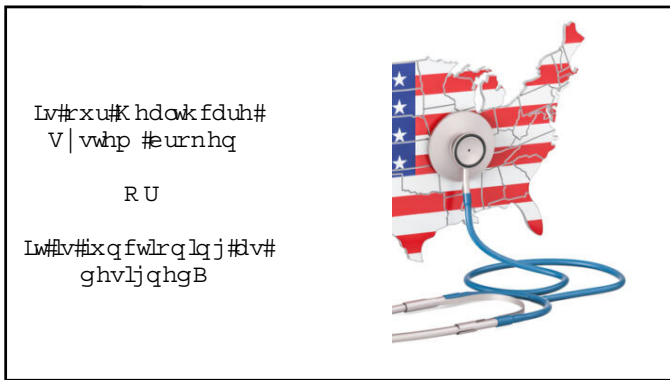
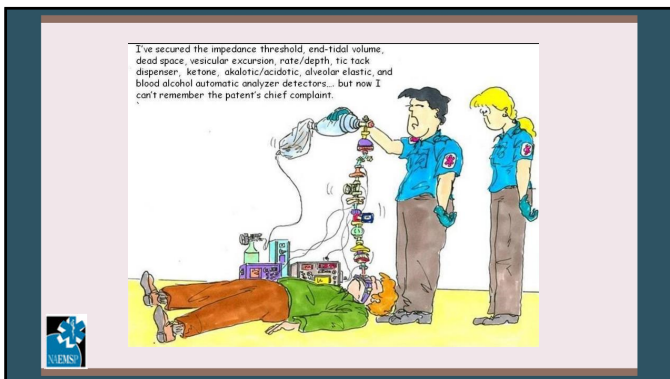


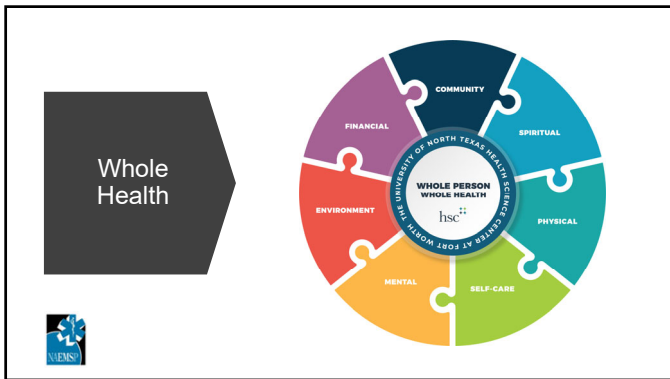
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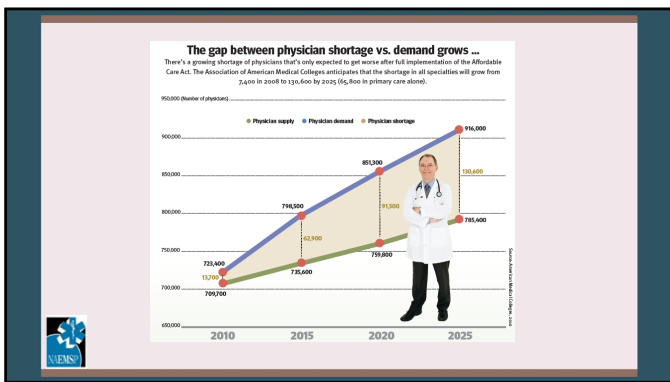
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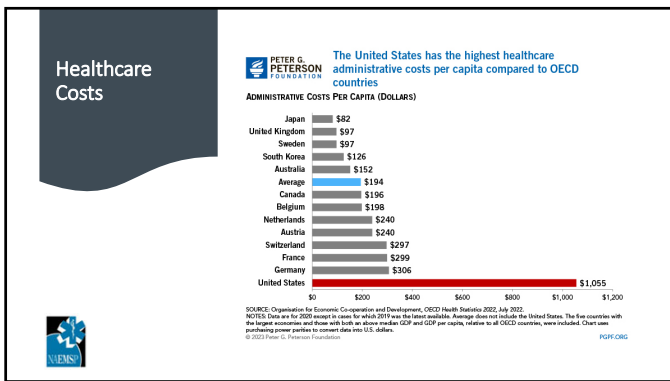
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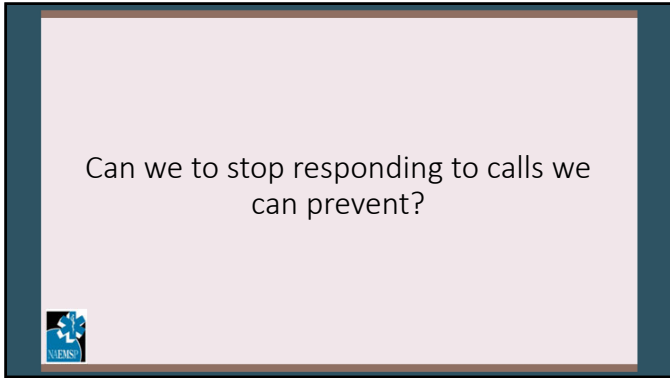
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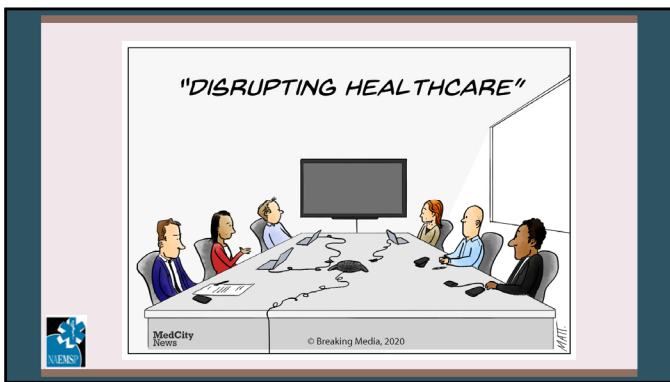
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EMS Agenda

