

# National Association of State EMS Officials



## Mobile Integrated Health – Community Paramedicine Committee Strategic Plan Priorities and Strategies 2014

- ▶ Agency and Vehicle Licensure Committee
- ▶ Air Medical Committee
- ▶ Communications & Technology Committee
- ▶ Domestic Preparedness Committee
- ▶ EMS Education Agenda I-Team
- ▶ Government Affairs Committee
- ▶ Highway Incident & Transportation Systems Committee
- ▶ **Mobile Integrated Health - Community Paramedicine Committee**
- ▶ Rural EMS Committee

### Committee Mission

The **Mobile Integrated Health – Community Paramedicine (MIH-CP) Committee** supports state EMS office efforts to explore and develop, as appropriate, the emerging role of EMS in MIH-CP.

### How We Will Achieve This

The MIH-CP Committee achieves this mission by facilitating information sharing among State Officials about development and implementation of MIH-CP, through analyzing and reporting of activities across states, and through participation and collaboration with opportunities nationally.

### Background

With the emergence of the Patient Protection and Affordable Care Act, the potential for EMS to provide an expanded healthcare role has created considerable attention and discussion. In late 2010, a NASEMSO/NOSORH Joint Committee on Rural Emergency Care (JCREC) discussion paper described challenges and opportunities for EMS to fill unmet or unrealized community needs in primary care and community health. By utilizing EMS providers in an expanded role, community paramedicine increases patient access to primary and preventative care, provides wellness interventions, decreases emergency department utilization, saves healthcare dollars and improves patient outcomes.

One term that is often used in these discussions is “community paramedicine” (CP). However, a broader discussion about the opportunity for EMS providers to be more integrated in the healthcare system than has historically occurred created the concept of Mobile Integrated Healthcare (MIH). While community paramedicine is often seen as expanded role programs for paramedics, EMS MIH helps broaden the discussion to all communities and all providers in the integrated, coordinated provision of emergent and primary care.

### Activities to Date

In 2010, the EMS and Trauma Systems Section began engaging stakeholders and interested persons in the concept of MIH. Several presentations were conducted in EMS conferences, an MHA conference, a State workforce committee, the Emergency Care Council and the Board of Medical Examiners and Board of Nursing. In the fall of 2012, EMSTS facilitated a state forum on MIH which include a broad spectrum of healthcare and other industry representatives. This meeting helped create consensus on the focus and directions of how Montana might implement EMS MIH.

Activities since the state forum have focus on more local activities. Interested communities have been provided additional information. Discussions with medical staff (EMS, hospital administrator, physicians, nurses, home health) in interested communities were conducted to educate and engage them on the concept. Paramedics, under the direction of Dr. Upchurch, were trained through a Colorado distance education program and they are in the very early stages of a tribal community paramedicine program.

In 2013, states were surveyed as to the status of EMS statutes which might facilitate or prohibit CP. In 2014, the Committee intends to expand on this by collecting state information on the status of CP practices, pilots, funding and reimbursement, medical direction, performance improvement and the like, building on the information collected in the Joint 2013 National EMS Leadership Forum survey. We have begun to build the web presence where this information, such as a state by state CP

information compendium, at the current site:

<http://www.nasemso.org/Projects/MobileIntegratedHealth>.

### **Key MIH issues and challenges for states**

Key areas in which states will be engaged with as they are involved with planning and implementation of MIH-CP include:

- Funding and Reimbursement – Funding for pilot programs or long-term support for MIH-CP programs needs to be considered. States may also be engaged with legislative or other funding for direct support for staff and other state resources for this activity. States may also be involved with facilitation of reimbursement strategies (such as from Medicaid) or partnering with other public and private insurers.
- Regulation of MIH-CP providers and programs – States may need to decide if and how they will regulate the education and practice of providers and EMS services performing an expanded role (and possibly expanded scope). Some states may need to evaluate statutory authority to allow MIH-CP programs.
- Medical direction and oversight – MIH-CP presents a different approach to the 9-1-1 based EMS and the traditional emergency physician delivery medical oversight and control. States may be involved with alternate medical oversight methods and performance improvement. Physician education in this area and liability may need to be discussed.
- Integration of EMS and other healthcare – MIH-CP offers opportunities and challenges to increased integration with other health professionals (e.g. public health nursing); facilities (hospitals, clinics, physician offices); and programs (medical homes, accountable care organizations).
- Data, performance improvement and evaluation – States will need to develop an evaluation component to assure that there is effectiveness and value for MIH-CP and that these programs are an appropriate use of state resources and funds.

