

Connected care: A practical guide to building and funding interoperable community health programs

How you can move from
intention to impact
with connected
systems of care



From the Editor

Fire and EMS agencies are responding to more than emergencies — they're navigating complex, ongoing community needs that can't be solved through transport alone. Community health programs offer a path forward, but without coordination and shared information, even well-intentioned efforts can remain fragmented and inefficient.

This eBook explores what it takes to move beyond that fragmentation. You'll see why connected, closed-loop care is essential, how agencies are putting these programs into practice through data, partnerships and internal alignment, and what it takes to support and sustain them over time.

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Closed-loop care: The key to saving time and improving outcomes in fire and EMS

A connected approach
cuts repeat calls and
ensures patients get the
help they actually need





Any first responder knows a call placed to 911 isn't always a medical emergency. For some individuals without vehicles, it's a way to get much-needed cold medication in the middle of the night. For others experiencing food insecurity, an ambulance transport to the local emergency department ensures three hot meals before discharge.

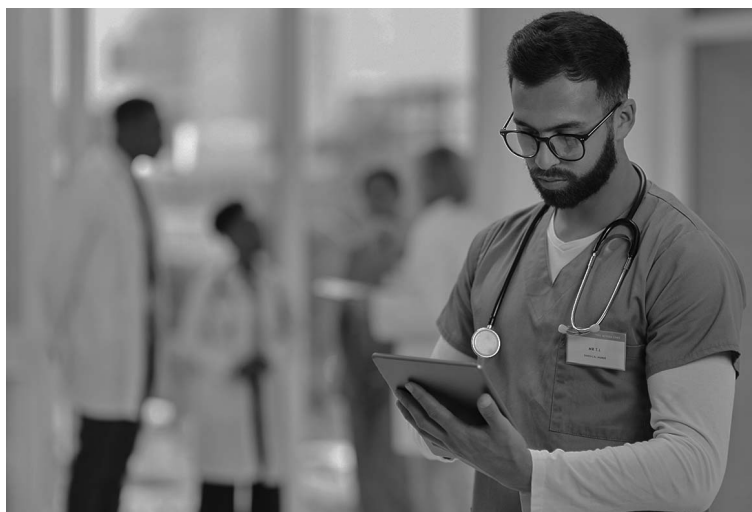
Fire and EMS crews do their best to navigate these calls amid true emergencies, but in many instances, there simply aren't enough resources to go around. That's why departments look to community health programs as a way to help those who need medical or social assistance but are either unsure how to navigate the system or don't have the means to do so. Yet without a connected flow of information between responders, hospitals and community partners, those efforts often fall short.

When all those partners can access and act on the same patient information, agencies are

better positioned to reduce unnecessary repeat calls, support more appropriate interventions and improve outcomes for both patients and providers.

At the center of that effort is closed-loop care: a model that connects emergency response, clinical treatment, discharge planning and community-based follow-up so patients are not left to navigate the system alone.

When that loop is closed, responders are no longer forced to treat every encounter as if it exists in a vacuum. They can better understand what happened before the 911 call, what care the patient has already received and what support is already in motion behind the scenes. That broader view helps agencies move beyond reactive, short-term fixes — saving time in the field, reducing avoidable utilization and helping ensure patients are connected to the resources most likely to improve their long-term outcomes.



Why disconnected systems keep agencies stuck

Prior to implementing a community health program, fire and EMS crews working without any sort of truly interoperable system creates an environment of inefficiency.

Let's say an individual calls 911 and says they are having chest pains. First responders arrive at the residence and begin treatment based only on the information the patient gives them, no matter how incomplete it might be.

What crews don't have is the record of care — or even any knowledge whatsoever — from the individual's hospital visit a week prior, for example. During that visit, the chest pains the patient experienced were found to result from indigestion. If the patient fails to share that they were admitted, what treatment they received and when they were discharged, the crew working the current call is forced to make decisions without full context. Not only does this result in wasted time and limit their availability to respond to other high-acuity calls, but it also does a disservice to the patient by potentially not providing them with the care they ultimately need.

When this scenario is the norm, an agency has no way to effectively implement a community health program. These programs rely on identifying at-risk populations and connecting them to the resources that will best meet their needs rather than relying on 911 as their only method of help. But when fire and EMS providers, along with benefits managers, social workers and other partners, aren't operating from a centralized system, it feels as if first responders are chasing their own tails.

Such was the case in Clayton County, Georgia, a diverse and socioeconomically challenged area near Atlanta. There, Zach Botkin, former deputy chief at Clayton County Fire and Emergency Services, often faced these challenges prior to the implementation of the area's community health program.

"When you don't have interoperability, when data sharing is not available, you get a lot of 'each case is its own case,'" he said. "There's not a 'what happened last week?' There's no trail. A lack of interoperability opens the door for a lack of efficiency."



