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Community Health EMS Definitions and Terms

Community Health EMS is an emerging field in health care in which EMTs and Paramedics practice in expanded roles to connect to underutilized resources with underserved populations or gaps in care in a community.

Community Paramedicine - Mobile Integrated Health - Community Health EMS

All too often, people researching this subject come upon several terms which at times are used interchangeably and other times appear to be something different. Following are generally accepted definitions of these terms:

Community Paramedicine (CP) is the provision of healthcare using patient-centered, mobile EMS resources in the out-of-hospital environment. CP is one or more preventive or primary care services provided by EMS agencies and providers who are administratively or clinically integrated with other healthcare entities.

This is the most widely used term to describe this subject. However, many people seeing this term assume that community paramedicine is only about the use of paramedics in urban communities (and excludes other levels of EMS providers such as Emergency Medical Technicians and Advanced EMTs). Outside of the U.S., all levels of providers are typically called 'paramedics' and there is little confusion about the inclusive use of community paramedicine.

Mobile Integrated Healthcare (MIH) is the provision of community health by a wide array of healthcare entities and practitioners that are administratively or clinically integrated. EMS agencies and providers who are integrated with a MIH healthcare community and may work with community health workers, public health nurses, home health, hospice and other healthcare providers.

Community Health EMS (CHEMS) is not as widely used but it's not uncommon in rural states seeking to broaden public thinking about CP to incorporate the use of all levels of EMS providers (EMT, Advanced EMT, paramedic). Other variations that show up in state statutes include:

- community integrated EMS
- community EMS
- community assistance referral and education (CARES) program
- community-based prevention services

Senate Bill 104

The core elements of SB104 related to implementation of CHEMS/CP lies in three parts of a bundle of EMS statutes:

Montana Code Annotated
TITLE 50. HEALTH AND SAFETY
CHAPTER 6. EMERGENCY MEDICAL SERVICES
Part 1. Development of Program
Part 2. Emergency Medical Technicians
Part 3. Ambulance Service Licensing
Part 4. State Trauma Care System
Part 5. Automated External Defibrillator Programs

SB104 was introduced because current statutes were adopted decades ago used language that seem to limit the EMT/paramedic practice to "emergency medical care of the sick and injured at the scene and during transport to a health care facility...during the first critical minutes immediately after an accident or the onset of an emergent condition". Furthermore, statues related to ambulance services describe their purpose as "prehospital or interfacility emergency medical transportation or treatment services".

Legal interpretations of these statutes ranged from 'community-based healthcare by EMS is illegal' to 'non-emergency care is not described in statute and cannot be regulated'. The confusion was the impetus for the introduction of SB104.

In Part 1 of MCA 50-6, SB104.02 proposed edits starting on page 14 to change 'emergency medical services program' to a more contemporary 'emergency care system' term. In addition to DPHHS's role supporting and regulating ambulance services, it is engaged with development of trauma, cardiac and pediatric systems as well as injury prevention programs related to these systems. Amended language also adds "community-based prehospital medical care" to the traditional emergency care role of EMS.

> ***Section 11.*** *Section 50-6-101, MCA, is amended to read:*
> ***"50-6-101. Legislative purpose.*** *The public welfare requires the providing of assistance and encouragement for the development of a comprehensive emergency ~~medical services program~~ care system for Montanans who each year are dying and suffering permanent disabilities needlessly because of inadequate emergency medical services. The repeated loss of persons who die unnecessarily because necessary life-support personnel and equipment are not available to victims of accidents and sudden illness is a tragedy that can and must be eliminated. The development of an emergency ~~medical services program~~ care system is in the interest of the social well-being and health and safety of the state and all its people who require emergency and community-based prehospital medical care."*