

EMSWORLD[®] EXPO

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Helping Before 911: Mobile Integrated Health in Indiana



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Faculty Disclosure

- **Kraig Kinney** has no financial relationships to disclose relating to the subject matter of this presentation.
- **Brittany Fortinberry** has no financial relationships to disclose relating to the subject matter of this presentation.



MOBILE INTEGRATED HEALTHCARE IN INDIANA



MOBILE INTEGRATED HEALTHCARE IN INDIANA

- THE EMS section of IDHS is the administrative office for the EMS Commission.
- Staffing to address MIH:
 - State EMS Director Kraig Kinney
 - State EMS Medical Director: Dr. Eric Yazel
 - MIH Coordinator: Brittany Fortinberry



LEGISLATIVE HISTORY MIH - INDIANA SENATE ENROLLED ACT 498 (2019)



SENATE ENROLLED ACT 498 - MIH IN INDIANA

- Senate Enrolled Act 498 (2019) was the first legislative item that addressed mobile integrated healthcare.
- The definition of “emergency medical services” was updated to add: “transportation services, acute care, chronic condition services, or disease management services provided as part of a **mobile integrated healthcare program** under IC 16-31-12.”



SENATE ENROLLED ACT 498 - MIH IN INDIANA

- Mobile Integrated Healthcare / Community Paramedicine
 - Gives the EMS Commission the authority to create the necessary rules/regulations concerning MIHP activities
 - Expands the definition of emergency medical services to include in home care, chronic care management and disease prevention
 - Requires FSSA (Indiana Medicaid) to seek funding for reimbursement of activities
 - Establishes the MIHP grant fund to help support pilot programs across the state of IN



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare
 - 16-31-12-1 “Mobile integrated healthcare”
 - 16-31-12-2 Development of mobile integrated healthcare program
 - 16-31-12-3 Application and process for approval of program; subcommittee; recommendations; appeal
 - 16-31-12-4 Grant; limitations
 - 16-31-12-5 Fund
 - 16-31-12-6 Rules

Indiana has 13 different Chapters addressing EMS in the Indiana Code and Chapter 12 is devoted entirely to mobile integrated healthcare.



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare

16-31-12-1 “Mobile integrated healthcare”

Sec. 1. As used in this chapter, "mobile integrated healthcare" means community based health care in which paramedics and emergency medical technicians employed by an emergency medical services provider agency function outside of customary emergency response and transport to do the following:

- (1) Facilitate more appropriate use of emergency care services.
- (2) Enhance access to:
 - (A) primary care for medically underserved populations; or
 - (B) underutilized and appropriate health care services.



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare

16-31-12-1 “Mobile integrated healthcare”

Sec. 2. (a) The commission, in consultation with the state department (Department of Health), may develop a mobile integrated healthcare program.

(b) In developing the mobile integrated healthcare program, the commission may consider the following:

- (1) Whether to limit the type of health care that can be provided under the program.
- (2) Whether additional training or education is necessary for a paramedic in providing services under the program.
- (3) Whether additional certification of a paramedic should be required in order to participate in the program.
- (4) The degree of oversight, reporting, and enforcement by the commission needed for the program.



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare

IC 16-31-12-3 Application and process for approval of program; subcommittee; recommendations; appeal

Sec. 3. (a) The commission may establish an application and process for an emergency medical services provider agency to submit for approval an application and information requesting the implementation of a mobile integrated healthcare program.

(b) The commission may establish a subcommittee to provide the initial review of an application submitted by an emergency medical services provider agency for a mobile integrated healthcare program and determine whether to grant approval for the program. In reviewing an application, the subcommittee or commission may request additional information from the emergency medical services provider agency that submitted the request.

(c) If a subcommittee is established by the commission, the subcommittee shall make recommendations to the commission concerning a submitted application. The commission must approve or deny the application not more than ninety (90) days after the submission of a complete application.

(d) An emergency medical services provider agency may appeal a denial of the application by the commission under IC 4-21.5.



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare

IC 16-31-12-4 Grant; limitations

Sec. 4. (a) The commission may establish a mobile integration healthcare grant to assist communities in the development and implementation of a mobile integrated healthcare program that has been approved by the commission under this chapter.

(b) The commission may do the following:

- (1) Administer the grant.
- (2) Create a grant application for the grant.
- (3) Develop a process for receiving and evaluating grant applications.
- (4) Establish eligibility requirements for the grant.
- (5) Select recipients of the grant and distribute the funds for an awarded grant.

(c) The commission may only award a grant under this section to an emergency medical services provider agency that is operated by a:

- (1) city;
- (2) town; or
- (3) township.

Note that while a funding mechanism and grant systems was created by statute but was NOT funded by the legislature.



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare

IC 16-31-12-5 Fund

Sec. 5. (a) The mobile integration healthcare grant fund is established within the state general fund for the purpose of the development and implementation of a mobile integrated healthcare program.

(b) The commission shall administer the fund. The expenses of administering the fund shall be paid from money in the fund.

(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(d) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

For the 2022-2023 FY Budget, a line item funding of \$100,000 for the grant was passed by the Indiana legislature.



