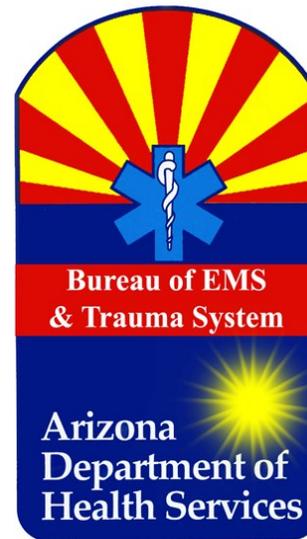


ARIZONA DEPARTMENT OF HEALTH SERVICES COMMUNITY INTEGRATED PARAMEDICINE RESOURCE MATRIX



COMMUNITY INTEGRATED PARAMEDICINE WORKGROUP

DECEMBER 15, 2014

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COMMUNITY INTEGRATED PARAMEDICINE

Introduction

The Arizona Department of Health Services (ADHS) and the Community Integrated Paramedicine Workgroup (CIPW) recognize that health care is rapidly changing and faces numerous challenges. Community Integrated Paramedicine (CIP) represents one opportunity to enhance the efficiency and effectiveness of healthcare in Arizona on a large scale. The ADHS approach to CIP is one of integration and cooperation with stakeholders. The philosophy of the ADHS is to augment and facilitate CIP implementation where, when, and how it improves care for the citizens of Arizona.

In recent years, CIP programs across the country have demonstrated success. Pilot programs and small initiatives have also taken root in Arizona. The goals of these systems are many, including integration of high quality, cost effective preventive and primary care, and significantly reducing the frequency of non-emergent hospital admissions in Arizona. The objectives of the Arizona CIPW are to help healthcare organizations develop, implement, and measure multidisciplinary, innovative, and effective CIP programs that, together, form a statewide health care system that continuously improves outcomes and reduces costs in Arizona.

CP programs outside the United States have been in existence for several years. Countries such as Canada, Great Britain, and New Zealand have used EMS personnel to support local public health needs through services such as [Canada](#), and [New Zealand](#).

Methodology

In response, the Bureau of Emergency Medical Services and Trauma System (Bureau), the CIPW, and other dedicated stakeholders established a broad-based workgroup from across the state to collectively assess the components of CIP and develop guidance resources. The CIPW formed sixteen focus panels to research several aspects of CIP, and compiled their findings, including reviews on existing local and state CIP models, funding structures, and the key characteristics of local and state CP models. Each focus panel objectives are supported with parallel strategies and measures. This document represents input from a broad spectrum of healthcare providers, foundations, researchers, epidemiologists, hospital and emergency medical services (EMS) managers and administrators, paramedics, and local, regional, and statewide public health leaders. These stakeholders came together and provided their expertise in developing the content and format of this document. The CIPW reviewed existing local and state CIP models, funding structures, and key characteristics. This document serves as a guide for further development and assessment of local effective CIP programs for Arizona.

Additional Resources

The [ADHS Community Integrated Paramedicine](#) page of the Bureau of EMS and Trauma System's website provides several resources on CIP in the United States and other countries (e.g., the International Roundtable on Community Paramedicine). The [Ramsey Foundation](#) website is another excellent resource on CIP.

ACKNOWLEDGEMENTS

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We would like to give special recognition to the CIP workgroup co-chairs, Mr. Bob Ramsey and Maura Mahoney, MD, as well as Anna Alonzo from the Office of Chronic Disease and Anna Alonzo from Vaccine Dept. Jennifer Herbert, MS, and Alex Mar, MPH, served as consultants and provided invaluable assistance.

THE COMMUNITY INTEGRATED PARAMEDICINE WORKGROUP					
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FOCUS PANEL 1 – DATA COLLECTION/MEASUREMENTS & EVALUATION

The Data Collection/Masurement & Evaluation Focus Panel discussed and identified the internal and external evaluation of potential community integrated paramedicine (CIP) programs. The Focus Panel determined that evaluation is the foundation for success of public health programs like CIP that will assist agencies in assessing the planning, implementation and reassessment of CIP programs. CIP measurements would be validated using consistent language and clearly defined terms. An accessible knowledge base would be available for rural and urban organizations to build successful CIP programs based on community needs.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 1.1 Establish a standardized glossary to terms and definitions of Community Integrated Paramedicine (CIP) in Arizona.				
1. Define Terminology.	Agreed upon commonly accepted terms for use in identifying, collecting, measuring and comparing data.	EMS/Fire agencies Hospitals	EMS Regions EMS/Fire agencies Hospitals Healthcare organizations ADHS	2015
Objective 1.2: Establish a core of key components for community integrated paramedicine (CIP) – one each for Rural and Urban CIP models.				
1. Identify key model components.	Key components integrated into any/all CIP models that will allow for benchmarking.	EMS/Fire agencies Hospitals	EMS Regions EMS/Fire agencies Hospitals Healthcare organizations ADHS	2015
Objective 1.3: Develop a set of capacity, process, and outcome performance measure for Rural and Urban community integrated paramedicine (CIP) models in Arizona.				
1. Identify measurable. 2. Decide how data will be collected.	Establish relevant and identifiable measures that provide a “successful” CIP program with a model for data collection.	EMS/Fire agencies Hospitals	EMS Regions EMS/Fire agencies Hospitals Healthcare organizations ADHS	2015