Closing the loop on community care

Imagine the above situation playing out in a community where responders have prioritized interoperability.

Instead of treating each 911 call as a unique encounter, fire and EMS crews can show up to a residence armed with information. They know the patient was hospitalized recently, they are aware of the discharge instructions given by the doctor and they can access an up-to-date medication list for the patient.

They see from the 911 call a week prior that responders at the time noticed a lack of food in the individual's home. They also find out the patient is uninsured. Since then, their community health program's benefits coordinator has already been in touch with the patient and is working to secure SNAP benefits and medical coverage.

Instead of spending time gathering basic medical information about the patient, sending them to the local emergency department and repeating the process a few weeks later when 911 is inevitably called again, the patient's needs are truly met and first responders can function with significantly more efficiency. Operating from the same platform is what makes this level of closed-loop care possible within community health programs.

Doing more with the data

Information gathered through an interoperable system does more than benefit patients and help save time during 911 encounters — it allows departments to identify patterns, streamline internal processes and forecast future needs.

Clayton County's experience offers a useful example. After reviewing call data, agency leaders found that roughly 3,800 patients accounted for 60% of call volume. That kind of insight gives agencies a starting point for intervention — not just by identifying who needs help most urgently, but by showing where coordinated follow-up could have the greatest operational impact.

It can also support smarter triage. With better visibility into patient history and utilization patterns, agencies can begin to assess which calls may be managed at a lower acuity level and what additional resources should be developed to support those patients more effectively.

For agency leaders, that matters not only for today's workload but for future readiness. Historical data is valuable, but connected data is even more powerful when it helps predict what demand will look like three or four years from now and what systems need to be in place before that demand arrives.

The nuts and bolts of interoperability

On paper, the idea of interoperability is transformative for agencies looking to implement or improve a community health program, but how can agencies actually make this important change? Many adopt solutions from [ImageTrend](#), a provider of emergency management software. By using the [Health Information Hub](#) along with the [Community Health module](#), first responders are able to make closed-loop care the norm.

The two solutions go hand in hand, as the Health Information Hub is what provides true interoperability between first responders and hospitals, facilitating the bidirectional flow of information from 911 call to treatment and discharge. Quick access to this data is critical in streamlining patient care.

With this information, first responders can use the Community Health module to place patients into different programs based on their needs, such as a fall risk or substance use disorder. Configurable for each department, the platform shows all 911 calls for a patient along with each outcome and helps indicate if more assistance is needed within a specific program.

These solutions have been instrumental in providing true interoperability in departments using ImageTrend across the country, as all providers now work from the same set of data.

“I think from an agency standpoint, every department has a role in interoperability and that starts with ‘good data in is good data out,’” said Botkin. “When you can be interoperable with the health care system, everything moves more smoothly and it ends up as a better encounter for the patient.” **FR1) EMS1)**

