

EMS and Home Health: Partners in Improving Patient Outcomes and Lowering Costs

Key Points

- EMS-based mobile integrated healthcare and community paramedicine are distinct from home health services.
- Mobile integrated healthcare and community paramedicine complement home health services by working with physicians to navigate and refer patients to services they may be eligible for, such as home health services.
- Best practices for mobile integrated healthcare and community paramedicine include establishing relationships and working closely with home health providers to determine where there are gaps in existing health care and community resources, and how those gaps can be addressed collaboratively.
- Mobile integrated health practitioners and community paramedics operate only within their state's permitted scope of practice.

Background

Healthcare finance changes accelerated by the Patient Protection and Affordable Care Act, coupled with the focus on improving patient care, improving population health and reducing the cost of healthcare as articulated by the [Institute for Healthcare Improvement's Triple Aim](#), has led to a transformation of many emergency medical services (EMS) systems from simply a safety net provider transporting patients to the hospital, into an [integrated component of the local healthcare delivery system](#). This transformation has led to the development of new service delivery models such as community paramedicine and 9-1-1 nurse triage programs which are designed to navigate patients to the right care, at the right time, in the right setting and at the right cost. These programs target patients such as high emergency medical care utilizers, patients at risk for hospital readmission and patients who call 9-1-1 for low acuity medical issues.

The overall approach of integrating local EMS resources into the healthcare system is often referred to as mobile integrated healthcare (MIH). Early EMS-based MIH programs such as those in [Eagle County, Colo.](#); [Wake County, N.C.](#); [Reno, Nev.](#) and [Fort Worth, Texas](#) have demonstrated significant improvements in patient outcomes, reduction in healthcare expenditures and stellar patient satisfaction scores.



Photo: PinnacleHealth

The success of EMS-based MIH programs such as those referenced above has been due to the way they *integrate* with the local healthcare system, augmenting and filling a gap in existing resources available in the community, not replacing resources already available in the community.

The use of paramedics with specialized training to help patients who are at risk for preventable 9-1-1 use, emergency department (ED) visits or hospital admissions is often compared to the home health delivery model. However, the two approaches are very different and complement, rather than compete, with each other.

How MIH and Home Health are Different

In order for most patients to receive home health services, the [following guidelines](#) must be met:

- a. The patient must have a payer source that covers home health services.
- b. The services must be provided by a licensed home health agency.
- c. The patient must be under an established plan of care established and reviewed regularly by a physician.
- d. The patients must be homebound, and a doctor must certify that they are homebound.

There are many patients who do not meet these requirements and are therefore ineligible for home health services. Further, most EMS agencies are not licensed home health agencies, and many of the patients receiving care through an MIH program are not homebound. If the home health eligibility criteria are not met, but the patient would still benefit from some care coordination in the home, this creates a gap in the care delivery model that EMS-based MIH may be able to fill.

How MIH and Home Health Complement Each Other

EMS-Based MIH programs should be able to identify referred patients who meet home health eligibility and suggest to the primary care provider that these services be arranged. Other partnerships between home health and EMS-Based MIH services can be:

- a. The EMS MIH program providing a cost effective solution to night and weekend coverage for a home health agency.
- b. Registering home health patients into the EMS agency's 9-1-1 dispatch system so if the patient calls 9-1-1, the care and disposition of the patient can be coordinated with the home health agency.
- c. The EMS agency providing call center services for the home health agency for nights and weekends.

Summary

Patients who are eligible for home health services should be enrolled in home health as these programs provide essential services that significantly benefit patients. However, there are many patients who may not qualify for home health services, but still need assistance with healthcare needs to prevent the unnecessary use of acute care services. An integrated approach to EMS-based MIH services is necessary to assure that the programs developed and implemented by the EMS agency are designed to fill a gap in local care delivery, not replace effective services already available in the local community.



Photo: MedStar