

Virginia Department of Health, Office of EMS

Mobile Integrated HealthCare /Community Paramedicine (MIH-CP) in Virginia

Background:

Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) is a relatively new and evolving healthcare model. It allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health, primary healthcare and preventive services to underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services.

As an example, some rural patients lack access to primary care and use 911 and emergency medical services (EMS) to receive healthcare in non-emergency situations. This can create a burden for EMS personnel and health systems in rural areas. Community paramedics can work in a public health and primary care role to address the needs of rural residents in a more efficient and proactive way.

The term mobile integrated healthcare (MIH) is often used interchangeably with community paramedicine, particularly outside of the EMS community. However, MIH can be broader, including healthcare services provided outside of a healthcare facility by any type of health professional, such as community health workers (CHWs). To be inclusive, some organizations (including OEMS) use the term mobile integrated healthcare and community paramedicine (MIH-CP).

MIH-CP is a means for EMS providers to monitor patients post discharge (especially the first 24-36 hours), treats minor issues that may not require a visit/readmission, and/or transport to an alternate destination.

It has been generally accepted that there are portions of not only Virginia, but across the country, where there are identified underserved populations and gaps in access to healthcare. EMS strives to be an active partner in helping to bridge those gaps in the areas of, and not only inclusive of: wellness checks, mental health evaluations, opioid screenings, alternate destination considerations, referral to other healthcare providers, and point of dispensing (POD) immunization clinics.

In 2019, the Center for Medicare and Medicaid Services (CMS) released information related to a proposed program, known as the Emergency Triage, Treat, and Transport (ET3) model. ET3 is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth. The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.

In 2015, OEMS convened a workgroup to look at the concept of Mobile Integrated Healthcare/Community Paramedicine in the EMS system in Virginia. The workgroup was made up of entities with a stake in this process. At the time, the workgroup concluded that the Office of EMS, in cooperation with the Office of Licensure and Certification (OLC) set forth a process to inform EMS agencies that have an interest in providing MIHP/CP what they must do in order to comply with the existing laws and rules of the Commonwealth. Agencies had to go through the process of recognition as a home health agency with OLC in order to implement an MIH-CP program.

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup met on November 7, 2018, and January 29, March 1, April 24, May 30, June 25, July 23, August 27, October 23, and December 4, 2019, and February 12, 2020. The white paper and associated letter of intent was approved by the Virginia EMS Medical Direction Committee on January 16, 2020, and the Governor's EMS Advisory Board on February 7, 2020. The process was postponed by the Office of EMS in March of 2020, due to the pandemic.

The mission of the MIH/CP workgroup is as follows:

The Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) Workgroup (a work group of the State Medical Direction Committee) provides expert guidance to the OEMS Advisory Board and the Virginia Healthcare System regarding appropriate standards and recommendations to promote a high quality, data driven, and safe Mobile Integrated Healthcare – Community Paramedicine system operations for the potential gaps in healthcare in Virginia. The workgroup aims to promote, advocate, and educate stakeholders about MIH and CP as a resource to collaborate, integrate, and enhance patient and family centered care.

Previous meeting minutes can be found via the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/community-paramedicine-mobile-integrated-healthcare/>

In addition to the activities of the MIH-CP workgroup, a bill (Senate Bill 1226) was introduced into the 2019 Virginia General Assembly session regarding Community Paramedicine.

A summary of the bill as introduced “requires the State Board of Health to adopt regulations governing the practice of community paramedics. The bill requires an applicant for licensure as a community paramedic to submit evidence that the applicant (i) is currently certified as an emergency medical services provider and has been certified for at least three years, (ii) has successfully completed a community paramedic training program that is approved by the Board or accredited by a Board-approved national accreditation organization and that includes clinical experience provided under the supervision of a physician or EMS agency, and (iii) has obtained Community Paramedic Certification from the International Board of Specialty Certification. The bill requires a community paramedic to practice in accordance with protocols and supervisory standards established by an operational medical director and to provide services only as directed by a patient care plan developed by the patient's physician, nurse practitioner, or physician assistant and approved by the community paramedic's supervising operational medical director.

The bill exempts a community paramedic providing services in accordance with the provisions of the bill from licensure as a home health organization. The bill requires the State Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for home health services provided by a certified community paramedic exempt from licensure as a home health organization.”

The full text of SB 1226 can be found via the link below.

<https://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+SB1226+pdf>

The Senate Committee on Education and Health unanimously voted to pass SB 1226 by for the 2019 session.

Based on the discussions and deliberations of the workgroup, the main items addressed are guidelines for implementation of an MIH-CP program, the protocols that the program operates under, training for the providers functioning in the MIH-CP program, and the funding/finances for program implementation and sustainability.

Guidelines for MIH-CP Program Implementation

The workgroup acknowledges the concept that the needs of one EMS system may vary significantly from those of another EMS system. While the workgroup does not endorse any particular needs assessment tool, it does acknowledge the existence of several such tools, and the Virginia OEMS aims to build a “virtual resource center” where interested parties can find many different assessment tools, and determine which is best suited for their agency and their respective EMS system.

