

# Breaking the Barriers to Integration

**Presented by:  
Christopher Kelly,  
Attorney**



**MIH Summit 2022**



# You Can't Have “MIH” Without Integration

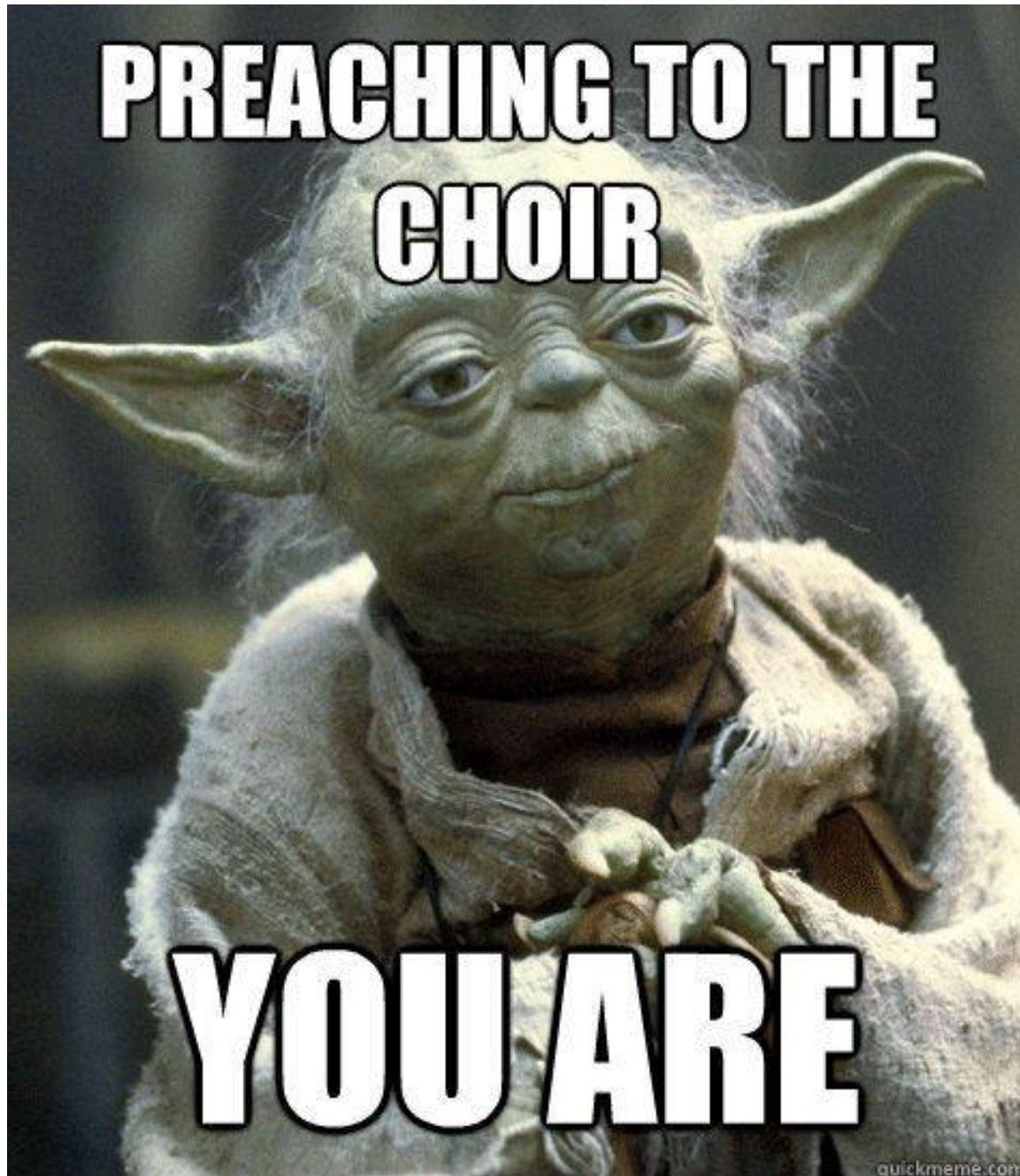


So how do we integrate EMT/Paramedics *and*  
other provider types into MIH?

