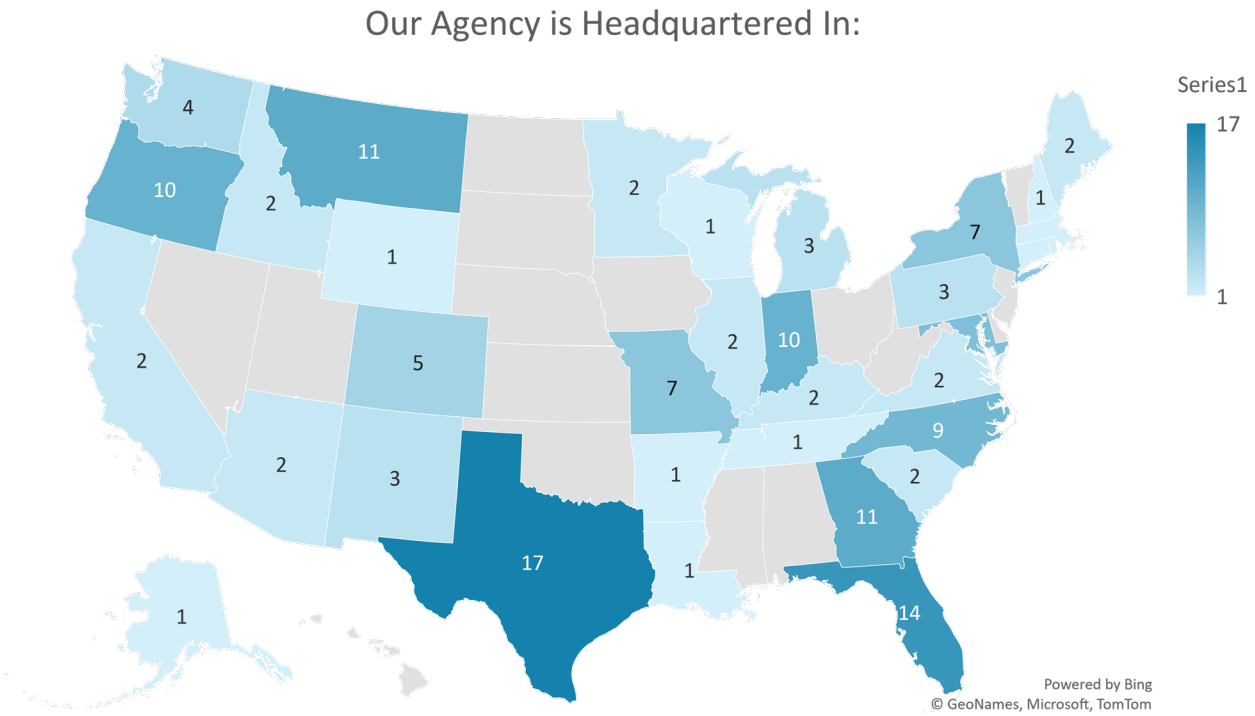
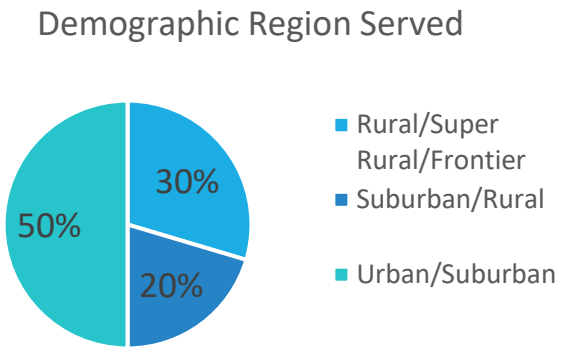
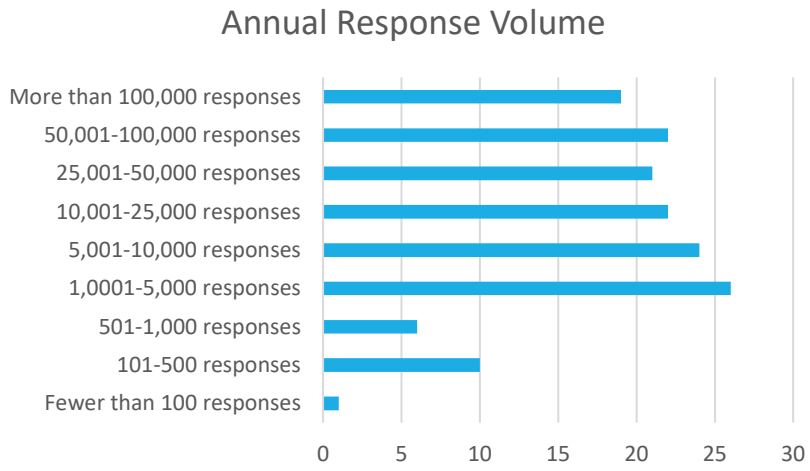
2023 National Survey on MIH-CP Programs

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS (NAEMT)

