Fishers Fire and Emergency Services launches groundbreaking health monitoring program

Lieutenant/Paramedic Josi Mehling with Donna and Dan Clegg of Fishers, who are receiving an in-home check as part of the WeCare program. (Submitted photo)

By Ann Craig-Cinnamom

Fishers Fire and Emergency Services is planning to launch a new groundbreaking health monitoring and education program that is the first of its kind in Central Indiana. The innovative WeCare program, which brings together the resources of the Fire Dept., Community Health Network and social services organizations, is already being emulated by other communities.

WeCare is a program in which existing paramedics within the Fishers Fire and Emergency Services receive specialized training to conduct in-home patient assessments and provide resources and preventive services to residents of Fishers.

The department is working with Community Health Network on the pilot program which is awaiting approval from the Fishers Town Council at its next meeting on Sept. 15.

Fishers’ Fire Chief Steve Orusa is excited about WeCare.

“We think this program will help the health and wellness of our community in the city of Fishers and will help control healthcare costs. With all the changes in healthcare reform, there’s a lot of emphasis on prevention and continuation of care once a patient leaves the hospital. Those are two gaps in health care that we’re going to try to fill with our service,” he said. “I think we’ve built a program that is going to really break new ground and that people are going to copy throughout the country.”
WeCare encompasses four areas: Free blood pressure monitoring, free in-home safety evaluations, vaccinations for at-risk members of the community and free in-home follow-up of patients discharged from the hospital to monitor medication and other factors that cause hospital re-admittance.

Keeping patients from having to be readmitted to the hospital is one of the key parts of the new program according to EMS Chief Steve Davison who heads up WeCare.

“Besides our normal training as paramedics, we go out and do evaluations everyday on emergency situations, so this will be the first for us to go in and do patient evaluations after they are discharged from the hospital,” said Davison. “One of the issues with readmission to the hospital is medication errors. And by helping alleviate those questions that they have, or the fact that they may have taken them mistakenly, we can help reduce some of those readmissions as well.”

Davison said right now WeCare will follow up on patients with congestive heart failure and eventually other conditions will be included in the program.

“We’ll be looking at people with COPD, diabetics, people that have been discharged for certain conditions; say hip replacements, and as the landscape changes with the Accountable Care management, everything is pretty much going to be out there at some point to where we will follow up on practically any patient who is not covered by Medicare or Medicaid for home healthcare. That is what our role is going to be; to catch those people that are not covered by normal home healthcare,” he said.

The department is currently working with Community Health Network but will expand to include other hospitals in the future. Shelley O’Connell, the director of Community Health’s Touchpoint Integration program, which handles geriatric services, said there is nothing like the WeCare program in the area or the region.

“It adds another level of connectivity to our patients. It adds another level of follow-up for our patients to ensure that they are successful when they go home. And it also helps identify if there are other needs to connect them to make sure that they are successful when they are home that helps keep them safe and helps keep them on track for improving their overall health,” she said.

Community Health coordinated the training for the paramedics and brought in experts from various areas.

“We tried to be very comprehensive. The Fishers Fire Dept. already brings an expertise of doing the in-home evaluation to look for safety measures. Do they have fire extinguishers? Do they have smoke detectors in the right places of their home? Are they able to walk through their home safely? Are there rugs or chairs or furniture in the way and how do we make modifications so they don’t trip and fall and something like that becomes a hazard? So they are doing that part of it to make sure the safety in the home is there and they brought that expertise and we were able to bring clinical expertise from our providers within our system to the program,” said O’Connell.
Privacy is always a concern and O’Connell said that the patient will be given information about WeCare at the hospital and then will decide for themselves if they want to participate or not.

The program has the potential to save money for all involved. O’Connell said that there are certain conditions that if a patient is readmitted to the hospital within a 30-day period, insurance will not cover the costs which can impact both the patient and the hospital.

Fishers Fire and Emergency Services personnel are excited about the program.

“It’s been fun because we’re dealing with something other than an emergency situation,” said Chief Davison.

Lt. Joe Harding who is one of five Fire Dept. paramedics involved in the program agrees. “This is fantastic. It’s going to be a big change nationwide and to bring something like this to Fishers and to add an extra service to our residents and to just help people out who are truly in need is just a fantastic notion.”

Another paramedic, Lt. Josh Mehling adds “I’m excited about this because of being a reactive service, which we are on the 911 system, this is a proactive way to increase the health of our community and have a better, healthy life.”

All residents of Fishers are eligible to use the free program. For more information, call 595-3200.

**WeCare Program**

“WeCare” opens Fishers firehouses for free blood pressure monitoring. Citizens can stop by any firehouse to have their blood pressure checked and given a card to record and track the information to give to their healthcare provider.

“WeCare” offers citizens a free home safety check to evaluate and make recommendations to help prevent falls, fire, and other accidents, in partnership with CICOA Aging and In-Home Solutions.

“WeCare” is a free, follow-up program for residents of Fishers returning home following discharge from the hospital from serious illness. Partnering with Community Health Network and other area hospitals, a discharge referral program will be available that will help keep patients who have experienced heart attack, heart failure or other critical health issues, from being readmitted to the hospital. With Paramedics following up within 24 to 48 hours of discharge, many factors that cause readmission can be identified and mitigated before they become serious.