# Barriers to Implementing MIH

- MIH models are relatively new and/or evolving
- Rules were in place before MIH *or* did not contemplate MIH when drafted
- Many things we want to do may not be technically allowed *or* expressly approved by existing language

**I Know...**



**...But Not Everyone Has  
Hurdled All of The Obstacles...**



**... and We're All in This Together!**



# First, Why is This Important?

The word "WHY?" is rendered in large, bold, 3D block letters. The letters are white with a thick, glossy red border. They are positioned on a white surface that reflects the letters, creating a subtle shadow. The perspective is slightly angled, giving the text a three-dimensional appearance.

# Why?

- Can Cause a Breach in Standard of Care
- Resulting in Civil Liability
- Possibly Criminal Assault
- Licensure Revocation
- Non-payment of services

# Why? EMS Needs Help!

## ■ Staff shortages-



ADVOCACY MEMBERSHIP EDUCATION COST COLLECTION STORE LOG IN

**Congressional Letter on the EMS Workforce Shortage**

WRITTEN BY AAA STAFF ON OCTOBER 4, 2021. POSTED IN EXECUTIVE, HUMAN RESOURCES, LEGISLATIVE, RECRUITMENT & RETENTION, REGULATORY.

NEWS

EMS services warn of 'crippling labor shortage' undermining 911 system

SHARE & SAVE



## EMS services warn of 'crippling labor shortage' undermining 911 system

"We're not bleeding any longer – we're hemorrhaging," one ambulance service operator said of a decadelong worker shortage exacerbated by the pandemic.





# Why? EMS & Hospitals Need Help!

## ■ Hospital off-load delays-

Hospital delays: The toll it takes on our employees

Keeping the strain on EMS providers front of mind

Mar 16, 2022



Hospital delays and the effects they have on EMS systems are a hot topic right now and while

