

**COMMUNITY PARAMEDIC**

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Community Paramedicine/  
Mobile Integrated Healthcare

National Association of State EMS Officials

community paramedicine



2001

Community Paramedicine:  
Rural Roots

*Paramedic Paradox*

The further one moves from an emergency medical facility,  
The more one may need higher levels of local EMS capability,  
And the less likely that this EMS capability will be available.

*Rural Paramedic Paradox*

- Financially Less Supportable
  - Fixed Cost of Paid Crew (\$300-500K/Yr)
  - Availability of Volunteer Paramedics
- Operationally Less Supportable
  - Skill Retention

*Rural Health Needs*

- Access to Clinic/Hospital Bound Resources
  - Physicians/PAs/NPs
  - Preventative Care/Chronic Condition Management
  - Support Services (e.g. Home Health, PT/OT, Dietary, Immunizations, Lab, Counseling)
- Unscheduled Medical Care
  - Minor Interventions
  - Preventative Acute Interventions

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*Community Paramedicine*

Adapting EMS resources to address community health care and/or public health needs not currently being met and embracing the “paramedic paradox” as one of those needs.



2004 :



“CP” already exists in many settings across the country.....



Joint National EMS Leadership Forum Survey – NAEMT Website

### Three Approaches

- Community Paramedicine
- Community Paramedic



### Community Paramedicine

- IS
  - A generic concept
  - A means to fill a temporary or on-going health care need
  - Expansion of EMS roles and services to **assist community health team colleagues**
  - Generally on an **episodic**, not case management, basis
- IS NOT
  - An expansion of EMS scope of practice
  - Just for the Paramedic license level....
  - The same in every (or any) community
  - Competing for community health roles, but **leverages the 24/7 presence and mobility of EMS resources** in the community

### Evolving Concept.....

- **Community Paramedic**
  - A state licensed Paramedic who is certified as graduating from a recognized college program in community paramedicine and operates within the scope of practice.
  - “General Practice” Episodic Care (e.g. Chinese Menu Approach)

### However.....

- Not Universal
  - Volunteer Svcs.
  - Busy FD Svcs.
- Will Evolve Only
  - As needed
  - Where needed
  - How needed



### More Recently.....

- **Mobile Integrated Healthcare (MIH)**
  - MIH is an administrative organization of multi-disciplinary medical, nursing, and other practices which may or may not involve EMS paramedicine providers.

## Statutory Approaches

- No/Minor Statutory Changes – Delegated Practice (e.g. Texas)
- No Statutory Change/Current Definitions Work (where “emergency” not a legal factor)
- Statutory Changes Needed for Practice and/or Reimbursement (e.g. MN, ME, ND, NY)
- Survey – As long as within scope of practice

## • Currently No Universal Funding Provisions

- Start-ups:
  - Self-funded; Excess Capacity
  - Grants
- CMS & Other Third Party Payers:
  - CMMI Grant Program - \$30+ Million
  - Minnesota (ND, NV, WA...): Medicaid
    - North Memorial Medicaid ACO: \$800,000 Savings
  - Maine/Others: Medicaid “No Transport”
    - 2014 CMS Rule Change
  - UPMC/Highmark; MedStar
- Future:
  - Demonstrate Value to:
    - Current Reimbursement Model Payers
    - Evolving ACOs and Medical Home Practices

## Nova Scotia

- Clinic Model
  - 23-40 % ED Use Reduction
- Nursing Home Model
  - 60% ED Transport Reduction

15

## MedStar Mobile Healthcare - Texas

Expenditure Savings Analysis (1) 9-1-1 Nurse Triage Program  
Based on Medicare Rates  
Analysis Dates: June 1, 2012 - August 31, 2013  
Number of Calls Referred: 954  
% of Calls Alternatively Disposed: 42.8%

Category	9-1-1 Transports to ED		
	Base	Avoided	Savings
Ambulance Charge	\$1,668	408	\$680,544
Ambulance Payment (2)	\$421	408	\$171,768
ED Charges	\$904	408	\$368,832
ED Payment (3)	\$774	408	\$315,792
ED Bed Hours (4)	6	408	2,448
<b>Total Charge Avoidance</b>			<b>\$1,040,376</b>
<b>Total Payment Avoidance</b>			<b>\$487,560</b>

Per Patient Enrolled	ECNS
Charge Avoidance	\$2,572
Payment Avoidance	\$1,195

- Notes:
1. Comparison based on 9-1-1 calls that received a disposition other than an ambulance to the ED
  2. Average Medicare payment rec'd by MedStar
  3. Base expenditures derived from APRQ reports
  4. Provided by John Peter Smith Health Network

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## CMMI Grant Program 2012 & 2014

- Cites CP as Eligible Concept
- Awards \$30+ Million to 6 CP Projects:
  - Upper San Juan Health Service; CO
  - Prosser Public Health District; WA
  - REMSA; Reno/Sparks; NV
  - Yale/New Haven; CT
  - North Shore/Long Island Jewish; NY
  - Mount Sinai; NY



42160 Federal Register / Vol. 78, No. 135 / Monday, July 15, 2013 / Rules and Regulations

45 CFR Parts 155 and 156 [CMS–2334–F] RIN 0938–AR04  
Medicaid and Children’s Health Insurance Programs: **Essential Health Benefits** in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.  
**ACTION:** Final rule.

