

MEASURING IMPACT



INNOVATION IN EMERGENCY MEDICAL SERVICES

Center for Health Progress works with state leaders to drive changes to our health care system that promote health and improve care. In 2014, we learned there were barriers to innovation in Emergency Medical Services (EMS), so we put this strategy into action.

Using existing EMS providers and resources in new ways struck us as a particularly creative solution to address specific access to care issues for Coloradans facing health disparities, but the conversation had stalled around how to incorporate proper policy oversight.

Center for Health Progress became involved as a key leader, well-positioned to work with diverse stakeholders to move the conversation forward.

Over the course of six months, we used tactics that rebuilt trust among stakeholders and collaboratively created a

transparent and trusted process for determining the policy framework.

“EMS innovations” is a catch-all term that includes community paramedics and mobile integrated health, which attempt to use existing resources within local EMS and Fire Departments to address issues of access to care and over-utilization of the health care system.

Community paramedicine is an approach primarily used in rural settings where there is a tremendous provider shortage. It involves highly trained EMS personnel filling an extended provider role, by providing non-emergent preventive and follow-up health care services to patients. Alternatively, mobile integrated health services typically are located in urban areas with a focus on providing navigation services to guide patients who tend to over-utilize the 911 system to more appropriate resources. Existing oversight has been confusing and inconsistent, causing undue



burden for programs in existence or about to be launched. Stakeholders were in disagreement about the policy solutions needed to move this work forward, and an attempt at legislation in 2014 was stalled after many conversations.

Because Center for Health Progress recognized the value of EMS innovations in meeting the needs of vulnerable residents in communities, we offered our leadership to attempt a different approach. We began in the summer of 2014 by conducting informal interviews with 11

2017

programs in different areas around Colorado, and establishing standard definitions and a shared understanding of the difference between community paramedics and mobile integrated health teams, including differences in required training and scopes of practice. These structured interviews also served as a relationship-building exercise, and allowed stakeholders to rebuild trust in the process with Center for Health Progress as the identified leader.

Through this process, Center for Health Progress acted as a neutral convener with a collaborative focus, and reminded stakeholders of the agreement on the problem at hand as well as the broader vision of EMS innovations work. We met for several months and realized that

a policy solution to this complicated issue could not be successfully developed within the group we had convened, and we needed more experts through a larger, publicly convened,

leadership to support action toward allowing communities to pursue these solutions if it fits within their local priorities. It is our belief that the resulting policy framework will eventually become

Differences of opinion [within the EMS/Fire stakeholder community] have prevented a framework from being established. Center for Health Progress became actively involved, and through their efforts, they were able to obtain a level of agreement on how to move forward.

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transparent process. We worked as a group to lobby the State Emergency Medicine and Trauma Services Advisory Council (SEMTAC) within CDPHE to form a task force with diverse experts to develop ongoing solutions. Center for Health Progress played a crucial role in furthering the conversation to fix the policy and regulatory challenges that currently face EMS innovations initiatives.

Center for Health Progress had been appointed to the SEMTAC task force out of recognition for our leadership and neutral perspective, and we asserted our

one that eliminates barriers to this innovative work so Coloradans can get access to health services that meet their needs. The EMS community will continue to work on decreasing barriers to implementing EMS innovations with the ultimate goal of ensuring local health systems meet the needs of patients, families, and communities across the state, through regulatory and legislative change, as needed.

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