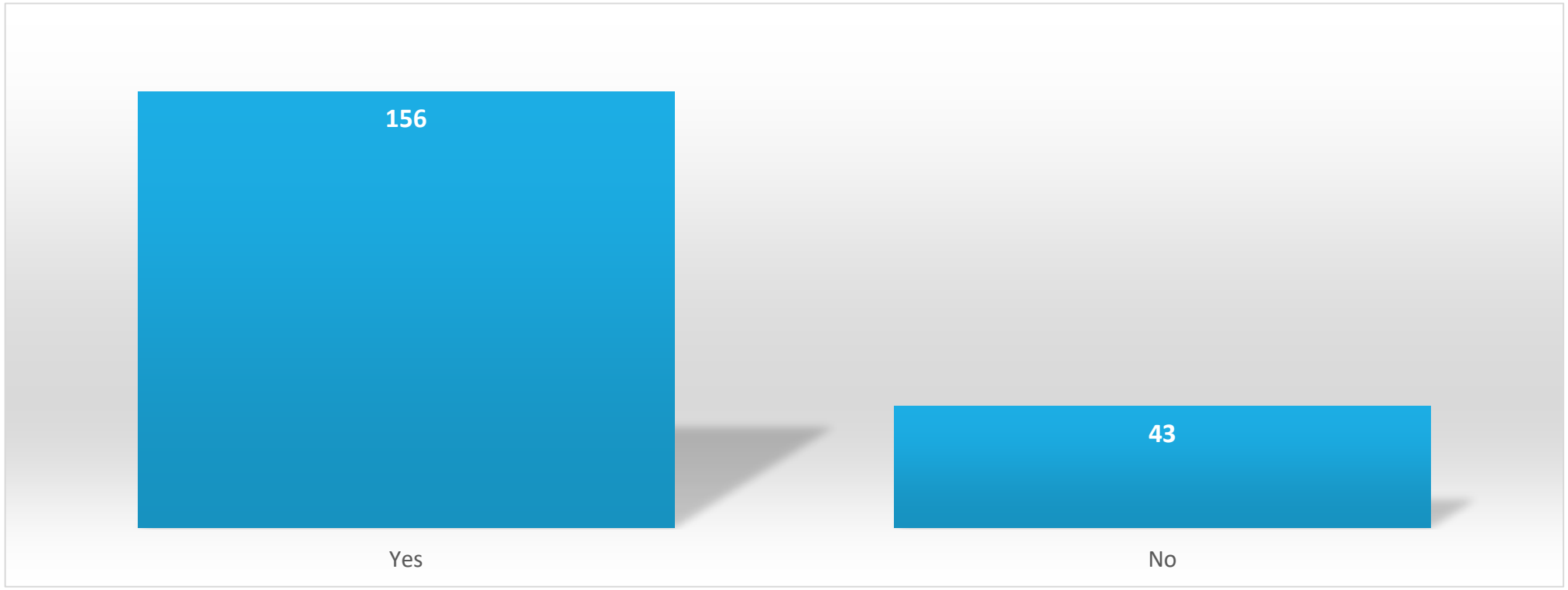
Survey Demographics

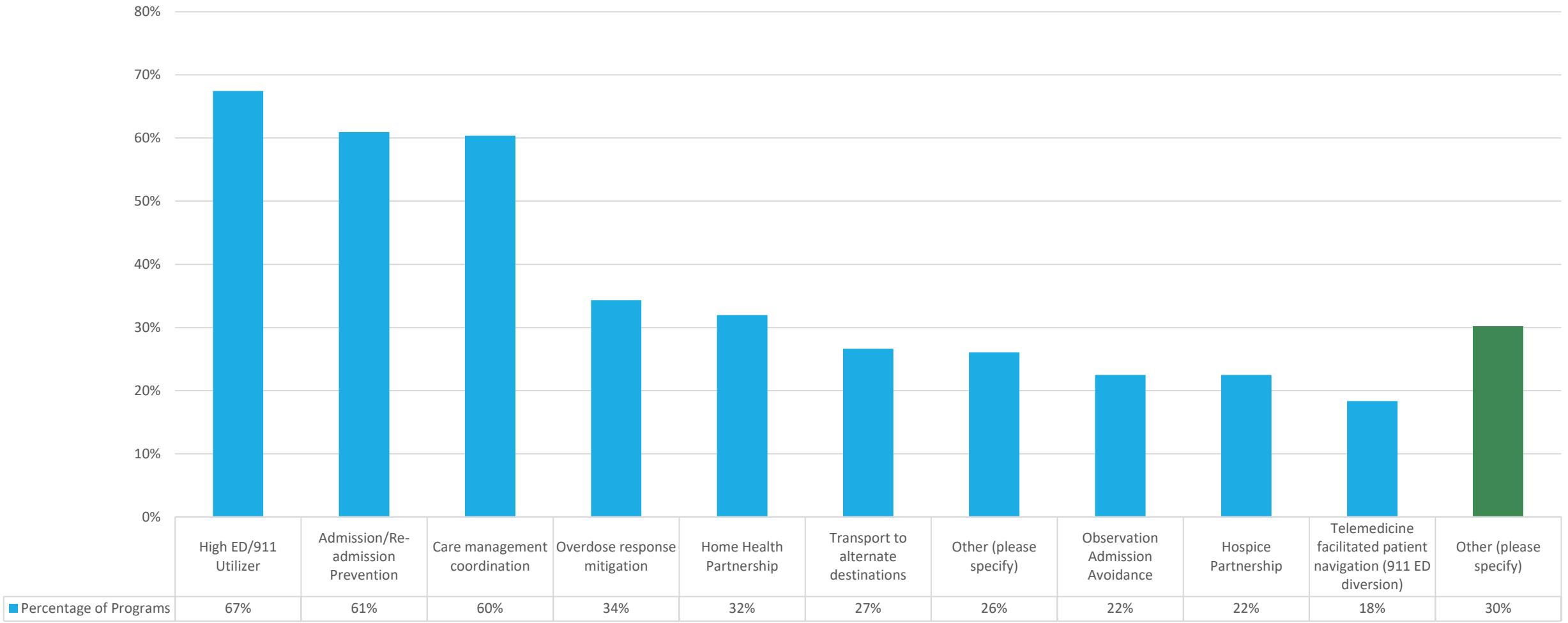






Agencies operating an MIH-CP Program





	High ED/911 Utilizer	Admission/Re-admission Prevention	Care management coordination	Overdose response mitigation	Home Health Partnership	Transport to alternate destinations	Other (please specify)	Observation Admission Avoidance	Hospice Partnership	Telemedicine facilitated patient navigation (911 ED diversion)	Other (please specify)
Percentage of Programs	67%	61%	60%	34%	32%	27%	26%	22%	22%	18%	30%

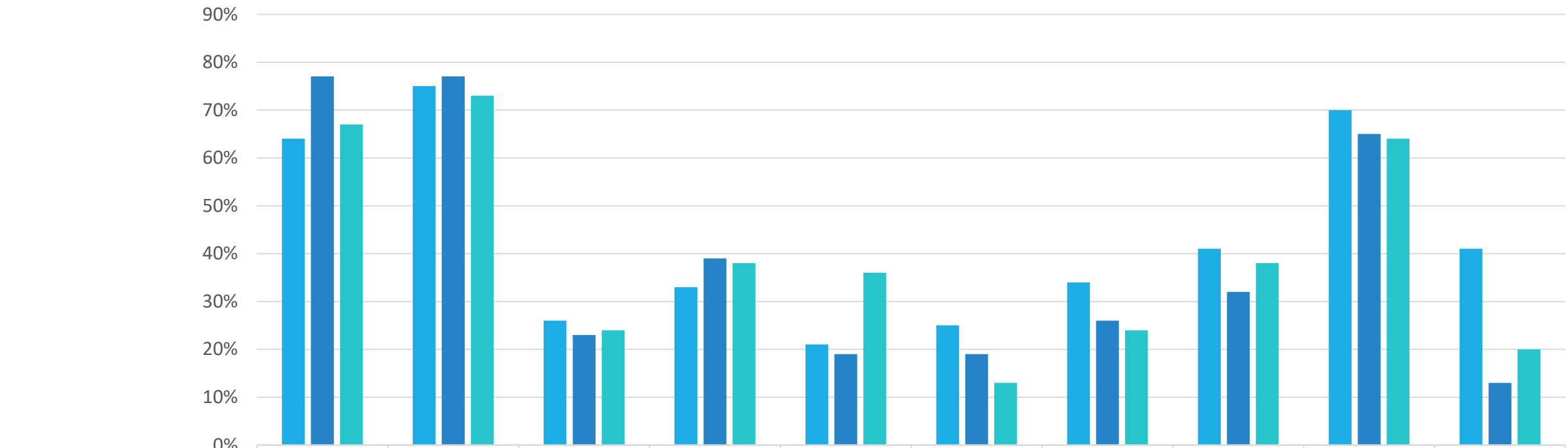
Non-Traditional Services Offered

Other Non-Traditional Services Offered

- Fall assessment and prevention
- Mobile Crisis Response
- Homeless navigation and resources
- Case Management
- Testing and immunization
- Mental health care navigation
- Community Risk Reduction
- High risk OB
- In-home blood draws
- Hospital at Home Program
- Medication-Assisted Treatments Induction
- Telemedicine
- Lift Assists
- Appointment Navigation
- CHF and Diabetes management
- Adult/Child Protective Services
- Remote Patient Monitoring
- PharmD med reconciliations
- Reverse triage
- Primary Care Connect
- Medicare Partnership
- Insurance Payor Partnership
- Hemophilia clotting factor delivery and administration

Demographic Served

MIH-CP SERVICES DIFFER BY DEMOGRAPHIC REGION SERVED



	Admission/Re-admission Prevention	High ED/911 Utilizer	Observation Admission Avoidance	Home Health Partnership	Hospice Partnership	Telemedicine / 911 ED diversion	Transport to alternate destinations	Overdose response mitigation	Care management coordination	Other (please specify)
Urban/Suburban	64%	75%	26%	33%	21%	25%	34%	41%	70%	41%
Suburban/Rural	77%	77%	23%	39%	19%	19%	26%	32%	65%	13%
Rural/Super-Rural/Frontier	67%	73%	24%	38%	36%	13%	24%	38%	64%	20%

