

Who We Are



- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.



Our Vision & Mission

Healthier Kansans through effective policy.

Improve the health of all Kansans through nonpartisan research, education and engagement that support effective policymaking.



Continuing Education Credits In Partnership with KU Area Health Education Center





KANSAS HEALTH INSTITUTE

LEVERAGING AN EXPANDED HEALTH CARE TEAM IN KANSAS

February 13, 2024

Kansas Health Institute



Hello!

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Acknowledgments

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Acknowledgments

We recognize the following individuals for their contributions:



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Acknowledgments

We recognize the following individual for their contributions:



David Jordan, President & CEO



LEVERAGING AN EXPANDED HEALTH CARE TEAM IN KANSAS



Current Health Care Challenges and Gaps

Multiple, interconnected factors.



Shortage of
Health Care
Professionals



Hospital
Closures



Lack of Health
Insurance



Aging
Population



Leverage an Expanded Set of Professionals

About this Workforce:

- Require training and experience
- Do not require advanced post-secondary education
- Can be entry points into health care career pathways

Figure 1. Example Professionals in an Expanded Health Care Team, by Health Care Service Category

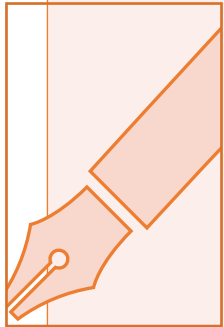
Health Care Service Category	Health Care Profession
Emergency Medical Services	Emergency Medical Responder (EMR) Emergency Medical Technician (EMT) Advanced Emergency Medical Technician (AEMT) Paramedic Community Paramedic
Nursing and Patient Care	Certified Nurse Aide (CNA) Certified Medication Aide (CMA) Home Health Aide (HHA) Medical Assistant (MA)
Case Management and Coordination	Care Coordinator Case Manager
Support Services	Certified Dietary Manager (CDM) Community Health Worker (CHW) Dental Assistant Doula (birth, postpartum, end-of-life) Home Visitor Occupational Therapy Assistant (OTA) Peer Mentor (Substance Use) Peer Specialist (Mental Health) Physical Therapy Assistant (PTA) Respiratory Therapist (RT)

Note: This is not a list of all occupations that could be included in an expanded health care team. While not precisely defined, health care professionals included in an expanded health care team are those for which the education required to enter the profession is less than an advanced post-secondary degree. However, these professionals may have other entry-level education, experience or certification requirements.

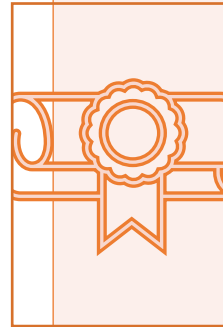
Source: Kansas Health Institute analysis of health care professionals, education requirements and policies from various sources.



