Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

105 CMR 173.000
Mobile Integrated Health Care and Community EMS Programs

Final Regulatory Amendment Presentation

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Background

- The purpose of this presentation is to request final promulgation by the Public Health Council of 105 CMR 173.000, *Mobile Integrated Health Care and Community EMS Programs*.
- The regulation has been drafted pursuant to chapter 111O of the General Laws of Massachusetts.
- It sets forth standards for the approval and oversight of Community EMS Programs and Mobile Integrated Health Care Programs, including those with ED Avoidance Components, and ensures a high quality of care and strong consumer protection in alternate health care settings.

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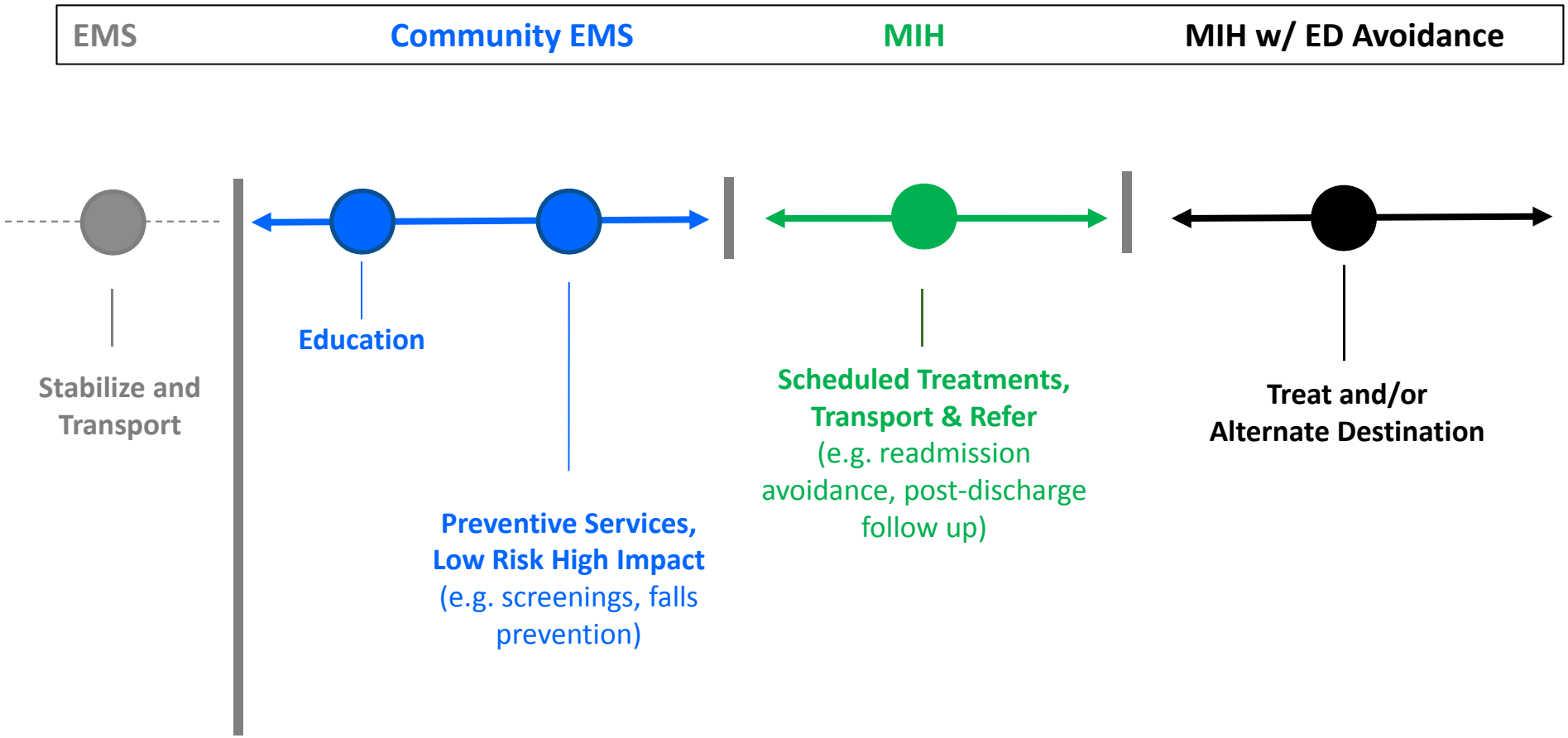
Community EMS & MIH Spectrum



