

**Stakeholder Meeting**  
**Community Paramedicine**  
**September 16, 2015, 10:00 – 4:00 p.m.**  
**Helena Capital Building, Rm 152**



**Who Is Invited**

Representatives of EMS, hospitals, nursing, licensing boards, payers and other insurers, and others with interest in a development of community paramedicine in Montana

**Introduction**

Health care is changing and Emergency Medical Services (EMS) needs to position itself to be an integral part of this transformation. To realize the potential value of EMS in future health care, EMS itself must transform into this new era. Since the birth of EMS in the mid-1960's, its key value has been to deliver rapid response, administration of stabilizing care, life-saving emergency treatments and transportation of the ill or injured in an organized system of emergency care.

The concept of EMS being involved with tertiary prevention (provide care to prevent the reoccurrence of the injury or emergency illness) was introduced in the 1970's. In 1996, the EMS Agenda for the Future described EMS as being: "Community-based health management...fully integrated with the overall health care system...able to identify and modify illness and injury risks...able to provide acute illness and injury care and follow-up, and able to contribute to treatment of chronic conditions and community health monitoring...". This theme was reinforced by the 2004 Rural and Frontier EMS Agenda for the Future including language that the provision of EMS included: "community health care" or "community paramedicine".

Health care payers and others are realizing that keeping people healthy through prevention programs is more cost-effective than treating them in a hospital. As a result, new models of implementing EMS – i.e. community paramedicine - are being implemented in communities across the country. Many EMS agencies are filling health care gaps in their community with community paramedicine. Some agencies have collaborated with other health care providers in their community as part of a mobile integrated healthcare (MIH) system.

**Development of Community Paramedicine in Montana**

In addition to continued provision of traditional EMS services, a transformed EMS may provide community paramedicine services including:

- preventive medical assessment and care,
- chronic disease assessment and management support,
- post-discharge follow-up assessment and management support,
- transportation or referral to other community health and social service resources

Community paramedicine can bring value to Montana healthcare; EMS is already the health care safety net in virtually every community. EMS is mobile and already addresses patient assessment and intervention during calls to 9-1-1 and in response to emergency, urgent or unscheduled episodes of

illness or injury. Conversely, community paramedicine has potential to help sustain EMS with a better paid and better trained workforce. The volunteer model of providing EMS is becoming more and more fragile and community paramedicine might be one solution to help reverse that trend.

The goals of this September 16<sup>th</sup> meeting are to assess stakeholder interest in developing Montana Community Paramedicine and to strategically plan for what steps need to be taken to implement such a program.

Strategically, some of the areas that need to be discussed include:

Community Assessment for Healthcare Gaps – an assessment tool to help communities and EMS programs decide what healthcare gaps exist in their community

Education of Emergency Care Providers – enhanced education for EMTs and paramedics about the expanded role and provision of primary care in a CP program

Medical Oversight – Education and support for medical oversight and medical direction of community health EMS providers and programs

Legislation – updating legislation to clearly allow provision of EMS in a non-emergency, primary care environment

Expanded Role of Community Health EMTs and Paramedics – defining the ‘box’ Community Health EMTs and Community Paramedics would work in including any scope of practice or licensing issues

Integration with Other Health Care Providers and Programs – Integration with home health, hospitals, ACOs and others such that community paramedicine is a partner in the healthcare system

Funding and Reimbursement – Currently, EMS is only reimbursed for transport to emergency departments. Discuss alternative payment and reimbursement models that pay EMS for primary care / tertiary prevention

Evaluation and Outcomes – Records and data that facilitate pay for performance and show the value of community paramedicine programs

On the 16<sup>th</sup>, we plan to have experts available to describe what is occurring in other states and to help answer questions and provide options related to these and other issues. It is our hope that we will not only affirm the need for development of community paramedicine in Montana, but also interest and commitment to a strategic planning process to developing CP.

Please pass this along to other interested stakeholders and partners.

Go to <http://dphhs.mt.gov/publichealth/EMSTS/cp> for additional information about Community Paramedicine.

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### ***WebEx Log In Info***

Topic: Montana Community Paramedicine  
Date and Time: Wednesday, September 16, 2015 10:00 am – 4:00 p.m.  
Event number: 807 376 131  
Event password: montana1

Event address for attendees:

<https://hhsmt.webex.com/hhsmt/onstage/g.php?d=807376131&t=a>

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**Audio conference information**  
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Call-in toll-free number: 1-877-668-4490  
Access code: 807 376 131