HEALTH

## Hamilton paramedics boss says ambulance offload delays on course for record high in 2022



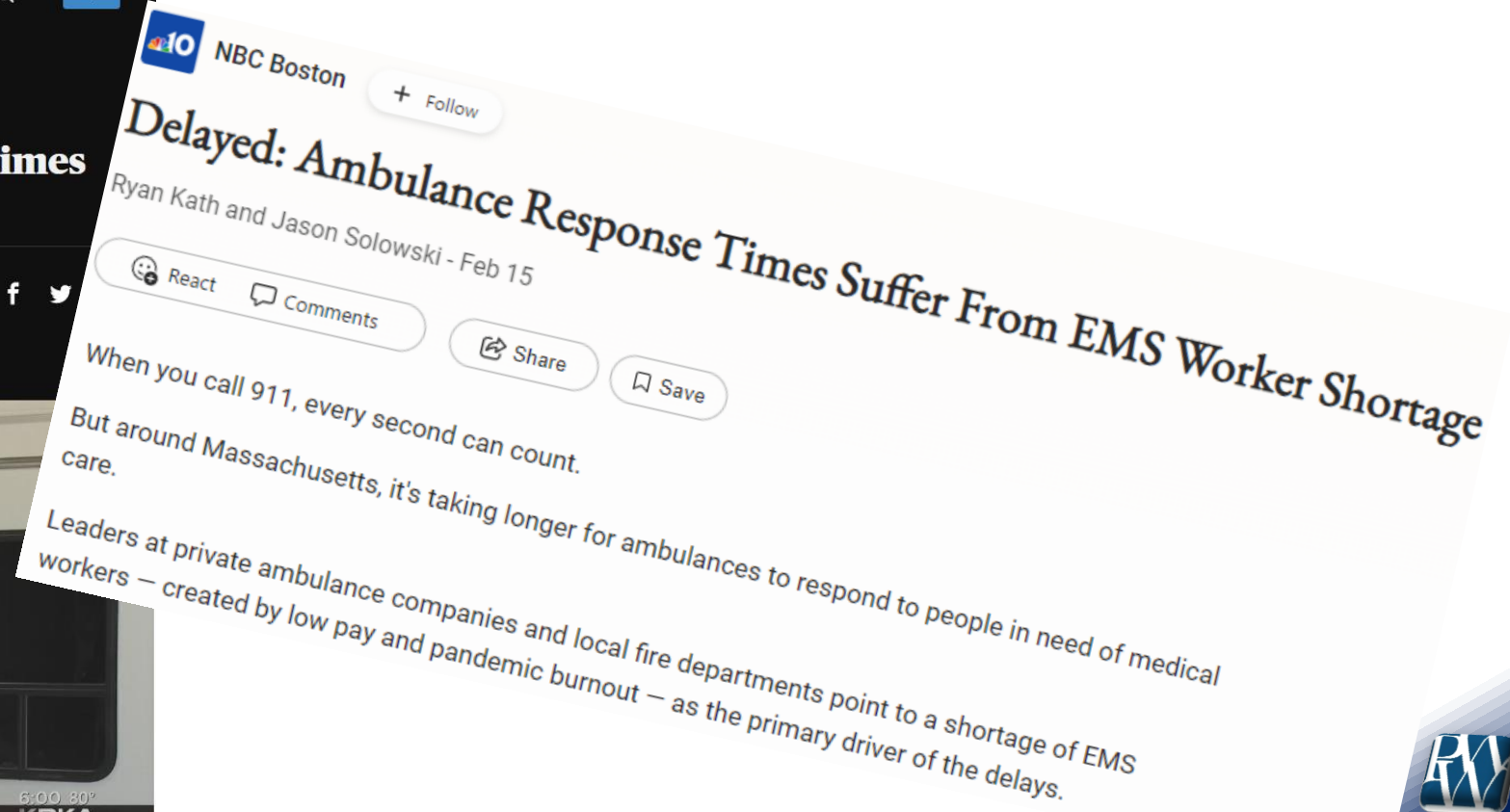
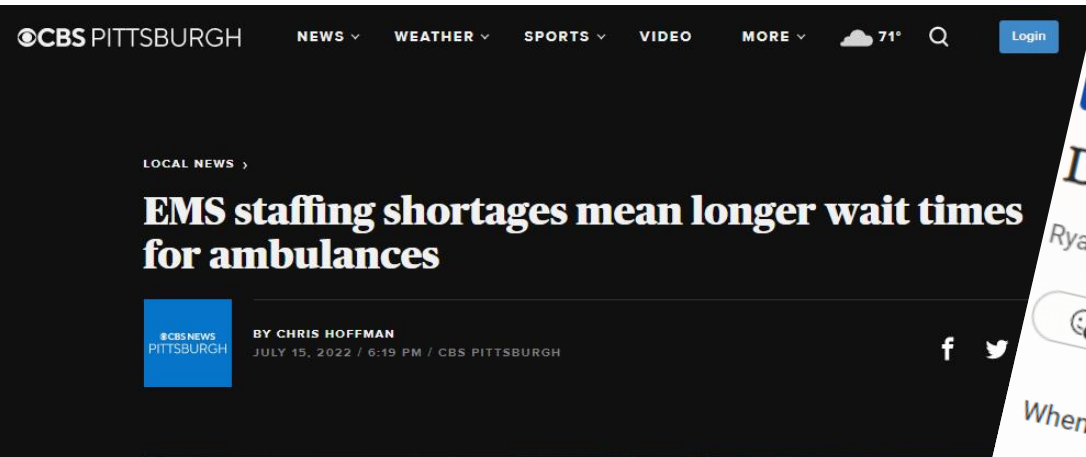
By Don Mitchell • Global News

