



Emergency Medical Services (EMS) Agency Unique Characteristics/Talking Points:
(No Specific order)

- EMS providers **deliver care** typically in a non-clinical setting, often in patient's home environment
- EMS providers can **communicate** via radio, phone, imaging, etc., to relay findings to medical control, physicians, and nurses within hospital systems
- EMS providers already have the capacity to **function within interdisciplinary teams** such as: dispatch, law enforcement, healthcare providers, patient families, ER doctors and nurses, community volunteers, caregivers, and neighbors
- As an active responder in the community, EMS providers are well aware of the **available resources**
- The EMS system can prove the **link into the healthcare system** does not always start at the emergency department but can begin when EMS personnel arrive on scene
- EMS personnel **extend the reach of patient care** beyond the emergency department giving them a unique perspective on why patients initially access the healthcare system

Community Health EMS (CHEMS) Talking Points:
(In no specific order)

- By utilizing CHEMS, the reach of primary care can be extended
 - Healthcare navigators for patients
 - Providing transitional care for patients after hospital discharge
 - Vaccinations
 - Medication inventories
 - Resource and care coordination
 - Basic medical therapeutics
- Collection of data is essential to the funding and sustainability of CHEMS. Data should prove:
 - Value
 - Better patient outcomes
 - Economic stability
- CHEMS is a component of the patient-centered medical home (PCMH) model which supports comprehensive, team-based, coordinated, accessible, safe, and focused primary care
- Assists in implementing a patient care plan in a proactive vs. reactive manner
- Identifying barriers to implementation with the goal to empower patients to independently manage their medical conditions
- Promotes and utilizes an interdisciplinary approach to increasing access to healthcare

- Uses established Emergency Medical Services (EMS) systems, additional providers, and appropriate resources
- Established CEMS programs have found an overlap in patients who call 911 and those who benefit from CEMS
- Additional education is available to CEMS providers in efforts to enhance and streamline the healthcare delivery model
- A community needs assessment can assist in the identification of specific issues and deficiencies within the community

Open Ended Questions:

(Specific Order)

1. Related to the delivery of healthcare in your community, if you could fix one thing, what would it be?
2. What do you see as your greatest needs or challenges in reaching the healthcare outcomes you are looking to achieve?
3. Do you believe this concept/provider could be used within your organization's healthcare delivery model – if so, do have some initial thoughts on how?
4. Do you have any initial reservations to this concept? If so, what are they?
5. What pieces of information/items of interest do you feel might be missing from this concept right now?
6. Would you be interested in partnering with us to further develop this program?

Web Based Links - Supportive Information:

(Links to be added based on feedback from Sub-Committee)