



# Association of Connecticut Ambulance Providers

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Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service  
Campion Ambulance Service :- Hunter's Ambulance Service

## Testimony of the Association of CT Ambulance Providers

### **S.B. No. 800 (RAISED) AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE.**

The Public Health Committee Hearing, *March 11, 2015*

Senator Gerratana, Representative Ritter and members of the Public Health Committee, the Association of Connecticut Ambulance Providers appreciates the opportunity to offer testimony on **SB 800- AN ACT CONCERNING A MUNICIPAL PILOT PROGRAM ALLOWING EMERGENCY MEDICAL SERVICES PERSONNEL TO PROVIDE COMMUNITY-BASED PARAMEDICINE.**

This bill raises a very important issue related to the proposal for improvements in the local delivery of healthcare by engaging emergency medical services personnel in a practice referred to as “community-based paramedicine”.

We are supportive of improved community health and the certain role emergency medical services providers should play in such initiatives; we believe that there are several key steps that need to be taken prior to a pilot program being considered.

As an example, members of our association have formed a non-profit organization that is focused on the collaboration between current acute care and community based healthcare providers. This collaboration is a grass roots initiative that seeks to address the triple aim of the Institute for Healthcare Improvement:

- Better Care for Individuals
- Better Health for Populations
- Lower Per Capita Costs

We are actively engaged in constructive collaborations with stakeholders such as Hartford Healthcare and their partners, Connecticut Association for Healthcare at Home, and VITAS Innovative Hospice Care.

By engaging all current healthcare stakeholders, we are able to look holistically at the manner in which we deliver high quality, lower cost healthcare across the state, assess gaps in the system and develop collaborative strategies to fill the gaps. This process is designed to assure inclusion vs. exclusion, as well as minimizing the duplication of services by evaluating the scope of practice of the existing healthcare provider stakeholders.

In response to the implementation of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) has focused on restructuring their payment system to hospitals effective in 2012. Value-Based Purchasing (VBP) rewards or penalizes hospitals (and soon physicians) based on their ability to meet certain clinical and patient experience metrics.

One common theme that has developed through the implementation of VBP, and other quality improvement and cost containment initiatives is the community based healthcare surveillance and management of patients to help them better manage their disease and stay out of the hospital.

This has led to the emergence of *community paramedicine* or as we would prefer to refer to it **Mobile Integrated Healthcare** programs in states across the country.

There is a great deal of validity in these programs as they all seem to serve the goals of the patient first and the greater intentions of the triple aim.

Our goals include to continue to engage the broad base of community healthcare providers in a developmental dialogue that is structured in a way that identifies what the needs of our communities are, what the current capabilities are to meet the needs, and what gaps exist that need to be filled through the development of a comprehensive mobile integrated health strategic plan.

Most certainly the data available to us from a number of successful programs across the country will be extremely helpful in guiding our efforts as we assess Connecticut's needs. Once a gap analysis and capabilities assessment are complete, a strategic plan can be developed that seeks to implement the initiatives. The analysis will surely include a review of statutory and regulatory language that exists and may identify certain activities can be done within existing provisions, while other activities may require language changes of statute and/or regulation in order that they be able to be carried out.

Our members are committed to the work we have started and are prepared to continue to work with the network of healthcare stakeholders to lower costs and make strategic improvements to the healthcare system on behalf of the patients we serve.

We urge the committee to support the development of Mobile Integrated Healthcare in Connecticut and provide for the creation of scalable program to meet the community's needs where an infrastructure exists that allows for the integration of emergency medical services providers in the coordinated delivery of out of hospital patient care management.

Thank you,

*David D. Lowell*

David D. Lowell, President