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The new Community Emergency Medical Services (CEMS) Program will allow emergency medical personnel to perform basic health care for people in their homes, reducing costly readmissions to the hospital. Program requires additional training for EMS personnel working under direction of the hospital medical director.

ALMA, WI - “We had a patient who called us at least once a week,” a local Emergency Medical Director told me. “We took him to the hospital, but, what if we could take care of him at home.”

A new law makes it possible for emergency medical personnel to perform basic health care for people in their homes. This new approach to health care delivery may soon be in your neighborhood.

“We’ve seen a big increase in calls,” a Jackson County emergency medical professional said while visiting my Capitol office. He told me the patients they see at home are much sicker than years ago. People need care but want to stay at home. In Jackson County, ambulance personnel are working closely with the homecare workers to help people stay in their homes.



We think of emergency medical personnel as helping us with acute problems: an auto accident or farm injury. Increasingly, the problems emergency workers see are related to chronic conditions. Diabetes, breathing problems and heart disease are common complaints.

Legislation recently signed into law created a new type of health professional through the new Community Emergency Medical Services (CEMS) program.

Gundersen Health System spokesperson Michael Richards testified in support of this legislation. He described a change in the way Medicare paid for hospital visits. Beginning in 2012, hospitals are penalized for patients who returned to the hospital if they were admitted less than a month prior. This "30-day readmission rule" encouraged hospitals and doctors to think hard about how to keep people healthier, in their homes, and not back in the hospital.

"To be proactive, Gundersen…diligently research[ed] the community paramedic program. …We envisioned the positive potential a comprehensive community paramedic program could provide to our patients and communities. …We aim to integrate the community paramedic program into the transitional care program as a 'transition care coach.'"

Mr. Richards explained that a community paramedic would be trained in patient assessment, education and diagnostic testing, such as electrocardiograms (EKGs). The CEMS worker could help with review of medications, appointments and continue "strategies to reinforce compliance to [the] discharge plan of care and/or disease management. All this work will be done under the direction and guidance of the medical director."

Making sure the patient received the proper care by a quality professional was the goal of the main authors of the new law – Representatives Loudenbeck and Shankland and Senators Moulton and Bewley.

The new law specifically forbids the emergency personnel from performing any services that require a license, certificate or other state credential. This requirement means the community emergency worker could not do the work of nurses or other health professionals. Under the new law, community emergency workers are forbidden from providing any services that are already being provided to a patient.

How will this new law work? Most emergency professionals will act as part of a hospital team. The Wisconsin Department of Health will approve both the ambulance provider's plan for

community care and the training programs. Hospitals will likely offer much of the training. The Department of Health or the medical director must establish care protocols – what the emergency responder does for the patient.

To work as a community emergency services practitioner, an individual must receive approval from the Department of Health, must have two years of experience and must complete required training.

The ambulance provider must have approval by the Department of Health for the type of care the emergency medical services professionals will deliver.

Mr. Richards summed up the new plan stating, “We believe community paramedicine best serves patients and community health. The extension of care beyond our walls is in line with the specific goal of reducing readmissions [and] is in the best interest of the patients and their families.”

This story is a fine example of how federal health policy – the “30-day readmission rule” – spurred innovation leading to a change that is both better for patients and helps lower health costs. And it’s a story of how a bipartisan group of lawmakers stepped up to the challenge to make innovation happen in Wisconsin.

*** Corrected version ***