

# **Joint Statement of Principles for Missouri Community Paramedic and Mobile Integrated Health Care Programs**

Partnership for Community Care (PCC)

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In 2013, the Missouri Legislature passed a law authorizing community paramedic (CP) programs throughout the state. The statute, [190.098 RSMo](#), has two main components: who may be certified as a community paramedic, and what is required of entities that establish community paramedic programs. The Missouri Department of Health and Senior Services has the task of writing rules to implement this law. As of the date of this publication, the rules have not been issued.

Community paramedic programs, also known as mobile integrated health (MIH) programs, are an emerging model of community-based health care. These programs are tailored to fill health care gaps within a given community by utilizing paramedics in non-emergency roles. Several CP/MIH programs exist across the country and the globe. While there is a common educational model in the United States, the scope and function of these programs vary from community to community. As CP/MIH programs develop and grow in Missouri, there is a need for additional guidance surrounding their establishment, oversight and evaluation.

This document is intended to build on available national resources to help define key principles and elements for CP/MIH programs in Missouri. This statement of principles is a product of the Partnership for Community Care, an ad hoc group of health care stakeholders focused on CP/MIH programs in our state.

## **Central Principles of a CP/MIH Program**

All CP/MIH programs must follow these three principles:

1. **Local community health needs assessment.** A health community health needs assessment must be conducted to determine gaps in local health care services, unmet health care needs, and the potential benefits of a CP/MIH program. The assessment must be detailed and specific in identifying particular topics. The interpretation of the information should include area health care professionals. Results of the assessment should determine the scope and function of the CP/MIH program.
2. **Comprehensive and ongoing engagement with local health care stakeholders.** The CP/MIH program needs ongoing input from local health care stakeholders, including hospice programs, home health groups, nursing professionals, hospital personnel and others as dictated by the community and the structure of the CP/MIH program. Stakeholder input is an important resource for all stages of a CP/MIH program:

evaluating the health assessment to determine the need for a program, establishing the framework and scope of the program, and assessing the program's impact at regular intervals. For communities near state borders, CP/MIH programs and local stakeholders should consider how state lines impact health care needs.

3. **Regular intraprofessional dialogue.** The CP/MIH program must regularly exchange information about the development of its program with the six formally recognized EMS Regional Committees designated by the Missouri Department of Health and Senior Service's Bureau of Emergency Medical Services.

### **Attributes of a CP/MIH Program**

The following is a list of key attributes of a CP/MIH program. Many are taken directly from the National Association of Emergency Medical Technicians (NAEMT) Vision Statement on Mobile Integrated Healthcare and Community Paramedicine, which has been endorsed by 11 national emergency health care groups.

A CP/MIH program should be:

- Fully integrated – a component of the existing health care 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 health care 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. Data collection should commence when the CP/MIH program begins.
- 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 program, as well as the patient's primary care network/patient-centered medical home, using telemedicine technology when appropriate and feasible.

- Guided by an advisory committee – taking direction and feedback from members of health care provider groups and health care professional associations in the community served by the CP/MIH.
- 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 CP/MIH programs.
- Educationally appropriate – including more specialized education of community paramedics and other CP/MIH providers, with the approval of regulators and/or local stakeholders.
- Legally compliant – abiding by through strong, legislated enablement of MIH/CP component services and programs at the federal, state and local levels.
- Integrated with patient safety organizations (PSOs) – recognizing the paramount nature of patient safety, CP/MIH programs should be integrated with patient safety organizations to comply with the Patient Safety & Quality Improvement Act of 2005.
- Transparent – publicly and regularly reporting the impact of the CP/MIH program with the goal of improving patient outcomes, bettering population health, and reducing costs.

The Partnership for Community Care, comprised of the following organizations, endorses this statement of principles for Missouri community paramedic and mobile integrated health care programs. We encourage our members to utilize these principles to engage with this emerging model of health care and better meet the health care needs of their local communities.

- Mid America Regional Council, Emergency Rescue (MARCER)
- Missouri Alliance for Home Care
- Missouri Nurses Association (MONA)
- Missouri State Council of the Emergency Nurses Association
- Missouri Emergency Medical Services Association (MEMSA)
- Missouri Ambulance Association

## **National Community Paramedic and Mobile Integrated Health Care Resources**

### **American College of Emergency Physicians**

Medical Direction of Mobile Integrated Healthcare and Community Paramedicine Programs

<https://www.acep.org/Physician-Resources/Policies/Policy-statements/EMS/Medical-Direction-of-Mobile-Integrated-Healthcare-and-Community-Paramedicine-Programs/>

### **American Nurses Association**

ANA's Essential Principles for Utilization of Community Paramedics

<http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards/ANAPrinciples/EssentialPrinciples-UtilizationCommunityParamedics.pdf>

### **Community Healthcare and Emergency Cooperative**

The Community Paramedic Program—A New Way of Thinking

<http://communityparamedic.org>

### **International Association of Fire Fighters**

Position Statement: Fire-Based Community Healthcare Provider Programs (AKA: Community-Based EMS or Community Paramedic Programs)

[http://www.iaff.org/Paramedicine/Healthcare\\_Provider\\_Program\\_Policy.pdf](http://www.iaff.org/Paramedicine/Healthcare_Provider_Program_Policy.pdf)

### **National Association of Emergency Medical Technicians**

Vision Statement on Mobile Integrated Healthcare (MIH) & Community Paramedicine (CP)

<http://www.naemt.org/files/communityparamedicinegrid/MIHVision022814.pdf>

### **National Rural Health Association**

Policy Brief: Principles for Community Paramedicine Programs

<http://www.ruralhealthweb.org/index.cfm?objectid=24480DBA-3048-651A-FE808A7FF0AC5CFE>