

## **UVA Health, Community Paramedicine - FAQs**

### **What is Community Paramedicine?**

Community Paramedicine (CP) is a relatively new and evolving healthcare model that utilizes prehospital clinicians in non-traditional roles to improve healthcare outcomes among underserved populations and patients facing barriers, recognized and unrecognized, to successful implementation/completion of their healthcare plans. In this model prehospital clinicians visit patients in non-emergency situations to identify and mitigate challenges to successful healthcare outcomes. Mobile Integrated Healthcare (MIH) is a term that is frequently used in conjunction, sometimes synonymously, with CP and is generally considered broader and more inclusive of different models of care than CP.

### **How does CP interact with existing services in the community?**

The goal of CP is not to replace or duplicate existing services, but to assist patients in successfully completing their healthcare plans and possibly identifying new community resources that might be of assistance. Patients who are recognized as high utilizers of emergency services or at higher risk of facing barriers to successful completion of their healthcare plans represent the primary group of patients for attention by CP programs. A major focus of the CP clinicians will be to develop relationships with existing community resources that might be of service to their patients. CP programs are not Home Health programs, but may assist recently discharged patients in the brief window between discharge and their first Home Health visit, or patients who might not qualify for Home Health Services. The CP program will complement, not compete with, Home Health Services.

### **Who provides CP services?**

CP programs are staffed by prehospital clinicians certified at the Paramedic (EMTP) or Intermediate (EMTI) level in Virginia. CP programs must function under a licensed EMS agency: in the case at UVA Health, the program and prehospital clinicians are provided and managed by the Population Health Department. The Medical Transport Network (MTN) will serve as the EMS agency license holder, and prehospital clinicians will be affiliated with the MTN by the Virginia Office of EMS (OEMS). Vehicles used for CP visits must be permitted by the OEMS as well, depending in part on what other functions they might fulfill. CP clinicians must also function under the supervision of an Operational Medical Director (OMD) endorsed by OEMS: in the case of UVA Health that will be one of the existing endorsed OMDs in the MTN. Although the MTN will serve as the EMS agency license holder and provide a regulatory "home" for the CP program, funding and personnel for the program will come from the UVA Health, Population Health Department.

### **What is the scope of practice for CP clinicians?**

The scope of practice for prehospital clinicians in Virginia is defined by OEMS, and clinicians must at all times practice within that scope. Examples of skills/interventions that the CP clinicians might provide (in no particular order or hierarchy) are:

- Brief health assessments such as vital signs, glucometry, phlebotomy, EKGs and rhythm strips
- Review of hospital and/or ED discharge instructions and follow-up planning for clarity and implementation
- Medication reconciliation
- Assistance in filling/obtaining prescriptions
- Assistance with obtaining non-medication supplies such as ambulation aids or other health care equipment such as oxygen and respiratory therapy equipment, hospital beds, etc.
- Identification and mitigation of hazards in the home that might contribute to injury/illness such as fall hazards, and providing assistance with grab rails, bathroom aids, smoke detectors, etc.
- Visits with patients who have suffered an overdose to facilitate follow-up with community resources and ensuring the availability of naloxone
- Assisting with completing health care diaries such as blood glucose levels and weight diaries

## **Scope of practice for CP clinicians (continued)**

CP programs have demonstrated that prehospital clinicians who are used to functioning in the out-of-hospital environment and familiar with available community resources may be particularly effective in assisting patients in successful completion of their health care plans.

The CP clinicians will not be performing advanced life support (ALS) interventions or skilled nursing interventions such as placement of IV lines, rehydration, or parenteral administration of medications on a planned or scheduled basis. The CP clinicians will be following and facilitating an established plan of care, not developing or modifying the plan of care. CP clinicians may contact primary care providers as necessary to clarify the patient's care plan, and may make suggestions to improve compliance with the plan. If confronted with an unexpected medical emergency during one of their home visits, the CP clinicians will activate the 911 system and provide emergency care until the appropriate EMS agency is able to assume care and provide emergent transportation of the patient.

The scope of practice for Paramedics and Intermediates (both may commonly be referred to as "medics" in Virginia) is quite broad and includes many advanced life support (ALS) interventions. Both of the initial CP clinicians are very experienced prehospital care providers, but expanding their practice beyond the CP scope would require additional licensing and equipment for the program. For example, if the CP vehicle carried medications and other ALS supplies, it would need to be permitted as an ALS non-transport EMS vehicle, which is a significant investment in equipment (e.g. a cardiac monitor/defibrillator would be required). Expanding services to include scheduled provision of ALS interventions would likely require licensing as a Home Health organization with the Virginia Department of Health Office of Licensure and Certification (OLC).

## **How will CP clinicians make home visits?**

The program will have a vehicle that is marked as belonging to the UVA Health Community Paramedicine program and will be permitted as a Community Paramedicine response vehicle by OEMS. Again, the CP program is not designed to provide emergency response services, and any emergencies encountered will be transitioned to a 911 response by the appropriate EMS agency. A consent form for the visits will be developed for potential patients and completed before any visits are made. The CP clinicians will have a standard workflow and documentation pathway for their visits that will be documented as an encounter in EPIC.

## **How will patients be identified for CP visits?**

The program may utilize various strategies to identify patients who might benefit from a CP visit. Initially, patients who have high rates of EMS and Emergency Department utilization and/or unplanned admissions will be a group of interest, as well as any patients discharged from the ED or inpatient units hospital after an unintentional overdose, particularly of opioids. Patients may also be referred through other pathways, such as ED Social Work and the Population Health Medicine HOME program. It is expected that identification of patients for CP visits may evolve as the program matures. Geographically the program will initially focus on the City of Charlottesville and the "urban ring" of Albemarle County, but it is hoped that the geographic area can expand as the program grows.

## **How to contact the CP Program:**

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