Programs by Demographic Region Served


Urban &
Suburban

Greatest variety of MIH-CP programs overall

HIGHER

Telemedicine facilitated patient navigation

Transportation to alternate destinations

Overdose response mitigation

Care management coordination


Suburban
& Rural

HIGHER

Admission/re-admission prevention programs

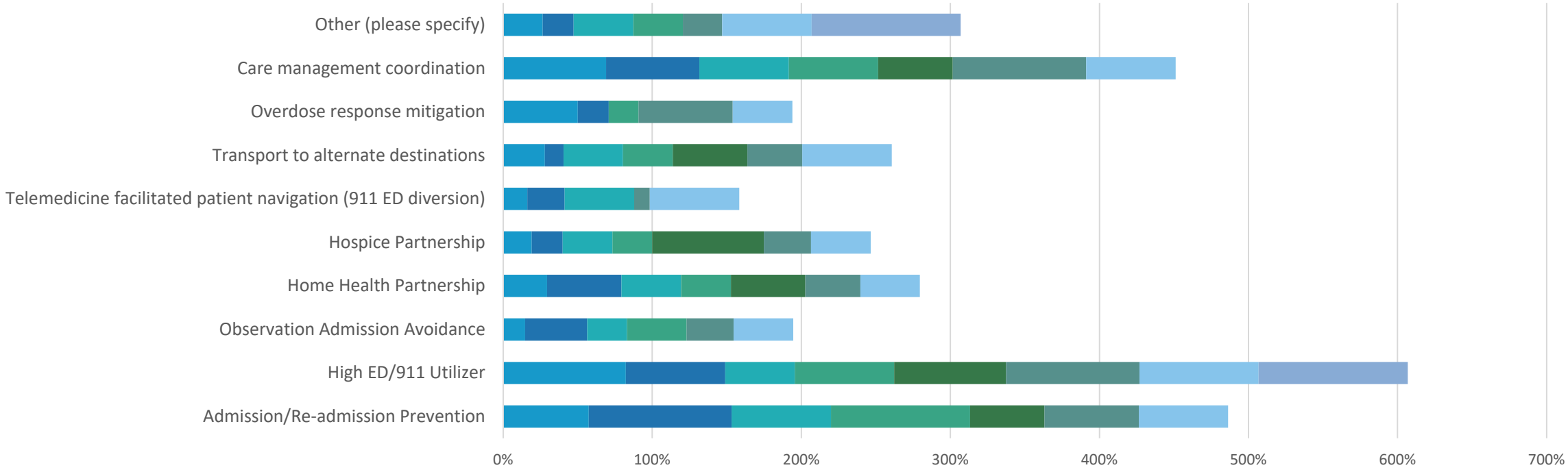

Rural &
Frontier

HIGHER

Hospice partnership

Delivery Model

