



**Testimony of Hartford HealthCare
Submitted to the Public Health Committee
March 11th 2015**

SB 800- An Act Concerning a Municipal Pilot Program Allowing Emergency Medical Services Personnel to Provide Community-Based Paramedicine.

Good Morning Senator Gerratana, Rep. Ritter and Distinguished members of the Public Health Committee,

My name is Sean Fitch; I am the Central Region EMS Coordinator for Hartford Healthcare which includes MidState Medical Center, The Hospital of Central CT New Britain and Bradley, I am also a Paramedic, Licensed in the state for 26 years.

I am here to testify in favor of **Proposed S.B. 800, An Act Concerning a Municipal Pilot Program Allowing Emergency Medical Services Personnel to Provide Community-Based Paramedicine.**

As we start to see the change in how healthcare is delivered under the Affordable Care Act, Mobile Integrated Healthcare helps bridge gap in the communities where it is active.

Many times a patient will be discharged to home and find that the help they thought they had is not available, or that medications may have side effects that were not expected, or need to be adjusted, physical barriers may constrict or confine movement at their residence.

In today's EMS environment there are no means to deal with these issues other than to transport them to the closest Emergency Department or let them refuse treatment, but with the passage of **SB 800** we as a Healthcare system can start to address the opportunities to bridge the access.

Some of them are:

Reduction in High Volume use of the 911 system for low acuity complaints, whether it is a social services issue, point of care issue, or a substance abuse issue. MIH can point to the right and specific kind of care that a patient may require instead of the traditional transport to the Emergency Room. Those transports overtax critical resources that do not need to be tied up. Under the current system there are just 2 options for these patients

1. Transport to an Emergency Department where the patient will wait for a longer period of time as the current triage systems account for the care of the sicker patient's first, and create backlogs hinder patient care.
2. Refusal and stay at home, where the problem will continue until ultimately they require a costly trip to the Emergency room and possible admission to the hospital.

Under an MIH model, that patient potentially will be seen by a Mobile Integrated Healthcare worker who can evaluate the patient condition, make recommendations to his Primary Physician, Social Worker, or plan administrator to get care that is appropriate and timely.

Decrease the Readmission Rates-Hospitals are being assessed financial penalties by Medicaid and Medicare for readmissions within a 30 day window, A Mobile Integrated Healthcare system can decrease the amounts of readmissions and potentially start identifying healthcare issues before the need to transport to an Emergency Department by utilizing their assessment skills, contacting Primary Care Physicians, making recommendations and being a true patient advocate in a system that does not constrain their options of care.

Other States have begun the process of making the turn towards MIH and have seen positive outcomes and results; Minnesota and Texas have successful programs in place and are expanding. Maine has begun the process of piloting programs.

Any Pilot programs would need requirements to the system that would include:

- Direct oversight by Physicians
- Monitoring of outcomes
- Education Standards
- Establishment of clearly defined roles of MIH personnel

By allowing this pilot programming to begin we can start to understand the challenges and opportunities in front of us and begin to navigate our modern healthcare system.
Thank you for your consideration of our position.