevant stakeholders and referral sources to assess perceived need, level of buyin, potential barriers and recommendations.
- 2. Review historical volume, acuity, and characteristics of potential patients based on prior 9-1-1 calls and hospital admissions/readmissions to area hospitals.
- 3. Develop the practice model including the target population, settings, and goals.
- 4. Identify organizational structure including legal status, reporting relationships, medical direction, staffing requirements, job descriptions, and recruitment/training strategies.
- 5. Identify resource requirements such as transportation, broadband access (provider interface capability), clinical tools and instruments.



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- 6. Identify total expenditures, sources and amount of revenue, and estimated budget for the first year.
- 7. Develop standard operating procedures that include but not limited to referral, dispatch, intake, treatment protocols, patient visit summary report, follow-up with referring provider, HIPPA compliance, back-up, continuing education
- 8. Develop templates for contracts and Memoranda of Understanding with providers, Medical Director, and non-salaried staff.
- 9. Develop personnel policies including compensation, supervision, and evaluation.
- 10. Develop marketing plan to referring providers, residents and local stakeholders
- 11. Develop Implementation Timeline