MIH-CP SERVICES DIFFER BY DELIVERY MODEL



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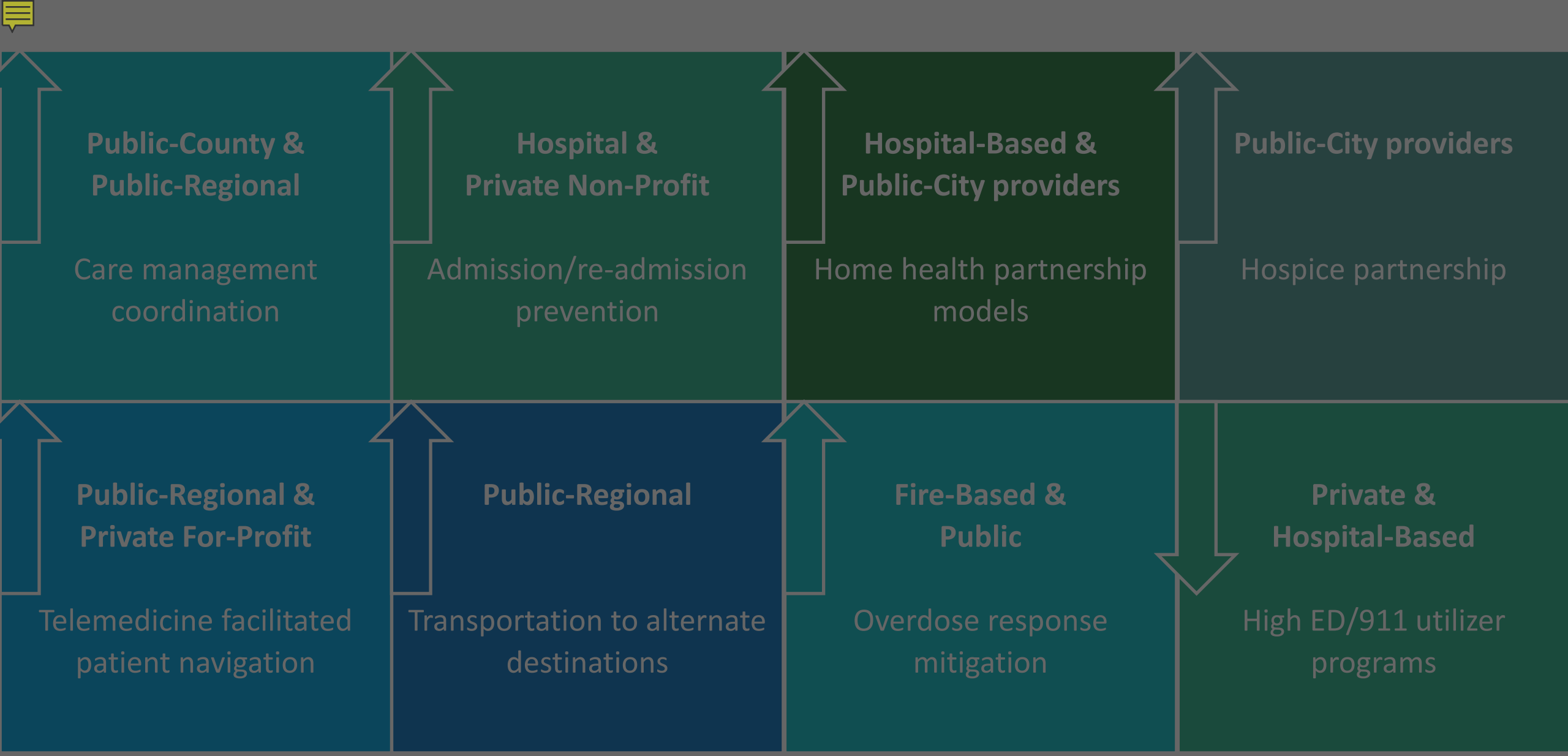
fire-based	57%	82%	15%	29%	19%	16%	28%	50%	69%	26%
hospital-based	96%	67%	42%	50%	21%	25%	13%	21%	63%	21%
private for-profit	67%	47%	27%	40%	33%	47%	40%	0%	60%	40%
private non-profit	93%	67%	40%	33%	27%	0%	33%	20%	60%	33%
public city	50%	75%	0%	50%	75%	0%	50%	0%	50%	0%
public county	63%	89%	32%	37%	32%	11%	37%	63%	89%	26%