Posted August 4, 2022 2:04 pm · Updated August 4, 2022 3:02 pm



# Why? EMS Needs Help!

## ■ Reduced response times-



# MIH Models Solve Some Issues

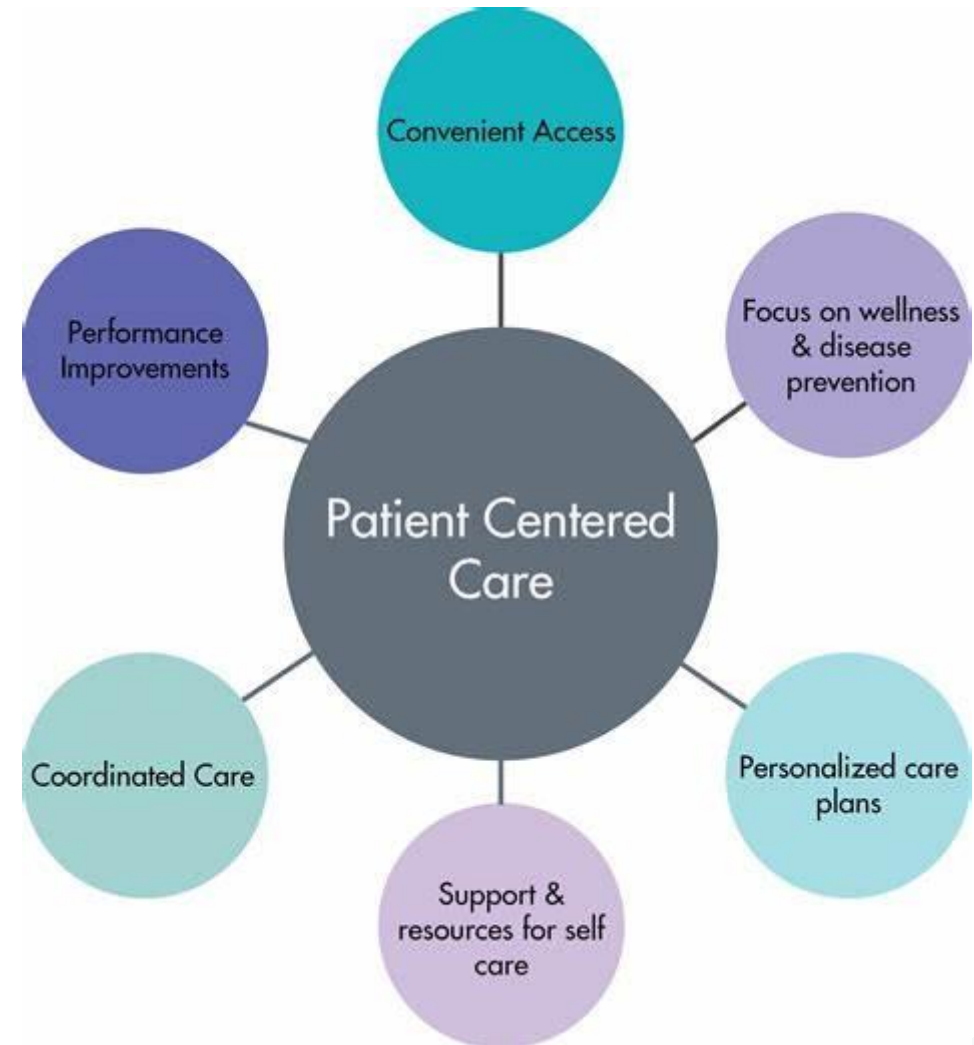
- Proper triage provides staff shortage relief
- Response time consequences and penalties
- May offer EMT/P light duty options
- Offers change of pace and new opportunities

# MIH Models Solve Some Issues

- Hospital waits are worse with low acuity patients
- MIH can redirect these patients
- Which reduces or even prevents delay in ambulance being back in service

# Why?

- Ultimately, it's about patient care!
- The current patient *and* the next patient
- With that goal in mind, barriers *should* be removed





# Let's Look at Where These Barriers are Found



# State Statutes



# State Statute

- Statutes govern the provision of healthcare
- May limit what providers can do *or* where they can do it
- Some specific areas to consider...

