



AIMHI

**EXCELLENCE IN
EMS INTEGRATION**

2026 Awardees

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Advocacy in Integrated Healthcare Award

Nominee

Nominated By

U.S. Rep. Mike Carey (Ohio-15)

Contact: Theresa Braid, Communications Director
Theresa.braid@mail.house.gov

Matt Zavadsky, PWWJAG
matt.zavadsky@pwwag.com

Category

Advocacy in Integrated Healthcare Award: Recognizing an elected or appointed legislator or regulator from any level of government who has made significant impact on the integration or advancement of EMS.

Type

Individual

Description of the initiatives/activities of the nominee:

Rep. Carey is a member of the House Ways and Means committee, and introduced the [CARES Act](#) in both the 118th and 119th Congress. He has been a strong advocate for EMS in discussions with HHS and CMMI.

Description of the impact the nominee's initiatives has on EMS integration:

Most recently, during a [Ways and Means Committee Hearing](#) he specifically asked 5 insurance CEOs if they feel EMS treatment in place without transport is valuable to the insurers. All 5 CEOs said YES! Thank you Rep. Carey!



Excellence in EMS Integration Award

Nominee

The Sonoma County Fire District EMS

Contact: Jimmy Pierson
jpierson@medicambulance.net

Nominated By

Jimmy Pierson
Medic Ambulance Service
jpierson@medicambulance.net

Category

Excellence in EMS Integration Award: This award recognizes a non-EMS organization that has developed and implemented a partnership with EMS organizations that have demonstrated enhancement of patient experience of care, improved patient outcomes, or reduced the cost of healthcare.

Type

Organizational

Description of program:

The Sonoma County Fire District EMS (SCFD-EMS) program is an integrated public-private partnership between Sonoma County Fire District and Medic Ambulance Service designed to deliver coordinated, patient-centered emergency medical care. Launched in January 2024 following a successful EOA award, the system expanded to 21 peak ambulances and implemented tiered response to ensure the right level of care is delivered at the right time. Through shared clinical governance, data-driven quality improvement, and targeted workforce education, SCFD-EMS has demonstrated measurable improvements in patient outcomes, operational efficiency, and overall system performance.

Date of implementation: January 2024

Number of Patients/Members:

Sonoma EOA-1, 60k Transports

Metrics that Demonstrate Value:

Expanded System Capacity: Increased deployment to 21 peak ambulances (15 ALS / 6 BLS), creating the largest ambulance footprint in the service area's history.

Right Resource, Right Time: Implementation of tiered response resulted in approximately 13,000 BLS transports annually out of more than 60,000 total patient transports, preserving ALS availability for high-acuity emergencies.

Clinical Performance Improvements (Q1 2024 → Q1 2026):

- Pediatric Weight Documentation: +56.4 percentage points
- Aspirin Administration for ACS/STEMI: +48.7 percentage points
- Stroke Pre-Arrival Alert: +45.8 percentage points
- Stroke Scale Screening: +43.6 percentage points
- Pain Assessment for Trauma Patients: +35.7 percentage points
- Stroke Last Known Well Documentation: +35.0 percentage points
- Stroke Scene Time <15 minutes: +25.3 percentage points
- Waveform Capnography (ETCO₂): +25.0 percentage points

Awardee

Clinical Outcomes:

- 48 neurologically intact cardiac arrest survivors
- 90% of chart reviews completed within 11 hours of PCR submission
- Over 12,500 closed-loop clinical feedback messages delivered to providers

Quality Improvement Infrastructure: Clinical review coverage increased from 10.7% to 24.8%, demonstrating expanded oversight and rapid performance feedback.

Conclusion

The Sonoma County Fire District and Medic Ambulance Service partnership exemplifies the goals of the AIMHI Award for Excellence in EMS Integration. By unifying leadership, operations, and clinical strategy, SCFD EMS has created a high performing integrated mobile healthcare system that measurably improves outcomes, strengthens community service delivery, and serves as a replicable model for EMS systems nationwide.

For additional details, visit this link: <https://www.dropbox.com/scl/fi/cbyhawj2522m8gmd8vz3/SCFD-Partnership.pdf?rlkey=qs2gf885rgsdw0glck0bkrpca&st=757cngot&dl=0>

Excellence in Public Information or Education

Nominee

Medic Keep the Beat Foundation

Contact: Cindy McBride

cmcbride@themedicfoundation.org

Nominated By

Jimmy Pierson

Medic Ambulance Service

jpierson@medicambulance.net

Category

Excellence in Public Information or Education: This award recognizes an EMS or non-EMS organization that has developed and implemented an effective public information or education campaign designed to encourage patients, members, or the public to develop or maintain healthy lifestyles, or to more effectively utilize healthcare resources.