public regional	60%	80%	40%	40%	40%	60%	60%	40%	60%	60%
public utility	0%	100%	0%	0%	0%	0%	0%	0%	0%	100%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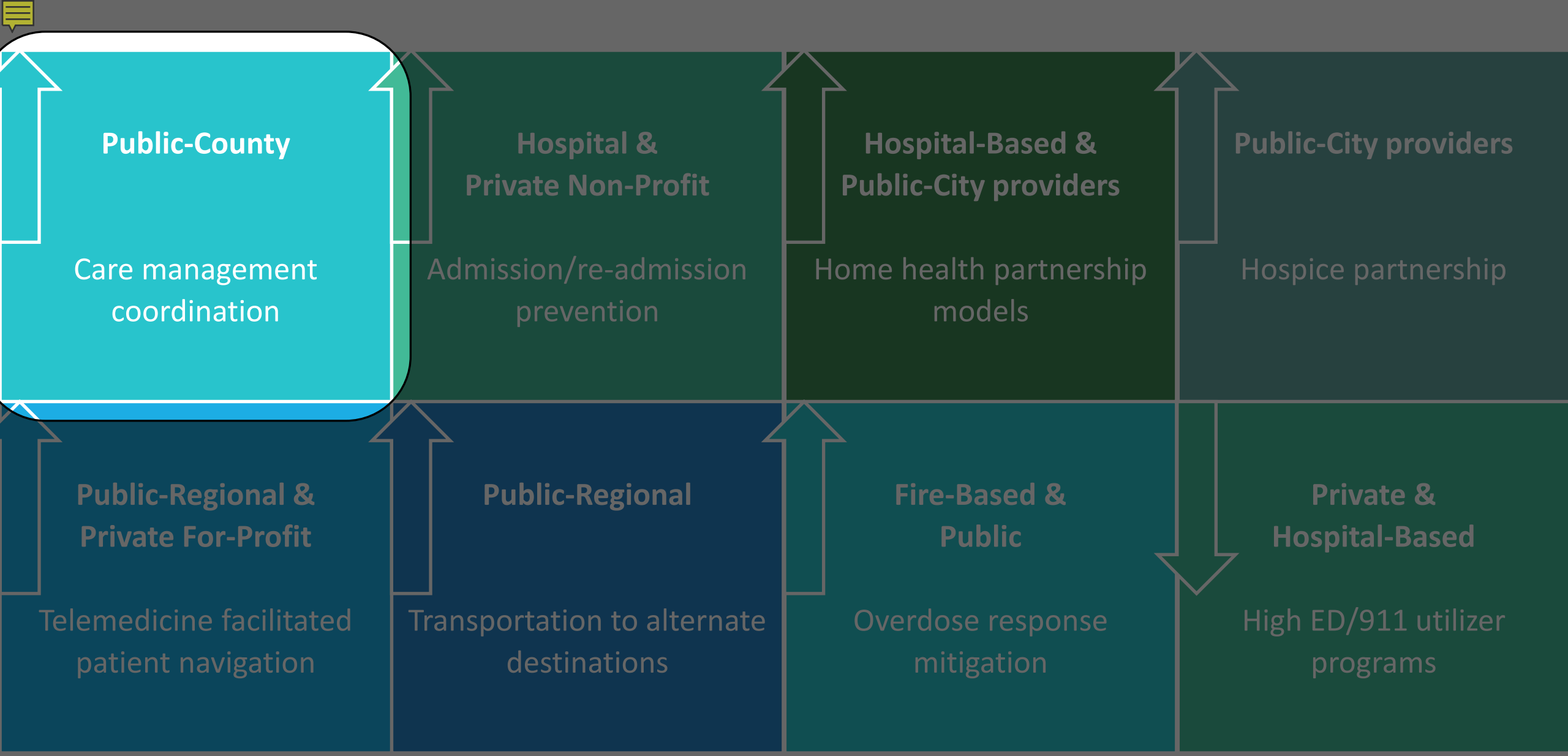
High ED/911 utilizer programs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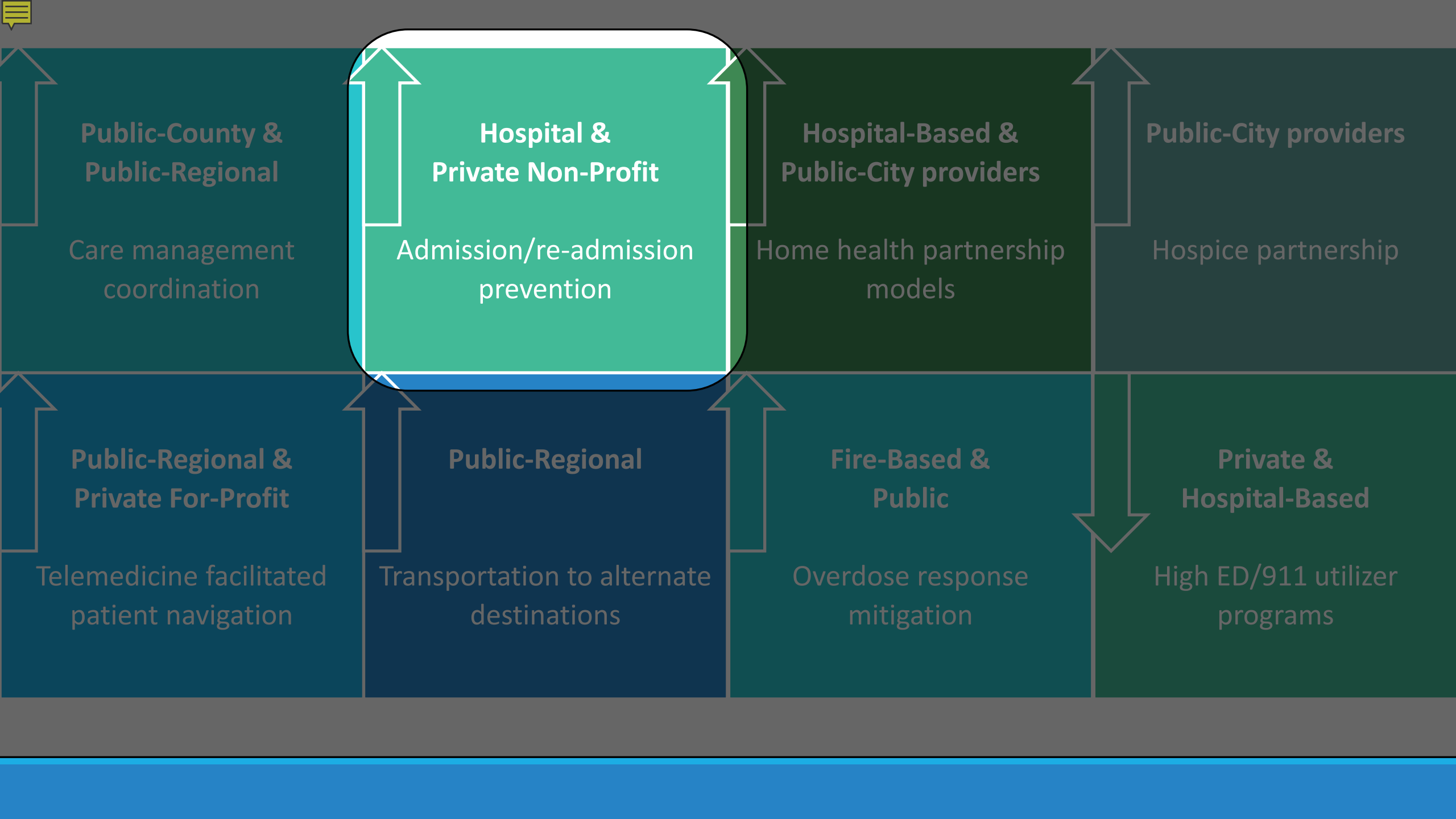
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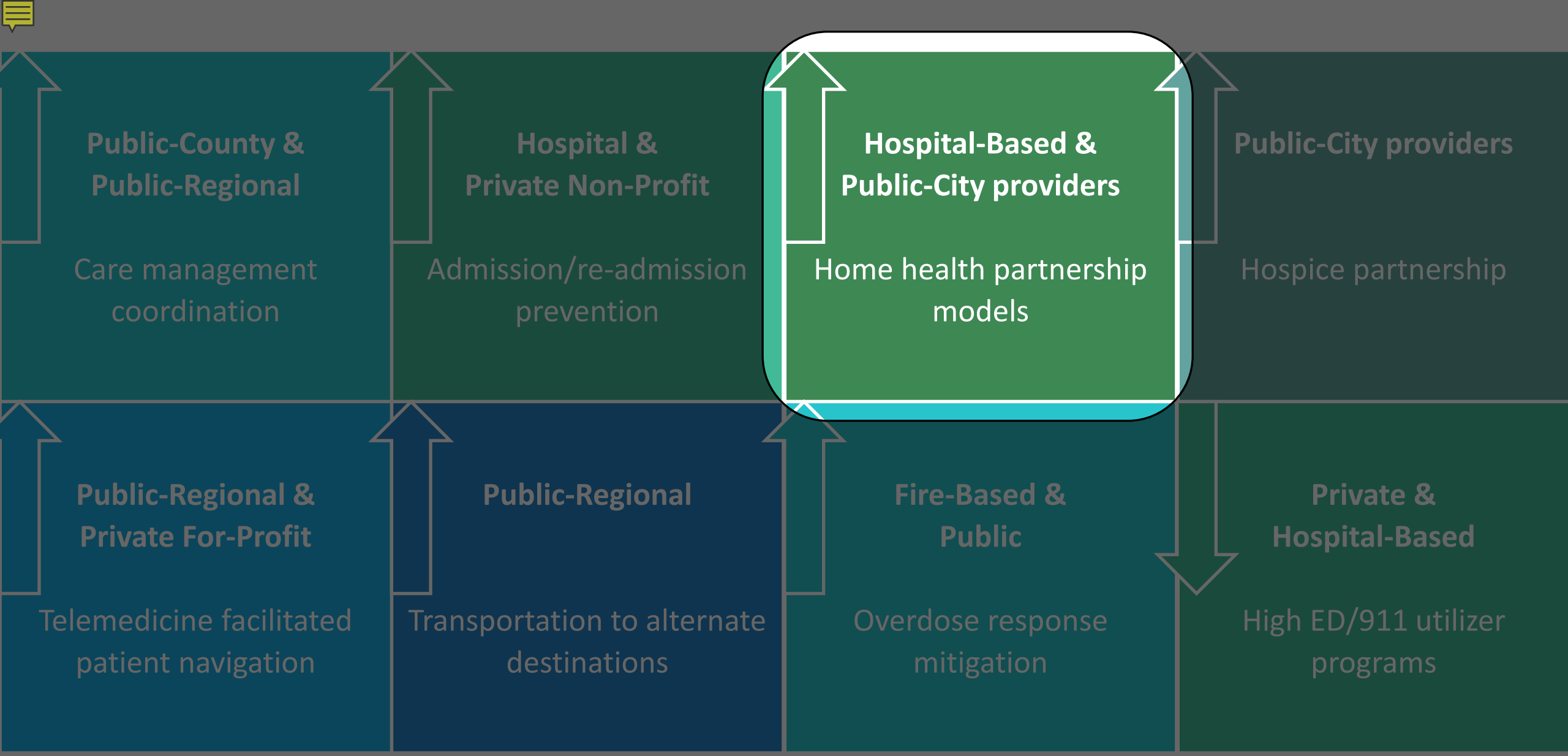