# State Statute

- Sovereign Immunity Statute
- Medical Practices Act
- EMS Act
  - Pay particular attention to 9-1-1 mandates
- Other statutes governing healthcare

# State Statute- Questions to Ask:

- Can EMT/P operate outside of ambulance or hospital?
- Can Medical Director authorize additional services?
- Are actions still covered by Sovereign Immunity (and if not, should they be)?
- Does statute require transport?





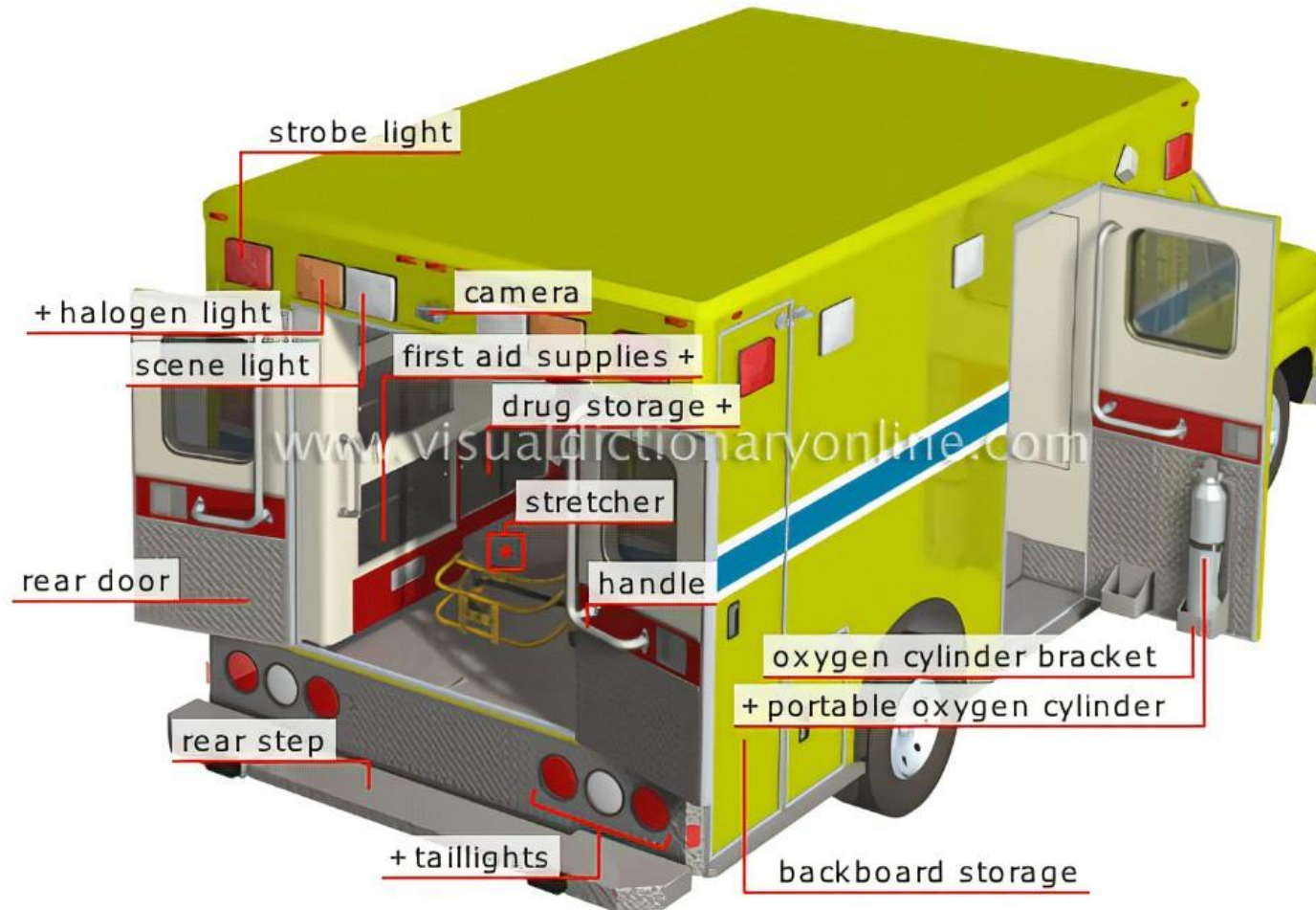
# How To Address These-



# State Statutes

- Revision of Statutes takes legislative action
- The message matters; be ready to explain the mission and show the benefits
- Plan ahead, this process can take time