Type

Organizational

Description of Program:

The Medic Keep the Beat Foundation is the nonprofit arm of Medic Ambulance a family-owned emergency medical services provider that has proudly served Solano County for more than 45 years. Founded on the belief that the best emergency is the one that never happens, the Foundation focuses on prevention, preparedness, and community education. Through free fall prevention services and AED donations, we work alongside individuals, families, and community partners to reduce preventable emergencies and strengthen both at home and throughout the community.

According to the Solano County Department of Health and Social Services, Public Health Division (<https://www.solanocounty.gov/news/solano-county-recognizes-fall-prevention-awareness-week-2025>), falls are the leading cause of injury for older adults, with one in four adults over 65 experiencing a fall each year. According to the Centers for Disease Control and Prevention, an older adult is treated in the emergency room for a fall every 11 seconds, and many of these incidents result in broken bones, head injuries, or loss of independence. In Solano County, where nearly 10% of households include someone living alone who is 65 or older (U.S. Census Bureau, 2020), in-home fall risks such as poor lighting, tripping hazards, and limited mobility present serious safety challenges for aging residents who wish to remain independent.

The Medic Keep the Beat Foundation's Fall Prevention Program delivers individualized in-home safety education and assessments to help older adults identify and address environmental fall risks. Program staff provide hands-on guidance and recommendations related to home layout, lighting, mobility support, and daily living safety. To date, the program has served 99 clients through 191 in-home visits, resulting in the installation of 57 ramps, 153 grab bars, and the distribution of 487 pieces of durable medical equipment. In addition to these safety interventions, participants were connected with critical support services including Adult Protective Services, Meals on Wheels, Pets Assisting the Wellbeing of Seniors, and the Area Agency on Aging, extending the impact of fall prevention education beyond the home.

This education-centered approach promotes proactive safety behaviors that reduce fall risk, prevent injury, and decrease unnecessary 911 utilization and emergency department visits among Solano County's aging population.

For client testimonials and before & after photos, see email sent to Matt Zavadsky on 2/20/26 at 4:15pm or follow this link: https://www.dropbox.com/scl/fi/nt475ege5v3bz1z7ycu29/MF_ProgramOverview-2.17.26-DIGITAL.pdf?rlkey=xpxmb6mm2bgbia90c5nwrzuds&st=iq0f6eb5&dl=0

Date of Implementation:

February 2025

Excellence in Value Demonstration or Research

Nominee	Nominated By
Prisma Health Mobile Integrated Health Contact: Parker Bailes parker.bailes@prismahealth.org	Luke Estes Prisma Health Ambulance Service - Mobile Integrated Health lucas.estes@prismahealth.org
Category Excellence in Value Demonstration or Research: This award recognizes an EMS or non-EMS organization that created and implemented an analysis of data and/or research project to demonstrate the value impact of the services provided by the organization.	Type Organizational

Description of data distributed and method of distribution:

Barriers to Buprenorphine: A review of QA/QI and what it can teach us

Parker Bailes IV, Mirinda Ann Gormley, Phillip Moschella, Sarah B. Floyd, Wesley R. Wampler, Lucas Estes and Gerald (Wook) Beltran

Background: Prehospital buprenorphine administration programs (PBAPs) are rapidly expanding throughout the United States. While initial pilot PBA programs have achieved some success, challenges faced during implementation are rarely reported. Barriers to implementation must be identified to reduce future challenges. This study elucidates the most common challenges faced during the first year of a PBAP in the rural Southern United States.

Methods: This retrospective review assesses data collected during the pilot phase of a PBAP in rural South Carolina from 8/1/2023 to 7/31/2024. Eligible adult survivors of opioid-related overdose receive up to 24mg buprenorphine if they have an overdose reversed by bystander or EMS-administered naloxone or show symptoms of acute opioid withdrawal. A research coordinator reviews 100% of nonfatal opioid-related overdoses in the system, extracting data on reasons eligible patients were not administered buprenorphine, and issues reported by EMS clinicians implementing the PBAP protocol. Results were summarized using descriptive statistics.

Results: One hundred and eleven nonfatal opioid-related overdoses occurred during the pilot trial. Of the 30 (27.0%) deemed eligible for the PBAP, 17 (56.7%) did not receive buprenorphine. Most common reasons for not receiving buprenorphine included patient refusal to receive buprenorphine (47.0%), inaccurately recorded score for Clinical Opiate Withdrawal Scale (23.5%), and denial from medical control (11.7%). Among the 13 incidents where buprenorphine was administered, 5 (38.5%) individuals reported an incident occurring during protocol implementation. Commonly occurring issues with implementation was contacting medical control (13.3%) and emergency medicine physicians refusing to sign for buprenorphine administered in the field (6.6%). Twenty-one incidents with inaccurate or incomplete documentation were addressed with EMS clinicians by an email, to clarify why a seemingly eligible patient was not administered buprenorphine. Most EMS clinicians followed up by reporting patients were ineligible due to lack of cooperation or altered mental status, several stated the patient refused buprenorphine administration.