“WeCare” working with community resources, will provide vaccinations, to at risk population within Fishers.
<table>
<thead>
<tr>
<th>MEETING DATE</th>
<th>September 15, 2014</th>
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<tbody>
<tr>
<td>TITLE</td>
<td>Request adoption of an ordinance authorizing Fire and Emergency Services to provide a Community Paramedic Program</td>
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| SUBMITTED BY | Name & Title: Steven Orusa, Fire Chief  
                Department: Fire Emergency Services |
| MEETING TYPE | □ Work Session  
                  □ Regular  
                  □ Special  
                  □ Retreat  
                  □ Executive |
| AGENDA CLASSIFICATION | □ Consent  
                    □ Ordinance  
                    □ Resolution  
                    □ Regular |
| ORDINANCE/RESOLUTION | □ 1st Reading  
                      □ 2nd Reading  
                      □ Public Hearing  
                      □ 3rd Reading |
| Ordinance #: | 090214A |
| Resolution #: | |
| CONTRACTS | □ Contract Required  
                    □ Signed Copy of Contract Attached |
| APPROVALS/REVIEWS | □ Department Head  
                     □ Deputy Town Manager  
                     □ Legal Counsel – Name of Reviewer: Jennifer Messer, Nicole Buskill  
                     □ Town Manager  
                     □ Other: |
| BACKGROUND (Includes description, background, and justification) | The Community Paramedic program titled "WeCare," utilizes Fire and Emergency Services firefighter paramedics in partnership with area hospitals and social service organizations designed to increase the health and wellness of our community. |
| BUDGETING AND FINANCIAL IMPACT (Include project costs and funding sources) | Budgeted #: N/A  
                      Expenditure #: N/A  
                      Source of Funds: N/A  
                      Additional Appropriation #: N/A  
                      Narrative: Operation will use existing paramedic personnel in Fire and Emergency Services |
| OPTIONS (Include Deny Approval Option) | 1. Hold second reading  
                                     2. Recommend alternative direction  
                                     3. Deny the ordinance request or take no action  
                                     4. |
<table>
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<tr>
<th>PROJECT TIMELINE</th>
<th>Implementation September 16, 2014</th>
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<tr>
<td>STAFF RECOMMENDATION</td>
<td>Staff recommends holding second reading.</td>
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<tr>
<td>(Town Council reserves the right to accept or deny recommendations)</td>
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<tr>
<td>SUPPLEMENTAL INFORMATION</td>
<td>1. Informational Overview</td>
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<tr>
<td>(List all attached documents)</td>
<td>2. Ordinance</td>
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<td></td>
<td>3. Exhibit A</td>
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ORDINANCE NO. 090214A

AN ORDINANCE GOVERNING A COMMUNITY PARAMEDIC PROGRAM IN THE TOWN OF FISHERS, HAMILTON COUNTY, INDIANA

WHEREAS, the Town of Fishers Fire & Emergency Services Department ("Fire Department") employs more than one hundred twenty (120) trained firefighters, emergency medical technicians ("EMT") and paramedics;

WHEREAS, the Fire Department offers a variety of services within Fishers beyond fighting fires, including but not limited to providing emergency medical services, advanced life support and responding to non-emergency calls for service;

WHEREAS, Fishers’ EMTs and paramedics are specially trained to conduct in-home patient assessments and provide the preventive services set forth in Exhibit A attached hereto and incorporated herein pursuant to a physician’s order ("Preventative Services");

WHEREAS, the Fire Department desires to improve the health and welfare of the Town of Fishers’ ("Fishers") residents by establishing a Community Paramedic Program and entering into agreements with local hospitals to provide in-home, limited medical services to residents pursuant to a physician’s order ("Community Paramedic Program");

WHEREAS, as part of the Community Paramedic Program, Fire Department EMTs and paramedics will help physicians monitor the health of vulnerable patients by, for example, monitoring cardiac rhythm and conducting fall assessments;

WHEREAS, the Community Paramedic Program targets frequent users of emergency-911 services and provides a proactive, holistic approach to health care by using available EMTs and paramedics to serve the resident’s needs—social, medical and personal.

WHEREAS, the use of Community Paramedic Programs in other communities has led to a reduced number of expensive emergency runs and has saved communities money;

WHEREAS, utilizing current employees, Fishers Fire Department has the capacity to participate in a Community Paramedic Program;

WHEREAS, local hospitals have expressed a desire to participate in a Community Paramedic Program; and

WHEREAS, in an effort to better serve Fishers’ residents and reduce the rate of emergency calls, the Fishers Fire Department desires to establish a Community Paramedic Program.

NOW, THEREFORE BE IT HEREBY ORDAINED BY THE TOWN COUNCIL OF THE TOWN OF FISHERS, HAMILTON COUNTY, INDIANA, THAT:
Section 1. Recitals. The foregoing recitals are material to this Ordinance and are made a part hereof as if fully restated.

Section 2. Authorization. The Fishers Fire Department Community Paramedic Program is hereby established and specifically authorized to provide Preventative Services.

