Vision Statement on Community Paramedicine/Mobile Integrated Healthcare

Draft 3

The Vision of Mobile Integrated Healthcare (MIHC)

In its simplest definition, MIHC is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, MIHC component services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine primary care or post-discharge follow-up visits; or transport or referral to appropriate care.

To be successful, MIHC programs must be:

- Fully integrated – a vital component of the existing healthcare system.
- Collaborative - predicated on meeting a defined need in a local community, which is articulated by local stakeholders and made evident by formal community health needs assessments.
- Patient centric - incorporating a holistic, long-term approach focused on the improvement of patient outcomes.
- Recognized as the practice of medicine - closely supervised and driven by engaged physicians involved in the MIHC program, as well as the patient's primary care network/patient-centered medical home.
- Team based – integrating multiple providers, both clinical and non-clinical, in meeting the holistic needs of patients who are either enrolled in or referred to MIHC programs.
- Educationally appropriate - including more specialized training for community paramedicine and other MIHC providers, which is approved by regulators or local stakeholders.
- Consistent with the Institute for Healthcare Improvement's (IHI) Triple Aim philosophy.
- Financially sustainable – including proactive discussion and financial planning with health systems, Accountable Care Organizations, Managed Care Organizations, Physician Hospital Organizations, legislatures, and other stakeholders to establish MIHC programs and component services as an element of the overall (IHI) Triple Aim approach.
- Legally compliant - through strong, legislated enablement of MIHC component services and programs at the federal, state and local levels.
- Supplemental - enhancing existing healthcare systems or resources, and filling the resource gaps within the local community.

Rationale

Since the creation of "modern" emergency medical services, EMS has largely been considered, and funded as a transportation system; a means of conveyance for people suffering from medical and trauma conditions. This led to the Department of Transportation's National Highway Transportation and Safety Administration (NHTSA) assignment as a primary regulatory agency for EMS.

Recent changes in the healthcare finance system initiated by the Patient Protection and Affordable Care Act (PPACA) have created an unprecedented opportunity for EMS to evolve from a transportation service to a fully integrated component of our nation's healthcare system. Aligned financial incentives now focus stakeholder awareness on the value of EMS in providing "patient navigation" throughout the healthcare system, directing each patient to the right care, in the right setting at the right cost.

In 1995, through the urging of then-NHTSA Administrator Ricardo Martinez, NHTSA and the Department of Health and Human Services' Health Resources and Services Administration (HRSA) commissioned a

strategic plan for the future EMS system. The resulting report, *Emergency Medical Services Agenda for the Future* (NHTSA, 1996), outlined a vision of an EMS system fully integrated within our nation's overall healthcare system, proactively providing community health, and adequately funded and accessible. The initial chapter of a companion report published in 2005, the *Rural and Frontier EMS Agenda for the Future*, also focuses on an integrated workforce.

The "Agenda for the Future," now nearly two decades old, has been effective in drawing attention to EMS and placing a spotlight on the vital role of EMS within the emergency and trauma care system. Several of its goals, however, were difficult to realize before the implementation of the PPACA.

A subsequent implementation guide developed by NHTSA in 1997, offered several recommendations to make the "Agenda for the Future" a reality and focused on three strategies:

- improve linkages between EMS and other components of the healthcare system;
- create a strong infrastructure; and,
- develop new tools and resources to improve the effectiveness of EMS.

The types of changes envisioned by the Agenda and the implementation guide include:

EMS Today (1996)	EMS Tomorrow
Isolated from other health services	Integrated with the healthcare system
Reacts to acute illness and injury	Acts to promote community health
Financed for service to individuals	Funded for service to the community

The healthcare finance reforms now being enacted are creating an environment more conducive for implementing the EMS Agenda for the Future. Specifically, the reforms are shifting focus to care provided to entire communities rather than individuals, and to proactive rather than reactive care.

Defining the Problem

Currently, the U.S. healthcare system spends approximately $8,600 per capita caring for our population. This amount is nearly three times the average amount expended by other economically developed nations. Ironically, the U.S. health status is among the lowest in the developed world in terms of life expectancy, obesity, preventable hospitalizations and overall wellness.

Many healthcare experts believe that the fee-for-service, quantity-based structure of our healthcare system is the main driver of this cost/outcome mismatch. Unrelenting increases in healthcare costs have compelled the need to refine the financing of our healthcare system, based on the IHI Triple Aim Model:

- Improved Experience of Care for the Patient (including outcomes and satisfaction)
- Improved Population Health
- Reduced Costs

EMS is uniquely positioned to help meet the IHI Triple Aim by transforming EMS from a transportation system – focused on stabilizing and transporting patients – to a mobile integrated healthcare system that is focused on:

1. patient education, consultation and dispatch;
2. primary or discharge follow up care; and
3. navigating patients to appropriate alternative healthcare destinations.

Doing so will enhance the value of EMS to healthcare system stakeholders and help fully realize the vision of the EMS "Agenda for the Future."

The Path Forward

The National Association of Emergency Medical Technicians (NAEMT) [or Organizations supporting this Vision Statement] support(s) the vision articulated in this statement and recognize(s) the unprecedented opportunity to bring substantial value to the healthcare system through the transformation of EMS agencies into MIHC agencies.

We strongly encourage our members to engage in the logical, effective, and collaborative evolution of Mobile Integrated Healthcare programs and component services, to ensure that the goals of their local healthcare systems and communities are met.

NAEMT [These Organizations] will continue to provide resources, education, leadership and advocacy at the local, state and national levels to assist members and their consideration of the opportunities created from this new environment of healthcare.