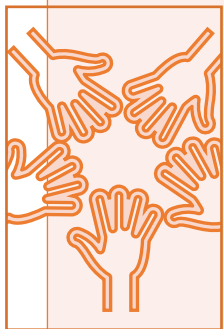
Key Policy & Practice Considerations



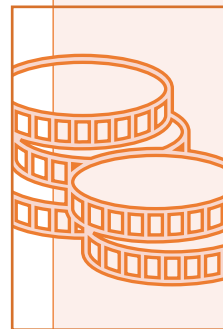
**Definitions &
Scope of
Practice**



**Education &
Training
Requirements**



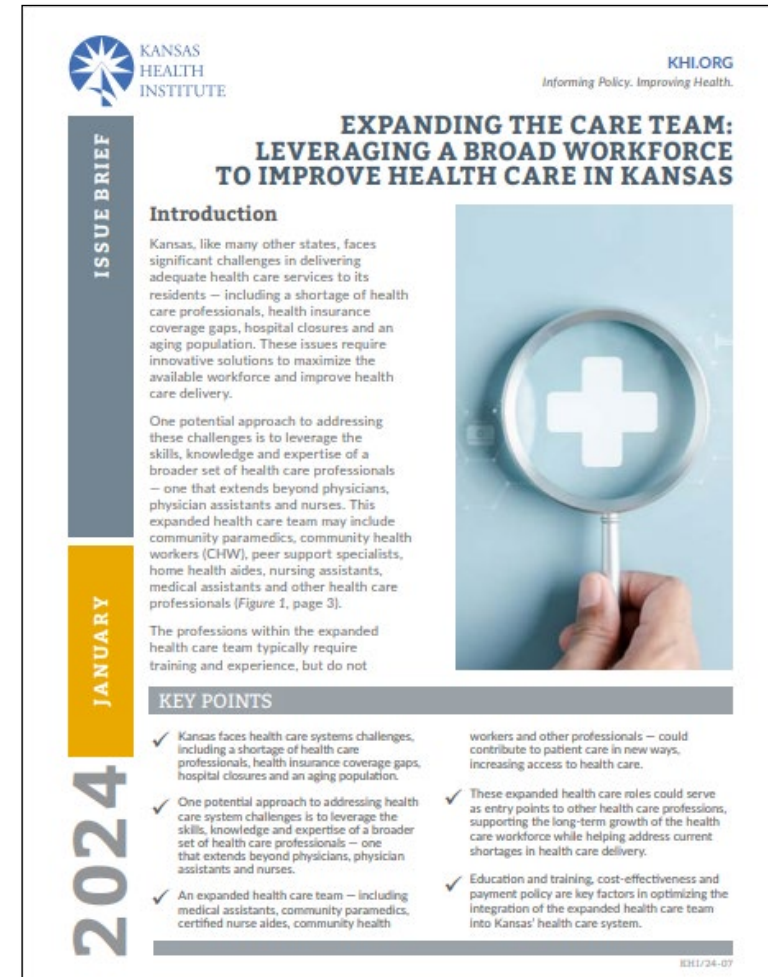
**Health Care
System
Integration**



**Financing &
Reimbursement**



Read the Full Brief



Available Online: <https://www.khi.org/articles/expanding-the-care-team/>

Community Paramedicine



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Community Paramedicine

As defined by the National Association of Mobile Integrated Healthcare Providers, **Community Paramedicine** is:

“patient-centered delivery care model using appropriately trained Emergency Medical Service (EMS) clinicians in an expanded role to render care, facilitate a more efficient delivery of care, and enhance access to community resources that address the social determinants of health.”

Right care, right time, right place



Common Goals, Populations and Services

Common Goals:

- Prevent Hospital Readmissions
- Expand Access to Care
- Chronic Disease Management
- Alternate Destinations

Common Populations Served:

- Frequent EMS & Emergency Department Users
- Populations Managing Chronic Disease

Common Services:

- Assessment & Testing
- Fall Risk Assessment/mitigation
- Medication Evaluation
- Nutrition Assessment
- Referrals (social services, home health, mental health etc.)
- Wound Care
- Vaccines



Outcomes & Effectiveness

A Promising Model of Care

- Developing field of research
- Encouraging program-specific outcomes
- Key areas of success:
 - Emergency department utilization
 - Readmission
 - Patient satisfaction & engagement
 - Cost savings



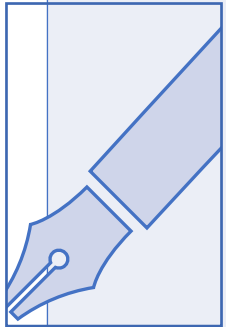
**57% Reduction
in ED Transports**



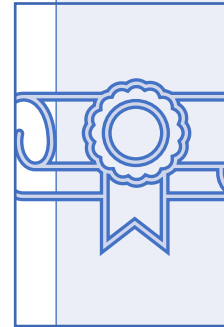
**52% Reduction in
Medicare Claims**



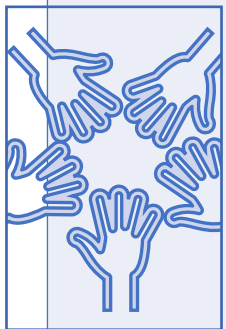
Key Policy & Practice Considerations



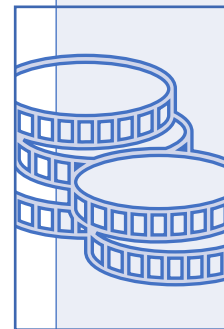
**Definitions &
Scope of
Practice**



**Education &
Training
Requirements**



**Health Care
System
Integration**



**Financing &
Reimbursement**



Definition & Scope of Practice



What can these professionals and programs do?

