October 6, 2019

Ontario Ministry of Health
5700 Yonge St., Floor 6,
Toronto ON M2M 4K5

RE: Proposed Changes to the Ambulance Act's Regulation 552: Enabling New Models of Care for Select 9-1-1 Patients. Tracking number 19-HLTC022

To whom it may concern,

The LHIN-funded Ontario Community Paramedicine Secretariat reports to a broadly representative Steering Committee to provide leadership and guidance to Ontario's LHINs and municipal paramedic services on the planning, implementation, and reporting of community paramedicine activities across Ontario.

Currently, 48 (92%) of the 52 municipal paramedic services across Ontario have implemented 143 community paramedicine programs that will provide care to approximately over 52,000 Ontarians this year. The majority of paramedic services have adopted multi-dimensional community paramedicine strategies, that increasingly involve the facilitation of safer and more robust care transitions from hospital, assisting in the provision of palliative care, supporting individuals to age in place, strengthening the provision of public health services, and supporting an increase level of responsiveness for health system partners.

In reviewing the Government of Ontario's proposed changes to the Ambulance Act's Regulation 552: Enabling New Models of Care for Select 9-1-1 Patients, the Ontario Community Paramedicine Secretariat's Steering Committee wanted to officially note to the Ministry of Health its support for what it sees as an enabling change. Overall, it sees that this proposed change will help to further facilitate the growth of community paramedicine programs initiatives that can support the development of a more patient-centred care system.

Since funding for community paramedicine demonstration projects began in 2014, paramedic services have worked with their health system partners to create successful platforms for improved integration of care. The proposed changes represent an opportunity to build on the successes that have been realized through community paramedicine programs. In particular,

the Ontario Community Paramedicine Secretariat and Steering Committee can provide specific comments around the proposed changes that relate to lessons learned in community paramedicine.

The delivery of community paramedicine programs has evolved from the three classifications that were defined by the Ministry in the 2017 Community Paramedicine Framework for Planning, Implementation, and Evaluation[1]. Today, multi-dimensional community paramedicine programs are leveraging the 24/7 access that patients have to municipal paramedic services in addition to their existing referral, clinic, or home-visit programs. Multi-dimensional community paramedicine programs are ideally situated to complement paramedic emergency operations where:

- Appropriate treatment may be arranged in settings other than an emergency department
- Delivery of integrated care may be arranged with health system partners
- The safe discharge of patients follows appropriate treatment
- Low acuity patients are able to be directed to appropriate health system partners through integrated management of 9-1-1 calls.

Established practices in community paramedicine programs can be expanded to support the proposed content (general regulations). Findings from other jurisdictions have indicated that the models of care enabled through integration of community paramedicine programs and emergency response have demonstrated an overall reduction in rates of patient transport to hospital and an increase in referral to primary care providers[2,3]. We suggest that specific consideration be given to the following areas where community paramedicine programs have demonstrated impact:

1. **Consider regulations that enable paramedics working in ambulance communication centres for the purposes of providing clinical advice to patients during the 9-1-1- call.**

[1] The Community Paramedicine Framework for Planning, Implementation, and Evaluation presented three models of care; referral programs, wellness clinics, and home visit programs.

[2] Swain AH, Hoyle SR, Long AW. The changing face of prehospital care in New Zealand: the role of extended care paramedics. J New Zeal Med Assoc NZMJ [Internet]. 2010;19(123):11–4. Available from: http://www.nzma.org.nz/journal/123-1309/3985/

[3] Evans R, McGovern R, Birch J, Newbury-Birch D. Which extended paramedic skills are making an impact in emergency care and can be related to the UK paramedic system? A systematic review of the literature. Emerg Med J [Internet]. 2013 Apr 10;594–603. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23576227

Numerous community paramedicine programs across the province provide the opportunity for patients to speak directly with a community paramedic over the phone. Alternative models to ambulance dispatch have had successful results elsewhere[4], particularly when callers are able to speak with an individual who has experience as a frontline responder[5]. The experience of paramedics as responders provides them with unique insight during a 9-1-1 call for help.

One successful example that has been broadly implemented in Ontario has also demonstrated the potential for cost savings through reductions in 9-1-1 calls, ED visits, and hospital admissions[6]. It allowed community paramedics to increase the efficiency and capacity of existing home visit programs. When patients were enrolled, a paramedic would visit the patient in their home, set up remote monitoring devices, and train the patient on the use of the equipment. Patients were required to take daily readings which could be viewed in real time by a paramedic. If a reading was outside of a threshold set by the patient's physician, a paramedic was notified to follow up with the patient. Coaching sessions could be completed by a paramedic to let patients know about their condition, inquire about their current status, and provide comfort that they are being monitored. A strength of the program was that while paramedics might contact the patient by phone, they were also able to visit the patient at their home if required. This provides the patient with the comfort that they can remain in their home and interact with the paramedic rather than go to the emergency department or call 9-1-1. Other examples of "on-demand" community paramedic availability have demonstrated promising results in helping maintain individuals safe in their homes who are waiting to transition to long-term care[7]. Integrating paramedics into ambulance communication centres and spreading the success of this program province wide would be expected to have a significant impact on improving care in the community, reducing ED visits, and hospital admissions that contribute to the hallway health care problem. We encourage the Ministry to consider paramedic staffing in communications centres.

