Testimony of Dr. Dan Swayze
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Introduction
Thank you Chairman Barrar, Representative Bizzarro and committee members for allowing me to testify in support of HB1113 today. My name is Dr. Dan Swayze and I am the Vice-President and Chief Operating Officer for the Center for Emergency Medicine of Western Pennsylvania, a part of UPMC. I am the project manager for the CONNECT Community Paramedic program in Allegheny County and serve as the co-chair for the PEHSC Task Force on Community Paramedicine. We have been running a community paramedic program in Pittsburgh for more than 13 years and I am proud to say that my team is nationally recognized for their pioneering work in this new role for EMS providers.

Case review
To understand what kinds of help community paramedics provide that are not provided in our traditional EMS roles, I would like to share an example of one of our community paramedic patients. Gwen Porchea is a 48-year old woman who suffered a stroke while she was working as a school bus driver. While she was being treated for her stroke, she suffered at least one seizure while in the hospital, but otherwise had a fairly routine hospital stay. Unfortunately for her, the seizure meant that she had to surrender her driver's license. Without her driver's license she could no longer work, and without work she not only gave up her source of income, but the health insurance she needed for her follow up care. Gwen has an adult son who was working part time at Walmart, but not making enough to cover their rent or to pay for their food. When Gwen was referred to us, she was scared and on the verge of homelessness. Her community paramedic has worked with her for over a year. We helped her navigate through the complex enrollment processes for Medicaid, found her transportation since she could no longer drive herself, and found resources for her food and housing. In Gwen's words "They filled in gaps in my life where no one else was able and filled in where no one even knew how to help me—Heather and Sarah knew and if they didn't they found out. They were the ones that truly helped." Gwen wrote the letter attached to my testimony, which provides in her words and in more detail the type of assistance that her community paramedics were able to provide, and the impact that it had on her life. Without a community paramedic program in place, Gwen's help would have been limited to what the social workers in the hospital could do while Gwen was being treated. Home nursing may have helped for a brief time, but since she did not have a skilled nursing care need, and had no insurance to pay for the visits, they weren't a viable solution for Gwen or those like her. Gwen's case is just one of the hundreds of lives we have been able to change in our program.

National Efforts
While Pittsburgh is widely recognized as being one of the earliest pioneers in this new type of service, several states have already enacted legislation enabling community paramedicine. Arkansas, Idaho, Minnesota, Missouri, Nevada and North Dakota have already passed legislation similar to HB1113, creating a credentialing process for community paramedics. I am aware of 3 other states including Minnesota, North Dakota and Nevada that have also enacted legislation to help sustain these programs through their state's Medicaid program similar to the legislation proposed in HB1113.

The evidence base
Those of us involved in this new movement understand that healthcare dollars need to shift to those interventions that can demonstrate value. The Agency for Healthcare Research and Quality, the Federal agency whose mission is to "improve the quality, safety, efficiency, and effectiveness of health care for all Americans" has highlighted several community paramedic programs across the country on their

healthcare innovations exchange website. They have given the research supporting community paramedicine a "moderate" rating, which is the highest rating possible in the absence of a randomized controlled trial. The Federal government, which usually funds these research initiatives, has simply not yet directed research monies in this direction.

Despite the lack of a randomized control trial, there are a growing number of reports from programs across the country and across the Commonwealth that these programs show incredible promise. In the Pittsburgh CONNECT Community Paramedic program our patients are on average 63 years old and have an average of 3 chronic diseases each. Forty percent of them live alone. An incredible 70% have at least one mental health diagnosis and more the 40% have two or more. That is in addition to their three chronic diseases. Ladies and gentlemen, chronic conditions like diabetes and asthma are hard enough to manage when they are your only health issue. When you combine those diseases with depression or anxiety, they become infinitely more complex and challenging diseases. Now imagine living alone, with no one to help remind you to take your medications or to reassure you that someone cares about you, or to help you fill out applications to make sure you aren't evicted after your stroke. That is what we ask of patients today, and we know they can cope much better with the help a community paramedic. Our CONNECT Community Paramedic program in Pittsburgh focuses on addressing the medical and psychosocial needs of our patients. We not only help them manage their diseases, but also help ensure that they have the social support, environmental, economic and transportation means to manage their diseases. We believe that by taking a more comprehensive approach to assisting our patients, we can help them better manage their illnesses. Our initial analysis indicates that we have generated a net savings to the healthcare system and insurers of more than $1 million in changing the care of just 200 patients. Our estimate of generating 3 dollars in true savings for every dollar invested in our program is not unique. We are hearing of similar results from other community paramedic programs across the country.