FOCUS PANEL 2 – FEASIBILITY & BENEFITS

The Feasibility and Benefits Focus Panel, composed of both urban and rural members, discussed and identified the possibilities of establishing community integrated paramedicine (CIP) programs in various Arizona communities. The Focus Panel identified programs that could be successful across the state. Two obvious questions were: Is it possible to define and initiate a program commensurate with the resources available to a variety of agencies? Would programs be of benefit to citizens of those agencies and create efficiencies for those agencies?

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 2.1: Complete a comprehensive needs assessment of the EMS Regions.				
<ol style="list-style-type: none"> Identify the population best served by CIP and potential programs of interest to develop and operate. Improve partnerships with local health care, hospice, and behavioral health organizations with cross resource training with fire departments. 	<ol style="list-style-type: none"> Convene separate groups representing rural and urban demographics to perform needs assessment specific to each demographic. Identify gaps in service to each population. Address common areas of concern to facilitate statewide collaboration and standardization. 	EMS Regions	EMS Regions EMS/Fire agencies Hospitals Healthcare organizations ADHS	2015
Objective 2.2: Ensure adequate resources for programs are available for initiation, operation, and sustainability of programs.				
<ol style="list-style-type: none"> Identify resources available for initial funding and operation of selected programs. Identify barriers to cost recovery and sustainability of programs. 	<ol style="list-style-type: none"> Integrate flexibility and variability into possible programs to allow for creative funding strategies by individual agencies. Collect data on impact to patients and cost effectiveness. Develop plans to remove barriers and allow for realization of long term strategic goals. 	EMS Regions	EMS Regions EMS/Fire agencies Hospitals Health care organizations ADHS	2015
Objective 2.3: Demonstrate observable and continued benefits of community integrated paramedicine (CIP) programs statewide.				
<ol style="list-style-type: none"> Identify selected benchmarks for measurement. Utilize existing ADHS databases. 	<ol style="list-style-type: none"> Narrow focus to specified beneficial outcomes. Collect, analyze, and disseminate data. 	EMS Regions	EMS Regions EMS/Fire agencies Hospitals Healthcare organizations ADHS/AZ-PIERS	2016

FOCUS PANEL 3 – TRAINING & EDUCATION

The Training and Education Focus Panel, comprised of private and public EMS providers from rural and urban systems, discussed and identified the aspects of successful training for community integrated paramedicine (CIP) in Arizona. The Focus Panel determined that a clear definition of CIP will guide the development of curricula and standards. Training should focus on enhancing services based on community needs; be contained within the current scope of practice including minimum standards; support and involvement of medical direction; recognition and endorsement by the Bureau; flexibility to accommodate data-driven scope and evidence-based findings; and a focus on patient assessment and pathophysiology. Whether a CIP curriculum should be modular-based to specific community needs or encompass all aspects of CIP with refresher programs needs further research.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 3.1: Develop curricula for urban and rural models of community integrated paramedicine (CIP) that facilitate local community needs.				
1. CIP is a paradigm shift for the use of paramedics in the US, with paramedics functioning outside their traditional EMS response & transport roles; therefore, program boundaries need to be defined.	<ol style="list-style-type: none"> 1. Rural and urban models. 2. Evaluation of patient assessment and provider skills/scope. 3. Ensure programs conform to current EMCT scope of practice. 4. Patient referrals to healthcare resources. 	EMS Council Education Standing Committee	EMS Council EMS Regions EMS agencies Hospitals Healthcare organizations ADHS	12/31/2015
Objective 3.2: Draft a community integrated paramedicine (CIP) course outline for course development using statutory committee resources.				
1. EMS Council, Education Committee, MDC input for direction of course development.	<ol style="list-style-type: none"> 1. Needs assessment of current curricula limitations in physical/psychosocial assessment, pharmacology. 2. Modular evidence-based curricula with relevance to both urban and rural agencies. <ol style="list-style-type: none"> a. Flexible approach. b. Establish a standardized curriculum. 	EMS Council Education Standing Committee	EMS Education Leaders EMS Council MDC	2016
Objective 3.3:				