STATE OF INDIANA STATUTES RELATING TO MOBILE INTEGRATED HEALTHCARE

- IC 16-31-12 Chapter 12. Mobile Integrated Healthcare

IC 16-31-12-6 Rules

Sec. 6. The commission may adopt rules under IC 4-22-2 that are necessary to implement and administer this chapter.



LEGISLATIVE HISTORY MIH - INDIANA HOUSE ENROLLED ACT 1209 (2020)



HOUSE ENROLLED ACT 1209 - MIH IN INDIANA

- Requires payment for non-transport services
- Think of this bill as a “phase 2”
- In 2019, SEA 498 put MIH-CP on the map and gave the EMS Commission regulatory authority over those activities.
- HEA 1209 will allow for EMS reimbursement of non-transport activities originating from a 911 call (IC 12-15-5-18.5).



NEXT STEPS FOR MIH IN INDIANA

- Billing Changes
 - Move away from transport model
 - HEA 1209 (2020) enables approval of billing for ALS scope of practice procedures performed on the scene of a 911 response independent of whether the patient is transport.
 - An extension of HEA 1209 could support billing for EMS Commission approved MIH programs as that would be within the scope of practice by statute.





INDIANA EMS COMMISSION ACTION



EMS COMMISSION ACTION ON MIH

- Dr. Michael Kaufmann, the State EMS Medical Director worked with the Purdue School of Public Health to review MIH development across the nation to make recommendations to the Indiana EMS Commission.
- At the November 14, 2019, EMS Commission meeting, the Commission approved the concept of the Mobile Integrated Health Advisory Committee and, while designating the representative positions, authorized IDHS to select the specific members for each category.
 - The Committee membership was streamlined in February of 2020, but because of COVID-19, the MIH Advisory Board was put on hold until August.



MOBILE INTEGRATED HEALTHCARE ADVISORY COMMITTEE

A Subcommittee of the Indiana EMS Commission

State EMS Medical Director

State EMS Director

EMS Medical Director Rep.

MIH-CP Program Director

Municipal EMS MIH-CP Program

Non-municipal MIH-CP Program

College/University Representative

MIH-CP Provider

MIH-CP Patient

Family and Social Services Representative (FSSA)

Insurance Industry Representative

Indiana Department of Health Representative

Indiana Hospital Association Representative

Indiana EMS Association Representative

Indiana Fire Chiefs Association EMS Representative



MOBILE INTEGRATED HEALTH PROGRAMS IN INDIANA

- On April 16, 2021, the Indiana EMS Commission has a policy on approval for MIH programs. Approval is more akin to a registration than a certification.
- While this application and approval process does not prohibit functions of mobile integrated health, it does recognize approved MIH programs that would be eligible for reimbursement opportunities and grants. Preference will be given to programs that have a community purpose and will be fully integrated with staffing, education, and protocols versus performing just a function of mobile integrated healthcare



EMS COMMISSION ACTION ON MIH

While an approved MIHP may be any form of program that is community-based and outside the normal transport model, examples of acceptable programs include:

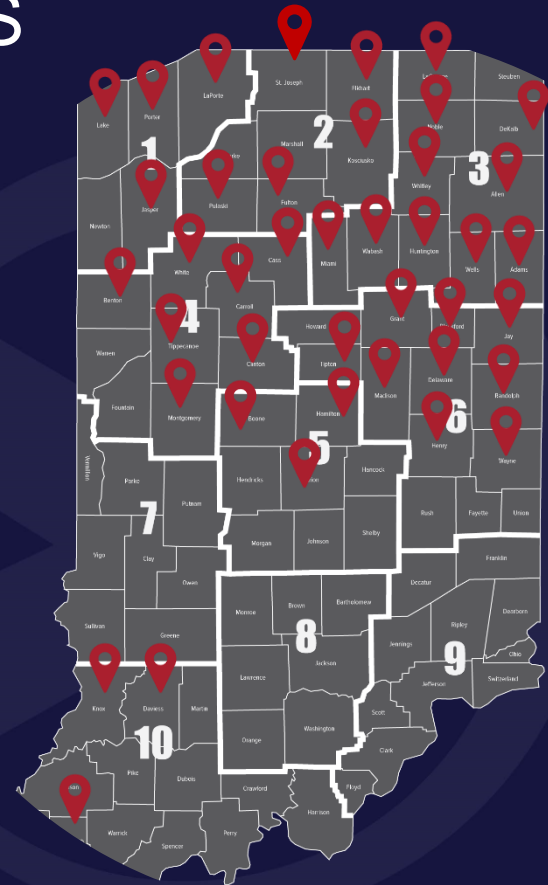
- a. Hospital dismissal/post discharge follow -up and readmission prevention
- b. Post -response follow up for certain emergencies (such as diabetic or overdose)
- c. Diabetic counseling and monitoring
- d. Chronic disease management
- e. Decreased utilization of EMS by high frequency patients
- f. Substance abuse mitigation
- g. Mental illness mitigation
- h. OB/newborn management programs
- i. Elderly management programs including falls
- j. Immunization and vaccination initiatives