# State EMS Rules



# State EMS Rules

- May limit clinical setting for EMT/Ps
- May allow significant discretion of Medical Director in “delegated practice” states
- May have specific requirements for licensure, levels of certification, or education



# How To Address These-





# State EMS Rules

- May be revised by State EMS Board or EMS Director
- Must not conflict with Statutes
- Should be consistent with other Rules

# Protocols

State

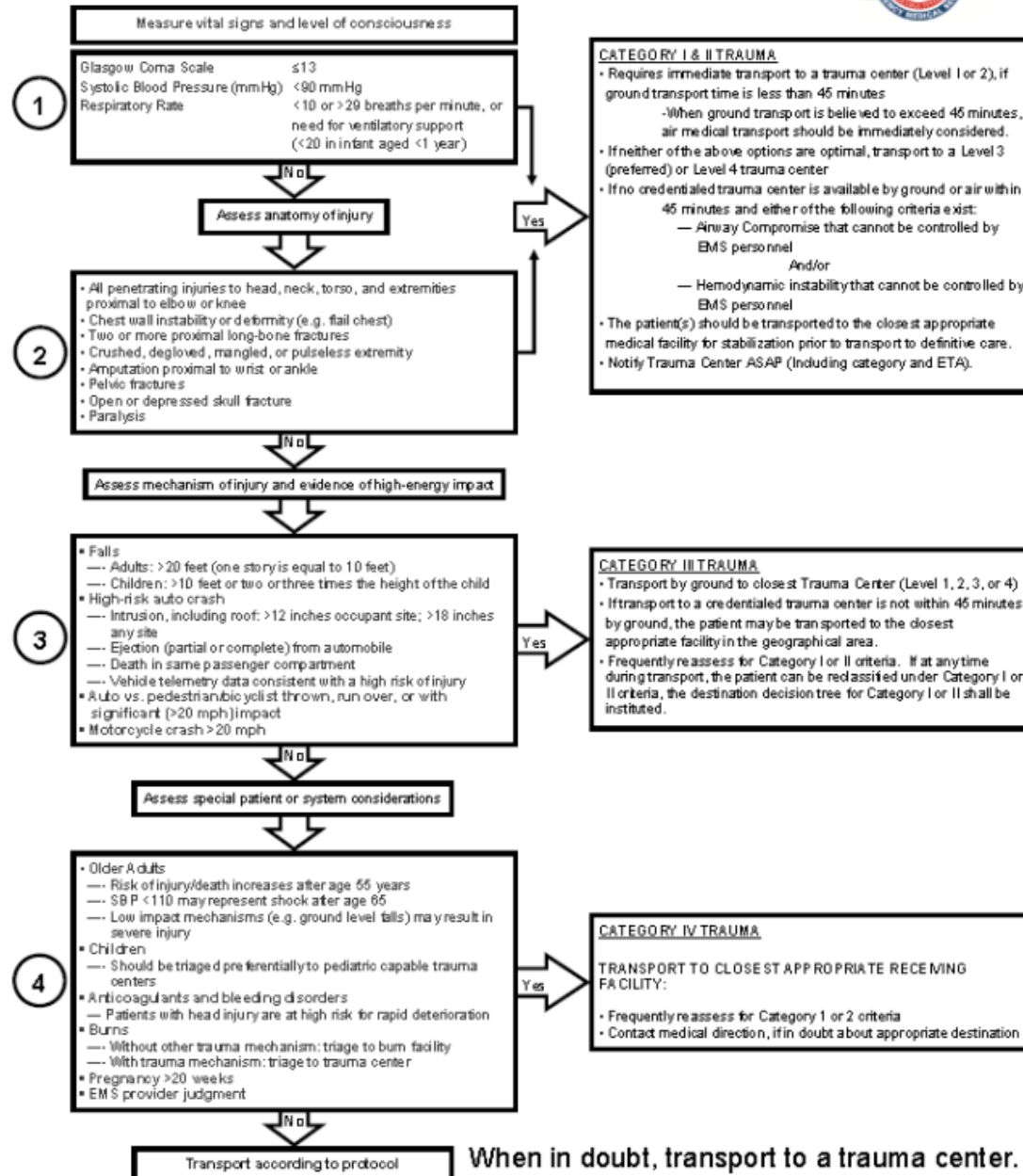
EMS

Protocols



# Protocols

## Guidelines for Field Triage of Injured Patients



\*Anatomical Criteria courtesy of the CDC @ [www.cdc.gov/FieldTriage](http://www.cdc.gov/FieldTriage)

# State EMS Protocols

- May require transport
- May not consider MIH/CP options
- Could result in a violation of standard of care if not followed
- Need to allow discretion and on-scene options