Conclusion: Dedicated chart review allows for near real-time discussion with EMS clinicians around protocol implementation. These conversations are crucial to enable researchers to address obstacles and provide education to break down the barriers to PBAP acceptance.

Submission of published studies that meet award submission criteria

Barriers to Buprenorphine PEC <https://doi.org/10.1080/10903127.2024.2418443>

Leadership in Integrated Healthcare Award

Nominee	Nominated By
Justin Duncan Washington County Ambulance District jduncan@wcadems.org	Laura Logsden Washington County Ambulance District llogsden@wcadems.org
Category Leadership in Integrated Healthcare Award: This award recognizes an individual who has made significant impact on the integration of EMS, or the advancement of the integration of EMS into the healthcare system.	Type Individual

Description of Initiatives & Impacts:

Justin Duncan is a nationally recognized leader in the integration of Emergency Medical Services (EMS) into the broader healthcare system, with a sustained focus on Mobile Integrated Healthcare (MIH), Community Paramedicine (CP), payment reform, and rural system transformation. His work spans local implementation, statewide collaboration, national association leadership, federal policy engagement, and executive-branch innovation—positioning him as a key architect of integrated EMS care.

As Chief Executive Officer of the Washington County Ambulance District (WCAD), Mr. Duncan led the transformation of a traditional rural ambulance service into a regional mobile healthcare system serving more than 1,500 square miles across multiple counties. Under his leadership, WCAD implemented a fully integrated MIH-CP program aligned with primary care, behavioral health, public health, and social service partners. These initiatives are built on standardized clinical pathways, formal referral mechanisms, shared data platforms, and continuous quality improvement cycles.

To scale this work beyond a single agency, Mr. Duncan founded and serves as President of the SHO-ME MIH Network, a statewide collaborative advancing MIH best practices across Missouri. The Network provides shared governance frameworks, standardized clinical models, workforce education, and sustainability strategies—enabling EMS agencies to transition from pilot programs to durable, integrated systems of care.

At the national level, Mr. Duncan serves in key leadership roles advancing EMS integration through association leadership, payment reform, and federal policy engagement, ensuring that operational innovation is matched with sustainable financing and supportive regulatory structures.

Federal Policy Leadership & Congressional Engagement

A central pillar of Mr. Duncan’s national impact is his sustained federal engagement through leadership on the National Association of Emergency Medical Technicians (NAEMT) Economics Committee. In this role, he helps shape NAEMT’s federal policy agenda focused on EMS reimbursement, sustainability, and integration into the healthcare system.

Mr. Duncan works collaboratively with NAEMT staff, coalition partners, and members of Congress and congressional committee leadership to advance policies affecting Medicare, Medicaid, rural health funding, alternative payment models, and MIH-CP services. His efforts emphasize aligning federal payment policy with real-world EMS cost structures, workforce realities, and quality outcomes—ensuring that EMS integration is financially viable and scalable.

Through continued engagement with congressional offices and committee staff, Mr. Duncan helps educate policymakers on the evolving role of EMS as a healthcare provider, building bipartisan understanding and support for reforms that move the profession beyond a transport-only paradigm.

Payment Reform & National Advocacy

Complementing his NAEMT work, Mr. Duncan is actively engaged in national EMS payment reform efforts, including service on the American Ambulance Association's EMS Payment Reform Committee. Through this work, he contributes to the development of policy strategies that recognize EMS as a clinical care partner and support reimbursement models aligned with integrated, longitudinal care delivery.

His contributions focus on cost-based reimbursement, alternative payment models, and value-aligned funding structures that enable EMS agencies to participate meaningfully in population health, care coordination, and MIH-CP initiatives—removing long-standing financial barriers to integration.

Impact on EMS Integration

Collectively, Mr. Duncan's initiatives have produced measurable, benchmark-level outcomes, including:

- Reductions in avoidable 911 utilization and emergency department transports among high-utilizer and medically complex patients
- Demonstrated cost avoidance for hospitals and payers through appropriate care navigation and treat-in-place protocols
- Formal clinical integration between EMS, primary care, behavioral health, public health, and social services
- Expanded access to preventive and follow-up care in rural and frontier communities
- Workforce transformation positioning paramedics as longitudinal care providers operating at the top of their license

These results are supported by standardized documentation, shared data platforms, and HEDIS-aligned quality metrics, enabling benchmarking and continuous improvement. Participating programs routinely demonstrate performance consistent with top-decile EMS-based MIH initiatives.

