Extending Health Care Access: Community Paramedicine

POLICY OPTIONS IN BRIEF

Option: Direct OEMS to report updates on the status of draft regulations (Option 4, page 24).

Option: Establish or expand a grant program to provide funding to EMS agencies for community paramedicine and mobile integrated healthcare programs (Option 5, page 29).

Option: Reimburse treatment without transport for Medicaid patients who call 911 (Option 6, page 30).

Option: Direct DMAS to work with OEMS and other stakeholders to develop a plan for reimbursing community paramedicine and mobile integrated healthcare services (Option 7, page 32).

Option: Direct DMAS to seek approval for implementation of the Ground Emergency Medical Transportation Program (Option 8, page 33).

FINDINGS IN BRIEF

Community paramedicine and mobile integrated healthcare utilize emergency medical services (EMS) providers in new roles

EMS providers are increasingly being utilized in non-traditional roles and settings to provide public health, primary health care, and preventive services.

- Community paramedicine programs use paramedics
- Mobile integrated healthcare programs use multi-disciplinary care teams, which may include emergency medical technicians and paramedics

For brevity, this study will use the term "community paramedicine" to refer to both types of programs.

Community paramedicine extends patient access to care and relieve pressure from emergency systems

Community paramedicine programs usually serve high-risk or high-needs individuals who frequently call 911, have complex medical needs, or are at risk of hospitalization. Program participants may receive preventive care, primary care, and linkages to psychosocial supports. Community paramedicine programs effectively reduce unnecessary emergency call volume, ambulance transports, emergency department visits, readmission rates, and inpatient utilization. This leads to better outcomes for patients while also reducing medically unnecessary EMS calls and transports.

Funding and capacity are the largest program limiters

States have the flexibility to design how they will cover community paramedicine, and Medicaid is the most frequent payer for these services nationally. In Virginia, community paramedicine programs have few reimbursement opportunities. Programs do not charge participants and rarely can bill health insurance for their services. This makes it difficult for smaller or more rural EMS agencies who do not have the capacity to expand their services to community paramedicine. Reimbursing for community paramedicine would support sustainability, and tapping into additional federal funding may support general capacity building for EMS agencies.

Prepared by Kyu Kang
kkang@jchc.virginia.gov

October 2024