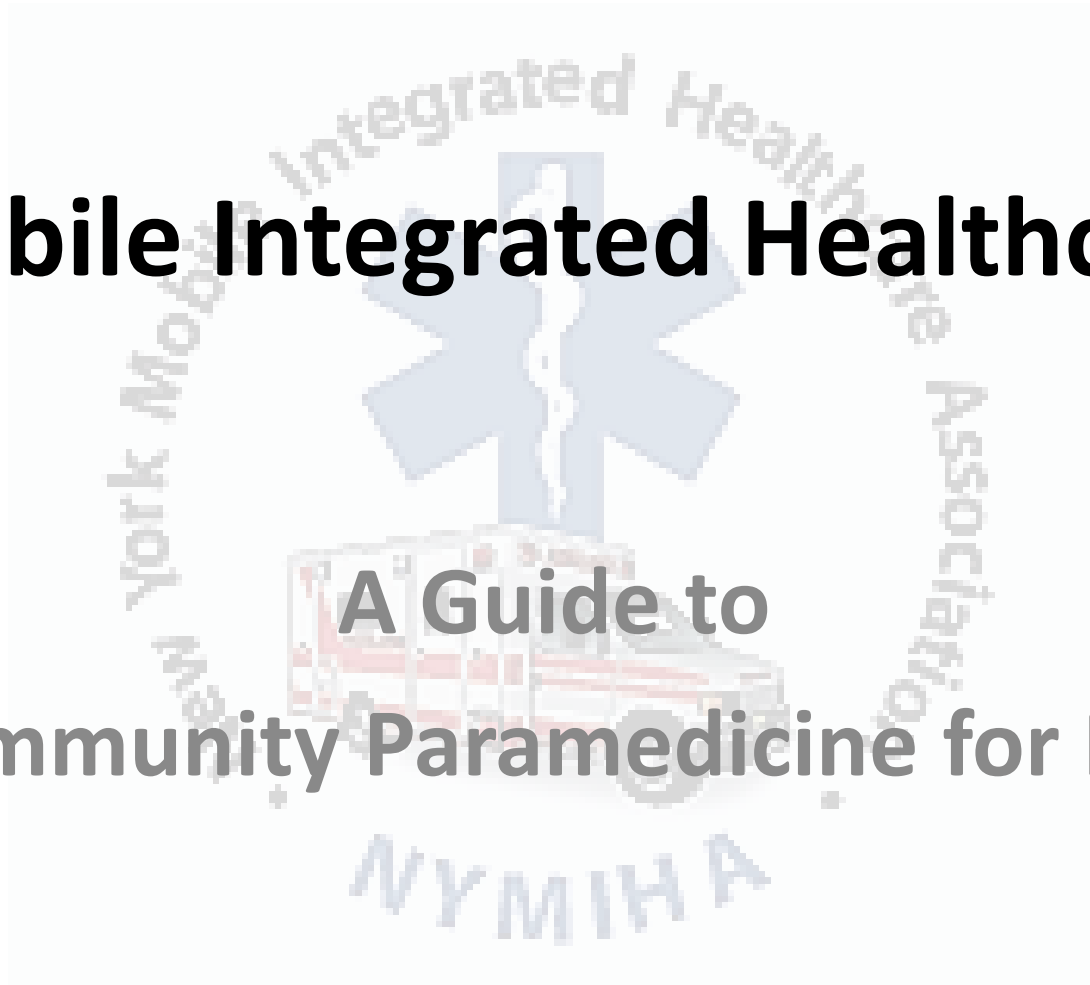


Mobile Integrated Healthcare

A Guide to

Community Paramedicine for NYS



EMS Agenda for the Future: The Vision

THE VISION

Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.



What is Mobile Integrated Healthcare

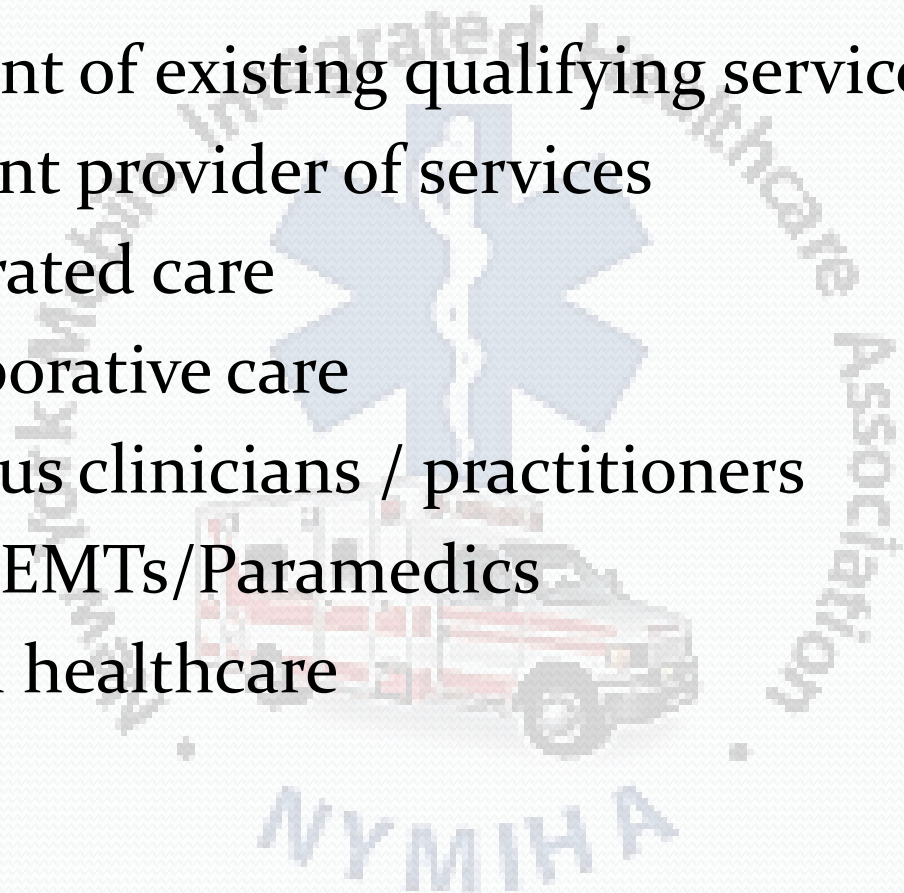
Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment.

