I. Introduction by Chapter President, Marc Gautreau
   A. Purpose of state chapter - different than purpose of EMDAC; State chapter can address some of these issues that EMDAC can’t touch - like Jail calls or community paramedics do treat and release
   B. Consider how CA can play a role in the long term vision of EMS - think EMS 2025; Fee for service moving away, more ACO model, like in Massachusetts. State chapter could focus on education, reimbursement models
   C. Group could advocate to elevate role of paramedic from treat and stabilize to role of alternative care site - minor trauma, asthma exacerbations
   D. Approach could be to frame community paramedicine as a modular system including testing, training - alternative to PA school. Think of community paramedicine filling the void similar to hospitalists
      1. Are agencies prepared to have people by the bedside for hours
      2. How could we incorporate video

II. Group Discussion
   A. Concerns about economic value, viability of community paramedicine
   B. What can state chapter do to complement EMDAC? Provide opportunities that EMDAC can’t - you can be a leader without being a LEMSA Director
   C. Education of providers is important. Advocacy is important to the mission
   D. Nursing involvement in EMS is relevant to CA but not other states - in part due to MICN programs. How do you bridge the gap when nurses are trying to give direction to medics when they haven’t been in the field
   E. Do we need FEWER medics - consider Seattle. What is ratio of medical director to paramedic and how do you elevate the medics? Requires knowing the providers, working on education
   F. Can you elevate role of CCT-P on the ground - not just air?
   G. Think about ways to leverage the street credibility of the paramedics
   H. Australian model - get degree in paramedicine, can do 6 months more for nursing, career in paramedicine – different than current education and role of paramedics. Currently, paramedics are getting burned out and pushed out – they prefer to work on a fire apparatus due to job stability.
   H. EHR has left gaps where residents (and physicians) don’t see what is done and given
   I. What is the role of physicians – there are challenges to responding code 3 and physician presence on scene. They could be useful for certain conditions - such as CPR
   J. NAEMSP website being revamped, need blog posts about controversial topics
   K. Will put out summary, no votes needed