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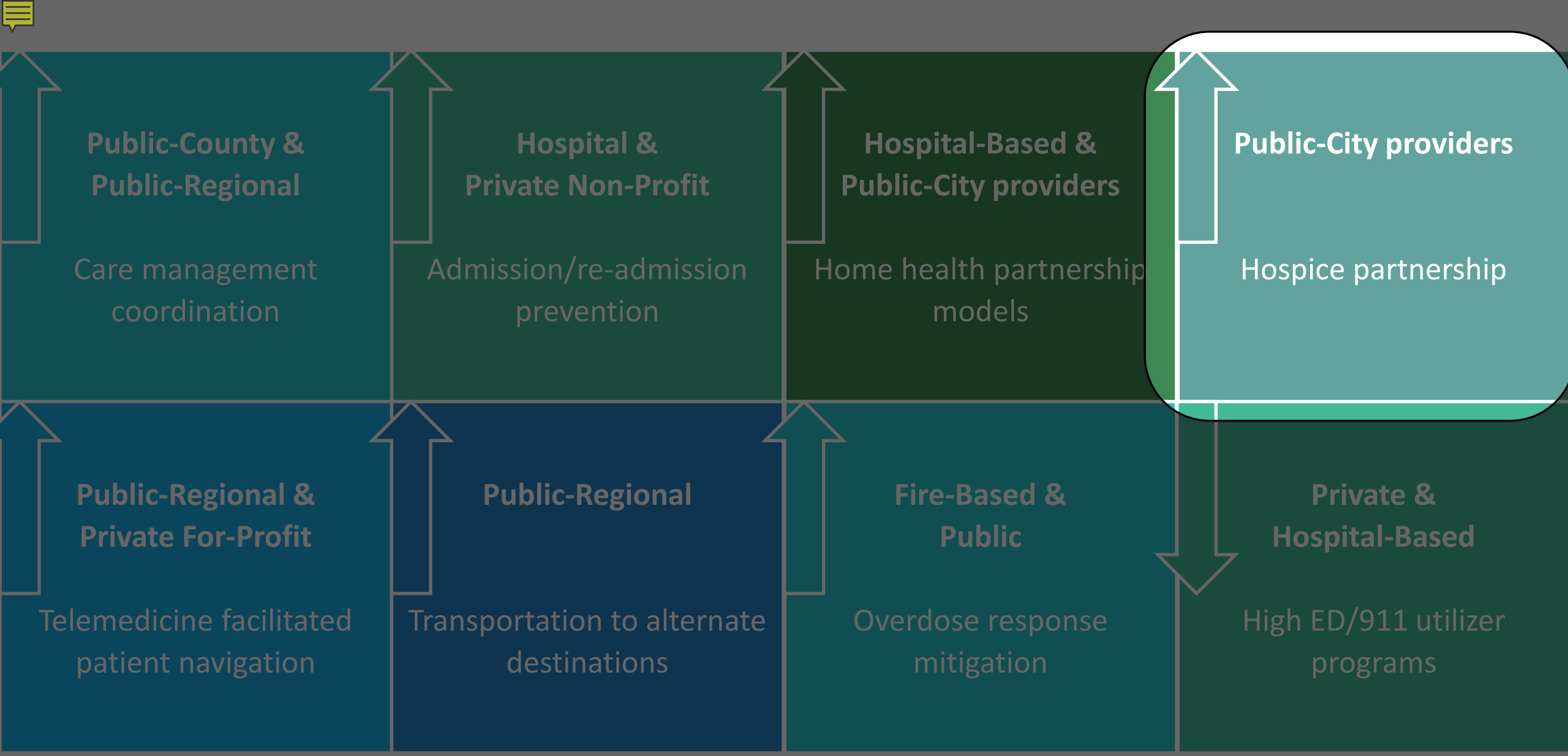
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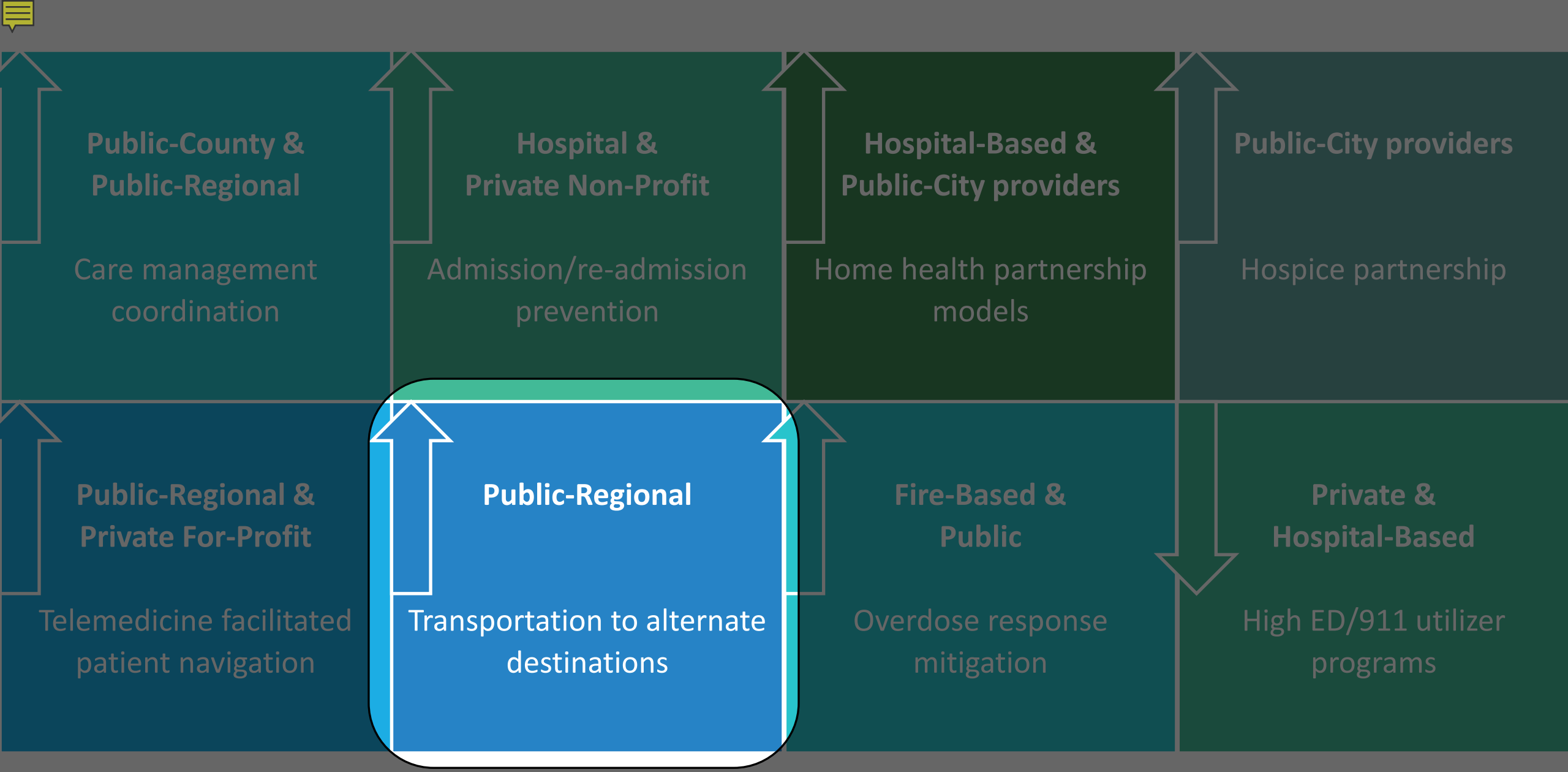
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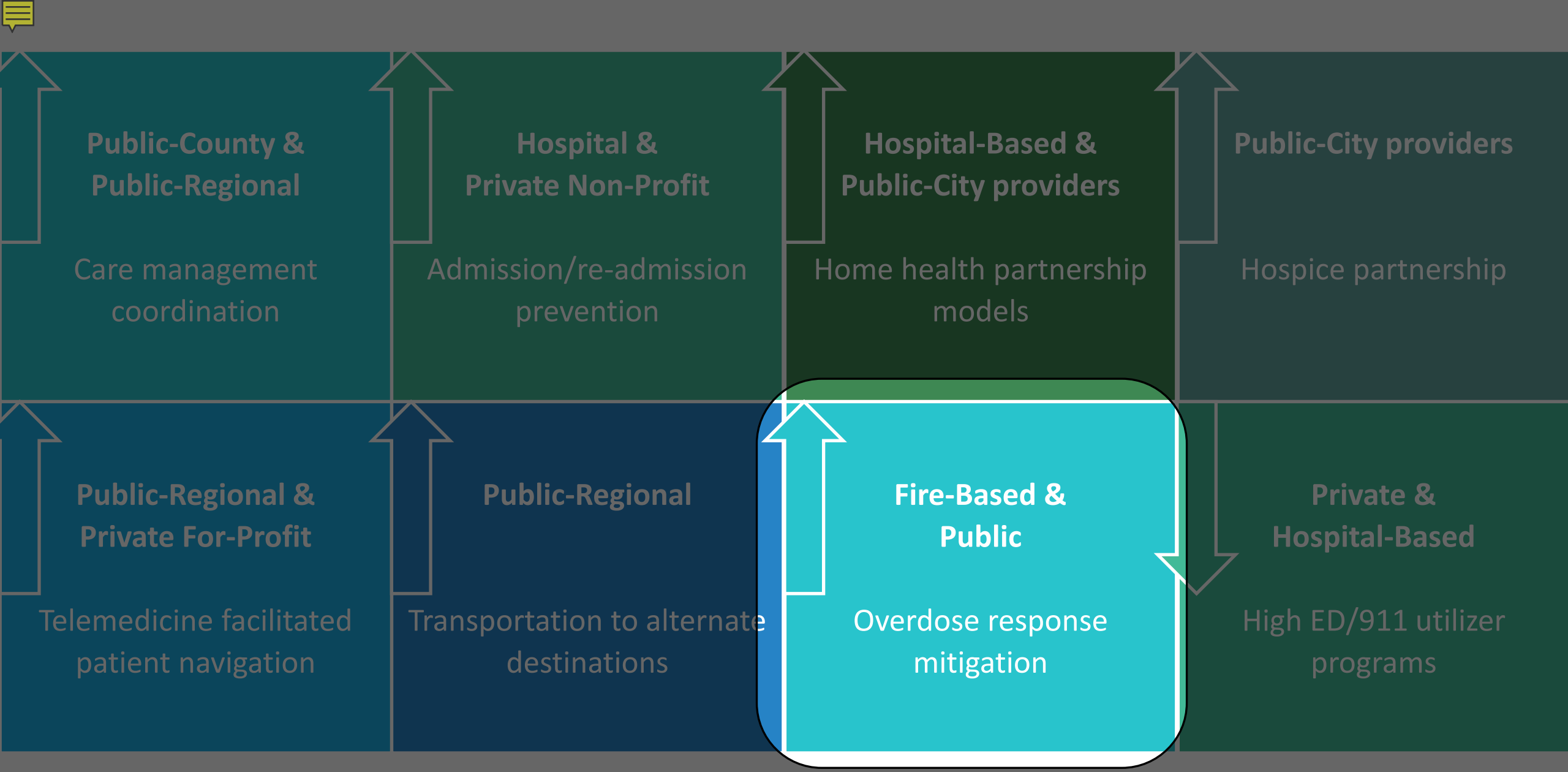
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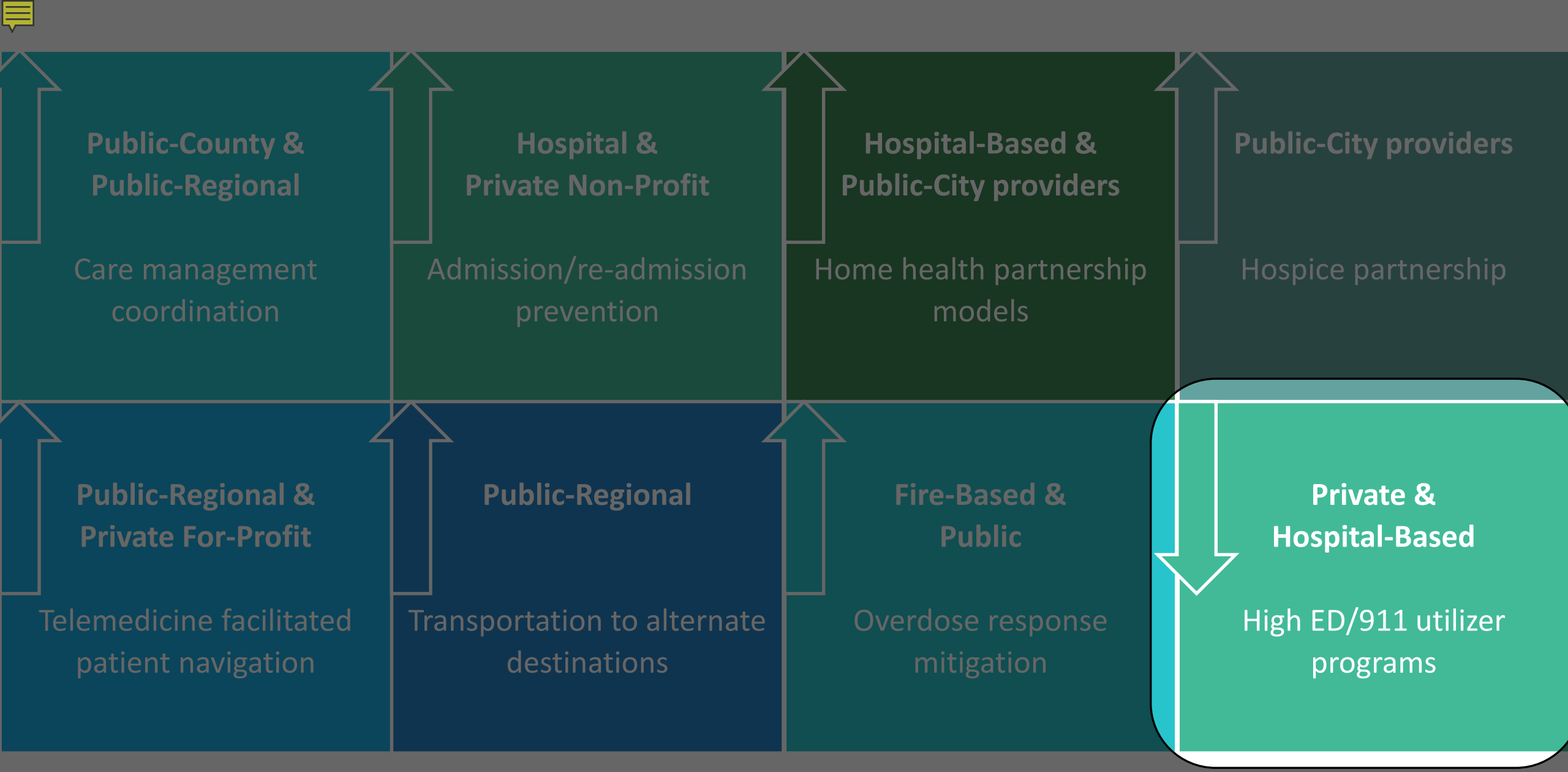
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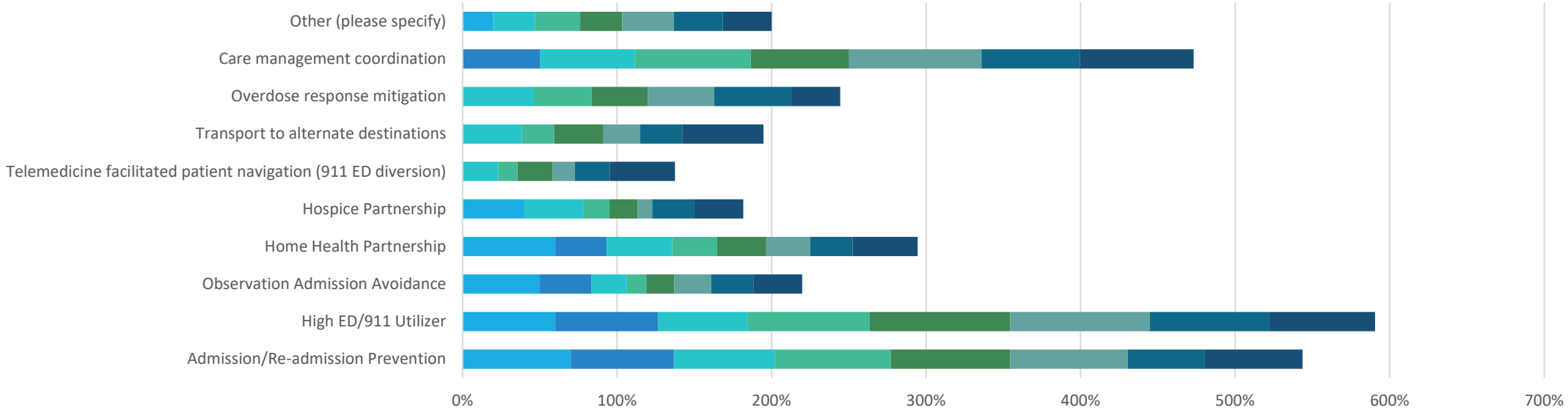
Services by Delivery Model