***NASEMSO strategy and planning are categorized under three strategic goals:***

***Leadership*** refers to the role of state EMS offices as “lead agencies” for EMS as well as thoughtful leaders in public policy development.

***Systems Development*** refers to the role of state EMS offices in the development of effective systems of emergency medical care.

***Performance Improvement*** is the process of continually reviewing, assessing and refining practices to improve outcomes.

## MIH/CP Committee Strategic Priorities 2014

The **MIH-CP Committee** supports **Leadership** through:

- Facilitate information sharing conference calls / webinars for NASEMSO members about state office activities ([SP1](#))
- Facilitate information sharing conference calls / webinars for general audiences for sharing information about MIH-CP activities nationally and internationally ([SP2](#))
- Collaboration and discussions with national associations and other stakeholders ([SP3](#))
- Collaboration and discussions with NHTSA and other federal partners ([SP4](#))

The **MIH-CP Committee** supports **System Development** through:

- Reporting state EMS office activities including legislation and regulation, state forums and meetings, lessons learned, barriers, and state pilots. ([SP5](#))
- Develop a MIH-CP website presence for state offices with a compendium of resources and state office activities. ([SP6](#))

The **MIH-CP Committee** supports **Performance Improvement** through:

- Query if state offices have developed state-level benchmarks or indicators that can be used to justify state level activities, policy or funding. Facilitate a discussion about such state level indicators as appropriate. ([SP7](#))

**Strategic Priority 1**

Facilitate information sharing conference calls / webinars for NASEMSO members about state office activities

Activity	Lead	Timeline	Status
Activity 1.1 – Facilitate bi-monthly conference calls / webinars for NASEMSO members about state office activities	Kevin McGinnis	May July September November	

**Activity Log**

**This is a CAP 1 – Task 8B activity**

date	activity	who	notes

**Strategic Priority 2**

Facilitate information sharing conference calls / webinars for NASEMSO members about state office activities

Activity	Lead	Timeline	Status
Activity 2.1 – Facilitate bi-monthly Community Paramedicine Information Forum (CPIF) conference calls / webinars about national and international CP activities	Kevin McGinnis	June August October December	
Activity 2.2 – Facilitate a MIH-CP breakout session for the NASEMSO annual meeting in Nashville	Jim DeTienne Doug Kupas	September	

**Activity Log**

**This is a CAP 1 – Task 8B activity**

date	activity	who	notes

**Strategic Priority 3**

Collaboration and discussions with national associations and other stakeholders

<b>Activity</b>	<b>Lead</b>	<b>Timeline</b>	<b>Status</b>
Activity 3.1 – Participation in MIH committee activities facilitated by Medtronic		Ongoing	
Activity 3.2 – Participation in developing and submitting a grant application for a follow-up AHRQ funded national consensus conference on CP	Jim DeTienne Doug Kupas		
Activity 3.3 - Liaison with NAEMT CP Committee		Ongoing	
Activity 3.4 - Liaison with NAEMSP CP Committee		Ongoing	

**Activity Log**

**This is a CAP 1 – Task 8C activity**

<b>date</b>	<b>activity</b>	<b>who</b>	<b>notes</b>

**Strategic Priority 4**

Collaboration and discussions with NHTSA and other federal partners

Activity	Lead	Timeline	Status
Activity 4.1 –			

**Activity Log**

**This is a CAP 1 – Task 8C activity**

date	activity	who	notes



**Strategic Priority 5**

Reporting state EMS office activities including legislation and regulation, state forums and meetings, lessons learned, barriers, and state pilots

Activity	Lead	Timeline	Status
Activity 5.1 –			

**Activity Log**

**This is a CAP 1 – Task 8A activity**

date	activity	who	notes

**Strategic Priority 6**

Develop a MIH-CP website presence for state offices with a compendium of resources and state office activities

Activity	Lead	Timeline	Status
Activity 6.1 –			

**Activity Log**

**This is a CAP 1 – Task 8A activity**

date	activity	who	notes

**Strategic Priority 7**

Query if state offices have developed state-level benchmarks or indicators that can be used to justify state level activities, policy or funding. Facilitate a discussion about such state level indicators as appropriate.

Activity	Lead	Timeline	Status
Activity 7.1 –			

**Activity Log**

**This is a CAP 1 – Task 8A activity**

date	activity	who	notes