

Testimony in Support of SB 800

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Distinguished members of the Public Health Committee,

My name is Ryan Carter and I am an Assistant Professor in the Department of Emergency Medicine at Yale University. In addition to working clinical shifts in the Yale-New Haven Hospital Emergency Department, I am part of the Section of EMS and serve as one of the Assistant Medical Directors for the 12 towns and 23 EMS agencies in the New Haven Sponsor Hospital region. My testimony is in favor of Proposed S.B. 800, An Act Concerning a Municipal Pilot Program Allowing Emergency Medical Services Personnel to Provide Community-Based Paramedicine.

Traditionally, paramedics and EMTs have responded to 9-1-1 calls for emergency assistance. A paramedic's scope of practice allows him or her to perform detailed assessments of patients, diagnose acute conditions, and administer medications to treat illness, relieve pain, and save lives. We rely on paramedics to treat heart attacks, strokes, cardiac arrests, asthma, and allergic reactions; they do so accurately and successfully every day, night, and weekend: 24 hours a day, 7 days a week.

We also know that the healthcare system in Connecticut, like in the rest of the United States, is disjointed and inefficient, leaving gaps that fail to provide the appropriate healthcare to patients. Many 9-1-1 calls are not for sudden-onset conditions like heart attacks and strokes, but for the acute worsening of chronic conditions, like heart failure and diabetes. Our emergency departments and EMS agencies act as the safety net for patients who cannot access primary care doctors, who lack insurance coverage, or who need to access services outside of standard business hours. Community-based paramedics can help solve these problems, if S.B. 800 is passed to allow them to do so.

At the moment, Connecticut EMS regulations define an 'EMS provider' as an individual or agency who provides "transportation and medical care away from a hospital to a victim of sudden illness or injury" (19a-179-1). S.B. 800 would allow pilot programs that would allow paramedics to function outside of these boundaries. Paramedics would continue to have oversight from their local EMS physician medical director. Many other states, including Maine,

Texas, and Minnesota, have allowed similar community paramedicine programs, with a wide variety of successful effects including:

- Reducing high volume use of the 9-1-1 system by individuals with low acuity complaints
- Reducing preventable hospital admissions, and the financial penalties from CMS that may follow
- Allowing hospice patients to remain comfortable at home instead of being taken to the hospital
- Preventing illness and injury by intervening early in patients who fall at home

I would like to expand on the last bullet point, using the example of a pilot program one of my colleagues performed at Yale University. We recognized that nearly 7% of the local 9-1-1 call volume was for 'lift assists', (usually elderly) patients who were unable to stand up from the ground or a chair without assistance. If a 'lift assist' patient is uninjured, he or she will often remain at home after the assistance from the first responders. As you might imagine, many of the patients who require this assistance have unsteady gaits, are on medications which make them dizzy, or may have difficulty with memory and confusion. Without intervention, many of these patients will continue to call 9-1-1 multiple times for repeated lift assists, and some may eventually injure themselves severely enough to require hospitalization. Dr. Sandy Bogucki published a pilot program from the town of Branford, Connecticut that showed that repeat 9-1-1 calls were cut by 37% by having paramedics perform an enhanced assessment and medication review by a pharmacist.

Mobile integrated healthcare and community paramedicine would allow paramedics to take the next logical step beyond that pilot study – to actually return to the patient's home outside of a 9-1-1 call. Much of the opposition to such programs comes from other allied health caregivers who provide in-home care. Visiting nurse agencies (VNAs) may feel that community paramedicine might take away patients who should be seen instead by a home care nurse. While I understand their concern, there are several reasons why community paramedicine need not be a threat to other home care services.

- 1) Paramedics, and the EMS physician medical directors who supervise them, have no inclination or incentive to provide long term care. Any intervention made for a patient would be targeted and time-limited. In fact, after a brief intervention, many patients will need to be referred to ongoing care by a VNA. Community paramedics can serve as a conduit for making referrals to existing community services who might not otherwise have access to patients in need.

- 2) Paramedics are staffed and organizationally structured to respond 24/7/365. Few other allied health agencies can claim the same. It seems logical that patients who need to access safety net services at all hours would be seen and evaluated by providers who can respond quickly around the clock. Patients can then be referred to the appropriate level of care from among existing community resources.
- 3) Many of the current gaps in care already involve paramedics. If a patient with ongoing home nursing or hospice services has a medical concern, he or she often calls 9-1-1. Community paramedicine programs can empower EMS providers to offer alternative treatment options for patients that don't involve transportation to a hospital. Without community paramedicine programs, home care services might lose access to these patients who could otherwise be safely cared for in their homes or outpatient settings.

In summary, paramedics are well-trained health care professionals who deliver excellent care to patients in all settings, at all times of the day or night, and without regard for socioeconomic circumstance. I strongly encourage you to support S.B. 800 so that appropriately supervised paramedics, within well-structured pilot programs can continue to meet the evolving needs of our health care system. I would invite any members of the Public Health Committee to contact me by email with any further questions, for additional information, or to discuss any related issues.

Thank you again for your time and consideration,

Ryan Carter