Nationally, MIH programs currently encompass:

- Bridge gaps where services don't exist or are not covered
- Care navigation and RN telephone advice to 9-1-1 / private callers instead of resource dispatch
- Community Paramedicine response, assessment, treatment and mitigation services
- Provide for alternative care pathways, services and transportation destinations
- Referrals to qualifying services
- Integration with the continuum of care at all levels
- Collaborate to improve care quality, patient – consumer – provider satisfaction and lower costs across all provider types
- Acknowledge the shift to out-of-hospital based care

What MIH Is Not

- Replacement of existing qualifying services
- Independent provider of services
- Non-integrated care
- Non-collaborative care
- Autonomous clinicians / practitioners
- Specific to EMTs/Paramedics
- Traditional healthcare



What is Community Paramedicine?

“The provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment.”

CP repurposes existing EMS resources and works collaboratively to provide a host of mobile clinical services that seek to support the IHI Triple Aim to simultaneously achieve:

Population Health

Patient Satisfaction

Lower Costs

What is Community Paramedicine

Community Paramedic Programs:

- Work with acute, primary care, post-acute, palliative care, managed care, transitional care and other out-of-hospital providers to deliver a **24 / 7 / 365** robust clinical response for care navigation, treatment options and alternative destinations
- Many programs are population or provider specific, although some are also community based.
- Services include: clinical assessments, risk assessments, treatment options, risk mitigation, patient education and transport to alternative destinations for scheduled and unscheduled care needs

Who Supports MIH / CP in NYS



SEM MAC

**1199
SEIU**



**AMERICAN
AMBULANCE
ASSOCIATION**



**New York
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS**



Est. 1974

What NYS MIH/CP Programs Currently Do

- Collaborate with primary care, hospice care, home care, acute care, transitional care, post acute care and behavioral health care in various program combinations
 - ✓ MIH/CP programs work together in many programmatic combinations to deliver value based services
- Provide services to specific at risk populations, agencies and communities
 - ✓ High utilizers, patients in medical/mental health crisis, patients in transition, safety net patients
- Utilize physicians, mid-levels, nurses, social workers, paramedics and EMTs
 - ✓ All providers benefit from MIH/CP programs

What NYS MIH/CP Programs Currently Do

- Provide assessment, response, treatment, risk mitigation and medical transportation services
 - ✓ Right Care | Right Place | Right Timeframe | Right Quality | Right Cost
- Provide call center based care navigation, nurse advice and telemedicine services
 - ✓ Nurse advice, appointments, resource management, provider coordination, care management, de-escalation
- Are part of DSRIP programs being developed
 - ✓ Behavioral health crisis
- Are part of grant funded work being performed
 - ✓ CMS & other prestigious national & NYS foundations
- IRB approved research & peer reviewed publications
- Extensively involved at the national / federal levels

What Benefits Do Other Providers Achieve with MIH / CP

- Increased referrals
 - ✓ MIH/CP programs work to arrange for services needed by the patient
- Lowered costs to the provider
 - ✓ MIH/CP programs lower provider costs and add significant value in risk/value based payer arrangements
- 24x7 high fidelity clinical response partner to collaboratively manage patients both in and out of crisis
 - ✓ EMS exists in most communities already and its resources can be repurposed for MIH/CP efforts
- Lowered provider risk
 - ✓ EMS safety systems, equipment and processes are designed with provider safety in mind which can be leveraged by other providers to ensure employee and patient safety

What Benefits Do Other Providers Achieve with MIH / CP

- Increased patient satisfaction
 - ✓ Evidence supports that MIH/CP programs can dramatically improve patient satisfaction
- Increased provider satisfaction
 - ✓ Evidence supports that MIH/CP programs have high levels of provider satisfaction
- Improved health & wellbeing
 - ✓ Evidence suggests that MIH/CP programs are clinically safe, effective and keep patients where they prefer to be - at home
- Force multiplier for the provider
 - ✓ MIH/CP programs help to extend capabilities of existing providers

What Benefits Do Other Providers Achieve with MIH / CP

- Admission / readmission avoidance
 - ✓ Many MIH/CP programs work collaboratively to significantly reduce admissions / readmissions
- Service revocation avoidance
 - ✓ MIH/CP collaboratives are reducing service revocation and inappropriate ED usage
- Fault tolerant service provision (bad weather response)
 - ✓ EMS is founded on providing services when others cannot and take an “adapt and overcome” approach to meeting aims
- MIH/CP programs work together in many service provider mix combinations to deliver value based services
 - ✓ MIH/CP collaborations are inclusive of what is needed and what exists in the marketplace

What NYS MIH/CP Programs Need Legislatively

- Enable collaborative opportunities with all provider and payer types in any mix the local market needs and supports (requires at least two)
- Enable EMS to help prevent rather than only respond to emergencies.
- Improve funding opportunities for all participants
- Allow existing programs to continue operating
- Require programmatic specific framework elements inclusive of: training, credentialing, quality, outcomes and satisfaction elements for all program participants