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State Board of Emergency Medical, Fire, and Transportation Services
Mobile Integrated Healthcare: A Guidance Resource for Ohio EMS

On June 30, 2015, the Ohio Revised Code was amended to allow certified Ohio emergency medical technicians (EMTs), advanced EMTs (AEMTs) and Paramedics to perform in non-emergency situations. Specifically, Ohio Revised Code (ORC) 4765.361 states "An emergency medical technician-basic, emergency medical technician intermediate, or emergency medical technician-paramedic may perform medical services that the technician is authorized by law to perform in nonemergency situations if the services are performed under the direction of the technician's medical director or cooperating physician advisory board. In nonemergency situations, no medical director or cooperating physician advisory board shall delegate, instruct, or otherwise authorize a technician to perform any medical service that the technician is not authorized by law to perform."

The Ohio EMS scope of practice, which is determined and approved by the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board), and the requirement for qualified medical direction remains in effect for certified Ohio EMS providers in the emergency and non-emergency situations. For non-emergency situations, the EMFTS Board has not been granted the authority to promulgate regulations (rules). In addition, the citations in ORC 4765.49 that provide immunity in emergency situations to certified Ohio EMS providers, EMS agencies that employ certified Ohio EMS providers, and physician medical directors do not extend to non-emergency situations.

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) defines community paramedicine as "an organized system of services, based on local need, provided by emergency medicine technicians and paramedics that is integrated into the local or regional health care system and overseen by emergency and primary care physicians. This not only addresses gaps in primary care services, but enables the presence of EMS personnel for emergency response in low call-volume areas by providing routine use of their clinical skills and additional financial support from these non-EMS activities."[1] Community paramedicine is one solitary element of mobile integrated healthcare. Mobile integrated healthcare, as defined by the National Association of Emergency Medical Technicians (NAEMT), is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, mobile integrated healthcare component services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine, primary care, or post-discharge follow-up visits; or transport or referral to appropriate care.[2]

The EMFTS Board is not legislatively authorized to oversee community paramedicine or mobile integrated healthcare (MIHC) in Ohio; however, this guidance is being provided as a resource for Ohio EMS. This guidance resource identifies some of the basic facets to consider during the development of a mobile integrated healthcare system, with referral to two selected federal resource documents, and highlights the key factors that apply specifically to Ohio EMS. It is not meant to be all-inclusive as there is a multitude of published literature on mobile integrated healthcare available, none of which has been deemed as the universally accepted standard model or method to design a mobile integrated healthcare system. The federal and national documents cited in this guidance resource are, respectively, the *Community Paramedicine: Evaluation Tool* published by HRSA and *Expanding the Roles of Emergency Medical Services Providers: A Legal Analysis* published by the Association of State and Territorial Health Officials (ASTHO).

Needs Assessment: The gaps in healthcare vary throughout Ohio as well as the available resources to bridge them. The needs may differ widely between rural and urban communities. In partnership with the stakeholders of a proposed MIHC, the first step is to perform an assessment of the community's needs.

Once the MIHC is initially designed and launched, the evaluation tool from HRSA (pp. 5-17)[1] can be used to assess the MIHC system and guide amendments to it.

Legal: Ohio EMS providers and EMS medical directors may not exceed the Ohio EMS scope of practice for the respective level of certification in emergency or non-emergency situations. The EMFTS Board retains the authority for investigative and disciplinary actions for Ohio EMS certificate holders who perform medical services in the emergency and non-emergency situations. As the immunity provisions in the ORC 4765.49 do not extend to non-emergency situations, **individuals and entities who are considering offering services in a non-emergency setting should contact their legal counsel to seek advice regarding potential civil liability issues.** There are a host of additional legal aspects that should be considered and addressed by the legal counsel of the respective participants and stakeholders, as noted by the ASTHO, to ensure compliance with state and federal laws and rules prior to and during the development of a MIHC system[3]. This includes, but is not limited to, compliance with the Stark Law (42 U.S. Code § 1395nn) and the anti-kickback statute (42 U.S. Code § 1320a-7b).

Medical Direction: Although primary care and participating physicians may collaborate within the MIHC system, Ohio EMS providers and EMS agencies must have an EMS medical director with the qualifications cited in the Ohio Administrative Code (OAC) 4765-3-05 in the emergency and non-emergency situations. The EMS medical director is responsible for the provision of a written protocol for EMS providers and EMS agencies performing medical services in non-emergency situations as well as performance improvement and education programs as cited in OAC 4765-3-05(A)(3). HRSA provides examples of benchmarking tools for the purpose of MIHC system assessment and quality improvement (pp. 34-45)[1].

Policies: The process of policy development among stakeholders within a MIHC system can be complex as the organizational, state, and federal regulatory requirements and administrative and operational needs of all participants should be considered. HRSA provides policy development benchmarking tools for the ultimate goal of creating a patient-centric MIHC system (pp. 18-33)[1].

Educational Needs of Staff: The EMS medical director is responsible for the determination and provision of education of EMS providers participating within an MIHC system. Despite the education provided by the EMS medical director or other parties, an EMS provider and EMS medical director may not exceed the Ohio EMS scope of practice.

Finance: The reimbursement of EMS providers, EMS agencies, and EMS medical directors for the provision of non-emergency services is determined at the local and federal levels and is not within the authority of the EMFTS Board. Only EMS agencies with the primary responsibility of providing continuous emergency medical services to the community pursuant to requests and/or calls from the public for an EMS response are eligible for Ohio EMS priority 1 grants. An EMS agency must meet all of the requirements in OAC 4765-5-02 to be eligible for priority 1 grants. Other entities who happen to employ EMTs, AEMTs, and Paramedics for emergency or non- emergency services do not qualify. EMS agencies that qualify to receive an Ohio EMS grant may not use the grant funds to purchase equipment that will be used solely in non-emergency situations nor may these funds be used for training personnel to perform services in a non-emergency capacity.

References:

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, *Community Paramedicine: Evaluation Tool*, March 2012.
2. National Association of EMTs, *Mobile Integrated Healthcare & Community Paramedicine*: http://www.naemt.org/about_ems/MobileIntegrated HC.aspx.
3. Association of State and Territorial Health Officials, *Expanding the Roles of Emergency Medical Services Providers: A Legal Analysis*, 2014