# How To Address These-



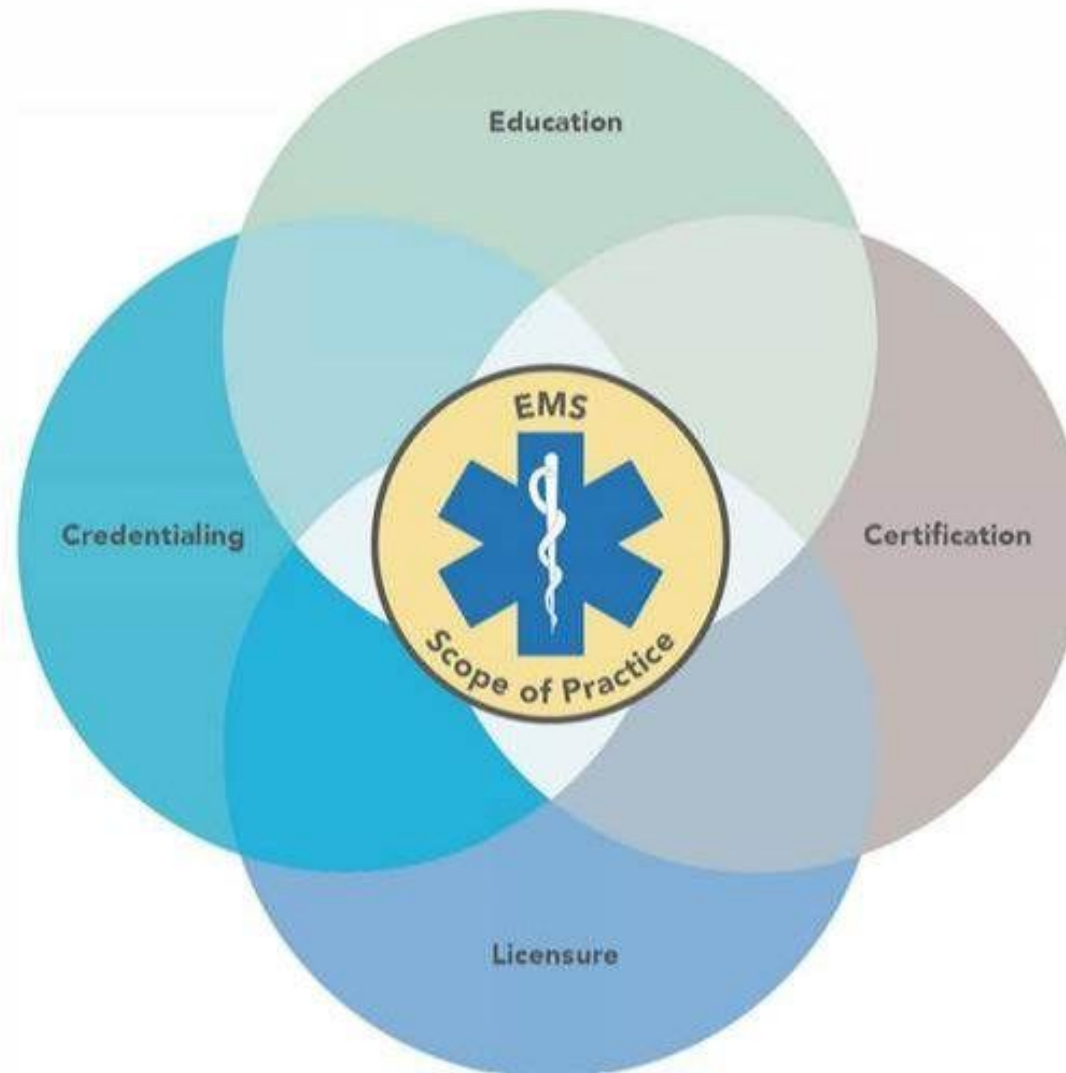


# State EMS Protocols

- Similar to State EMS Rules
- May be revised by State EMS Medical Director
- May need to explain the revisions and potential liability issues



# Scope of Practice



# Scope of Practice



Assessment Skills (continued)	Levels					Interpretive Guidelines	
2. Advanced assessment skills/Monitoring Devices (continued)							
j. Telemetric monitoring devices and transmission of clinical data, including video data		E	I	A	C	P	
3. Specimen Collection							
a. Perform specimen collection for infectious diseases.		E*	I	A	C	P	<i>This includes the use of the following specimen collection types: oropharyngeal swab, nasal mid-turbinate swab, anterior nares swab, nasopharyngeal wash/aspirate, saliva collection, and nasal aspirate. This would also include any additional appropriate specimen collection types for diseases related to a declared public health emergency. Prior to performing specimen collections, EMS personnel must be trained on the correct specimen collection procedure and must have approval of a physician. EMTs are not permitted to perform venipuncture for specimen collection.</i>

Pharmacological Interventions/Skills	Levels						Interpretive Guidelines
1. Fundamental pharmacological skills							
a. Use of unit dose commercial pre-filled containers or auto-injectors for the administration of life saving medications for chemical/hazardous material exposures.	R	E	I	A	C	P	
b. Assist patients in taking their own prescribed medications as approved by the local EMS Medical Director		E	I	A	C	P	Georgia specific skill.