- Builds on existing EMT/Paramedic scope
 - States differ in how narrowly EMS is defined
- Permitted actions a health care professional may take:
 - Preventative services
 - Alternative destinations
- Specific services or general authority
- Medical Director oversight and approval

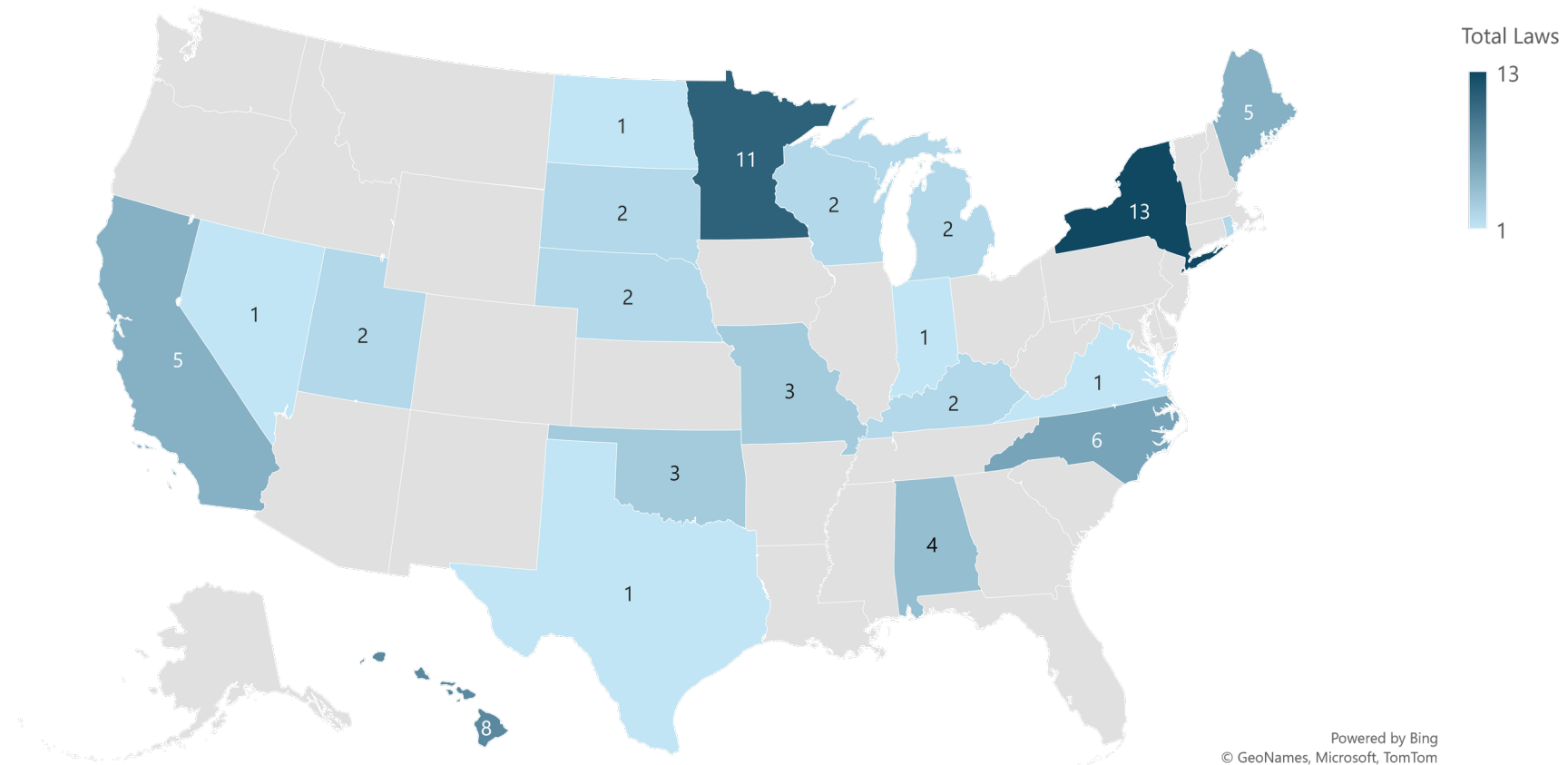


Definition & Scope of Practice



Increasing area of interest across the country.

