



## Frequently Asked Questions and Strategic Plan Updates

**What is Community Paramedicine?** Community Paramedicine, or as we are calling it in Michigan, *Community Integrated Paramedicine* (CIP), is the use of specially trained Emergency Medical Providers to help bridge the gaps in the local healthcare system and improve population health and safety.

**Why change the name to Community Integrated Paramedicine?** We see two different models emerging in Michigan, Mobile Integrated Health (MIH) and Community Paramedicine (CP). The new title is an umbrella that encompasses both models. Individual programs will be categorized as one or the other.

**What is the difference between MIH and CP?** Updated 3.11.19

The amount of education required by the providers and the ability to interface with the 9-1-1 system are the primary differences. MIH programs have focused education and conduct preplanned visits for specific populations assigned to them. CP programs, in addition to preplanned visits, may interface with the 9-1-1 system. CP education is more extensive as interfacing with 9-1-1 system exposes them to a variety of populations and they must be able to navigate an array of systems and resources. As of right now, it looks as if CP will be pursued as a licensure, whereas MIH will not. There will be a marked difference between the two programs' capabilities. This conversation will be ongoing and no final determinations have been made.

**Where can someone receive education to become part of a Mobile Integrated Health Program or a Community Paramedic Program?** Updated 3.11.19

The current CP programs have educated their personnel through Hennepin Technical College or HVA EMS Education. MDHHS-BETP has added Mobile CE to the list of currently approved CP education providers. MIH education is protocol driven and approved by the Quality Assurance Task Force to achieve a particular care goal in partnership with a hospital or other entity.

**Who regulates Community Paramedicine?** Michigan Statute allows the Bureau of EMS, Trauma and Preparedness, Division of EMS and Trauma to approve EMS field studies/special studies (the language is used interchangeably within the statute) Currently all CP programs in MI are in the special study status. <http://legislature.mi.gov/doc.aspx?mcl-333-20910>. Programs and personnel for MIH programs or CP programs must go through an approval process with the Quality Assurance Task Force (QATF) before they can be implemented.

**Who is the QATF and what is their role?** In Michigan, the Emergency Medical Services Coordination Committee (EMSCC) is the body of subject matter experts identified in the Public Health Code that is assigned to provide advice to the Michigan Department of Health and Human Services (MDHHS) on matters regarding the EMS System. QATF is a subcommittee of the EMSCC that evaluates and approves special studies and all state EMS protocols among



other things. [https://www.michigan.gov/mdhhs/0,5885,7-339-73970\\_5093\\_28508-132265--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508-132265--,00.html)

**Do we have any CIP programs in Michigan?** **Updated 3.11.19** Yes, we have close to a dozen. Currently they are all located in the bottom one-third of the lower peninsula. These programs exist as “EMS Special Studies” under Michigan statute. See the section titled “Agency Profiles” to learn more about them. There are 8 additional agencies that received grant funding for initial education that are expected to have programs emerging during 2019-2020.

**Is Michigan working to formalize Community Paramedicine like other states have?** Yes, thanks to a grant from the Michigan Health Endowment Fund, the Division of EMS and Trauma is overseeing a two-year project (2018/2019) to help develop standards for Community Integrated Paramedicine throughout the state. Our goal is to establish the infrastructure that allows Community Integrated Paramedicine to move out of the field study/special study category and integrate into the MI EMS System’s standardized structure.

**Is CIP competition for other areas of healthcare?** CIP is not competition or duplication of services, it is designed to fill gaps in a community. CIP programs focus on patients that are underserved and have needs that have not been adequately addressed. Existing programs have established relationships with home health agencies, nursing homes, case management, community health workers, and many others.

**Is CIP sustainable?** We are getting there. Several programs are compensated through shared hospital savings due to the effectiveness of preventing unplanned readmissions and decreasing unnecessary ED utilization. Others have formed partnerships that result in direct payment for services. Some payers (insurance plans) will contract with programs for services but are waiting for the regulatory process (minimum standards and verification of such) before they will ‘turn on’ billing codes that would greatly ease the process for compensation. We are well into this process.

**Who can start a CIP program?** The ‘driving force’ behind a Community Integrated Paramedicine Program can be a variety of stakeholders including a licensed EMS agency, a health care plan, a hospital or healthcare system, a physician group, or even an EMS Medical Control Authority. The center of the program **must always** be a licensed EMS agency and licensed EMS personnel who have the permission of the Medical Control Authority in which they (and the program) function **and** approval from the State of Michigan. Programs are required to have a designated and responsible Medical Director that meets the requirements set forth by the state and is approved by the local Medical Control Authority (this can be and currently, often is, the Medical Control Authority Physician Director).

**How do we start a CIP program?** **Updated 3.11.19** A generalization of the process involves the following: community assessment (what is needed); program readiness assessment (who will be involved, resources); Special Study Application (and approval); education of personnel (approved by MDHHS); protocols (approved by QATF). The CIP EMS Special Study Application



and an accompanying guide are located within the MDHHS-BETP CIP tab. The developing toolkit currently has links for resources to help with the community assessment portion.

**How do we stay informed? Updated 3.11.19** The CIP General Workgroup meetings will be changing to webinars. These will take place every other month and the webinars will be posted to the MDHHS-BETP CIP tab. Please see the schedule that is posted within the CIP tab for dates and times.

**Questions? Updated 3.11.19** If you have questions or comments please contact the CIP Coordinator Kristine Kuhl [kuhlk2@michigan.gov](mailto:kuhlk2@michigan.gov); (desk) 517-241-4304; (cell) 517-582-5155.