

# **Partnering with the EMS World to Improve Health Outcomes**



AHI Leadership Summit  
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*Virtually!*



# HI!

Mark has just entered his 32nd year in EMS, serving 29 of them as the Chief of Operations of The Cambridge Valley Rescue Squad. He is also one of the founders and is the Director of the Mobile Health Care System which oversees the first Community Paramedic program in New York. He is currently on staff at Hudson Valley Community College and Mountain Lakes Regional EMS. Additionally, Mark has extensive experience in "people" and "program" management.



# The Opener...

*The role of Emergency Medical Services continues to expand and evolve. Community Paramedicine programs and alternate delivery of EMS services are growing across the State and Regionally. This presentation will look at various types of programs that exist and discuss ways in which health care systems, community based organizations, and EMS can partner to improve the communities overall health.*



# Today...

- Define the traditional role of emergency medical services.
- Describe various types of alternated delivery of care models being utilized by EMS agencies, including the concept of ET3.
- List various partnership possibilities involving EMS that could improve overall community health.



# Traditional Role of EMS

***EMERGENCY! 9-1-1***

Routine Transports

Event Stand-by / Medicine

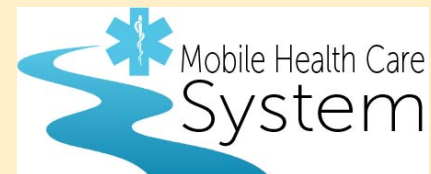


Community Education

# Alternate Delivery Models

Community Paramedicine / Mobile Integrated Health Care

- Wide range of programs
- NY programs must navigate through web of regulations
  - Programs vary from wellness assessments (MHCS) to treat & release of high priority patients (Northwell Health)
  - Focus on reducing readmissions & keeping folks health & safe at home



# Alternate Delivery Models

- Data speaks volumes...
- Too much to display &/or discuss today
- ↑ in patient satisfaction, ↓ in readmissions, & ↓ health care costs reported in almost *all* programs.

<http://nymiha.org/conference/>



# ET3

Emergency Triage, Treat, & Transport

## CMS Pilot

- 1) Access to “telemedicine” / medical control
- 2) Treat & Release Protocols
- 3) Alternate Transport Destinations

*Now... what we're here for...*

## **What can EMS do for YOU?**

Gaps, gaps, gaps, gaps, gaps!

*Ask yourself... what gaps do we have that someone with medical training, that is in the community every day, could fill?*

# Some ideas... *(real stuff here!)*

## Telehealth

*Technology Visit Assistance*

## Check-Ins

*One-time visits... when you can't be there.*

## Labs

*Need data, but patient can't make it in!*

# Some ideas... *(real stuff here!)*

## Required Training

*Who does your PPE, CPR, or other healthcare training?*

## Events

*Include local EMS in health-related events.*



## Innovations

*Back to the gaps!*

# Why? Aren't you busy enough?

## 5 Reasons why to engage & Partner w/ EMS

- ❶ Part of the Community (CBO)
- ❷ Expertise / untapped potential
- ❸ Sustainability / “reimagining the plan”
- ❹ Public Safety → Public Health
- ❺ Flexibility & Enthusiasm

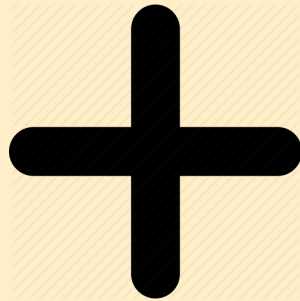
# How?



- Decide what you need
- Contact your EMS agency and ask!
- They will want to know how it will benefit them.
- If that doesn't work, go the next step
  - Other agencies that can “work” in the area
  - County EMS Coordinators
  - Regional Councils

EMS is horrible at  
advocating for ourselves!

# Case Study... *hot off the press!*



## School Resource Medic!

Time for YOU to share!  
Any experiences?





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