



Fire Chiefs' Association of Massachusetts, Inc.
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FCAM.org

Dear Chiefs,

January 15, 2025

Please find included in this document information on Mobile Integrated Health (MIH) that has been compiled by the Mobile integrated Health working group. This document has been put together by Chief's from large and small departments as well as some departments that are currently performing MIH in the community. Please use this document as a resource. We hope to meet on this moving forward and add more information as it becomes available.

FCAM MIH

DPH Site for Community EMS and MIH: <https://www.mass.gov/mobile-integrated-health-care-and-community-ems>

DPH list of approved Community EMS Programs:
<https://www.mass.gov/info-details/approved-community-ems-services>

Region 4 EMS has a request into DPH for all approved MIH and Community EMS Programs in the Commonwealth. - JMC 9/9/2024

List of MIH and CEMS Programs according to DPH as of 9/13/24:

MIH PROGRAMS:

Baystate Medical
Boston EMS
Boston EMS (EDA)
Brewster Ambulance Service
City of Fall River Community Medicine
Coastal Ambulance Service
InstED, LLC
Lowell General Hospital

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Mass General Brigham
SmartCare/Cataldo
South Shore Hospital
UMMC

COMMUNITY EMS PROGRAMS:

Taunton Board of Health

Well-Being Checks

Somerset Fire Department

Vaccinations (by paramedics only)

Princeton Fire Department

Vaccinations (by paramedics only)

Lexington Fire Department

Vaccinations (by paramedics only)

Carver Emergency Medical Services

Children with special care needs evaluation; Health Promotion Screening; Home and Community Falls Prevention; Well Being Checks

Child passenger safety; Depression and suicide prevention resource lists in the community; Fire and burn prevention and education; Home and community falls prevention; Naloxone information and training; Sharps awareness; Vaccinations; Water Safety; Well Being Checks; Window Falls Prevention; Behavioral health home and community referrals

Bourne Fire Rescue

Behavioral health home and community referrals; Fire and burn prevention and education; Home and community falls prevention; Home safety evaluation; Naloxone information and training; Sharps awareness; Vaccinations (by paramedics only)

Burlington Fire Department

Well Being Checks; Home Safety Evaluations; Naloxone Information and Training

New Bedford EMS

Naloxone Information & Training; Sharps Awareness; Emergency Preparedness Individual Evaluation; Fire and Burn Prevention and Education; Homes and Community Falls Prevention; Water Safety; Behavioral Health; Well Being Checks

Duxbury Fire Department

Marshfield Fire Department	Fire and Burn Prevention; Home and Community Falls Prevention; Home Safety Evaluation; Vaccination by Paramedics; Well-Being Checks; Sharps Collection and Awareness
Hopkinton Fire Department	Home and Community Falls Prevention; Well-Being Checks; Home Safety Evaluation; Children with Special Needs Evaluation; Depression and Suicide Prevention; Vaccination by Paramedics
Hanover Fire Department	Fire Prevention and Burn Prevention and Education; Home Safety Evaluation; Home and Community Falls Prevention; Emergency Preparedness Individual Evaluation; Window Falls Prevention; Sharps Awareness; Unhoused and Housing Instability; Children with Special Care Needs Evaluation; Child Passenger Safety
Easton Fire Department	Fire Prevention and Burn Prevention Education; Home Safety; Home and Community Falls Prevention; Emergency Preparedness Individual Evaluation; Window Falls Prevention; Sharps Awareness; Unhoused and Housing Instability; Children with Special Care Needs Evaluation; Child Passenger Safety; Vaccinations (by Paramedic Only)
Fall River Fire Department	Well-Being Checks; Home Safety Evaluation; Vaccinations by Paramedics Only
PrideStar/Trinity EMS	Substance use disorders education; Naloxone information and training; and Homeless and Housing Instability
Marion Fire Department	Child Passenger Safety; Emergency Preparedness Individual Evaluation; Fire and Burn Prevention and Education; Firearms Safety; Home and Community Falls Prevention; Poison Control Home Evaluation; Sharps Awareness; Vaccinations (by paramedics only); Water Safety; Well-Being Checks; Home Safety Evaluation

Overview Questions:

Mobile Integrated Health (MIH) versus Community Paramedic (CP): MIH and CP (MIH-CP) are two terms that are sometimes used simultaneously but have slight differences; both are relatively new concepts to provide mobile patient-centered healthcare outside of hospital settings (NAEMT, 2018). The key difference is that MIH involves an array of different health care entities, such as social workers, visiting nurses, and other partners to collectively provide alternative patient care; on the other hand, CP programs typically involve just the EMS agencies and their practitioners.

Mobile Integrated Health Care (MIH) and Community EMS are new programs that utilize mobile resources to deliver care and services to patients in an out-of-hospital environment in coordination with healthcare facilities or other healthcare providers.

- Community EMS is a collaborative system that addresses illness or injury prevention through high value public health services in the community.
- MIH is a system of pre- and post-hospital services that utilizes mobile resources, including EMS Personnel, community paramedics, and other providers to deliver a coordinated continuum of care that supports patients' needs in the community.
- MIH with ED Avoidance is an additional component of an approved MIH Program that allows for management of 9-1-1 patients, as appropriate and in accordance with the DPH ED Avoidance Protocol, in alternative settings including outpatient clinics, psychiatric facilities, and the patient's home.

What is the difference between CP and visiting nurses:

Visiting nurses and CP both treat patients in their homes but offer different services. A visiting nurse is part of a home health care program which requires a payor source that covers home health, the patient must have an established care plan written and reviewed by a physician, the patient must be homebound, and the agency and providers must be licensed (NAEMT, n.d.). Unfortunately, many patients do not meet all of the criteria and are ineligible for home health services. Also, one advantage of CP versus visiting nurses is that the nurses are usually scheduled to visit their patients and cannot see patients in low-acuity emergencies, but CP's can. The advantage of creating an MIH-CP program is that it broadens the spectrum and includes other agencies such as home health services with the goal of filling gaps in current delivery models rather than replacing or duplicating services already available (NAEMT, n.d.).

Services MIH-CP can offer:

Preventing hospital readmissions, frequent EMS and ED users, chronic disease management, and alternative destinations.

Thank you to the MIH Working group for gathering and compiling this information, we plan to share more information and continue our efforts on MIH in the future.

Sincerely,



Chief Michael Kelleher
President

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