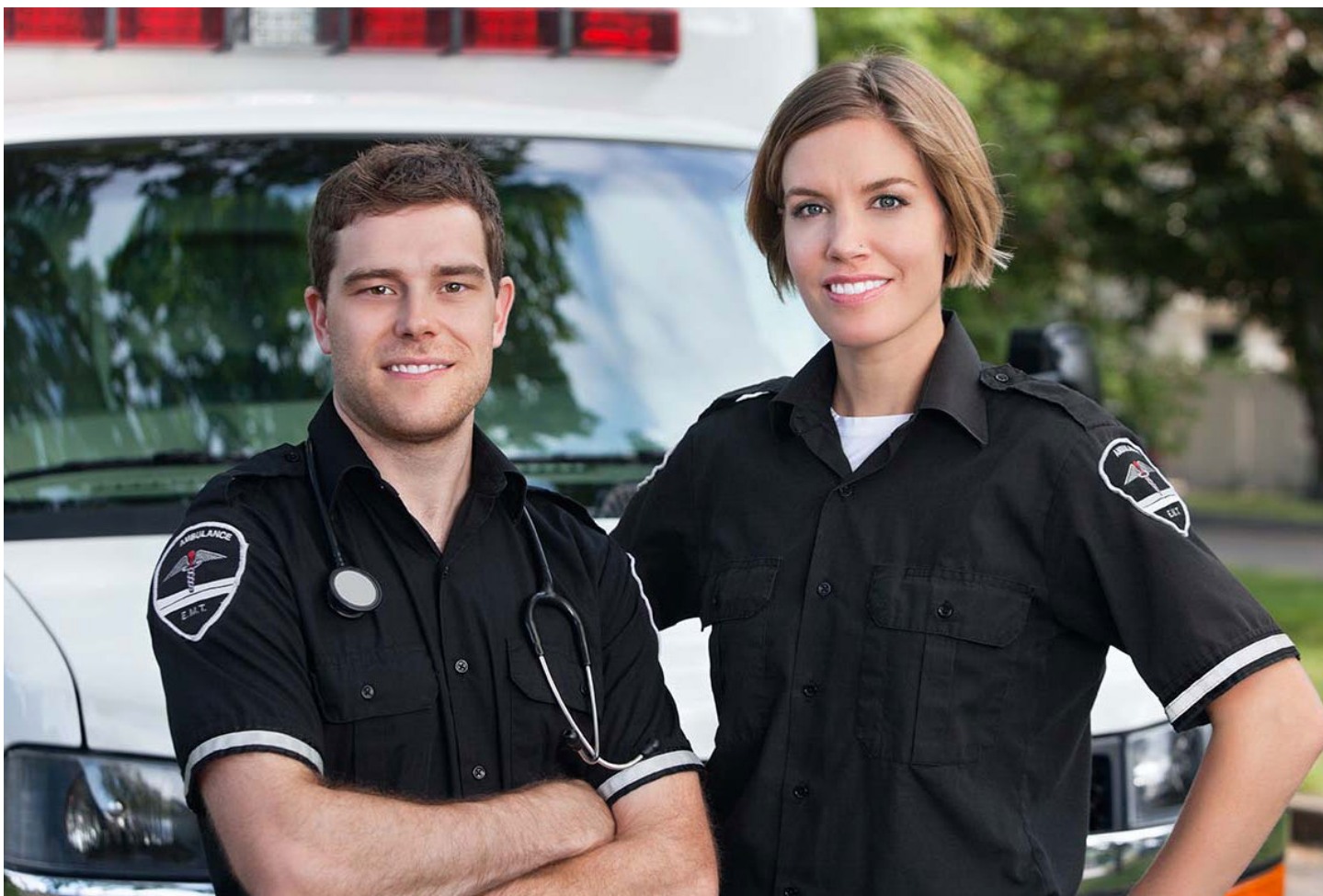


Turning interoperability into action:

Steps to create a cohesive community health network

These considerations play a large role in your department's success





Fire and EMS crews looking to start a community health program likely have a lot of priorities on their radar. They know that what they've been doing — responding to every 911 call no matter the level of acuity, which often overloads their system and doesn't resolve many of the core needs of those who repeatedly call — isn't working, and it's stretching resources thin. They understand a community health program will bring more efficiency to the way they triage calls, enable responders to better meet the true needs of patients in the moment and ultimately get patients connected with the resources that matter most to them.

By looking at other community health programs, first responders can see how interoperability makes a difference, allowing a seamless bidirectional flow of data that follows each patient from a 911 call to the hospital and back home

again. When all community partners are working from the same platform with a cohesive mindset, only then will a community health program truly thrive.

While interoperability, efficiency and a desire to better serve their community are all critical considerations and powerful motivators, many departments stop short when it comes to actually putting such a program into practice.

Who do they call first? What software do they need? How can they establish the infrastructure to ensure their model operates as a network rather than one-time silos of care?

While every department will begin slightly differently, there are key facets to making a community health program successful.



Assessing your community's needs

Digging deep into community data is often the best place to begin, as a community health program must be structured around what is happening in your specific area.

“I think it’s an organization’s responsibility to understand where their gaps are and then go find the way to fill them,” said Zach Botkin, a former deputy fire-rescue chief and current technical account manager at emergency management software provider [ImageTrend](#). “A lot of community health programs are in different spaces. It has to be based on what your community demands of you.”

This data-driven approach ensures programs are tailored, not templated. Agencies often start by analyzing call data, census information and utilization trends to better understand which populations are most at risk and where resources are falling short.

In some regions of the country, leaders often identify a high population of uninsured individuals alongside a large volume of low-acuity calls.

Those insights can help shape both the structure of the program and the types of partners involved — even influencing staffing decisions, such as incorporating advanced providers directly into the department rather than relying solely on external collaboration.

Navigating strategic partnerships

Once agencies understand their community’s needs, the next step is identifying the right partners to help address them.

Successful community health programs rarely operate in isolation. They depend on strong relationships across a wide network of stakeholders, including local government agencies, nonprofits, health care providers and private organizations. The goal is not to build something entirely new, but to connect and strengthen what already exists.

A common starting point is engaging with existing community groups and committees to better understand available services and where gaps remain. This approach allows agencies to identify where they can plug into ongoing efforts rather than duplicating them.

From there, agencies can build out a network of partners capable of addressing a wide range of needs — from health care access to food insecurity to housing support. In many cases, programs also incorporate roles such as benefits coordinators to help individuals navigate complex systems like SNAP, Social Security and housing assistance. Not only can this individual assist members of the community who lack resources, but they also help bridge the gaps between people and programs that aren't always using the same terms or acronyms.