Total Community Paramedicine Scope of Practice Laws, All Statuses, 2015-Present



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Source: National Conference of State Legislatures, Scope of Practice Legislation Database

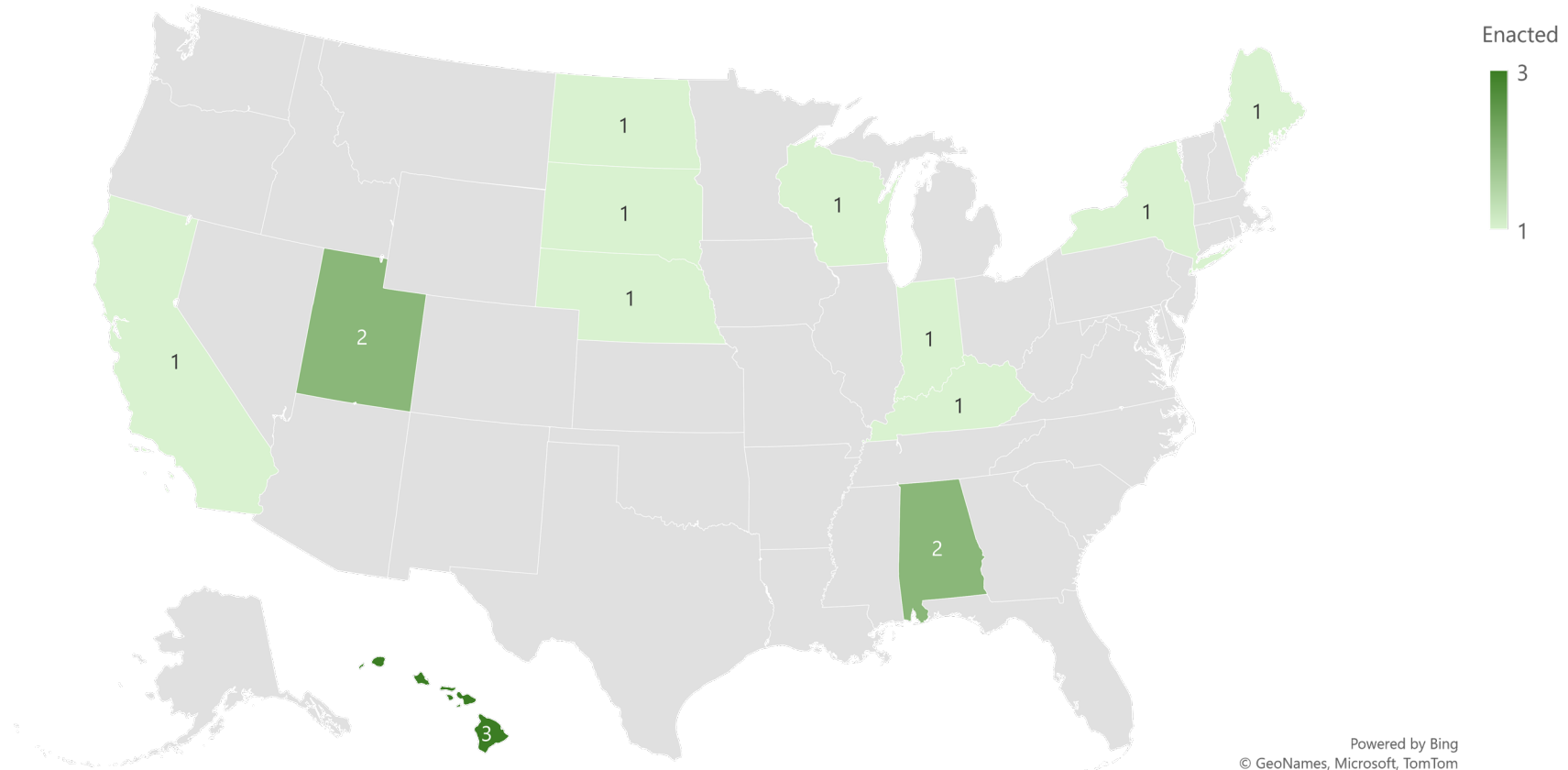


Definition & Scope of Practice



Increasing area of interest across the country.

Enacted Community Paramedicine Scope of Practice Laws, 2015-Present

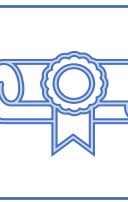


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Source: National Conference of State Legislatures, Scope of Practice Legislation Database



Education & Training Requirements

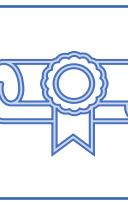


How do we prepare them for the job?

- Different state-level approaches to formal recognition
- Common state-level requirements:
 - Existing EMT or Paramedic license
 - Experience
 - Training program
 - Exam
- Program specific requirements and training



Education & Training Requirements



Available education and training resources.

[Hennepin Technical College](#) (MN)



Paramedic Network

- Community Paramedic
- Mobile CE



International Board of Specialty Certification (ISBC)

- Certified Community Paramedic Exam (CP-C)
- Eligibility
 - “any licensed or certified EMT, AEMT, paramedic, or other nursing or community health worker with appropriate education and training in specialty mobile integrated healthcare clinical practice.”
 - Four-year recertification cycle



Integration with Other Health Care Services



How do they integrate with other health care stakeholders?