FOCUS PANEL 4 – HEALTHCARE SYSTEM INTEGRATION

Emergency Medical Services (EMS) provides a rapid response to a wide array of care to acute and chronically ill callers of the 911 system. The optimal utilization of EMS will require priority triage to deploy the most appropriate personnel to meet callers’ needs. Care within CIP will expand care to include assisting individuals with non-emergent conditions and using alternative transport destinations, treating and releasing, and referring individuals to primary care facilities. It is imperative to identify the frequent 911 callers and high utilizers of emergency departments, and address the needs of patients recently discharged from the hospital. CIP will include providing support to those with chronic illnesses, and partnering with community health workers to deliver preventive health services. Integration of the paramedic into the overall healthcare system will assist in cost containment and provide sustainability to the EMS system.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 4.1: Provide alternative transport locations.				
<ol style="list-style-type: none"> Identify the patients that do not require emergency department care. Reduce emergency department overcrowding. Reduce secondary transfers. 	<ol style="list-style-type: none"> Identify low acuity 911 utilizers. Track the number of low acuity transports. Track the number of secondary transfers to receipt of definitive healthcare. 	EMS Regions	Regional councils Local EMS agencies Hospitals Health care organizations	2015
Objective 2: Provide protocols for treat and release for emergency responders.				
<ol style="list-style-type: none"> Identify nonemergency 911 callers. Provide appropriate health care and medical direction outside of the ED. Develop formal policies to care for the nonemergency patients not requiring transport to the emergency department. 	<ol style="list-style-type: none"> Perform quality assurance on those low acuity callers. Evaluate the number of low acuity patients that were transported to the ED. Determine the amount of time require for community resource connections. 	EMS Regions	Local EMS agencies Hospitals Health care organizations	2015
Objective 3: Demonstrate a reduction of 911 calls and repeat ED visitation.				
<ol style="list-style-type: none"> Become familiar with medical, mental health and substance of abuse of frequent callers. Meet the basic needs of patients through community resources. Coordinate outpatient care with the discharge planner, social worker, home healthcare team, skilled nursing facilities. 	<ol style="list-style-type: none"> Become engaged with the local ACO to collect, analyze, and disseminate data. Identify regional partners to assist with data analysis. 	EMS Regions	Regional Councils Local EMS agencies Hospitals Health care organizations	2015

FOCUS PANEL 5 – WELLNESS

The Wellness Focus Panel discussed and identified aspects of a wellness component within CIP programs. A wellness component would evaluate and assess patients in CIP programs for safety, compliance to their care programs, prescription medication use and issues, and inappropriate activations of EMS systems and multiple ED visits. A wellness component would also identify ways to improve resources and education to patients and their families.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 5.1: Identify patients who are at risk and may benefit from targeted CIP measures.				
<ol style="list-style-type: none"> 1. Utilize a validated screening tool for risk assessment. 2. Frequently returning patients to ED 3. Evaluate 12-month plan on how many ED visits vs. admissions vs. EMS activations took place. 4. Categorize the chief complaint, outcome and level of resources needed. 5. Obtain applicable community health needs assessments (CHNAs) to understand health needs of populations within a defined community catchment area. 	<ol style="list-style-type: none"> 1. Results of screening for: 2. Home visits. 3. Post discharge care. 4. Patient risk. 5. Hospital readmission rates. 6. Identify at risk patient populations by condition and geo-demographics from CHNA data that might benefit from targeted CIP measures. 	Focus Panel 5	Hospitals EMS/Fire agencies Physician groups Patient family care team ADHS	2015
Objective 5.2: Reduce exacerbations of selected chronic diseases through targeted community integrated paramedicine (CIP) measures.				
<ol style="list-style-type: none"> 1. Expand the role (not the scope) of the CIP to monitor and treat the patient within the home setting and report accurate data back to the care team. 2. Monitor compliance to the care regimen including prescription medications. 3. Continuously monitor and implement action plans based on the patients overall risk assessment. 4. Educate patients and their families on the value of regular monitoring, diet, and treatment compliance. 	<ol style="list-style-type: none"> 1. Measure outcome data to determine: <ol style="list-style-type: none"> A. Are patients becoming less of a risk (safety, condition stability, ED visits, hospital readmissions, compliance to care, etc.)? B. Are the levels of resources within CIP programs effective and easily accessible to patients and their families? C. Identify patient education methods that more effective and why in promoting patient condition management. 	Focus Panel 5	Hospitals EMS/Fire agencies Physician groups Patient family care team ADHS	2015
Objective 5.3: Reduce the amount of hospital readmissions through targeted community integrated paramedicine (CIP) measures.				
<ol style="list-style-type: none"> 1. If following the strategies outlined in objective 2, we should be able to show a trickle-down effect of having hospital re-admission rates decreased. 	<ol style="list-style-type: none"> 1. Same as outlined in objective 2. 	Focus Panel 5	Hospitals EMS/Fire agencies Physician groups Patient family care team ADHS	2015