Effort, Approach to Change & Replicability

Mr. Duncan demonstrates a clear, system-based approach to change, linking local implementation with state, national, and federal reform. His leadership integrates governance, clinical practice, data infrastructure, workforce development, and payment strategy into repeatable models rather than isolated pilots.

Through ongoing education, collaboration, and technical assistance, Mr. Duncan actively shares best practices and lessons learned—ensuring that EMS integration efforts are replicable, scalable, and sustainable across diverse communities.

Federal Innovation via CMS & CMMI

In addition to legislative advocacy, Mr. Duncan has engaged with the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI) to help advance innovative and collaborative EMS-based care models. Through policy dialogue, technical input, and project development discussions, he works to translate frontline EMS innovation into scalable federal demonstration concepts.

His engagement focuses on aligning EMS-based MIH-CP, treat-in-place, post-discharge follow-up, and alternative response models with CMS and CMMI priorities related to cost containment, access, quality, and whole-person care—bridging the gap between operational reality and federal innovation strategy.

National Clinical & Payment Innovation: Paralign Health

Further strengthening his national impact, Justin Duncan is the Co-Founder and Chief Clinical Officer of Paralign Health, the first clinically integrated network (CIN) purpose-built for EMS clinicians. Paralign Health represents a novel approach to EMS integration by combining clinical governance, quality management, data alignment, and alternative payment strategy into a single national framework.

Through Paralign Health, Mr. Duncan helped design and operationalize a new payment and delivery model for MIH-CP services, enabling EMS agencies to collectively participate in value-based arrangements, payer partnerships, and innovation initiatives that are not achievable independently. The network aligns EMS clinicians under shared clinical standards, performance metrics, and continuous quality improvement processes—meeting foundational requirements for healthcare system and payer integration.

This model addresses one of the most persistent structural barriers to EMS integration: the absence of scalable, sustainable payment mechanisms for non-t

Summary

Justin Duncan exemplifies Leadership in Integrated Healthcare through sustained, measurable impact and system-level transformation. His work uniquely combines local care delivery innovation, national payment reform, federal policy engagement, and clinical network development, advancing EMS as a fully integrated, value-driven component of the healthcare system.

As a result of his leadership, EMS agencies nationwide are better positioned to deliver the right care, in the right place, at the right time—directly advancing AIMHI’s mission to transform EMS care.

Excellence in Integrated Care Medical Direction

Nominee	Nominated By
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Doug Swanson, MD, FACEP, FAEMS

Mecklenburg EMS Agency
dswanson@MEDIC911.com

Anonymous

Category	Excellence in Integrated Care Medical Direction: This award recognizes a physician Medical Director who has made significant impact on the integration of EMS, or the advancement of the integration of EMS into the healthcare system.	Type	Individual
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Description of the initiatives/activities of the nominee:

Distinguished Medical Leadership in a High-Volume EMS System

Dr. Swanson serves as the Medical Director for the Mecklenburg EMS Agency (MEDIC) — the busiest EMS system in North Carolina — overseeing medical oversight for EMTs, paramedics, and EMS dispatchers in a complex urban environment.

Dual Board Certification & Academic Expertise

He holds dual board certification in Emergency Medicine and Emergency Medical Services, underscoring his clinical and operational mastery in prehospital care. His academic role as a professor of emergency medicine at Atrium Health Carolinas Medical Center demonstrates his commitment to educating future EMS and emergency physicians.

National Leadership & Professional Contribution

Dr. Swanson has contributed broadly to the EMS profession. He co-chairs the EMS Committee of the North Carolina College of Emergency Physicians, shaping statewide EMS protocols. He's a member of the North Carolina EMS Advisory Council, influencing EMS policy beyond his local agency. He is President-Elect of the Air Medical Physician Association Board of Trustees, reflecting national professional recognition.

Outcomes of the initiatives of the nominee:

Innovation in EMS System Configuration

Dr. Swanson has played a central role in reimagining and overhauling MEDIC's EMS response priorities, including advanced use of medical dispatch coding, targeted response configurations, and resource allocation strategies — changes recognized nationally as bold, data-driven improvements in EMS operations.

Commitment to Evidence-Based Protocol Development

Under his medical direction, MEDIC's clinical protocols are continuously reviewed and updated based on best available evidence, optimizing care delivery in the field for conditions such as stroke, cardiac arrest, and complex trauma.

Peer & Provider Respect

He has been recognized by MEDIC for exemplary leadership; field providers have publicly described him as an outstanding medical director, including receiving internal clinical excellence recognition.

Mentorship & EMS Education

Beyond agency leadership, Dr. Swanson’s work spans paramedic education, clinical teaching, and EMS fellowship mentoring, fostering the next generation of EMS leaders and advancing clinical excellence.