Section 3. Availability of Preventative Services. For Fishers residents to be eligible to receive Preventative Services, the Fire Department must have the following fully executed documents:

(A) an agreement with a hospital used by the resident to provide Preventative Services;

(B) a specific, detailed order from a licensed physician that requests that Preventative Services be provided for a specific patient (“Order”); and

(C) consent of the patient to participate in the Community Paramedic Program.

Section 4. Hospital Agreements. Agreements with hospital(s) desiring to participate in the Community Paramedic Program shall, at a minimum, include provisions for each of the following:

(A) maintenance of patient records by the Fishers Fire Department;

(B) compensation paid to the Town of Fishers for services provided;

(C) continuing training for EMTs and paramedics administering Preventative Services; and

(D) hospital oversight of the Community Paramedic Program.

Section 5. Oversight. The Fire Department’s assigned Medical Director, who shall be a licensed Indiana physician, shall be primarily responsible for providing oversight for the Community Paramedic Program.

Section 6. Extraneous Services. At no time shall an EMT or paramedic provide medical Preventative Services that are not included in an Order, outside or beyond the EMT’s or paramedic’s training, outside the oversight of the Medical Director or prior to receiving the resident’s consent.

Section 7. Capacity. The Fire Department shall ensure that at all times it has the capacity and availability to respond to emergency calls, and the Community Paramedic Program shall not interfere with the Fire Department’s ability and capacity to promptly respond to emergency calls.

Section 8. Effective Date. This ordinance shall become effective upon adoption and publication as required by law.
ALL OF WHICH IS ORDAINED by the Town Council of the Town of Fishers, Indiana, this ___ day of ____________, 2014.

TOWN COUNCIL OF THE TOWN OF FISHERS,

HAMILTON COUNTY, INDIANA

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<thead>
<tr>
<th>AYE</th>
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<tr>
<td>John W. Weingardt, President</td>
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<td>C. Pete Peterson, Vice President</td>
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<td>Michael L. Colby, Member</td>
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<td>Eric Moeller, Member</td>
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ATTEST: ___________________________________ DATE: ________________
Linda Gaye Cordell, Clerk-Treasurer
Town of Fishers, Indiana

Approved by: Nicole R. Kelsey, Town Attorney, Church, Church, Hittle and Antrim
Overview of the **WeCare** Community Paramedic Program

The We Care program was initially developed to address community service access needs of our citizens that were identified either by calls to our office, or our crews responding on 911 calls.

In researching the needs of our Community and how to best meet them, several areas of concern were noted.

**Access to Services:**

Responding to over 3800 requests for medical assistance each year, our crews routinely find that in addition to the immediate needs of the patient, there are other factors present that may be contributing to the perceived need to call 911, in some case, repeatedly. Working with area community service organizations, we can help our citizens get the help that they need outside of the healthcare system.

**Falls:**

We also discovered a high incidence of injuries as the result of a fall, second only to Motor Vehicle Accidents. By offering a home safety check, it is our hope to reduce those injuries which occur in the home 79% of the time resulting in 623 trips to the hospital over a 2 year period for our citizens. The age group most affected by slip and fall incidents were those in the 81 to 90 year old range.

**Blood Pressure Checks:**

Hypertension is a recognized health issue for our community based on epidemiological data from the Indiana State Health Department, for the Fishers zip code area. As a result, our firehouses will be available to our citizens to stop by and receive a blood pressure check that can be recorded on a card that can hold 14 separate entries that can then be shared with their own healthcare provider. We will also distribute educational materials on Hypertension and stroke prevention.

**Hospital discharge follow-up:**

Keeping patients home who have experienced a heart attack or heart failure that have been treated and sent back home, from being readmitted to the hospital is the goal of the discharge referral program. As a partnership between area hospitals and the department, a specially trained Paramedic can follow up with a home visit to the discharged patient within 24 to 72 hours. It is envisioned that most factors that may contribute in causing a patient to be readmitted to the hospital can be identified and mitigated before they exacerbate necessitating another trip to the Doctors office, Emergency Department or extended stay in the hospital.

**Vaccination Program:**

For the past 5 years, department paramedics have administered the annual flu vaccine to all Town employees resulting in a savings of over $25,000 and a healthier workforce. The We Care Program will continue with this program in the future. In addition, working with community health organizations our medics could also assist in administering critical vaccinations to patients identified as at risk by those organizations.
The Fishers WeCare Program:

- Is a pilot project with Community Health to assess the overall efficacy of a discharge program.
- Analyze data over a 12 month period to determine patient satisfaction and cost savings to hospitals and insurers.
- Based on the assumption of significant savings to healthcare organizations, develop a fee for service structure to generate revenue for the City.
- Continue working with the State Department of Homeland Security to enact legislation that will enable reimbursement from Medicare/Medicaid for discharge referral services and alternative transport locations.
- Analyze participation data from the blood pressure program to look at overall blood pressures and what percentage was classified as hypertensive. All data will be blinded as no names from participants are being collected.

The concept of Community Paramedic programs also known as Mobile Integrated Health, have been developing over the past decade in response to the need for healthcare access in underserved rural areas of the US. With passage of the Affordable Care Act, many Fire Departments and EMS agencies have made the move to develop programs to address the needs in their communities.