FOCUS PANEL 6 – PHARMACY

The Pharmacy Focus Panel discussed and identified aspects of a pharmacologic component within CIP programs. A pharmacologic component would focus on under-insured populations, providing cost-effective resources for retrieving prescription medications, monitoring compliance with care regimens, and communicate feedback patient care teams. The Focus Panel includes: Jennifer Kline, Sue Kern, and Bill Johnston.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 6.1: Develop and identify resources within the community that will aid in providing cost effective prescription medications to the underinsured.				
<ol style="list-style-type: none"> 1. Work with pharmacy teams as most offer alternative cost effective pharmacy plans for those not insured. 2. Work with foundation groups that offer financial support for the underinsured that don't qualify for state programs. 3. Work with transportation teams within the community to offer transportation /errand services for those who lack the ability to get their medications on their own. 	<ol style="list-style-type: none"> 1. With each strategy we will need to measure the effectiveness of each program. <ol style="list-style-type: none"> a. Pharmacy programs. b. Foundation groups. c. Transportation/errand service teams. 2. How well are they working. A patient satisfaction score could be utilized here to track and monitor. 	Focus Panel 6	Hospitals Pharmacies AZ Pharmacy Bd. Physician groups EMS/Fire agencies Family resources Non-emergent Transportation Patient care team ADHS	2015
Objective 6.2: Educate patients in medication administration and provide an understanding of importance of compliance.				
<ol style="list-style-type: none"> 1. Meet with patient and their family directly at time of discharge from hospital and be part of the care team right up front. Go over expectations, how often visits are, and what the patient's role and responsibility is. 2. Meet with patient and their family and educate them on each medication, why they are taking it and the risks associated with non maintaining compliance. 3. Advise them you will be monitoring and tracking their performance and providing feedback to their physician directly. 	<ol style="list-style-type: none"> 1. Reevaluate the effectiveness of this objective by looking at the overall percentage of compliance to care. If the patient has a low compliance percentage then we will need to evaluate, fix and implement new strategies to meet the goals of the program. 	Focus Panel 6	Hospitals Pharmacies AZ Pharmacy Bd. Physicians groups EMS/Fire agencies Family resources Patient care team ADHS	2015
Objective 6.3: Monitor and track compliance to care regimen.				
<ol style="list-style-type: none"> 1. Utilize screening tools. <ol style="list-style-type: none"> a. Intake screening. b. Medication reconciliation. c. Risk assessment. 	<ol style="list-style-type: none"> 1. Site visits to the home with screening tools filled out each time, input and trended. 2. Provide feedback to the care team and implement strategies or action plans based on the overall percentage of compliance. 	Focus Panel 6	Hospitals Pharmacies AZ Pharmacy Bd. EMS/Fire agencies Physician groups Patient care team ADHS	2015

FOCUS PANEL 7 – READMISSION PREVENTION

The Readmission Prevention Focus Panel discussed and identified standard metrics, effective practices, and evaluation strategies that influence hospital readmissions.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 7.1: Identify factors influencing readmissions, standard metrics, effective practices, and evaluation strategies.				
<ol style="list-style-type: none"> 1. Conduct review of literature and existing programs in the US. 2. Collaborate with stakeholders to review findings and compatibility with Arizona communities. 	<ol style="list-style-type: none"> 1. Detailed review of factors influencing readmissions, standard metrics, effective practices, and evaluation strategies. 	Focus Panel 7	ADHS Hospitals EMS/Fire agencies	2015
Objective 7.2: Consult and advise community integrated paramedicine (CIP) initiatives to ensure implementation of readmission-preventing practices.				
<ol style="list-style-type: none"> 1. Meet regularly with CIP programs and stakeholders in Arizona to ensure efforts to prevent readmissions are implemented effectively. 	<ol style="list-style-type: none"> 1. Regular meetings with CIP programs and stakeholders. 2. Actionable items to continue readmission prevention efforts. 	Focus Panel 7	ADHS Hospitals EMS/Fire agencies	2015
Objective 7.3: Evaluation community integrated paramedicine (CIP) programs to assess the effectiveness of readmission prevention activities.				
<ol style="list-style-type: none"> 1. Conduct qualitative and quantitative evaluations of CP programs to assess effectiveness in reducing or preventing readmissions. 	<ol style="list-style-type: none"> 1. Data demonstrating effectiveness of readmission prevention activities. 	Focus Panel 7	ADHS Hospitals EMS/Fire agencies	2016