Public-county and public-regional providers offer the greatest variety of non-traditional services overall.

Almost all delivery models report high percentages of use of care management coordination.

Call Volume

MIH-CP SERVICES DIFFER BY CALL VOLUME



	Admission/Re-admission Prevention	High ED/911 Utilizer	Observation Admission Avoidance	Home Health Partnership	Hospice Partnership	Telemedicine facilitated patient navigation (911 ED diversion)	Transport to alternate destinations	Overdose response mitigation	Care management coordination	Other (please specify)
101-500 responses	70%	60%	50%	60%	40%	0%	0%	0%	0%	20%
501-1,000 responses	67%	67%	33%	33%	0%	0%	0%	0%	50%	0%
1,001-5,000 responses	65%	58%	23%	42%	38%	23%	38%	46%	62%	27%
5,001-10,000 responses	75%	79%	13%	29%	17%	13%	21%	38%	75%	29%
10,001-25,000 responses	77%	91%	18%	32%	18%	23%	32%	36%	64%	27%
25,001-50,000 responses	76%	90%	24%	29%	10%	14%	24%	43%	86%	33%
50,001-100,000 responses	50%	77%	27%	27%	27%	23%	27%	50%	64%	32%
More than 100,000 responses	63%	68%	32%	42%	32%	42%	53%	32%	74%	32%

Services by Call Volume

Lower response volume

Observation admission avoidance

Home health partnership

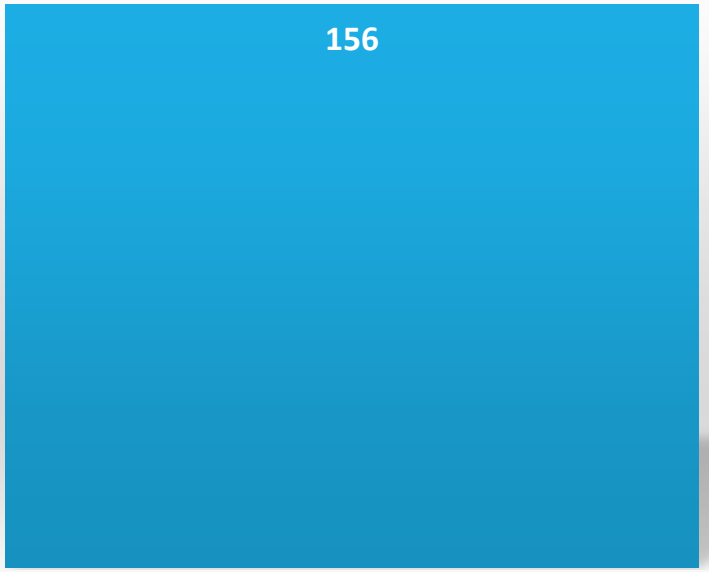
Hospice partnership

Higher response volume

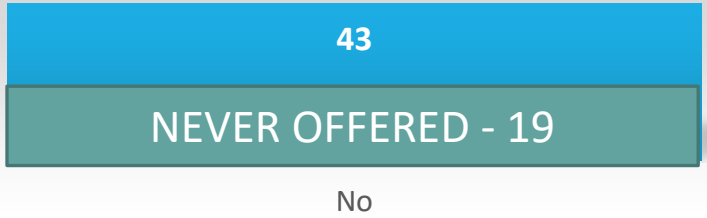
Telemedicine facilitated patient navigation

Transport to alternate destinations

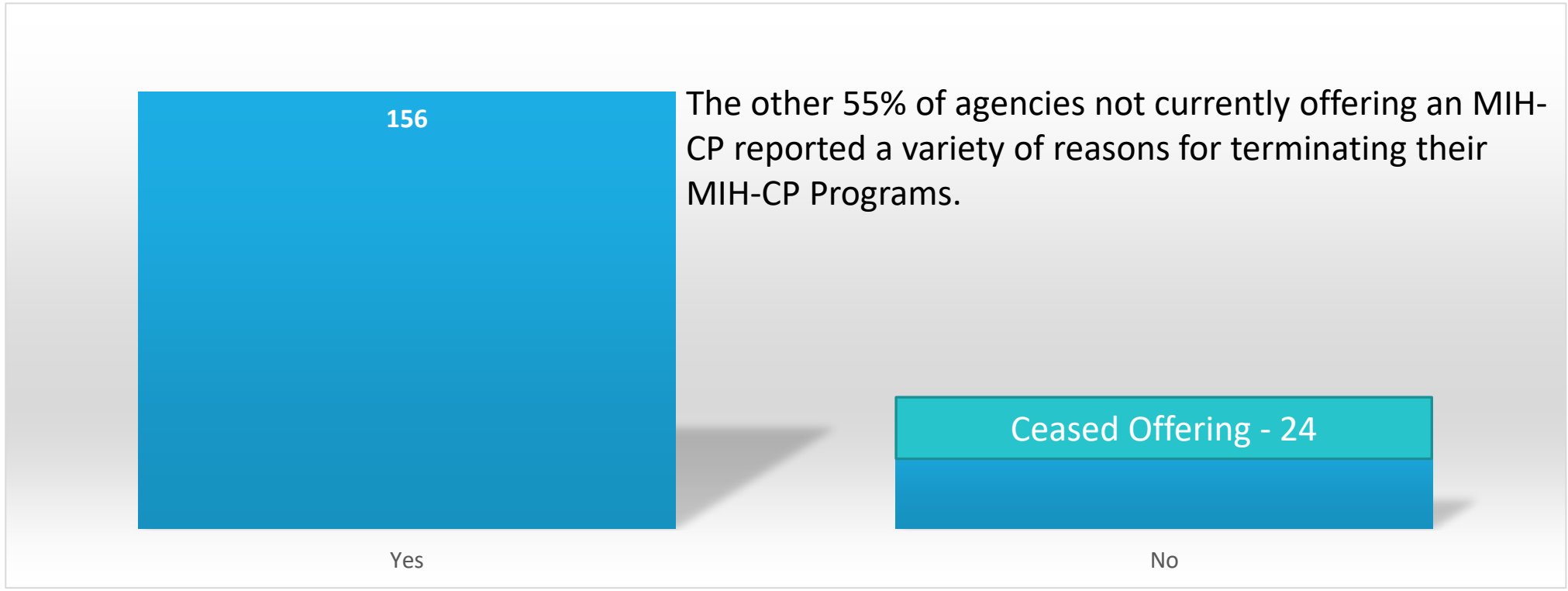
Agencies Never Operating an MIH-CP Program



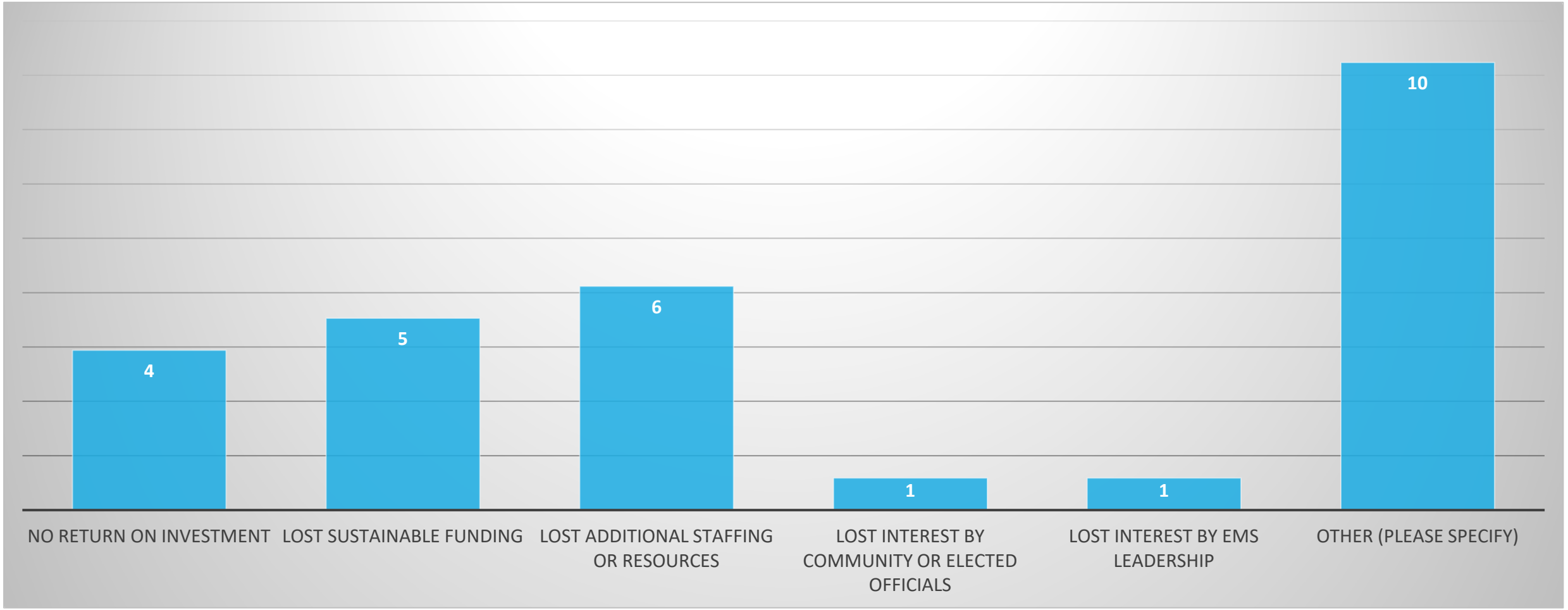
Forty-five (45%) of the agencies who responded that they are not operating an MIH-CP program reported never initiating a program due to funding challenges.