Our program has support from the following physicians and healthcare organizations:

- Indiana Department of Homeland Security
- Community Health Network
- Indiana University Health
- St.Vincent Health
- Dr. Michael Kaufmann, St. Vincent Medical Director
- Dr. Sal Miglicie, IU Health Saxony Medical Director
- Dr. Edward Bartkus, IU Health Methodist Medical Director
Additional Information:

The following documents are attached for reference:

Letter of Support; Michael Garvey, State of Indiana EMS Director.

American Nurses Association principles for utilization of Community Paramedics.

National Association of Emergency Medical Technicians Vision Statement for Community Paramedicine.

National Conference of State Legislators; Beyond 911: State and Community Strategies for expanding the Primary Care Role of First Responders.

Article; Pilot Program uses extended paramedic visits to assess and coach patients recently discharged from the hospital.
Letter, Mr. Michael Garvey, State of Indiana EMS Director.
September 9, 2014

Steve Davison, Division Chief, Emergency Medical Services
Fishers Fire and Emergency Services
2 Municipal Drive
Fishers, Indiana 46038

Dear Chief Davison:

I am honored to write in support of the development of the Fishers Fire and Emergency Services Community Paramedicine Program. Fishers Fire and Emergency Services is on the cutting edge of community Paramedicine in the State of Indiana. I am pleased to see you moving forward with the concept and practice.

Community Paramedicine programs in other states have been proven effective in reducing the overuse and misuse of 911 emergency medical services, and benefitting the challenged healthcare system by reducing the number of readmissions to hospitals by providing follow up care at the patient’s residence. These services have also reduced the demand on ambulance services by providing quality patient education and monitoring to patients that suffer from chronic illness.

Emergency Medical Service organizations are equipped and available to provide the services and resources to effectively and efficiently support the entire healthcare continuum to serve the citizens of Indiana. I am glad to see Fishers Fire and Emergency Services lead the way. I look forward to reviewing the data you collect in this project.

Sincerely,

Michael S. Garvey, EMS Director

Indiana
A State that Works

An Equal Opportunity Employer
American Nurses Association
Principles for Utilization of Community Paramedics.
ANA’s Essential Principles for Utilization of Community Paramedics

Background

Over the past decade, emergency medical services (EMS) has piloted a new role, most often referred to as the community paramedic (CP). This expanded role builds on the skills and preparation of the emergency medical technician (EMT) and paramedic, with the intention of fulfilling the healthcare needs of those populations with limited access to primary care services. Cuts in public health and community services funding have decimated programs, leaving unmet health needs. In many cases, CPs are filling a gap in services that had been performed by public health nurses and visiting nurses.

Communities have used CPs for home assessment, consultation, and direct care, purportedly reducing unnecessary hospital admissions and readmissions. The EMS community describes other possible services that could be performed by the CP as public health, disease management, prevention and wellness, mental health, and oral health. Consistent with the traditional EMS model, CPs use protocols and work under the direction of a physician (medical director).

ANA believes that every patient deserves access to safe, quality care from all healthcare providers. Health care is ever-changing and is currently undergoing a significant transformation. ANA supports initiatives which allow all members of the healthcare team to fully function consistent with their education and training in a cooperative manner.

Purpose

ANA’s Essential Principles for Utilization of Community Paramedics provides overarching standards and strategies for the registered nurse and the community paramedic to apply when cooperating in various settings and across the continuum of care. This document seeks to promote common understanding of the community paramedic role and clarification of registered nurses’ expectations of cooperation with this new role.

The significance of establishing the groundwork for cooperation is rooted in two major assumptions:

- There exists overlapping patient care responsibilities between healthcare team members.
- Patient-centered care coordination is a core professional standard and competency for all registered nursing practice.
These assumptions assert that registered nurses and community paramedics will need to cooperate. Successful cooperation leads to the delivery of safe, quality care and transparency with regards to roles and functions. Therefore, it is important to:

- Establish minimum standards for education and training for the community paramedic, — beyond the emergency services education and training required of EMTs and paramedics — that prepares the community paramedic to competently perform the expanded functions.
- Reduce “role confusion” by identifying the community paramedic’s role within the healthcare team while distinguishing the registered nurses’ responsibilities.
- Foster interdisciplinary cooperation through appropriate regulatory models.

**Terminology and Basics**

**Notes on Terminology**

The word *nurse* refers specifically to a professional registered nurse. *Nursing’s Social Policy Statement: The Essence of the Profession* (ANA, 2010; pg. 7) recognizes the value of clearly identifying the recipients of professional nursing care, be they individuals, groups, families, communities, or populations. The terms *patient, client, person, population* and *community* most often refer to *individuals*, whereas *healthcare consumer* can represent an individual or group.

The terms *community paramedic, advanced practice paramedic* and *community health aide/worker* refer to an individual who lawfully engages in an expanded scope of paramedic or EMT practice to meet the needs of the local community and has successfully completed standardized education and training to competently perform those functions.