c. Administration of over-the-counter medications with appropriate medical direction.		E	I	A	C	P	Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin. Also includes the use of over-the-counter analgesics for pain or fever.



# Scope of Practice

- Review for services you wish to provide
- New services may require new policies, training, and/or certifications- most likely, all three!

# How To Address These-



# Scope of Practice

- If specifically allowed under current SOP, may not require any changes or additional training
- If not allowed, may need to develop additional training, offer certification and revise SOP prior to engaging in some MIH options



# “Fixing” the Problems



# Time for Change

- Must look at *all* areas that govern EMS providers
- Expect some inconsistencies- Rules were not all drafted at the same time and may not have considered other rules
- Changes for MIH may be an opportunity to clear up these inconsistencies



# Time for Change

- Consider other providers who can separately bill for services and who may not have the same limitations
- MH Models can be flexible and use a mix of providers via in-person and telehealth
- Being creative can help you hurdle the barriers!



# Time for Change

- Look at MH models in your state
- Learn from others, but don't assume
- Network
- NAMIHP



# Summary

- MIH models require new considerations
- Changes to Statutes, EMS Rules, Protocols and Scope of Practice may be necessary for EMT/Ps
- These should expressly allow MIH services, silence is not always golden!
- Other types of providers should be considered and can expand your MIH capabilities



# Questions?



[ckelly@pwwemslaw.com](mailto:ckelly@pwwemslaw.com)

[www.pwwemslaw.com](http://www.pwwemslaw.com)