**SUMMARY:** This final rule implements provisions of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act).

**PART 440—SERVICES: GENERAL PROVISIONS**

■ 35. Section 440.130 is amended by revising paragraph (c) to read as follows:

§ 440.130 Diagnostic, screening, preventive, and rehabilitative services.

\* \* \* \* \*

(c) Preventive services means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—

- (1) Prevent disease, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency.



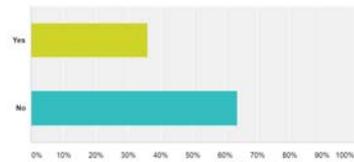
2014-2015  
Community Paramedicine –  
Mobile Integrated Healthcare:  
Assessment of State and  
State EMS Office Status

NAEMSO CP-MIH Committee  
Jim DeTienne, Chair  
Kevin McGinnis, Program Manager  
In Cooperation With NHTSA Office of EMS  
April, 2015

- Assessment Conducted September, 2014 to April, 2015
- 49/56 States and Territories Responded (88%)
- 45/49 States/Territories have CP activity (92%)
- Contains State Specific Commentary
- Results on NASEMSO website

Is there strategy being developed in your state for CP-MIH reimbursement?

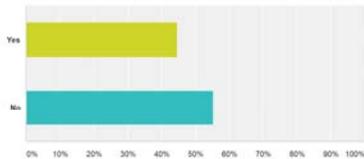
Answered: 47 Skipped: 2



Answer Choices	Responses
Yes	36.17% 17
No	63.83% 30
Total	47

Is there activity to try to use Medicaid to reimburse CP-MIH services?