- Informed and designed around community needs
- Data sharing can be challenging
- Beneficial referral and partner relationships
- Written into policy:
 - Primary care plan
 - Non-duplicative
 - Collaborative agreements



Integration with Other Health Care Services



Referral relationships are common.

Referrals **to** MIH-CP

Referral Source	Percentage of Programs
Hospitals	67%
Physician Groups/Clinics	58%
Home Health	40%
Social Service Agencies	36%
Care Management Organizations	35%
Law Enforcement	30%
Mental Healthcare Facilities	24%
Other EMS Agencies	26%
Hospice	25%
Public Health Agencies	23%

Referrals **from** MIH-CP

Referral Recipient	Percentage of Programs
Social Service Agencies	51%
Home Health	50%
Mental Healthcare Facilities	48%
Addiction Treatment Centers	43%
Physician Groups/Clinics	39%
Hospice	39%
Care Management Organizations	35%
Hospitals	28%
Public Health Agencies	25%
Urgent Care Facilities	24%

Source: National Association of Emergency Medical Technicians (NAEMT), 2nd National Survey on MIH-CP Programs, 2017



Integration with Other Health Care Services



Common services rely on partnerships.

Delivery Model	Admission/ Readmission Prevention	High ED/911 Utilizer	Home Health Partnership	Hospice Partnership	Transport to Alternate Destinations
Fire-Based	57%	82%	29%	19%	28%
Hospital Based	96%	67%	50%	21%	13%
Private For Profit	67%	47%	40%	33%	40%
Private Non-Profit	93%	67%	33%	27%	33%
Public City	50%	75%	50%	75%	50%
Public County	63%	89%	37%	32%	37%
Public Regional	60%	80%	34%	40%	60%
Public Utility	0%	100%	0%	0%	0%

Source: National Association of Emergency Medical Technicians (NAEMT), 2023 National Survey on MIH-CP Programs



Funding & Reimbursement



How do we pay for these services?

- Traditionally, EMS viewed as a transportation provider.
 - Fee for service payment based on transportation to Emergency Department
- Importance of data to demonstrate value
- Common barrier and challenge
- Wide range of start up costs



Funding & Reimbursement



Funding Sources

Grants & Pilots

- State Agencies
- Foundations
- HRSA
- NHTSA

Local Resources

- Budget Line Item
- Local Taxes

Provider Partnerships

- FQHCs
- RHCs
- Readmission Prevention*

Sustainability Risk & Limitations



Funding & Reimbursement



Medicaid Reimbursement

Growth in recent years:

- Minnesota was first state.
- Additional states include Arizona, Georgia, Indiana and others.

Other considerations:

- Could facilitate commercial reimbursement by establishing fee schedules & billing codes
- Section 1115 Waivers and State Plan Amendments could allow states to explore reimbursement options



Funding & Reimbursement



Commercial Reimbursement

Growth in recent years:

- In at least 17 states, commercial health plans reimburse CP services

Other considerations:

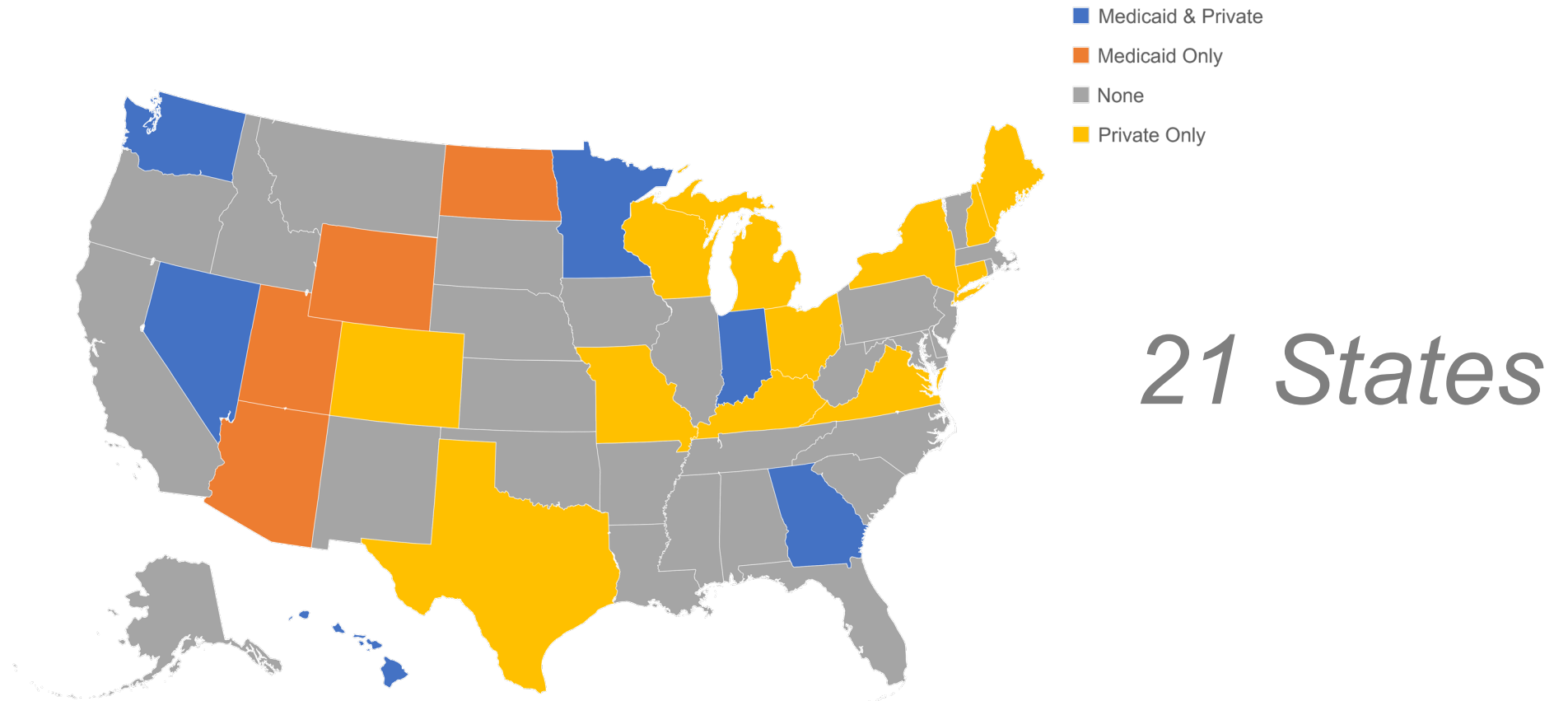
- Data & measurement needed to demonstrate value
- Alignment with value-based payment models
- Some companies helping facilitate and secure reimbursement



Funding & Reimbursement



Community Paramedicine Reimbursement, Through 2022



Source: California Health Care Foundation (2019) & National Conference of State Legislatures (2022)



State Examples



Colorado

SB 16-069 – Community Paramedic Endorsement

Professions included: Paramedics

Education & Training Requirements:

- Complete accredited training course
- Complete IBSC Certified Community Paramedic Exam (PC-P)

Scope of Practice:

- Medical director rules
- Cover tasks and procedures PC-P's may provide beyond EMS scope of practice
- Specific areas: Initial assessment, care coordination, patient education



Colorado

(4.5) "COMMUNITY PARAMEDIC" MEANS AN EMERGENCY MEDICAL SERVICE PROVIDER WHO OBTAINS AN ENDORSEMENT IN COMMUNITY PARAMEDICINE PURSUANT TO SECTION 25-3.5-206.

25-3.5-203.5. Community paramedic endorsement - rules.

(1) ON OR BEFORE JANUARY 1, 2018, THE BOARD SHALL ADOPT RULES IN ACCORDANCE WITH ARTICLE 4 OF TITLE 24, C.R.S., FOR COMMUNITY PARAMEDICS INCLUDING STANDARDS FOR:

(a) THE DEPARTMENT'S ISSUANCE OF AN ENDORSEMENT IN COMMUNITY PARAMEDICINE TO AN EMERGENCY MEDICAL SERVICE PROVIDER;

(b) VERIFYING AN EMERGENCY MEDICAL SERVICE PROVIDER'S COMPETENCY TO BE ENDORSED AS A COMMUNITY PARAMEDIC. THE STANDARDS MUST INCLUDE A REQUIREMENT THAT THE EMERGENCY MEDICAL SERVICE PROVIDER HAS OBTAINED FROM AN ACCREDITED PARAMEDIC TRAINING CENTER OR AN ACCREDITED COLLEGE OR UNIVERSITY A CERTIFICATE OF COMPLETION FOR A COURSE IN COMMUNITY PARAMEDICINE WITH COMPETENCY VERIFIED BY A PASSING SCORE ON AN EXAMINATION OFFERED NATIONALLY AND RECOGNIZED IN COLORADO FOR CERTIFYING COMPETENCY TO SERVE AS A COMMUNITY PARAMEDIC; AND

(c) CONTINUING COMPETENCY TO MAINTAIN A COMMUNITY PARAMEDIC ENDORSEMENT.