MOBILE INTEGRATED HEALTH IN INDIANA

EXISTING PROGRAMS

- South Bend Fire Department
- Crawfordsville Emergency Ambulance Service/Crawfordsville Fire Department
- Noblesville Fire Department
- Boone County EMS/Witham Health Services
- Superior Ambulance Service
- Monticello Fire Department
- Indiana University Health Ball Hospital
- Parkview Health
- Fishers Fire and Emergency Services
- New Castle-Henry County Emergency Medical Services
- Indianapolis Emergency Medical Service
- Zionsville Fire Department
- Adams County EMS
- Richmond Fire Department
- inHealth Integrated Care
- Phoenix Paramedic Solutions
- Vincennes Township Fire Department
- Muncie Fire Department
- Elkhart Fire Department
- Warsaw-Wayne Fire Territory
- Scott Township Fire and EMS
- Lutheran EMS
- Daviess Community Hospital



NEXT STEPS FOR MOBILE INTEGRATED HEALTHCARE IN INDIANA



EXPANDING ROLE OF MIH IN INDIANA

- IDHS Current role: Information gathering and facilitation of MIH programs.
 - MIH Coordinator visiting existing programs and areas interested in developing programs.
 - The MIH Approval process will create visibility of programs
- Future role: Convert new program development to sustainability.

Innovation



Sustainability



RETURN ON INVESTMENT OF MIH IN INDIANA

- What can the State do to help with continued development of MIH?
 - Standardized practice area qualifications and services.
 - Oversight of the MIH practice to ensure patient safety and quality of care.
 - Advocacy for MIH programs and reimbursement model changes.



COVID MIH IN INDIANA

- Homebound Hoosiers: A state agency EMS partnership success story
 - Problem: FSSA (Indiana Medicaid) had homebound clients that were interested in vaccinations and willing but could not physically make it to a vaccination clinic site.
 - FSSA: Gathered an on-line list and made it available to the partners.
 - IDOH: Provided the vaccination supplies and reimbursement.
 - IDHS: Found EMS providers around the State that would participate.

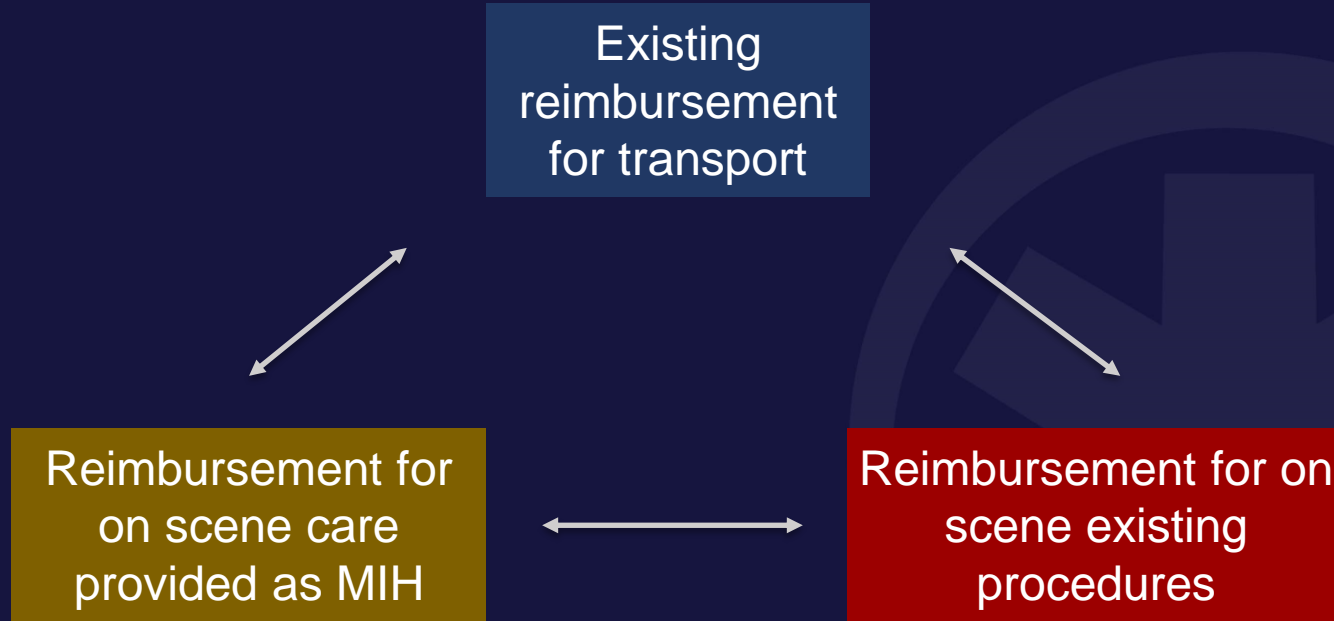


NEXT STEPS FOR MIH IN INDIANA

- Is Homebound Hoosiers an exception or an example of a pathway that can be taken for future EMS initiatives?



NEXT STEPS FOR MIH IN INDIANA



Thank you!



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