*(Variations in titles may exist between states. This document addresses those roles that build on the EMT and paramedic.)*

**Basics: Assuring Patient Safety**

- Role competence – Clarity of functions with appropriate education and training
- Interdisciplinary teamwork – Reflected by cooperation, collaboration and communication
- Accountability – Accountable for self, to the community, and to a regulatory agency
Essential Principles

ANA recognizes that, given existing differences in regulatory structure, regulatory models will vary from state to state, but believes that at the very least, a model must incorporate some Basics for assuring patient safety.

(**For guidance in developing a suitable regulatory framework, members should contact Janet Haebler, ANA Government Affairs janet.haebler@ana.org.)

Role Competence

As with all healthcare providers, the public has a right to expect community paramedics to demonstrate competence throughout their careers and in all healthcare settings. ANA’s position is that competence is definable and can be evaluated.

Competence can be evaluated by implementing tools that retrieve objective and subjective information about an individual’s knowledge and performance (ANA, 2010; pg. 25, 32). There should be a mechanism for maintaining and measuring continued competence.

Uniform education and clinical training from an accredited program in the higher education setting, consistent with the functions of the community paramedic role, should be required by state statute, rules, regulations. Accredited educational programs should include core components from social and behavioral sciences and social determinants of health such as:

- Cultural competency
- Community roles and resources
- Health assessment
- Personal safety
- Professional boundaries
- Clinical components that include sub-acute and semi-chronic patient needs

Interdisciplinary Teamwork

The community paramedic must be considered part of the interdisciplinary team. Given the role of registered nurses as coordinators of patient care (ANA, 2012), it is important that community paramedics communicate and cooperate with registered nurses. Regulatory models should not impose barriers to interdisciplinary communication or collaboration.

Accountability

Community paramedics should be accountable for self, to the community, and to a regulatory agency. Every effort should be made to ensure that the agency with oversight for CPs collaborates well with the agency or agencies that have oversight for other professionals with whom they will be cooperating and communicating as part of the healthcare team.
Evaluation

This emerging role of the community paramedic requires ongoing evaluation to determine effectiveness and inform healthcare providers and policy makers as to needed changes. Thus far, the focus in community paramedic demonstration projects has been on reduced costs through decreased emergency room visits, hospital admissions and readmissions. Evaluation should extend to include monitoring for improved patient outcomes and patient satisfaction and a decrease in adverse outcomes.

Sources

All URLs current as of 02/05/2012.


Approved the ANA Board of Directors
February 28, 2014

American Nurses Association
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
1-800-274-ANA
www.Nursingworld.org

Published March 2014.
National Association of Emergency Medical Technicians Vision Statement for Community Paramedicine.
NEWS RELEASE

FOR IMMEDIATE RELEASE

February 6, 2014
Contact: Kathleen Taormina
1-800-346-2368
kathleen.taormina@naemt.org

EMS Organizations Collaborate on New Vision Statement for Mobile Integrated Healthcare and Community Paramedicine

Clinton, Miss. - The National Association of Emergency Medical Technicians (NAEMT) announced the release of a Mobile Integrated Healthcare-Community Paramedicine Vision Statement (Attached below).

Created through a collaborative process and incorporating the input of the nation’s leading EMS and emergency medicine physicians’ organizations, the vision statement defines and describes the key attributes of Mobile Integrated Healthcare (MIH) and Community Paramedicine (CP) programs. The goal of the statement is to assist EMS agencies and practitioners in understanding and communicating the MIH-CP vision to potential healthcare partners, payers and their communities.

“It’s so important for the EMS industry to come together to define this potentially transformative new healthcare delivery model,” says Don Lundy, NAEMT President. “The vision statement reflects the breadth of knowledge, experience and ideas about Mobile Integrated Healthcare and Community Paramedicine from many facets of our profession.”

According to the vision statement, key elements of MIH-CP programs include being fully integrated within the healthcare system, data driven, patient-centered and team based. With partnerships between multiple types of healthcare providers and healthcare entities an important part of any MIH-CP program, the vision statement itself needed to reflect that spirit of cooperation.

“Recently, we’ve seen field practitioners, EMS physicians and state officials starting to come together on Mobile Integrated Healthcare and Community Paramedicine,” says Doug Kupas, M.D., EMT-P, Associate Chief Academic Officer, Geisinger Health System and the National Association of EMS Physicians’ (NAEMSP) liaison to the NAEMT’s MIH-CP Committee. “The more unified the voices of those groups get, the more we can ensure we are working toward the same goals and objectives.”

The organizations participating in the creation of the vision statement include NAEMT, NAEMSP, National Association of State EMS Officials (NASEMSO), American College of Emergency Physicians (ACEP), National EMS Management Association (NEMMSA), National Association of EMS Educators (NAEMSE), International Academies of Emergency Dispatch (IAED), and the Association of Critical Care Transport (ACCT). These organizations, plus the North Central EMS Institute (NCEMSI), Paramedic Foundation and the American Ambulance Association (AAA) have all endorsed the vision statement.

-- more --
"This vision statement sets the foundation for future discussions and further definition of the components of Mobile Integrated Healthcare and Community Paramedicine and what it means to the different partners," says Jim DeTienne, NASEMSO President.