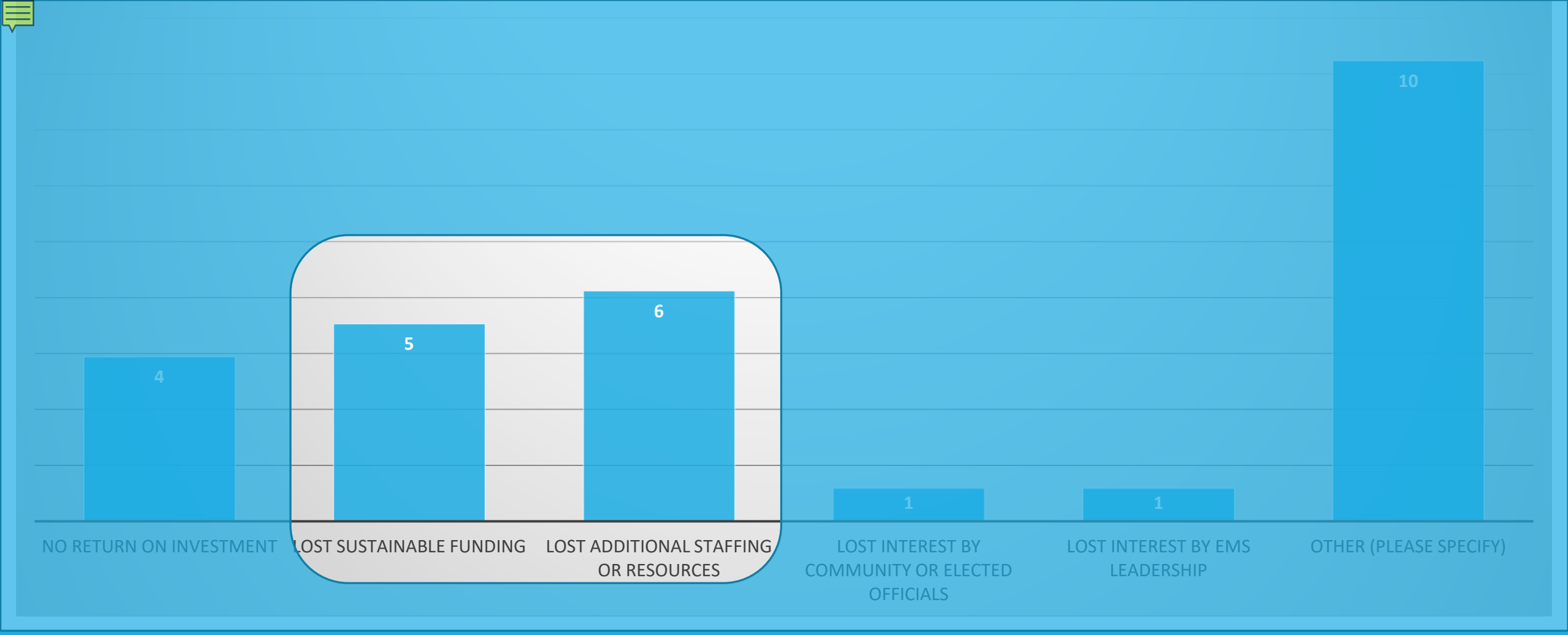
Agencies Terminating an MIH-CP Program



The other 55% of agencies not currently offering an MIH-CP reported a variety of reasons for terminating their MIH-CP Programs.



Reasons MIH-CP Programs Ceased



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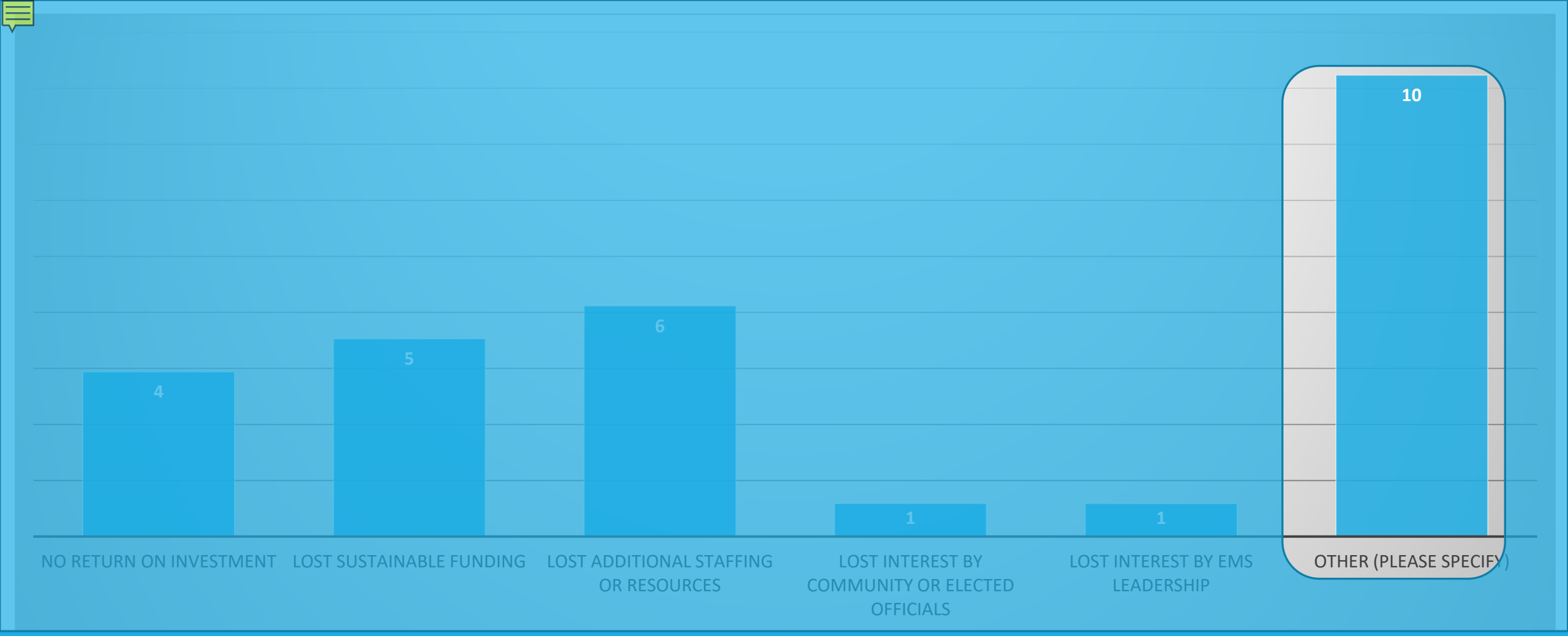

Reasons MIH-CP Programs Ceased

Conclusion

Survey responses illustrate lack of sustainable funding, regulatory barriers, and ongoing EMS workforce shortages.

Insufficient reimbursement for EMS care and a lack of federal investment in EMS are long-term problems

During the pandemic, EMS proved it could reduce the strain on the overall healthcare system and offer the most appropriate patient care for low acuity patients.

NAEMT, along with other national EMS and fire organizations, is actively advocating for federal legislation that would reimburse EMS for the care we provide rather than solely for transportation to an emergency room.