Key aspects

We believe there are several characteristics of community paramedicine programs that are essential for them to be successful. First, they should not duplicate the services provided by other healthcare providers. Community paramedic practitioners should complement, not duplicate, the services provided by home nursing. We should help primary care providers care for their vulnerable patients by working together to implement the care plans for their patients. Our EMS agency medical directors need to work collaboratively with the patient's primary care team when they have one, but with autonomy until we can find the patient a medical home.

We believe that EMS providers need to receive specialized training to provide this new service. For example; community paramedics need to understand how to perform a much more comprehensive assessment, how to better help patients with mental health issues, how to manage patients in crisis and how to navigate them to community resources. These new skills are part of their role as a patient navigator and patient advocate. We also believe that in the vast majority of circumstances, community paramedic practitioners should work within their existing scope of practice. This is necessary to ensure patients receive the standard of care by the highest trained and most competent provider. We also understand many parts of Pennsylvania are medically underserved areas, and we need to ensure that any community paramedicine legislation allows enough flexibility for those communities to best address their local healthcare needs.

Community paramedicine services are not, and should not be a mandatory credential or requirement for all EMS agencies or their personnel. EMS agency directors currently struggle to provide traditional 911

response and forcing them to add this level of service to their traditional roles may be too much to ask. The point is not to ensure that all providers are capable of serving as a community paramedic practitioner, but that all patients who need one have easy access to someone who could help.

HB1113 specifics

I suspect you will hear testimony today that says that organizations are generally supportive of the concept of community paramedicine, but that this bill is not sufficient to start the movement in Pennsylvania. I respectfully disagree. I think this bill does two critically important things to help the patients in Pennsylvania. First, the bill gives the Bureau of EMS a legislative imperative to define the community paramedic practitioner as a new class of EMS provider. That authority is already vested in the Bureau. I know, and deeply appreciate the support from Director Gibbons and Dr. Kupas, and believe this bill will give them the ability to keep community paramedicine as a priority.

Second, this bill introduces a financially sustainable means to operate these programs. EMS agencies are already underfunded by Medicaid and Medicare and community paramedicine cannot be successful if not reimbursed appropriately. Our hope in building community paramedicine program is, in part, that we can create another opportunity for EMS agencies to create revenue to sustain their critical safety net services. Community paramedicine represents a way for them to create value in the healthcare system, rather than relying on higher volumes of transportation services to continue offering their 911 response capability.

Concluding remarks

I want to thank Representative Bizzarro and his Chief of Staff Amy Schmidt for their dedication to drafting this bill and I sincerely thank all of you for holding this hearing, and allowing me to provide testimony in support of the bill. Over the past decade community paramedics in Pittsburgh have helped veterans receive the benefits they earned from their service. We have helped patients recover from their addictions and provided life-saving interventions for those who were suicidal. We have demonstrated that using EMS providers in this new role, we can have a significant impact on the quality of life for our patients, while significantly reducing healthcare costs. As someone who is a bit of a medical history buff, I believe this bill represents an historic moment in Pennsylvania EMS. We are for the first time considering legislation that would help EMS play a new role in our healthcare and in our communities. The bill would provide the funding necessary to help ensure our public's safety net exists for those who are having medical emergencies, but would no longer wait until the patient calls 911 to help our most vulnerable residents.

Thank you for your time, and I would be happy to answer any questions you may have.