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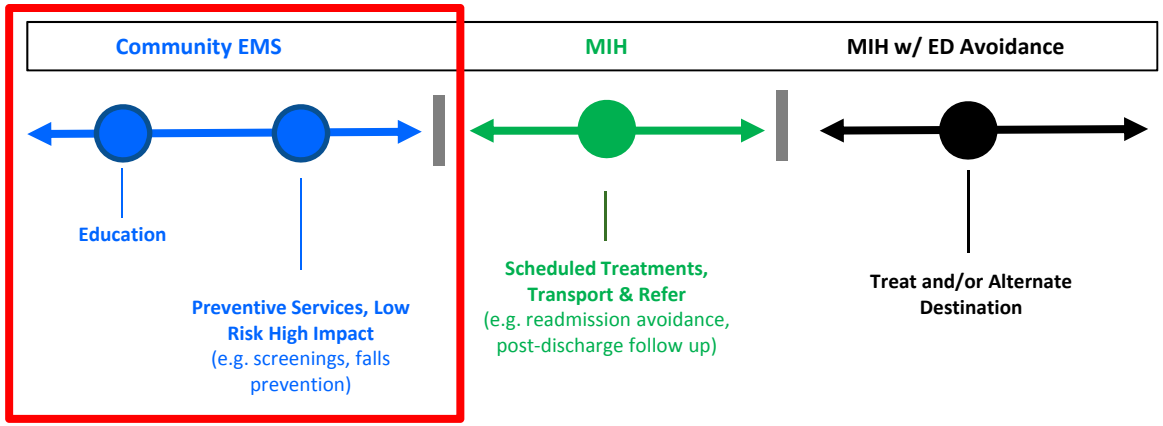
Background: Community EMS

- Community EMS (CEMS) is a system of collaborative care utilizing a primary ambulance service's EMS Personnel in partnership with a local public health authority to advance illness or injury prevention through high value public health services with low risk potential.
  - Operated by the local public health authority
  - Developed in coordination with the designated primary ambulance service
  - Approved by the local jurisdiction and the ambulance service's affiliate hospital medical director
- Approved services are defined in a DPH list



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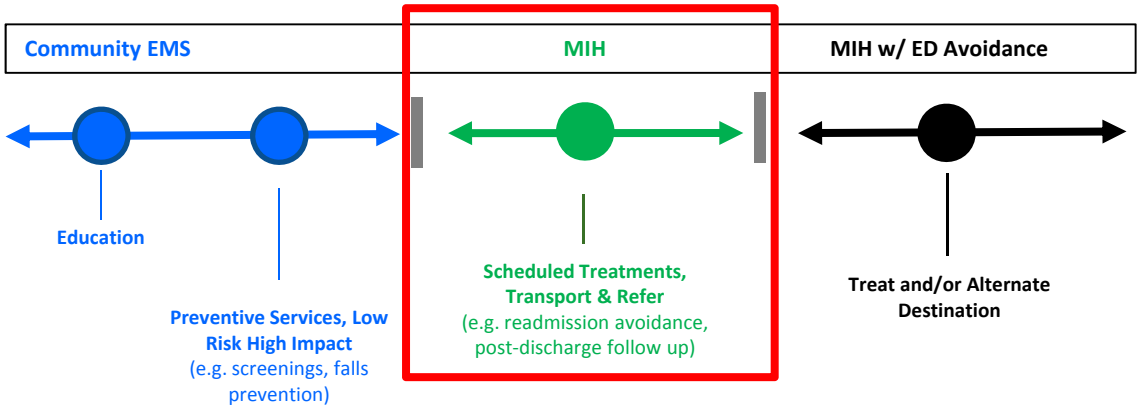
Background: MIH

- Mobile Integrated Health Care (MIH) is a system of pre- and post-hospital services that utilizes mobile resources, including EMS Personnel and community paramedics, to deliver a coordinated continuum of care that supports patients' needs in the community.
- Care is planned through collaborative and innovative program development to address gaps in service delivery and prevent unnecessary hospitalizations and other harmful or wasteful resource delivery.
- An MIH Program may apply separately to include an ED Avoidance Component.