(II) THE RULES MUST ESTABLISH THE TASKS AND PROCEDURES THAT AN EMERGENCY MEDICAL SERVICE PROVIDER WITH A COMMUNITY PARAMEDIC ENDORSEMENT IS AUTHORIZED TO PERFORM IN ADDITION TO AN EMERGENCY MEDICAL SERVICE PROVIDER'S SCOPE OF PRACTICE, INCLUDING:

(A) AN INITIAL ASSESSMENT OF THE PATIENT AND ANY SUBSEQUENT ASSESSMENTS, AS NEEDED;

(B) MEDICAL INTERVENTIONS;

(C) CARE COORDINATION;

(D) RESOURCE NAVIGATION;

(E) PATIENT EDUCATION;

(F) INVENTORY, COMPLIANCE, AND ADMINISTRATION OF MEDICATIONS; AND

(G) GATHERING OF LABORATORY AND DIAGNOSTIC DATA.



Missouri

State Statute Chapter 190.098 - Certification

Professions included:

- Paramedics

Education & Training Requirements:

- Complete accredited training course, approved by DHHS

Scope of Practice:

- Protocols established by medical director
- Services included in a care plan developed with primary care provider
- Must not be duplicative



190.098. Community paramedic, certification requirements — scope of practice — written agreement — rulemaking authority. — 1. In order for a person to be eligible for certification by the department as a community paramedic, an individual shall:

- (1) Be currently certified as a paramedic;
 - (2) Successfully complete or have successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and
 - (3) Complete an application form approved by the department.
2. A community paramedic shall practice in accordance with protocols and supervisory standards established by the medical director. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse through a collaborative practice arrangement with a physician or a physician assistant through a collaborative practice arrangement with a physician and there is no duplication of services to the patient from another provider.
3. Any ambulance service shall enter into a written contract to provide community paramedic services in another ambulance service area, as that term is defined in section 190.100. The contract that is agreed upon may be for an indefinite period of time, as long as it includes at least a sixty-day cancellation notice by either ambulance service.
4. A community paramedic is subject to the provisions of sections 190.001 to 190.245 and rules promulgated under sections 190.001 to 190.245.
5. No person shall hold himself or herself out as a community paramedic or provide the services of a community paramedic unless such person is certified by the department.
6. The medical director shall approve the implementation of the community paramedic program.
7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.



Minnesota

State Statute Chapter Section 144E.28 & 144E.275 - Certification

Professions included:

- Paramedics, EMTs

Education & Training Requirements:

- 2 years of FTE experience
- Complete accredited training course, approved by DHHS
- EMT - additional requirements

Scope of Practice:

- Protocols established by medical director
- Services included in a care plan developed with primary care provider.
- Services must not be duplicative



Minnesota

Subd. 9. **Community paramedics.** (a) To be eligible for certification by the board as a community paramedic, an individual shall:

(1) be currently certified as a paramedic and have two years of full-time service as a paramedic or its part-time equivalent;

(2) successfully complete a community paramedic education program from a college or university that has been approved by the board or accredited by a board-approved national accreditation organization. The education program must include clinical experience that is provided under the supervision of an ambulance medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government; and

(3) complete a board-approved application form.

(b) A community paramedic must practice in accordance with protocols and supervisory standards established by an ambulance service medical director in accordance with section [144E.265](#). A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the ambulance service medical director and relevant local health care providers. The care plan must ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(c) A community paramedic is subject to all certification, disciplinary, complaint, renewal, and other regulatory requirements that apply to paramedics under this chapter. In addition to the renewal requirements in subdivision 7, a community paramedic must complete an additional 12 hours of continuing education in clinical topics approved by the ambulance service medical director.