About NAEMT

Formed in 1975 and today more than 40,000 members strong, the National Association of Emergency Medical Technicians (NAEMT) is the only national association dedicated to representing the professional interests of all emergency medical services (EMS) practitioners, including Paramedics, advanced emergency medical technicians, emergency medical technicians, emergency medical responders and other professionals working in prehospital emergency medicine. NAEMT members work in all sectors of EMS, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.

-- more --
Vision Statement on Mobile Integrated Healthcare (MIH) & Community Paramedicine (CP)

In its simplest definition, Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits; or transport or referral to a broad spectrum of appropriate care, not limited to hospital emergency departments.

Key components of MIH programs include:

- Fully integrated – a vital component of the existing healthcare system, with efficient bidirectional sharing of patient health information.
- Collaborative – predicated on meeting a defined need in a local community articulated by local stakeholders and supported by formal community health needs assessments.
- Supplemental – enhancing existing healthcare systems or resources, and filling the resource gaps within the local community.
- Data driven – data collected and analyzed to develop evidence-based performance measures, research and benchmarking opportunities.
- Patient-centered – incorporating a holistic approach focused on the improvement of patient outcomes.
- Recognized as the multidisciplinary practice of medicine – overseen by engaged physicians and other practitioners involved in the MIH program, as well as the patient’s primary care network/patient-centered medical home, using telemedicine technology when appropriate and feasible.
- 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 MIH programs.
- Educationally appropriate – including more specialized education of community paramedicine and other MIH providers, with the approval of regulators or local stakeholders.
- Consistent with the Institute for Healthcare Improvement’s IHI Triple Aim philosophy of improving the patient experience of care; improving the health of populations; and reducing the per capita cost of healthcare.
- Financially sustainable – including proactive discussion and financial planning with federal payers, health systems, Accountable Care Organizations, managed care organizations, Physician Hospital Organizations, legislatures, and other stakeholders to establish MIH programs and component services as an element of the overall (IHI) Triple Aim approach.
- Legally compliant – through strong, legislated enablement of MIH component services and programs at the federal, state and local levels.
Rationale

Since the creation of modern emergency medical services, EMS has largely been considered and funded as a transportation system for people suffering from medical and trauma conditions.

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, efficiently and effectively directing each patient to the right care, in the right setting at the right time.

In 1995, 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 companion report published in 2004, 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 within the emergency and trauma care system. Several of the Agenda’s 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:

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<thead>
<tr>
<th>EMS Today (1996)</th>
<th>EMS Tomorrow</th>
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<tbody>
<tr>
<td>Isolated from other health services</td>
<td>Integrated with the healthcare system</td>
</tr>
<tr>
<td>Reacts to acute illness and injury</td>
<td>Acts to promote community health</td>
</tr>
<tr>
<td>Financed for service to individuals</td>
<td>Funded for service to the community</td>
</tr>
</tbody>
</table>

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\(^1\) caring for our population. This amount is nearly three times the average amount expended by other economically developed nations.

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Ironically, 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 from a transportation system focused on stabilizing and transporting patients to a mobile integrated healthcare system focused on:
1. Patient education, consultation and dispatch/telephone advice using approved clinical algorithms.
2. Preventive care, chronic disease management or post-discharge follow-up care.
3. Navigating patients to appropriate alternative healthcare destinations.

This transformation 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 following organizations support the vision articulated in this statement and recognize the unprecedented opportunity to bring substantial value to the healthcare system through the transformation of EMS agencies into Mobile Integrated Healthcare agencies.

- National Association of Emergency Medical Technicians (NAEMT)
- National Association of State EMS Officials (NASEMSO)
- National Association of EMS Physicians (NAEMSP)
- American College of Emergency Physicians (ACEP)
- National EMS Management Association (NEMSMA)
- National Association of EMS Educators (NAEMSE)
- International Academies of Emergency Dispatch (IAED)
- Association of Critical Care Transport (ACCT)
- North Central EMS Institute (NCEMSI)
- Paramedic Foundation
- American Ambulance Association (AAA)

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.

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.
National Conference of State Legislators; Beyond 911: State and Community Strategies for expanding the Primary Care Role of First Responders.
Lack of access to Primary Care Providers and Services

Growing population with chronic illnesses, profoundness and other factors

Medical care availability is a major concern in the United States. The lack of access to primary care providers can lead to increased hospitalizations and decreased quality of care. Access is a critical aspect of the American health care system. The Affordable Care Act aimed to improve access to care, but challenges remain.

Health Plan

Compliance and Resources

(need for PEO-2)

Stellite Policy in the
Stellite and Emergency Program
The Right Plan
The Right Patient
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Injuries and EMS Video
Injuries and EMS Video
Injuries and EMS Video

Hospitals and EMS costs

Emergency Department use is on the rise. Between 1995 and 2006, Hospital ED visits have increased by 10 percent inpatient visits. Many of these visits are not emergencies.

Expanded role for EMS personnel

In the event of an acute medical emergency, EMS personnel are often the first responders. Their roles have expanded to include basic life support and some advanced medical interventions. This has increased the demand for well-trained and experienced personnel.