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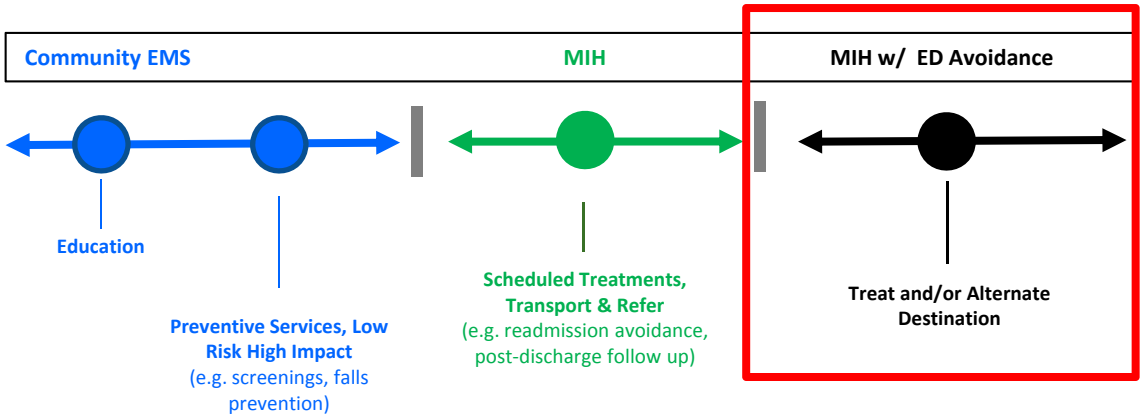
Background: MIH with ED Avoidance

- MIH with ED Avoidance (EDA) is a component of an approved MIH Program allowing for management of 9-1-1 patients in alternative settings, including outpatient clinics, psychiatric facilities, and the patient's home.
- MIH with EDA utilizes the applicable jurisdiction's designated primary ambulance service and paramedics with advanced training.
- Transition to ED Avoidance follows a primary ambulance service response (9-1-1), patient assessment, and consultation with on-line medical direction.
- By treating at home or transporting the patient to an alternative destination, MIH with EDA may prevent unnecessary use of the hospital emergency department.



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Background Comparison

EMS	CEMS	MIH	EDA
M.G.L. c. 111C & 105 CMR 170	***M.G.L. c. 111O & 105 CMR 173***		
Emergency and nonemergency EMS services;	Coordinated illness or injury prevention through high value/ low risk public health services and community outreach and education	Pre/post-hospital services, addressing identified gaps in service delivery, with an efficiency goal to prevent unnecessary hospitalizations	Component of MIH Program, with an efficiency goal to prevent unnecessary hospitalizations
Certified EMTs/paramedics	Primary ambulance service's EMS Personnel	EMS Personnel and Community Paramedics with program-specific training	Primary ambulance service's EMS Personnel with advanced EDA Personnel training
Operated under local jurisdiction's DPH-approved EMS service zone plan, designating a primary ambulance service	Operated by local public health authority and approved by local jurisdiction and ambulance service affiliate medical director	Operated through partnerships between health care providers, promoting coordination and utilization of existing resources	Operated by MIH Program
Medical control and direction	Medical control and direction	Medical control and direction	Medical control and direction
Licensed ambulance services	Primary ambulance service		Primary ambulance service
Ambulances meet minimum vehicle/equipment standards	Vehicles appropriate to encounter	Vehicles appropriate to encounter	Ambulances meet minimum vehicle/equipment standards
Dispatch, assessment, treatment, transport to ED	Department-approved service list (additions by petition)	Eliminates 111C barriers with no change to scope of practice	Dispatch, assessment, treatment, and transport to alternative destination (or treat at home)
Respond to 911 call at Public Safety Answering Points ; dispatched per Emergency Medical Dispatch	Requires coordination and activation of 911 systems in events of emergency	Requires coordination and activation of 911 systems in events of emergency	Respond to 911 call at Public Safety Answering Points; dispatched per Emergency Medical Dispatch
		PCP coordination	PCP coordination