FOCUS PANEL 8 – COMMUNITY INTEGRATED PARAMEDICINE (CIP) ROLE IN REDUCING NON-ESSENTIAL EMERGENCY DEPARTMENT ADMISSIONS

The CIP Role in Reducing Non-Essential Emergency Department Admissions Focus Panel discussed and identified: 1) methods to assess frequent emergency medical services (EMS) system users and emergency department (ED) admissions of low-acuity conditions manageable by other non-emergent facilities (e.g., primary care offices); 2) approaches to implementing CIP services based on community needs; and 3) methods for evaluating the quality and effectiveness of CIP services in meeting community health needs and supporting EMS system and ED utilization.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 8.1: Perform a needs assessment to identify the number and frequency of low-acuity admissions that could be managed by a CIP program.				
<ol style="list-style-type: none"> Develop a 12-month database identifying the severity/acuity of ED admissions Identify how patients access EDs (e.g., walk-in, ambulance) to determine CIP marketing plan. Develop a database identifying the healthcare needs that patients visit the ED. 	<ol style="list-style-type: none"> Categorize ED admissions as high-, moderate-, and low-acuity to identifying admissions manageable by CIP programs. Create a database on how patients access EDs to develop CIP education programs and marketing plans. Collect the data of type of ED visits so CIP programs can identify community healthcare needs. 	Hospitals EMS/fire Agencies 911 dispatchers	Hospitals EMS/fire Agencies 911 dispatchers	2015
Objective 8.2: Reduce initial and return ED visits of low acuity conditions through targeted CIP measures.				
<ol style="list-style-type: none"> Utilize needs assessment results from objective 8.1 to develop, implement, evaluate, and revise targeted CIP measures. Provide assistance to patients using targeted CIP measures to treat current presentation, educate the patient and family members on preventative and/or maintenance measures, and otherwise follow established EMS treatment protocols. 	<ol style="list-style-type: none"> Set baseline values for comparative analysis. 	Hospitals EMS/fire Agencies 911 dispatchers	Hospitals EMS/fire Agencies 911 dispatchers	
Objective 8.3:				

FOCUS PANEL 9 – COMMUNITY PREVENTION & EDUCATION PROGRAMS

The Community Prevention and Education Focus Panel discussed and identified aspects of community prevention and education components within CIP programs, targeting injury prevention attributed to falls or the misunderstanding of new disease diagnoses with prescription drugs that may result in transportation to the hospital for initial admission or re-admission.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 9.1: Develop a set of patient education materials on fall prevention for community integrated paramedicine (CIP) services distribution.				
<ol style="list-style-type: none"> 1. Identify free patient education materials on fall prevention. 2. Make the education materials available in electronic format and website-accessible to CIP programs. 3. Provide a bibliography of resources on fall causation and prevention for CIP programs to develop education materials. 	<ol style="list-style-type: none"> 1. Separate fall prevention education materials by age group, language, and causation. 2. Periodically check the availability of patient education materials, changes, and accuracy of content. 3. List only reputable resources in a bibliography. 4. Survey the effectiveness, applicability, and other characteristics of the education materials. 	EMS Regions EMS/Fire agencies	EMS Regions EMS/Fire agencies Hospital health education Medical directors Physician groups ADHS	2015
Objective 9.2: Develop a set of patient education materials on medication compliance for community integrated paramedicine (CIP) services distribution.				
<ol style="list-style-type: none"> 1. Identify free patient education materials on medication compliance. 2. Make the education materials available in electronic format and website-accessible to CIP programs. 3. Provide a bibliography of resources on fall causation and prevention for CIP programs to develop education materials. 	<ol style="list-style-type: none"> 1. Separate medication compliance education materials by age group, language, and causation. 2. Periodically check the availability of patient education materials, changes, and accuracy. 3. List only reputable resources in a bibliography. 4. Survey the effectiveness, applicability, and other characteristics of the education materials. 	EMS Regions EMS/Fire agencies	EMS Regions EMS/Fire agencies Hospital health education Pharmacists Medical directors Physician groups ADHS	2015
Objective 9.3: Develop a set of patient education materials on selected conditions for community integrated paramedicine (CIP) services distribution.				
<ol style="list-style-type: none"> 1. Identify free patient education materials on chronic diseases and post-surgical care. 2. Make the education materials available in electronic format and website-accessible to CIP programs. 3. Provide a bibliography of resources on chronic conditions (e.g., diabetes, heart disease, asthma for CIP programs to develop education materials. 	<ol style="list-style-type: none"> 1. Separate the education materials by age group, language, and condition, (e.g., diabetes, asthma, COPD, post-surgical care, and other conditions). 2. Periodically (at least annually) confirm the status of patient education materials in the resource set for availability, changes, and accuracy. 3. List only resources in a bibliography. 4. Survey the effectiveness, applicability, and other characteristics of the education materials. 	EMS Regions EMS/Fire agencies	EMS Regions EMS/Fire agencies Hospital discharge nurses Hospital health education Medical directors Physician groups ADHS	2015

