

Community Health EMS



Thank you for your interest in looking at innovative ways to better serve your communities health care needs by exploring the option of Community Health or a Community Paramedic Program. These two terms can be further explained as:

Community Health EMS (CHEMS): Allows for all levels of EMS providers and agencies to perform care that can prevent readmissions or unnecessary 911 calls from those patients within the community that are in need of continued or follow up care. This EMS agency can hold any level of licensure as long as the skills they are providing are within their approved level of practice. The enhanced role of each level of provider must be defined by an agency and approved by the current medical director in order to practice.

Community Paramedicine (CP): Is specific to the Paramedic level provider performing care as an ALS agency with enhanced roles. There is a national defined role for the standard of care however, the lower levels of providers are further being defined. Community Paramedicine is considered a level of provider under the Community Health EMS operational declaration according to IDAPA16.01.03.

“16.01.03. Community Health EMS. The community health EMS operational declaration is available to an agency with a pre-hospital operational declaration that provides personnel and equipment for medical assessment and treatment at a non-emergency scene or at the direction of a physician or independent practitioner”.

The State of Idaho has recently had an increase in EMS agencies that have adopted a Community Paramedicine model within the communities. Each program is unique in what type of preventative or follow up healthcare services they provide. The programs are also specific to what the needs are in the community.

There are several areas to consider when evaluating your potential to become an EMS agency that provides Community Health EMS:

1. What are your community needs that EMS can fill? Is it cardiac, mental health disorders, medication reconciliation, post-hospital discharge, etc....
2. Is their funding available to provide a program currently or funds that could be allocated specifically for a program to be piloted or implemented long term? If not, would your agency qualify for Rural Health grant opportunities?
3. Is there enough agency providers that are interested in potentially completing additional education certification specific to be considered a Community Paramedic or Community Health EMS provider?
4. Who will provide the education? Internal education or external educational institutes may be an option.
5. Stakeholder engagement with community healthcare leaders, organizations, hospitals, partners, etc....

There is a peer mentoring program that is funded by the Bureau of Rural Health and Primary Care that allows for EMS personnel to be compensated for travel expenses in order to visit with an agency that already provides Community Health EMS. The CHEMS providers may also visit your agency to assist with a needs assessment or provide some mentoring that allows for an agency to learn more about creating a program before implementation. The peer mentoring application can be found at www.chems.dhw.idaho.gov along with more information on current past, present and future Idaho EMS initiatives. There is also a subcommittee specific to Community Health EMS that collaborates during the tri-annual EMSAC 2-day meetings. Audience members are more than welcomed to attend.

The Bureau of EMS and Preparedness strives to initiate communication between those agencies interested and those already formed. For more information, please contact Mindi Anderson @ (208) 334-4000 or via email at andersonm@dhw.idaho.gov.