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[4] Jensen JL, Carter AJE, Rose J, Visintini S, Bourdon E, Brown R, et al. Alternatives to Traditional EMS Dispatch and Transport: A Scoping Review of Reported Outcomes. Can J Emerg Med. 2015;17(5):532–50.

[5] Dib JE, Naderi S, Sheridan IA, Alagappan K. Analysis and applicability of the Dutch EMS system into countries developing EMS systems. J Emerg Med. 2006;30(1):111–5.

[6] Brohman M, Green M, Dixon J, Whittaker R, Fallon L. Community Paramedicine Remote Patient Monitoring (CPRPM): Benefits Evaluation & Lessons Learned. Toronto, ON; 2018.

[7] Ruest M, Stitchman A, Day C. Evaluating the impact on 911 calls by an in-home programme with a multidisciplinary team. Int Paramed Pract. 2012;1(4):125–32.

2. **All municipal paramedic services should be encouraged to continue working with physicians in fields broader than emergency medicine to support setting and service appropriate medical delegation of controlled acts in the delivery of community paramedicine programs.**

   Most paramedic services that are delivering community paramedicine services already have established relationships with physicians in fields other than emergency medicine to support setting and service appropriate medical delegation of controlled acts in the delivery of many community paramedicine programs. Most frequently, community paramedicine programs enable a direct link to primary care providers and facilitate shared care planning that enables these patients to avoid ED visits[8].

   In each case, the specific aims of respective community paramedicine programs help to dictate the medical specific expertise and health system partners that can inform and guide these initiatives – such as the fields of primary care, public health, mental health, palliative care, or geriatric care. Given the progress made to date in these areas, we would encourage the continued enablement of municipal paramedic services to formalize and expand existing partnerships for delegation of medical acts in community paramedicine outside of the base hospital system where this makes sense.

3. **Align the fee structure for paramedic services to better reflect services provided and designate paramedic services as health service providers, able to receive funding directly from Ontario Health for community paramedicine programs.**

   We recognize that the existing fee structure for the provision of paramedic services is in need of review. Changing the fee structure for emergency response may have implications for community paramedicine programming. We would encourage the Ministry to designate paramedic services as health service providers, able to receive funding directly from Ontario Health for the community paramedicine programs that they provide. The Ontario Community Paramedicine Secretariat is willing and able to assist the Ministry in establishing a funding formula and benchmarking criteria in community paramedicine programs.

4. **Any changes to paramedic scope of practice related to new models of care should not restrict or hinder community paramedic scope of practice and should reinforce that**

[8] Leyenaar M, Mcleod B, Chan J, Tavares W, Costa A, Agarwal G. A scoping study and qualitative assessment of care planning and case management in community paramedicine. Irish J Paramed. 2018;3(July):1–15.

community paramedicine programs are able to continue to independently and collaboratively provide patient-centred care.

One of the underlying aspects of community paramedicine programs is that they are designed to suit locally identified needs. In Ontario, municipal paramedic services have worked tirelessly with their local health system partners to improve patient care and access to services. Similar programs have been reported in other settings where paramedic scope of practice has been expanded[9]. We expect that new models of care that are designed to complement and extend existing community paramedicine programs will be successful in enabling all paramedics to:

- Arrange or provide transportation of patients to destinations other than the emergency department where they can receive further treatment;
- Diagnose and treat patients on-site and if necessary, refer them to another health care provider;
- Treat and release patients from their care on-site; and
- Refer select patients before, during or after a 911 call to the most appropriate care options in the community.
- Provide "on-demand" assistance or consultation, in person or over the phone in coordination with primary care providers or other health system partners.

The Ontario Community Paramedicine Secretariat and Steering Committee are optimistic about the proposed changes to the Ambulance Act and expect that they will only help to facilitate new models of care that are inclusive of an expansion of community paramedicine across the patient continuum. Paramedic services across Ontario have embraced community paramedicine and have embraced pre-requisite training and education for their staff to safely and consistently provide patient-centred care that are complimentary to the direction of the provincial government. The Ontario Community Paramedicine Secretariat is currently preparing a comprehensive report and guidance documents around community paramedicine that will further support the Ministry in its efforts to further modernize the delivery of paramedic services. We look forward to sharing these evidence-based documents with you in the coming months and supporting the important health transformation work in the coming months.

[9] Mason S, Coleman P, Keeffe CO, Ratcliffe J, Nicholl J. The evolution of the emergency care practitioner role in England: experiences and impact. Emerg Med J. 2006;23:435–9.

Yours Sincerely.

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And

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