FOCUS PANEL 10 – INTEGRATED BEHAVIORIAL HEALTH

The Integrated Behavioral Health Focus Panel explored historical development within the Affordable Care Act, research, training, and future reimbursement possibilities that include ICD-10 and ICD-11 Codes. The Focus Panel discussed current programs (e.g., Community Assistance Program/Crisis Response Teams) already integrated into the fire service that may move into Integrated Behavioral Health models, and the need for oversight by a licensed behavioral health providers for professional continuity of care, and training using best practice. More research by this Focus Panel on the various models for behavioral health integration with medicine and Community Integrated Paramedicine (CIP) programs is needed develop models that best fit each community to ensure positive health outcomes.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 10.1: Project development of a community integrated paramedicine (CIP) system to include medical and behavioral health services.				
<ol style="list-style-type: none"> Increase Integrated Behavioral Health Consultants/Technicians on CIP Units. Increase the use of Peer Support Technicians. 	<ol style="list-style-type: none"> Decrease hospitalizations. Decrease re-hospitalizations. Decrease medical visits by addressing behavioral health issues. Increase wellness and self-care through integrated health care. 	Fire/EMS agencies Medical Directors Behavioral Health Directors	EMS/Fire agencies Community Health Centers Local hospitals Primary Care Physicians Behavioral Health Consultants Medical directors ADHS	2015
Objective 10 .2: Establish program development, training, and standard operating guidelines for community integrated paramedicine (CIP).				
<ol style="list-style-type: none"> Develop system integration of medical and behavioral health services that include guidelines and behavioral health and CIP programs. 	<ol style="list-style-type: none"> Reduce behavioral health related ED visits. Reduce behavioral health related Primary Care Physicians visits. Resources and social service referrals provided. Ensure patients attend primary care appointments. Ensure medication compliance using behavioral health modalities. Ensure behavioral health issues are addressed. Address in home safety issues. On-going training. 	Fire/EMS agencies Medical Directors Behavioral Health Directors	EMS/Fire agencies Community Health Centers Primary Care Physicians Behavioral Health Consultants Medical Director Behavioral health Director ADHS	2015
Objective 10 .3: Develop a central communication system, such as 311 for dispatching all community integrated paramedicine (CIP) calls, scheduling line for appointments, and effective communication with primary care and behavioral health providers for continuity of care.				
<ol style="list-style-type: none"> Developing a communication system for community members to call a CIP Unit. Developing a communication system for CIP to speak with primary care physicians and behavioral health clinicians. Scheduling CIP Visits. CIP units available 24/7. 	<ol style="list-style-type: none"> Patients are trained to call CIP Units when NOT in a medical emergency. Patients are trained to call 911 when an emergent medical situation arises. Scheduling line for appointments. Reduction in 911 calls. Reduction in medical transports to ED. Reduction in primary care visits for behavioral health issues. 	Fire/EMS agencies Medical Directors Behavioral Health Directors	EMS/Fire agencies Communications Primary Care Physicians Behavioral Health Consultants Medical Directors Behavioral Health Directors ADHS	2015