- 1996 Agenda for the future
 - Community-based health management
- Community Paramedic in US 1990s
 - Individual Practitioner
 - Expanded Role or Scope
 - Not Nationally Recognized
 - Various educational programs
- ET3 and COVID Years
 - Treat and Refer/Alternate Destinations



10

EMS AT THE HEALTHCARE TABLE



AS THE COMMUNITY PARAMEDIC CONCEPT EXPLODES, HOW WILL THAT IMPACT THE HEALTHCARE TABLE?

Community paramedics are a new breed of healthcare provider, one that is designed to meet the needs of the community. They are trained to provide a range of services, from basic life support to advanced life support. They are also trained to provide patient care, including assessment, treatment, and transport. Community paramedics are a valuable asset to the healthcare system, and their role is expected to grow in the coming years.



11

Mobile Integrated Healthcare Practice



Mobile Integrated Healthcare Practice: A new, innovative healthcare delivery strategy.

[LEARN MORE](#)

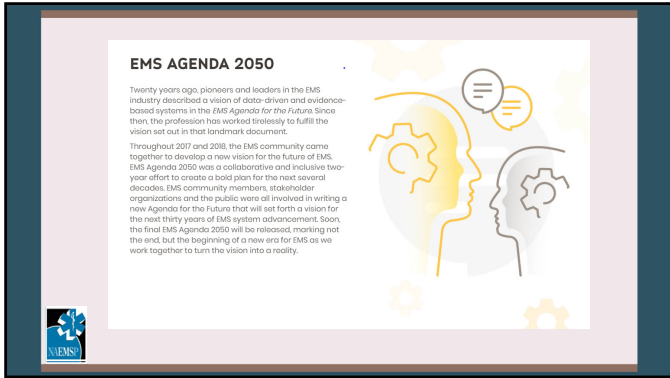
Increased Access
MIP provides a novel delivery strategy for an entire continuum of care. It is designed to meet a range of patient needs, from acute care to chronic disease management, and is supported by a robust network of providers and support staff.

Improved Outcomes
The MIP model is patient-centered, with an emphasis on care of the patient, not just the disease. It is designed to meet the needs of the patient, not just the provider. It is supported by a robust network of providers and support staff.

Cost Reduction
The MIP model is designed to support and augment other patient care and delivery models, including the Patient-Centered Medical Home, the Chronic Care Model, and the Accountable Care Organization.



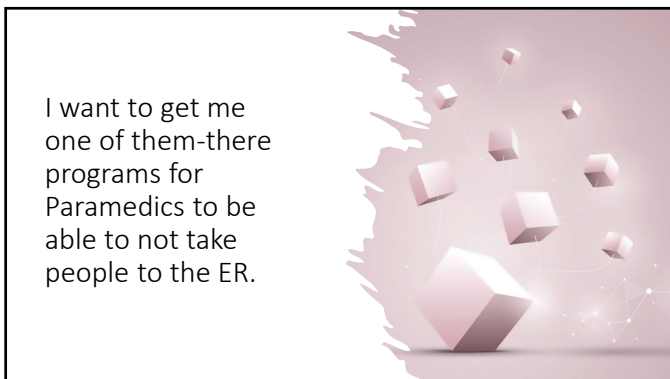
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Needs Assessment

- What are the needs?
- What are the resources?
- If you build it, they may not come.....