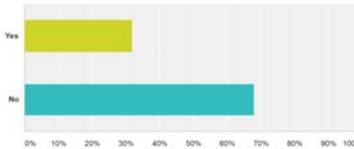
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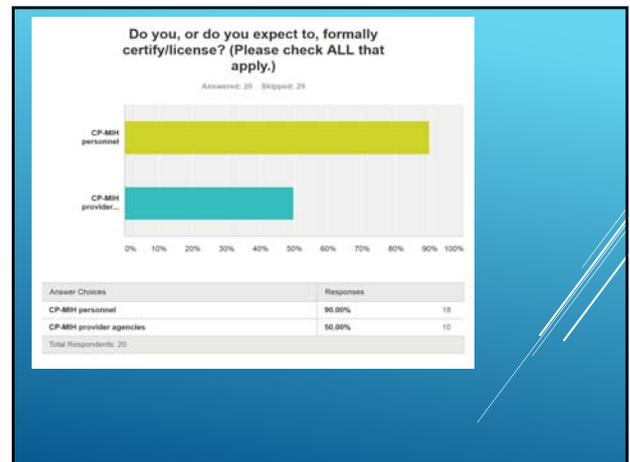
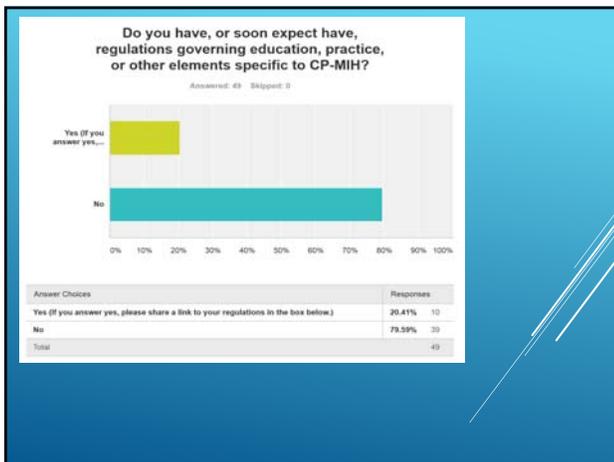
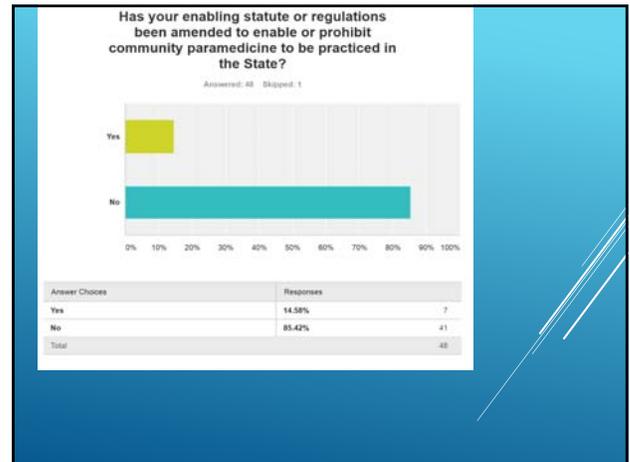
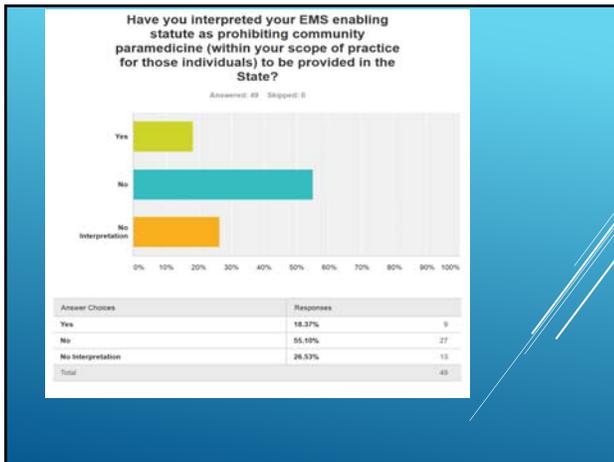
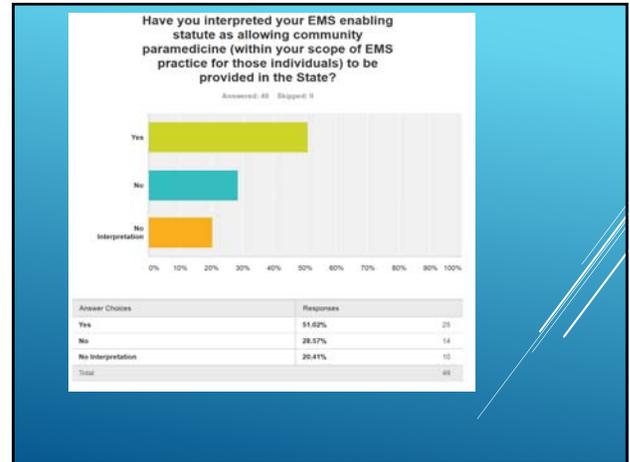
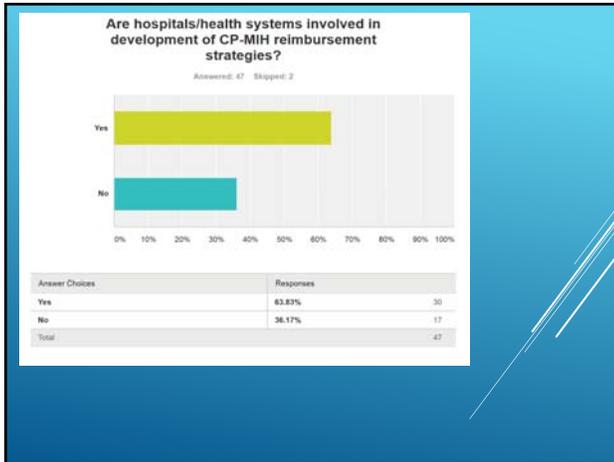
Answer Choices	Responses
Yes	44.68% 21
No	55.32% 26
Total	47