The MIH-CP workgroup has developed guidelines for any EMS agencies in Virginia wishing to implement an MIH-CP program, versus the development and promulgation of MIH-CP regulations. This is based on the time required for regulations to be promulgated and well as changes that may need to be made to those regulations after they have been promulgated. Those agencies, prior to MIH-CP program administration, must be able to demonstrate a response rate of 100% for all emergency calls for that agency’s primary response area, 100% of the time.

**Guidelines for EMS Agency
Mobile Integrated Healthcare - Community Paramedicine (MIH-CP)
Program Implementation**

Mobile Integrated Healthcare - Community Paramedicine (MIH-CP) Definitions

- "Mobile Integrated Healthcare" "MIH" means the use of EMS providers as part of the provision of non-emergent healthcare using patient centered, mobile resources in the out of hospital environment. An entity within Virginia advertising or providing Mobile Integrated Healthcare to the public must be licensed as an EMS agency and in good standing with the Virginia Office of EMS.
- "Community Paramedicine" "CP" means Paramedic level EMS providers operating in expanded roles by assisting with public health and primary healthcare to include preventative services to underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services. An entity within Virginia advertising or providing Community Paramedicine to the public must be licensed as an EMS agency in good standing with the Virginia Office of EMS. Additional pertinent definitions can be found in the Virginia EMS Regulations
 - <https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section10/>

MIH-CP Agency requirements.

- Mobile Integrated Healthcare Community Paramedicine (MIH-CP) licensed agencies shall comply with the applicable regulations, the applicable regulations of other state agencies, the Code of Virginia, and the United States Code.
- MIH-CP programs can only be provided by agencies that hold EMS agency licensure with the Virginia Office of EMS.
- MIH-CP licensed agencies shall not be categorized or designated as home care agencies.
- MIH-CP endorsements may not be construed to authorize any agency to operate any EMS vehicle without a franchise or permit in any county or municipality, which has enacted an ordinance to do so.

MIH-CP Administration.

- Agencies that implement an MIH-CP program shall have clinical documentation program including:
 - Patient intake/admission to program;
 - Patient encounters
 - Formal discharge of a patient from and/or completion of a program.
- The licensed EMS agency providing MIH or CP service shall have a policy to address interdisciplinary and interagency collaboration and information sharing.
- The licensed EMS agency providing MIH or CP service shall have an endorsed EMS physician operational medical director (OMD). Current OMD agreements shall be amended to include direction for MIH or CP service.

Guidelines for EMS Agency MIH-CP Program Implementation (Cont.)

MIH-CP agency personnel classifications.

- An MIH-CP agency may include the following personnel.
 - Physician
 - Nurse Practitioner
 - Physician Assistant
 - Registered Nurse
 - Paramedic
 - Intermediate
 - AEMT
 - EMT
 - Specialty providers (*e.g. social services, mental health*).
- An entity within Virginia advertising or providing Community Paramedicine to the public will be staffed at the Paramedic level at all times.

MIH-CP Program Training.

The licensed EMS agency providing MIH or CP service shall have a planned and structured educational program, approved by the agency OMD that personnel must successfully complete.

Minimum initial training for MIH-CP personnel and specialty providers:

- Didactic component of education:
- Clinical component of initial education:
 - Medication and equipment that supports the MIH-CP mission and scope of care of the service;
- Annual continuing education requirements:
 - Infection Control;
 - Hazardous materials recognition and response;
 - Scene safety;
 - Public health; and
 - Medication and equipment that supports the MIH-CP mission and scope of care of the service;

MIH-CP Program Vehicles and Equipment.

- Vehicle equipment and markings
 - All vehicles shall be permitted EMS vehicles through the Office of EMS.
 - An agency may request an exemption for any other vehicle package or configuration for their MIH-CP mission.
 - <https://vdhems.vdh.virginia.gov/emsapps/f?p=LCR:EXCEPTION>

MIH-CP Program Protocols

It is the opinion of the MIH-CP workgroup that development of MIH-CP program protocols for the treatment of patients is the ultimate responsibility of the agency OMD. Protocols shall not exceed the scope of practice for each certification level of the agency's providers.

Guidelines for EMS Agency MIH-CP Program Implementation (Cont.)

MIH-CP Program Training

Given the fact that the National Registry of Emergency Medical Technicians (NREMT) has not taken an official position and/or endorsement of an MIH-CP specific training program or examination, the Virginia Office of EMS has elected to not take an official position/endorsement as well. Training of providers for an agency specific MIH-CP orientation program or other related training shall be done with the involvement and approval of the program operational medical director. In addition, the Virginia Office of EMS is committed to including MIH-CP related content to each Virginia EMS Symposium in the future.

MIH-CP Program Funding

The MIH-CP workgroup acknowledges the many challenges that exist for an EMS agency to implement and sustain an MIH-CP program from a financial perspective. It is the hope of the workgroup that the EMS community continue to work with insurance payors and health systems to determine ways in which cost savings can be demonstrated from the use of MIH-CP programs, and the CMS continue to explore avenues to promote the financial success, viability, and sustainability of MIH-CP programs.