NEWS RELEASE

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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 (NEMSMA), 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.

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"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.

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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:

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[1] caring for our population. This amount is nearly three times the average amount expended by other economically developed nations.

[1] The World Bank, "Health expenditure per capita," http://data.worldbank.org/indicator/SH.XPD.PCAP

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.