Minnesota

§ Subd. 7. **Community emergency medical technician.** (a) To be eligible for certification by the board as a CEMT, an individual shall:

- (1) be currently certified as an EMT or AEMT;
- (2) have two years of service as an EMT or AEMT;
- (3) be a member of:
 - (i) a registered medical response unit as defined under this section; or
 - (ii) a basic life support ambulance service that meets the requirements of section [144E.101, subdivision 6](#);
- (4) successfully complete a CEMT education program from a college or university that has been approved by the board or accredited by a board-approved national accrediting organization. The education must include clinical experience under the supervision of the medical response unit or ambulance service medical director, an advanced practice registered nurse, a physician assistant, or a public health nurse operating under the direct authority of a local unit of government;
- (5) successfully complete an education program that includes education in providing culturally appropriate care; and
- (6) complete a board-approved application form.

(b) A CEMT must practice in accordance with protocols and supervisory standards established by the medical response unit or ambulance service medical director in accordance with section [144E.265](#).

(c) A CEMT may provide services within the CEMT skill set as approved by the medical response unit or ambulance service medical director.

(d) A CEMT may provide episodic individual patient education and prevention education but only as directed by a patient care plan developed by the patient's primary physician, an advanced practice registered nurse, or a physician assistant, in conjunction with the medical response unit or ambulance service medical director and relevant local health care providers. The patient care plan must ensure that the services provided by the CEMT are consistent with services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

(e) A CEMT is subject to all certification, disciplinary, complaint, and other regulatory requirements that apply to EMTs under this chapter.

(f) A CEMT may not provide services as defined in section [144A.471, subdivisions 6 and 7](#), except a CEMT may provide verbal or visual reminders to the patient to:

- (1) take a regularly scheduled medication, but not to provide or bring the patient medication; and
- (2) follow regularly scheduled treatment or exercise plans.



Minnesota

State Statute Section 256B.0625, Subdivisions 60 & 60a – Medicaid

Professions included:

- Paramedics, EMTs

Patient Eligibility Requirements:

- CP - Frequent ED use in past 12 months
- CP - Identified by primary care – services would prevent readmission
- CEMT – post discharge, repeat ambulance calls for falls

Services:

- CP – health assessment, chronic disease management, medication compliance, vaccinations, and others
- CEMT – post discharge visit and safety evaluation



Minnesota

Subd. 60. **Community paramedic services.** (a) Medical assistance covers services provided by community paramedics who are certified under section [144E.28, subdivision 9](#), when the services are provided in accordance with this subdivision to an eligible recipient as defined in paragraph (b).

(b) For purposes of this subdivision, an eligible recipient is defined as an individual who has received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months or an individual who has been identified by the individual's primary health care provider for whom community paramedic services identified in paragraph (c) would likely prevent admission to or would allow discharge from a nursing facility; or would likely prevent readmission to a hospital or nursing facility.

(c) Payment for services provided by a community paramedic under this subdivision must be a part of a care plan ordered by a primary health care provider in consultation with the medical director of an ambulance service and must be billed by an eligible provider enrolled in medical assistance that employs or contracts with the community paramedic. The care plan must ensure that the services provided by a community paramedic are coordinated with other community health providers and local public health agencies and that community paramedic services do not duplicate services already provided to the patient, including home health and waiver services. Community paramedic services shall include health assessment, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the ambulance medical director.

(d) Services provided by a community paramedic to an eligible recipient who is also receiving care coordination services must be in consultation with the providers of the recipient's care coordination services.

(e) The commissioner shall seek the necessary federal approval to implement this subdivision.



Minnesota

Subd. 60a. **Community emergency medical technician services.** (a) Medical assistance covers services provided by a community emergency medical technician (CEMT) who is certified under section [144E.275, subdivision 7](#), when the services are provided in accordance with this subdivision.

(b) A CEMT may provide a postdischarge visit, after discharge from a hospital or skilled nursing facility, when ordered by a treating physician, advanced practice registered nurse, or physician assistant. The postdischarge visit includes:

- (1) verbal or visual reminders of discharge orders;
- (2) recording and reporting of vital signs to the patient's primary care provider;
- (3) medication access confirmation;
- (4) food access confirmation; and
- (5) identification of home hazards.

(c) An individual who has repeat ambulance calls due to falls or has been identified by the individual's primary care provider as at risk for nursing home placement, may receive a safety evaluation visit from a CEMT when ordered by a primary care provider in accordance with the individual's care plan. A safety evaluation visit includes:

- (1) medication access confirmation;
- (2) food access confirmation; and
- (3) identification of home hazards.

(d) A CEMT shall be paid at \$9.75 per 15-minute increment. A safety evaluation visit may not be billed for the same day as a postdischarge visit for the same individual.



Facilitated Discussion



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THANK YOU!

Any Questions?



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