FOCUS PANEL 11 – COMMUNITY STANDARD PROTOCOLS

The Community Standard Protocols Focus Panel discussed and identified aspects of using scientific knowledge in decision making that includes building constituencies, identifying needs and setting priorities, as well as legislative authority and funding to develop plans and policies to address needs, and ensuring the public’s health and safety.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 11.1: Implement an oversight committee for each community integrated paramedicine (CIP) program incorporating several members from the “integrated team” within the community to allow for an unbiased evaluation of the effectiveness of the program.				
<ol style="list-style-type: none"> 1. CIP programs compliant within EMS regulations, licensure, and scope of practice. 2. CIP programs do not conflict with various authorities and other providers on care team. 3. Supporting administrative and clinical are resources in place. 4. Adhere to patient privacy laws. 5. CIP programs have continuing education. 6. CIP programs have data-driven QI programs. 	Evaluate the program as a whole to best measure effectiveness with targeted performance measures.	Focus Panel 11	EMS/Fire agencies Hospitals Physicians groups Care team Medical directors ADHS	2015
Objective 11.2: Implement procedures for admission and withdrawal criteria in a community integrated paramedicine (CIP) program.				
<ol style="list-style-type: none"> 1. Program consent. 2. Program refusal of care. 	Satisfaction scores to determine: level of difficulty entering the program, program effectiveness, and the number of patients leaving the program and why.	Focus Panel 11	EMS/Fire agencies Hospitals Physicians groups Care team Medical directors ADHS	2015
Objective 11.3: Implement standards protocols or guidelines for all components of a community integrated paramedicine (CIP) program.				
<ol style="list-style-type: none"> 1. Develop a standard equipment list for CIP. 2. Paramedic selection criteria for CIP program. 3. QI program with data collection, sharing, and reporting. 4. Tele-monitoring/Telemedicine. 5. Communications. 6. Prioritize treatment, transport, and referral decisions. 7. Community health needs determine services. 8. Documentation practices. 9. Client calls for assistance. 	Review protocols annually by a standing committee. Measure patient outcomes via core measures for best practices, evidence-based guidelines.	Focus Panel 11	EMS/Fire agencies Hospitals Physicians groups Care team Medical directors ADHS	2015

FOCUS PANEL 12 – TECHNOLOGIES/TELEMEDICINE

The Technologies/Telemedicine Focus Panel discussed and identified aspects of the roles technology will play in Community Integrated Paramedicine (CIP).

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 12.1:				
HIE (Health Information Exchange).	All EPCR platforms should have the ability to access the HIE of hospitals.	EMS Providers	Hospitals EPCR Developers EMS Providers	One year
Objective 12.2:				
EPCR.	Affordable ePCR platforms should be available so that all EMS providers have the ability to participate.	EMS Providers	EMS providers EPCR developers	One year
Objective 12.3:				
Telemedicine.	The ability for EMS providers to contact Medical Control thru a telemedicine medium for real time medical direction and plan participation.	EMS Providers	EMS providers EPCR developers Medical Direction	One year

FOCUS PANEL 13 – AFFORDABLE CARE ACT (ACA) AND FINANCIAL OPPORTUNITIES

Affordable Care Act (ACA) and Financial Opportunities Focus Panel discussed and identified aspects of the Affordable Health Care Law and how Community Integrated Paramedicine (CIP) will develop and prosper in the new Healthcare System.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 13.1: Identify healthcare services provided by community integrated paramedicine (CIP) programs within the ABA framework to reduce healthcare costs.				
Explore the role of CIP in the Affordable Health Care Act.	Continue looking at programs that more appropriately serve the citizens and reduce healthcare system costs.	The Ramsey Foundation EMS/Fire agencies	Hospitals Behavioral health facilities Physician groups ADHS	2015
Objective 13.2: Identify procedure/services/billing codes for community integrated paramedicine (CIP) services covered by the ACA to ensure CIP-related cost recovery.				
Financial cost recovery for a Community Paramedicine Program.	Work with the ACO's to provide cost recovery to provide new CIP programs, with the objective to save thousands of dollars due to the innovative programs.	The Ramsey Foundation EMS/Fire agencies	Hospitals Payers ADHS	2015
Objective 13.3: Establish a standardized set of data elements and definitions to facilitate the exchange of ePCR or other electronic medical records medium within the community integrated paramedicine (CIP) programs.				
Digital Information Exchange.	Measure Results. Measure Interventions.	The Ramsey Foundation EMS/Fire agencies	EMS/Fire agencies Healthcare organizations ACO's ADHS	2015

