The Home Care Alliance of Massachusetts and home health care providers are supportive of efforts that will reduce the need for hospitalizations by expanded opportunities to receive care in their homes. In some instances, emergency responders, such as EMS personnel, may in some instances be most knowledgeable about and well-equipped to assist in addressing the immediate needs of a person at risk of an ED visit. These instances will most frequently occur during evening hours.

The following are principles around which the member agencies of the Home Care Alliance of MA believe the state of Massachusetts should design a Mobile Integrated health programs:

1. There should be a change in practice that allows ambulance companies more flexibility to stabilize a patient rather than make an immediate transport to a hospital. The purpose of such an effort should be to address the unmet needs of individuals who are experiencing an episodic healthcare issue. However, for purposes of the MIH program, a transition from a hospital should not be treated as an episodic emergency.

2. MIH should be integrated into the local healthcare system and working in collaboration with physicians and other community health organizations should not be intended to address long-term medical or nursing care management needs.

3. MIH providers should be required upon stabilization to document and to make a referral to primary care, home health, community health center or other similar entity for follow-up in accordance with referral specifications to be incorporated into state regulations. If the patient is actively receiving home health care, then a hand-off to that agency should ensue.

4. MIH providers must be licensed by the state and part of the licensure process should require the prospective MIH program to define the community/communities to be served, to demonstrate local need, and to have written agreements with the community health organizations being partnered with.

5. MIH providers should operate within the scope of service for Emergency Services personnel, outside of the transport mandate. MIH providers’ scope of services should not include activities that require follow-up care outside of a rapid response and stabilization scenario.

6. MIH services should be priced at market value.