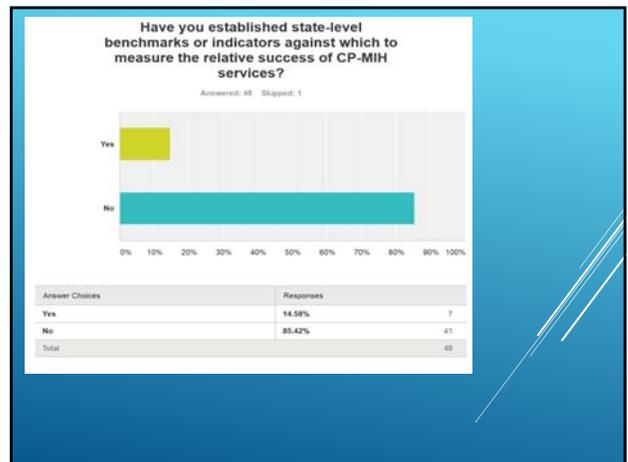
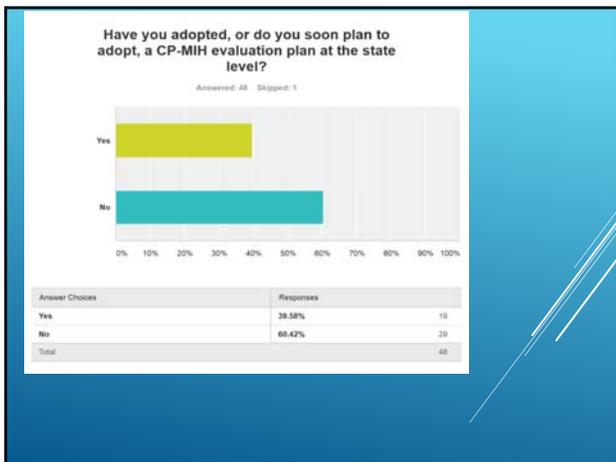
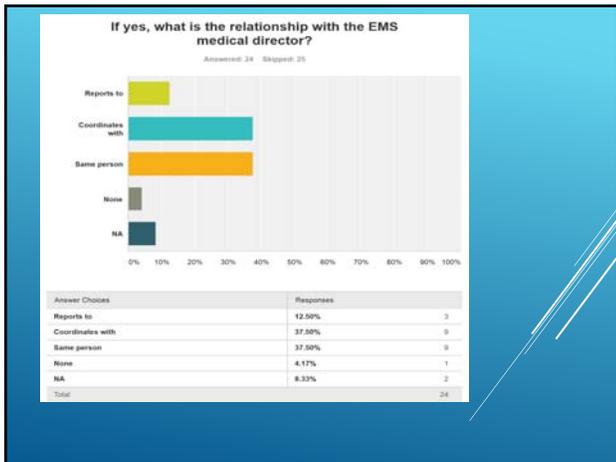
Are third party payers involved in development of CP-MIH reimbursement strategies?

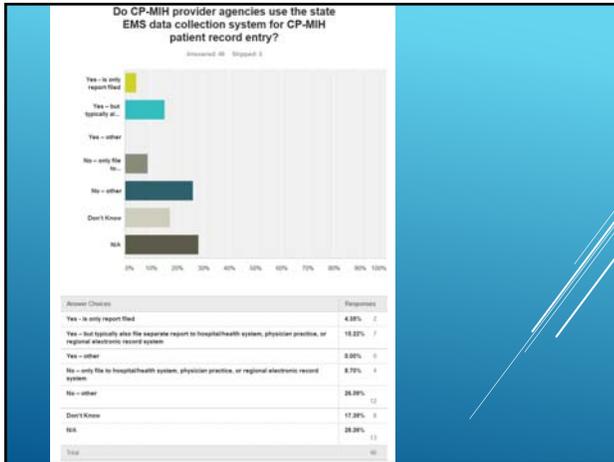
Answered: 47 Skipped: 2



Answer Choices	Responses
Yes	31.91% 15
No	68.09% 32
Total	47







1. Arkansas
2. California (pilots)-Created by EMS Authority in CA as pilot in 12 counties
3. Idaho
4. Maine (pilot and now Medicaid reimbursement)
5. Massachusetts (MIH)
6. Minnesota (Medicaid reimbursement)
7. Missouri Sec. 190.98.1—definition of Community Paramedic
8. Michigan (in the works)
9. Nebraska (through rule)-Bill introduced and heard in committee –LB 543
10. Nevada-Introduced 2015-not passed yet-AB 305
11. North Dakota
12. Pennsylvania (in the works)
13. South Carolina (pilots)
14. Tennessee
15. Washington
16. Wyoming (through rule)

- ▶ Joint Committee on Rural Emergency Care (2<sup>nd</sup> Monday; 3 PM Eastern)
  - ▶ Community Paramedicine Insights Forum (3<sup>rd</sup> Monday; 3 PM Eastern; [CPIF.CommunityParamedic.org](http://CPIF.CommunityParamedic.org))
  - ▶ International Roundtable on Community Paramedicine (3<sup>rd</sup> Monday; 5 PM Eastern) [www.IRCP.info](http://www.IRCP.info)
  - ▶ NASEMSO CP-MIH Committee (4<sup>th</sup> Monday; 3PM Eastern)
  - ▶ [www.nasemso.org](http://www.nasemso.org) > Committees > Community Paramedicine-Mobile Integrated Healthcare
  - ▶ [www.CommunityParamedic.org](http://www.CommunityParamedic.org)
  - ▶ <http://www.naemt.org/MIH-CP.aspx>
- CP HAPPENINGS/RESOURCES


  
**Thank You!**
  
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