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Highlights of Preliminary Review

The Department presented the initial proposed regulation, 105 CMR 173.000, to the Public Health Council, with specific initial proposals that included:

- Defining relevant terms;
- Describing the application process;
- Setting forth eligibility and minimum requirements for Community EMS Program Approval and MIH Program Approval;
- Establishing additional eligibility and minimum requirements for MIH Program applicants with ED Avoidance Components;
- Identifying the grounds and process for denial, revocation, or non-renewal of approval;
- Outlining minimum standards of operation for each program type;
- Specifying procedures for the investigation of complaints, inspections, deficiencies, and plans of correction; and
- Allowing for waivers of requirements.

Highlights of Post-Comment Review

As a result of the comments received during the public comment period, DPH recommends amendments to 105 CMR 173.000, which will achieve the following:

- Clarify definitions;
- Streamline application procedures;
- Clarify minimum standards;
- Provide resubmission and modification options;
- Remove duplicative and unnecessary reporting requirements and provide consistency when reporting is required; and
- Strengthen policies and procedures for coordination with a primary care provider or creation of a PCP relationship through an associated health care entity.

Post-Comment Review: Definitions

Amended definition of Community EMS Program to align with statute and local procedures:

Community EMS Program means a program ~~developed and~~ operated by the local public health authority **and developed** in coordination with the local jurisdiction's designated primary ambulance service(s) and which utilizes the primary ambulance service's EMS ~~p~~**P**ersonnel to provide community outreach and assistance in order to advance illness or injury prevention within the local jurisdiction(s) in accordance with 105 CMR 173.060. The Community EMS Program shall be approved by the local jurisdiction**, in the manner required by such jurisdiction,** and the ambulance service's affiliate hospital medical director.

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Post-Comment Review: Definitions

Added a definition of “Health Care Personnel” or "personnel" to distinguish on-scene personnel from managing "Health Care Providers":

Health Care Provider means a provider of medical, behavioral or health services or any other person or organization that furnishes bills or is paid for health care services delivery in the normal course of business.

Health Care Personnel or “personnel” means an individual or individuals employed by or affiliated with a health care provider, who provide direct patient care. Health Care Personnel may include, but not be limited to, Community Paramedics, EMS Personnel, EMS First Responders, nurses, Nurse Practitioners, Physician Assistants, social workers, or others.

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Post-Comment Review: Definitions

Amended the definition of "Mobile Integrated Health Program" or "MIH Program" to clarify approval requirements and be more inclusive of EMTs and AEMTs to account for individual program staffing considerations:

Mobile Integrated Health Care Program (MIH Program) means a **Department-approved** program, including MIH Programs with an ED Avoidance Component, ~~approved by the Department pursuant to 105 CMR 173.000,~~ that utilizes **EMS Personnel, which may include** community paramedic**s** ~~services~~ to deliver healthcare services to patients in an out-of-hospital environment in coordination with health care facilities or other health care providers, which may include, but not be limited to, primary care providers, home care agencies, visiting nurse associations, or other in-home services; provided, that the medical care and services may include, but not be limited to, chronic disease management, behavioral health, preventative care, post-discharge follow-up visits, or transport or referral to facilities other than hospital emergency departments.

Post-Comment Review: Application Requirements

- The initial regulation requires MIH Program applicants to identify and validate one or more gaps in service delivery using verifiable data and a corresponding community needs assessment.

- To clarify this requirement, the Department:
  - Deleted the term "verifiable," which could be considered burdensome; and
  - Clarified that a "community health needs assessment" was needed to identify and validate gaps.

Post-Comment Review: Application Requirements

- The initial proposal requires applicants to identify gaps in service delivery, and provide improvements in quality, access, or cost effectiveness through:

Decrease in

- avoidable ED visits or readmissions;
- total medical expenditures;
- cost to patient;
- time to appropriate patient care/setting

Improvement in

- access to medical or f/u PCP care
- clinical care coordination
- patient satisfaction;
- patients' quality of life; or,
- cultural and linguistic competency

- Several optional improvements were made universal requirements to ensure more responsive and comprehensive programs, while still allowing for flexibility and innovation in the method of accomplishing such improvements.