ED visits and reduce readmissions costs

Reducing readmissions is a critical component of patient care. ED visits can lead to unnecessary hospitalizations and increased costs. Programs that focus on reducing ED visits and improving patient outcomes can have a significant impact on healthcare costs.
In what is commonly referred to as community paramedicine, community paramedics (CPs) are trained to perform an expanded role within their scope of practice. Examples of services provided by CPs are summarized below in Table 1.


What are Community Paramedics?

III. Prevented Primarily Care Role for First Responders: Opportunities and Challenges

For homeless single women and men, there is higher morbidity and mortality, either immediate or life-threatening and unique to homelessness. The risk for mental health, substance abuse, and addiction, along with other chronic medical conditions, are often frequent causes of death, according to the Agency for Health Care Policy and Research (AHCPR) of the U.S. Department of Health and Human Services. Each year, more than 20,000 people die from heart disease, alcoholism, and drug-related causes that are chronic and often preventable. Preventing access to emergency care can lead to death or permanent disability. The key to preventing access to emergency care is to provide community paramedics who can address these issues.

Chronic illness and Medical Severity

Medical teams provided primary care to manage their health and social support needs. Examples of services provided by CPs are summarized below in Table 1.

Homelessness:

Community paramedics may prevent hospitalizations, improve healthcare utilization, and reduce healthcare costs. According to a study by the Community Health Insurance (CHI) Collaborative, community paramedics can also reduce hospital readmissions, improve patient outcomes, and improve access to care. The study found that community paramedics reduced hospital readmissions by 38% and improved patient outcomes by 21%.

Beyond 911: Shared Community Strategies for Expanding the Primary Care Role of First Responders
### Table 1. Examples of Expanded EMS Services

<table>
<thead>
<tr>
<th>EMS Function</th>
<th>Examples</th>
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| Assessment            | Checking vital signs  
                       | Blood pressure screening and monitoring  
                       | Prescription drug compliance monitoring  
                       | Assessing patient safety risks (e.g., risk for falling) |
| Treatment/Intervention| Breathing treatments  
                       | Providing wound care, changing dressings  
                       | Patient education  
                       | Intravenous monitoring |
| Referrals             | Mental health and substance use disorder referrals  
                       | Social service referrals |
| Prevention and Public Health | Immunizations  
                       | Well Baby Checks  
                       | Asthma management  
                       | Fluoride varnishing and oral health activities  
                       | Disease Investigation |

Their roles vary in rural and urban communities, where community needs may differ. According to a 2012 evaluation tool developed by the U.S. Office of Rural Health Policy, "each of the successful programs now in place across the country was uniquely and specifically designed to meet one or more health care needs essential to that community."

Urban areas typically utilize community paramedic programs to address the various health care, mental health, housing and social service needs of a discrete group of frequent ER users, with the goal of keeping them out of the emergency services system. While rural areas also focus on reducing unnecessary ED use, community paramedic programs tend to focus on fulfilling the unmet primary care needs of underserved, rural patients.

As part of the community paramedic model, EMS workers play a critical role in the shift away from episodic emergency care to regular and consistent care. Initial outcomes data are promising and suggest that such programs have the potential to reduce ED visits and related transportation and ED costs. Through home visits and, in many cases, community-based prevention strategies they are helping patients independently manage their health, resulting in better health outcomes and fewer ambulance trips and ED visits.

### Implementation Challenges

Despite the potential benefits, community paramedic initiatives face financial, policy and regulatory, and workforce challenges—many of which are being addressed through state legislation and/or policies, research and ongoing engagement with other primary health care providers.

Federal Policy Trends

environment in which they operate.

understood. The many key provisions of the regulations will likely be modified and interpreted and the

Federally funded Community Health Centers (CHCs) have not fully

implemented yet to the extent that the original intent was intended.

Community Health Centers—Federal policy needs to revisit and adjust the current framework as the

Community Health Centers are critically important and need to be

emphasized and developed.

By Federal Action

address concerns and develop strategies that make optimal use of all provider types.

Funding and enhancing community programs and providers throughout the country is essential to Deadly disease, especially

throughout the

In Colorado, the state EMS office is developing a new regulatory framework that provides oversight through a

In 2012, they are working to implement the

In 2011, the state EMS office received

and training requirements.

discharge to prevent readmission.

Discharge planning is an important part of the

Regulatory Changes. Lack of formal recognition of the new class of drug programs has created confusion

Other communities, including Western Eagle County in Colorado, are getting data on program

Private insurers will follow suit.

Providers will pay providers to address

Specific services. Although the key express is to public coverage, policymakers and stakeholders believe that

Lack of reimbursement. Currently, pay for performance is not recognized as reimbursement from employer

Beyond 9/11: Share and community strategies for expanding the primary care role of first responders
Several resources and tools are available to assist communities as they assess their needs and plan community Federal Opportunities and Resources

Federal agencies are increasing their investments in programs that have

SWH to Evidence-Based Practices. Federal agencies are increasing their investments in programs that have

Looking for resources to assist communities as they assess their needs and plan community

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The following year, lawmakers approved medical assistance reimbursement to cover community paramedic services.

New regulations elected to develop community paramedic legislation, which has been a focused approach to expanding the primary care role of first responders.