18

Activity

- What do we do?
- Is someone already doing it?
- Can Do vs Should Do.....

19

Legal and Political Considerations



- Who can do what?
- Scope of Practice
- Opposition from other professions
- Legislative/Legal limitations




20

Evaluation

- What problem are you trying to solve?
- How do we measure it?
- Financial Funny Money

21



Resources

- What do we invest?
 - This will COST
- Who are the stakeholders?
- Staffing Challenges?

22

Technology


- Health Information
- Electronic Medical Records
 - Records vs Reports
- Telemedicine
- Telehealth



23

Staff Selection

- Technician vs Clinician
- Talker/ Never met a stranger
- Know that the don't Know
- Integrity
- Not always your best Paramedic
- Non-traditional Staffing



24

Educational Programs

- Pulled from regular duties
- 100 – 500 hours
 - Certified Health Coach
- Disease specific vs General Knowledge
- Will affect Budgeting and Staffing
- Certification Badge
 - CCP
 - CFP



25

Local Environment


- Local EMS
 - Labor Management
 - Financial
- Regulators
- Hospitals
 - Increased Interest in EMS



26

Show ME the Money!

- Fee for Service
 - Understand Medical Allowable
- Capitation/IPAs/ACOs
- Shared Savings
- LPG/DSRP



27



Medical Director

- Clinical Expert
- Educational Advisor
- Consulting Physician
 - Liaison
 - Advocate
 - Office Manager
 - Case Manager
- Revenue Cycle Advisor
- Patient Advocate

28




Programs

- ED Utilization
 - Loyalty Programs
- Primary Care
 - Medicaid Reimbursement
- Readmission Avoidance
 - Transitional Care
- Health Risk Assessments
- Hospice Revocation Avoidance

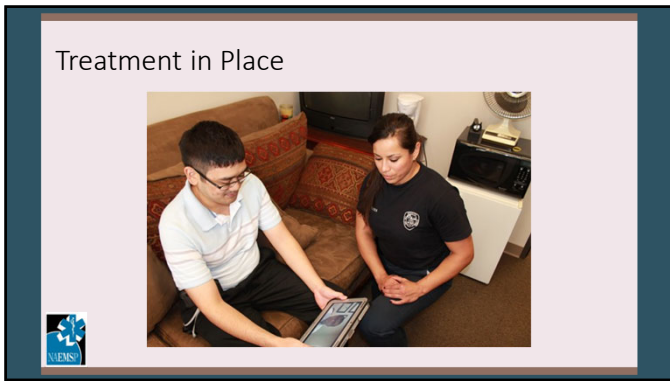


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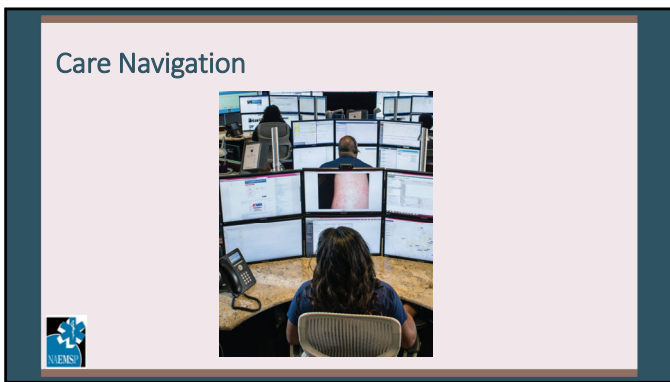
The New EMS

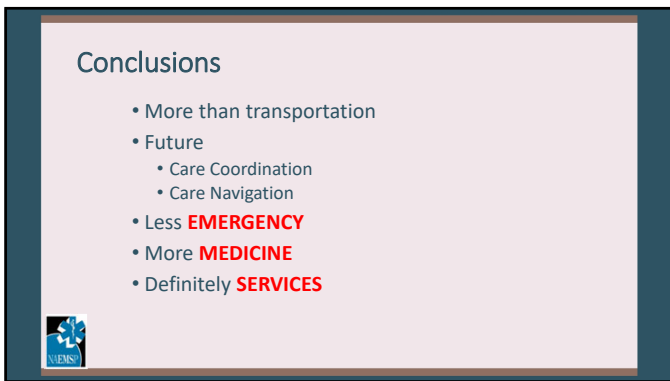
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33

Beeson's Advice


- Strategize
- Partner with Aligned Vision
- Learn Reimbursement
 - Don't focus on financial
- Community First

"I always *advise* people never to *give advice*."



34

A Vision
without Resources
is a Delusion....



35