Post-Comment Review: Application Requirements

173.040: Minimum Requirements for MIH Program Approval

(A) A complete application for MIH Program Approval shall, at a minimum:

(1) Identify and validate one or more gaps in service delivery using ~~verifiable~~ data and a corresponding community **health** needs assessment;

(2) Describe how the proposed MIH Program would address identified gaps in service delivery and provide improvements in quality, access, **and**~~or~~ cost effectiveness, **an increase in patient satisfaction, improvement in patients' quality of life, and an increase in interventions that promote health equity, including cultural and linguistic competencies,** through one or more of the following:

(a) A decrease in avoidable emergency department visits or hospital readmissions;
(b) A decrease in total medical expenditures;
(c) A decrease in cost to patient;
(d) A decrease in time to appropriate patient care in an appropriate health care setting;
(e) An increase in access to medical or follow-up care under the direction of the patient's Primary Care Provider; **or**
(f) Improvement in clinical care coordination, including, but not limited to the patient's adherence to medication and other therapies previously prescribed by patient's Primary Care Provider;
~~(g) An increase in patient satisfaction;~~
~~(h) Improvement in patients' quality of life; or,~~
~~(i) An increase in cultural and linguistic competencies.~~

Post-Comment Review: Application Requirements

- The initial regulation requires MIH Program applicants to demonstrate they have sufficient capacity to develop and operate a Program.

- The Department has clarified this requirement by indicating applicants may demonstrate this by providing information on financial and legal viability, sustainability, and compliance history.

Post-Comment Review: Certificate of Approval

- The initial proposal called for a two-year approval period and required biannual applications for renewal of an approval.

- The Department has amended the regulation to allow a Community EMS, MIH, or MIH with ED Avoidance Program, once approved, to seek approval of Program modifications without requiring a full application for a new approval or renewal.

Post-Comment Review: Denial of an Application

- The initial proposal established grounds and procedures for denial of an application for Program approval.

- The regulations have been amended to provide applicants the opportunity to resubmit an application within 30 calendar days after denial.
  - If the resubmitted application is denied, the applicant can request an adjudicatory hearing.

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Post-Comment Review: Minimum Requirements

Removed language requiring vehicles used by MIH and Community EMS Programs be non-transporting vehicles (i.e., not an ambulance), in order to provide these Programs added flexibility and as further recognition of the role ambulance services and EMS Personnel play in these Programs:

If an MIH Program deploys or intends to deploy a vehicle when responding to an MIH call or for a scheduled home visit, such vehicle must~~, at a minimum,~~ be ~~a non-transporting vehicle~~ appropriate for the clinical encounter as approved by the Department.

Post-Comment Review: Minimum Standards

- The initial proposal established a list of serious incidents Programs are required to report to the Department.

- In recognition of the unique circumstances of MIH Programs as compared to traditional health care facilities, the Department amended the list by clarifying:
  - A patient's residence may qualify as a "facility,"
  - An "apparent" suicide requires reporting; and
  - A report is required if death, injury, or illness is preceded by a transition from a 911 response to an ED Avoidance response.

Post-Comment Review: Minimum Standards

- The initial proposal required Programs to report to the Department all suspected instances of abuse, neglect, mistreatment or misappropriation at or by a nursing home, rest home, home health, home maker, or hospice.

- In order to cover all patient support services, the regulations have been amended to require Programs to report these instances, including those suspected to have been committed by the patient's family member, to the appropriate authorities, as well as the Department.

Post-Comment Review: Minimum Standards

- The initial proposal requires the development of policies and procedures on a number of standards, including:
  - Capability of personnel;
  - Medical control;
  - Development of clinical protocols;
  - Process for obtaining informed consent at each encounter;
  - Medication acquisition and control; and
  - Maintenance of equipment

- The regulation was amended to require the development of policies and procedures to ensure coordination with primary care providers (PCPs) or establish a PCP relationship through an associated health care entity.