Expanded role for EMS personnel.

Early recognition and awareness programs help rural communities develop strategies for increased health awareness.

Tools for Workforce Development

The early recognition of EMS personnel's role in providing health care for rural populations.

Community paramedic programs

In rural environments, increased awareness and education are key to improving mental health conditions.

Funding and resources to assist with program planning and evaluation.

Beyond EMT, state and community strategies for expanding the primary role of first responders.
The Vermont Community College will offer the state's first community paramedicine program in fall 2013. As one of several proposed bill sponsors, Community Paramedic courses will prepare students to perform community-paramedic work and focus on health and wellness services within the scope of practice of the emergency medical services provider as specifically required and stated by a physician.

According to the American Medical Association, community paramedics are "a mix of health professionals who work in teams to provide immediate and long-range care, according to the training and certification of each provider. They work in a variety of settings to help improve access to health care and enhance the overall health of a community."

Community paramedics are part of a broader trend in health care known as "community paramedicine," which aims to improve access to health care by providing services in the community setting. This trend is driven by the need for more efficient and cost-effective care, as well as the recognition that many people receive care in settings other than hospitals.

The Vermont Community College will offer courses in emergency medical services and community paramedicine, preparing students to work in a variety of settings to improve access to health care. The college will offer courses in emergency medical services and community paramedicine, preparing students to work in a variety of settings to improve access to health care.

Community Paramedic Authority Community Paramedic Pilot Programs

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Although the regulation that manages reimbursement applies only to public coverage, Rossen and others have in the past worked to ensure that the public system is not left behind. The program will also work with local and state partners to ensure that the training and certification of each provider is consistent with national standards.
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Digging Deeper: Western Eagle County Pilot Program Resources and Tools

[Content of the document is not legible due to image quality issues.]
The Community Health Program needs a process for classifying patients according to their ED use and providing


disease care to increase overall health. A program is needed to address the health needs of these patients and provide care.

The Community Health Program Coordinator works with hospitals and other health care providers to increase the number of patients who receive preventive care. The program is designed to help patients who have been discharged from the hospital and need ongoing care. The program includes education and support for patients who need follow-up care.

The Solution:

1. Provide comprehensive education and support for patients who need follow-up care.
2. Increase the availability of services to patients who need follow-up care.
3. Generate a potential revenue stream by providing reimbursement for services provided by the program.

The medical emergency department is a key component of the program. It provides education and support for patients who need follow-up care.

Fort Worth, Texas: Medstar's Community Health Program Targets Preventive Care

No patient ever received a large number of patients who need preventive care. The program is designed to help patients who have been discharged from the hospital and need ongoing care. The program includes education and support for patients who need follow-up care.

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Fort Worth, Texas: Medstar's Community Health Program Targets Preventive Care
and safety, and provide resources. Each health care and cost outcomes, and lower insurance, and lower mortality, which also provides patient health and individual and community health. Policies can play an important role in ensuring that these outcomes are achieved.

Understanding the importance of patient experience, quality, and safety, and the need to improve these outcomes for underserved populations, the Pioneers consider these within this context. Using community partnerships to deliver long-term care and clean service, unique opportunities to reduce emergency room utilization are identified. Measures include:

- Elimination of on-demand and non-emergency, and completely training and follow-up.
- Focus on sustainability through reimbursement, and clinical training and follow-up.
- Mainstreaming education, health, and research and evaluation.
- More focus on patient needs. The case of physicians and mental health care professionals.
- Balanced in the need for primary care, public health, mental health, and dental care.
- Building community partnerships to ensure continuity of care, responsiveness to help communities move forward.
- Enhanced community partnerships, where some states have provided a legislative approach.
- Enhanced and other strategies and health officials, public health, and mental health.
- Innovative and ongoing strategy. Enhancing programs to address community and reduce risks, with specific emphasis on the importance of community and reducing costs.
- Fewer and fewer.

Beyond 911: State and community strategies for expanding the primary care role in first responders.
Article; Pilot Program uses extended paramedic visits to assess and coach patients recently discharged from the hospital.
Pilot program uses extended Paramount visits to assess and coach patients recently discharged from the hospital | Qualls Health Macaroni

In a Pilot project, doctors project Paramedics are taking on a new role to help patients discharged from the hospital...
Learn more about Queens Health's work through the Communities for Safe Transitions of Care Project (CSTC).

"It's important to know the gaps and not reinvent the wheel," he continued. "The specific needs of a community vary, but one consistent issue is the lack of coordination and information sharing.

Benson said,

"Our project's goal is to ensure that the most relevant resources are available to patients and providers, and that the care provided is consistent and high-quality. By implementing the CSTC, we hope to bridge the gap between care providers and community members, ensuring that patients receive the most appropriate care available."

The CSTC is a collaborative effort involving multiple stakeholders, including hospitals, community organizations, and government agencies. The goal is to improve patient outcomes by providing streamlined and effective transitions of care.

"Opening the line of communication and ensuring that all stakeholders are on the same page is crucial," Benson noted. "We believe that by working together, we can create a more efficient and effective system of care, ultimately leading to better health outcomes for all."