FOCUS PANEL 14 – REIMBURSEMENT

The Reimbursement Focus Panel discussed and identified reimbursement considerations for CIP. Securing a reimbursement stream for CIP efforts is a significant consideration for anyone considering this service. Reimbursement did not occur in the Minnesota program for several years until collaborative teams with a shared vision and specific services were identified and solidified. The Minnesota program provided rates and payment models for CIP that were used for the basis of funding strategies in the legislative process. Research further indicates the need for CIP programs to build evidence that such programs are not only feasible, but effective in saving money and producing better outcomes. CIP may look slightly different in each community, but should consider a core mission and list of services which would be the foundation of the overall program. Shaping the program into one vision/effort with measurable data sets is vital to gathering reimbursement.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 14.1: Establish a project development team to build a vision of services for urban and rural community integrated paramedicine (CIP) programs.				
1. Identify reimbursement options by establishing a core of CIP services and benchmarks for reimbursement.	Education of Chronic Disease. Home visits. Medication Management.	EMS/Fire agencies	Hospitals/clinics Primary care physicians EMS/Fire agencies ADHS	2014
Objective 14.2: Establish a directory of Accountable Care Organizations (ACOs) in Arizona for community integrated paramedicine (CIP) services.				
1. Identify and build partnerships with Accountable Care Organizations (ACO's) throughout Arizona.	1. Establish and organize by category a list of Arizona-based ACOs with contact information with potential involvement in CIP measures.	EMS/Fire agencies	Hospitals/clinics Primary care physicians EMS/Fire agencies ADHS	2014
Objective 14.3: Establish a fee schedule for community integrated paramedicine (CIP).				
1. Study what other states have done to enact legislation for CIP reimbursement.	1. Research other states' adopted and not adopted fee and reimbursement schedules for CIP-related measures for potential adoption in Arizona.	AFDA	AFCA AAA ADHS	2015

FOCUS PANEL 15 – RESOURCES AND EXAMPLES

The Resources and Examples Focus Panel discussed and identified aspects of the roles technology will play in Community Integrated Paramedicine.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 15.1: Define Resources on implementing a community integrated paramedicine (CIP) program.				
<ol style="list-style-type: none"> Location of where to find information. Identify what is needed to build a program. 	<ol style="list-style-type: none"> Create a list of websites (Ramsey Foundation, FDCARES, MedStar's Community Health Program, ADHS CIP, etc.). Build component matrix. 	Focus Panel 11	ADHS	ASAP
Objective 15.2: Examples.				
<ol style="list-style-type: none"> Find National Urban Models. Find National Rural Models. What GAP are they filling? 	<ol style="list-style-type: none"> Give list of successful Fire-Based and Ambulance-Based models in varying geographical regions. Identify the GAP each model is addressing. 	CIP Workgroup	ADHS	ASAP ASAP 0-2 months
Objective 15.3: Resources - Internal.				
<ol style="list-style-type: none"> Human. Equipment. Technology/Data. Reimbursement. 	<ol style="list-style-type: none"> Who you need (administrative, technical, clinical). How many you need; What traits or characteristics should they have; Skill set. Existing; anticipated based on model (telemedicine, vehicles, labs, etc.). Sources, types, and integration. Partners, Grants, Billing Systems, Legislation-funding sources, Collaboration-partner agencies, ACO's, etc. 	Agency specific based on the model they chose	Agency specific based on the model they chose ADHS	Agency specific based on model they chose
Objective 11.4: Resources - External.				
<ol style="list-style-type: none"> Patient Sources. Data. Communications. 	<ol style="list-style-type: none"> Hospitals, Physicians, Home Health, Community. Where from, Where to, Volume, Patient Types, Payers. Modification of current systems and identification of additional needs. 	Agency specific based on the model they chose	Agency specific based on the model they chose ADHS	Agency specific based on model they chose

FOCUS PANEL 16 – MEDICAL DIRECTION

The Medical Direction Focus Panel discussed and identified how the duties of EMS medical directors could best be adapted to the oversight of CIP programs, and support measures to ensure these duties are effectively carried out. The Focus Panel determined that the innovative aspect of CIP medical oversight will need to be meticulous, engaged, accountable, and require substantial work, time and investment by physician experts and the institutions that support EMS medical directors.

Strategy	Measure(s)	Lead	Partners	Timeline
Objective 16.1: Draft a statement that community integrated paramedicine (CIP), as prehospital care, is the practice of medicine delegated by EMS medical directors.				
CIP requires on-going meticulous medical oversight.	Consider evaluating statutory language to support this concept.	Sponsoring legislators	EMS Medical Directors Lawmakers	2015
Objective 16.2: Identify procedure/services/billing codes for medical direction within a community integrated paramedicine program in Arizona.				
Medical Director medico-legal risk related to CIP.	Assess statutory language surrounding Medical Director liability.	Sponsoring legislators	EMS medical directors Lawmakers	2015
Objective 16.3: Develop a public health and safety policy guide to assist local governments intending to use community integrated paramedicine (CIP).				
Management of healthcare super-utilizers.	<ol style="list-style-type: none"> 1. Effective interface between Medical Directors, hospital/case management/mental health networks, and local governments. 2. “Loyalty Programs” with ability to track cost savings and outcomes of “program graduates.” 3. Universal EHR access for CIP/MIHC personnel. 	EMS Medical Directors	Hospitals Mental health Substance abuse centers Local governments ADHS	2015-2016