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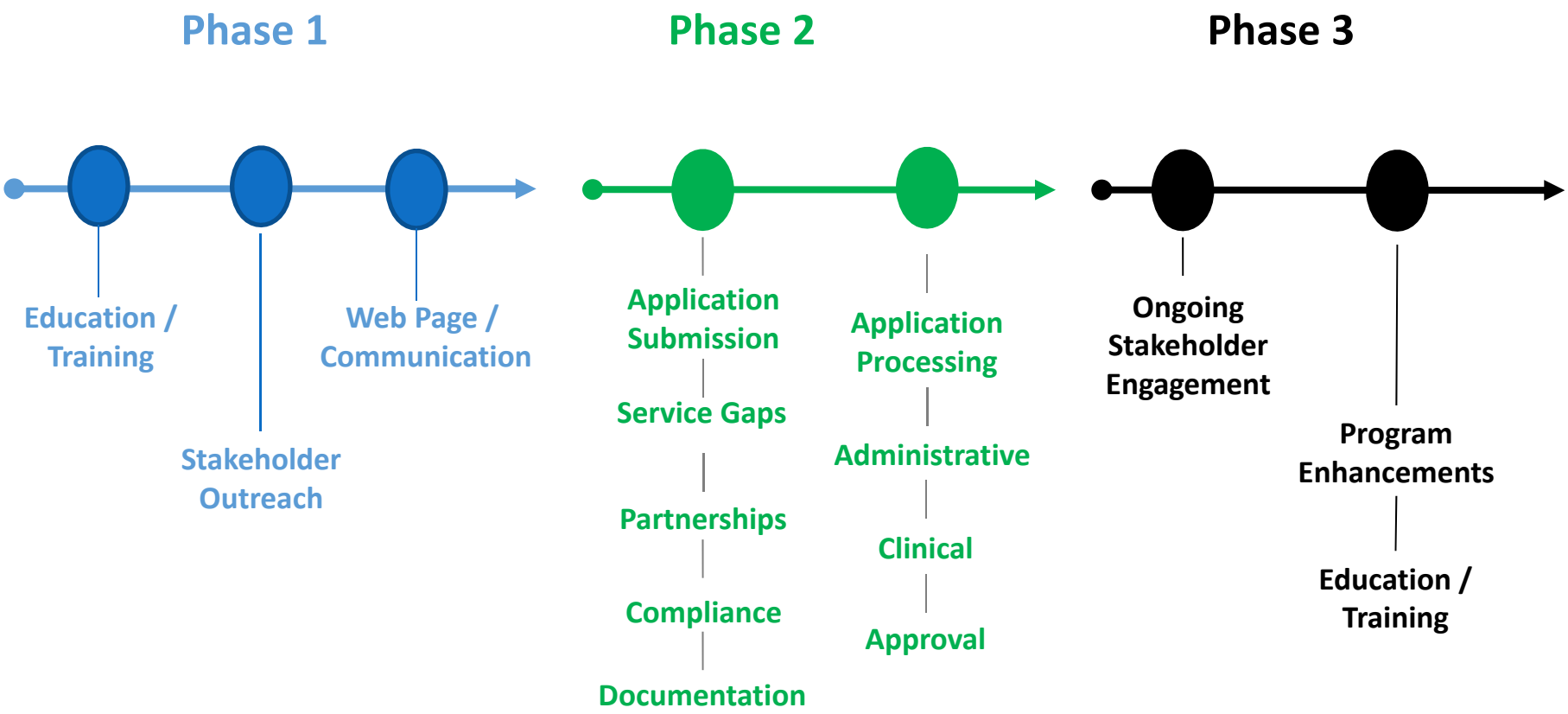
Community EMS/MIH Implementation Next Steps



Conclusion/Next Steps

- Staff requests the Public Health Council approve the proposed regulations for promulgation.

- Following Public Health Council approval, the Department will file the regulation with the Secretary of the Commonwealth for final enactment.

Additional Information

- Thank you for the opportunity to present this information today.

- For more information on 105 CMR 173.000, *Mobile Integrated Health Care and Community EMS Programs,* please find the relevant statutory language (M.G.L. c. 111O) and a link to the full proposed regulation here:
  - https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111o
  - https://www.mass.gov/lists/proposed-amendments-to-regulations-mobile-integrated-health-care-and-community-ems-programs