



Improving Rural Health through Community Paramedicine

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:	
Mobile integrated health (MIH) programs, also known as community paramedicine, CARES, or co-response, are locally run community-based programs housed in fire/EMS departments that provide non-emergency follow-up or community-based access to care for people whose needs are not being met by the conventional healthcare system. MIH programs across Washington State serve those experiencing homelessness, complex behavioral health needs, chronic health conditions, transportation or access difficulties, and many other issues. Community paramedicine, a segment of mobile integrated health, has been shown to help reduce blood pressure and blood glucose levels, reduce hospital readmissions, prevent unnecessary ambulance transports, and increase provider-patient communication.ⁱ Emerging evidence in suggests its efficacy in addressing behavioral health needs both during, before, and after crisis.^{ii, iii} MIH programs reduce unnecessary emergency room utilization and costs,^{iv} but rely on time-limited grant funding with limited ability to reimburse for services. This highly effective model for improving access and outcomes and reducing cost is currently unsustainable due to lack of adequate payment mechanisms.	
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):	
☒ VARIATION IN CARE	☒ SAFETY CONCERNS
☒ HIGH COST AND POOR OUTCOMES	☒ EQUITY CONCERNS
PROPOSED SCOPE:	
Create a framework for evidence-based community paramedicine (CP) that is recognized through Department of Health (DOH) through endorsement, preserving local flexibility while clarifying core roles and functions; Identify initial reimbursable use cases with clear payor and provider roles; Identify pathway for evaluation of outcomes related to emergency room diversion specific to community paramedicine programs at the state level. Support the use of EMS providers who are endorsed CPs on 988 funded community based crisis teams (CBCTs). <i>Out of Scope:</i> creating a single statewide clinical model for MIH beyond scope of behavioral health needs, detailed emergency medical protocols or mobile integrated health protocols, emergency response care	
EVIDENCE-BASED IMPACT STRATEGY:	
<i>Clinicians/Care Teams:</i> define core team functions, minimum behavioral health and crisis services available through CP, standard protocols for connection to ongoing care <i>Delivery Systems:</i> Adapt/adopt CP pathways to local hospital system, support data sharing, health system level evaluation <i>Plans:</i> Clarify covered CP service categories and scope of practice; equitable reimbursement for delivery of mobile services. <i>Purchasers:</i> support CP use in purchasing design/agreements; evaluation of CP program performance for employees/members	
AVAILABLE DATA FOR MONITORING AND EVALUATION:	
WA State Auditor CARES findings; APCD;	
POTENTIAL PARTNERS:	
HCA; DOH; Greater Health Now; Kirkland Fire; Seattle Fire; Molina; BHCore, Port Angeles Fire	

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

This clinical model is shown to fill critical care and access gaps (gaps that are likely to get worse in the coming years) but lacks a sustainable funding mechanism. The Bree Collaborative could convene partners could clarify and define aligned service categories and payment pathways for CP programs, identify minimum data and quality expectations, and recommend statewide evaluation measures that demonstrate value while promoting flexibility to meet community-defined needs.

ⁱ Centers for Disease Control and Prevention. (2024, October 16). The value of community paramedicine. CDC

ⁱⁱ Levy, M. K., Tan, D. K., McArdle, D. Q., McEvoy, M., Kupas, D. F., Beltran, G., & Miller, D. L. (2024). Consensus Statement of the National Association of EMS Physicians International Association of Fire Chiefs and the International Association of Chiefs of Police: Best Practices for Collaboration Between Law Enforcement and Emergency Medical Services During Acute Behavioral Emergencies. *Prehospital emergency care*, 28(8), 1058–1062. <https://doi.org/10.1080/10903127.2024.2402530>

ⁱⁱⁱ Cheung, E. H., Whitfield, D. A., Kipust, A., Tadeo, R., & Gausche-Hill, M. (2024). Advancing Emergency Medical Services' (EMS) Response Capability for Behavioral Health Emergencies: Los Angeles County's Performance Improvement Initiative. *Prehospital emergency care*, 28(8), 1006–1016. <https://doi.org/10.1080/10903127.2024.2333494>

^{iv} Xie F, Yan J, Agarwal G, Ferron R. Economic Analysis of Mobile Integrated Health Care Delivered by Emergency Medical Services Paramedic Teams. *JAMA Netw Open*. 2021;4(2):e210055. doi:10.1001/jamanetworkopen.2021.0055