Addressing urgent community concerns

Helping socioeconomically challenged communities navigate a range of benefits and programs is critical in many areas, but others who have developed community health programs find their efforts need to be dedicated elsewhere.

The [West Allis Fire Department](#) serves approximately 60,000 residents in southeastern Wisconsin. Like many communities in the country, some of their biggest 911 utilizers struggle with substance use disorder (SUD). In fact, [ImageTrend's 2025 EMS Insights Report](#) found more than 40% of opioid overdose incidents are classified as critical or emergent, further reinforcing the concerns among the West Allis community. Rather than approaching these individuals from a reactive standpoint, their community health program focuses on follow-up visits and remote monitoring.

“Relapse is part of recovery, but being able to catch it early helps us support patients before it becomes fatal,” [said Deputy Chief Armando Suarez Del Real](#). By implementing [ImageTrend's](#) solutions, including the [Community Health module](#), to provide comprehensive tracking of SUD individuals, fire and EMS crews saw a notable difference — an approximately 80% reduction in high-utilizer calls.

Across the country from West Allis, Scott Perryman, battalion chief at Sacramento Metro Fire District in California, saw his crews responding to a very different set of 911 calls. There, high-utilizers mostly called for assistance with medication refills, chronic pain and months-old injuries.

To help relieve the strain on the area's emergency system, Perryman helped develop a community health program that relied on strategic partnerships to provide better on-scene care. The department works with 14 part-time advanced providers, including a nurse practitioner who runs a burn clinic at the University of California, Davis and a geriatrician who helps meet the needs of the area's growing elderly population.

“We had a lot of high 911 utilizers and a lot of people calling 911 for lower-acuity issues,” [said Perryman](#). “They're not necessarily emergencies but more like urgencies. Seventy percent of the time, we're able to fix it right there in the field without them going into the emergency room. The patient is saving hours and my crews are able to get back into service faster.”



Ensuring buy-in on all levels

A fire or EMS agency can spend hours gathering data and connecting with local resources, but if providers within the community health program aren't completely committed to the idea, the initiative might be difficult to get up and running.

“Each area of our department played a role in how we moved forward as a department, and that’s from the top down,” said Botkin. “If you don’t have leadership preaching it and playing a role in understanding what impact the change is going to have, there becomes this break apart where it’s them versus us.”

Understanding that every member of a community health program is equally valuable to its success also means approaching it with a humble outlook.

“You need an openness and willingness to learn and to grow and to get out of your own way and see what your community is already doing right and how you can be a part of it,” Botkin continued. “Don’t go in and rewrite the script but go see where you can fit in and play a part.” **FR1** **EMS1**



Bringing it all together: Funding the technology behind communitywide, closed-loop care

New grant opportunities
are helping agencies move
from fragmented care to
coordinated systems





Community health programs aren't limited only to rural areas, but more often than not, fire and EMS departments looking to implement these initiatives tend to work in locations with limited resources and socioeconomically challenged residents. Some of these community members naturally become 911 high-utilizers as they may not have a steady income, reliable transportation or internet access to enroll in state and federal benefits programs, leaving 911 as the only way to get much-needed help.

While many agencies face challenges when attempting to fund upgrades to current equipment or invest in entirely new systems that enhance a community health program's efficiency, those in rural areas struggle the most. Seeing the need for increased funding assistance, the Centers for Medicare and Medicaid Services (CMS) announced a new program to help modernize rural health care.

The Rural Health Transformation Program (RHTP), a \$50 billion initiative, is designed to provide aid to all 50 states over the course of five years, beginning in 2026. The funding is aimed at improving several pillars of rural health care, including providing care to more individuals in remote areas, supporting recruitment and training efforts to grow the rural care workforce, aiding in facility and equipment modernization, promoting models of care that enhance efficiency and addressing payment reform.

"More than 60 million Americans living in rural areas have the right to equal access to quality care," said Health and Human Services Secretary Robert F. Kennedy, Jr. in a [CMS press release](#). "This historic investment puts local hospitals, clinics, and health workers in control of their communities' health care."



Finding funding beyond the RHTP

Many local fire and EMS agencies will benefit from the hundreds of millions of dollars earmarked by the RHTP for each state, but this funding isn't the only way to enhance your community health program. A wide range of public safety grants are available, many of which can be used to purchase new equipment to help make rural care more effective and efficient.

For agencies looking to build or scale a closed-loop care model, these funds can be used to implement interoperable platforms, improve data collection and reporting capabilities, and enhance coordination across community partners.

Securing that funding, however, often requires a clear understanding of the grant landscape and a strategic approach to applications.

"You have to have someone who understands the [grants] space to be effective and know which grants have funds available to go after," said Zach Botkin, former deputy chief and current technical account manager at [ImageTrend](#).

In practice, agencies that successfully secure funding often align their requests with clearly defined community needs and demonstrate how technology will improve both efficiency and patient outcomes.

With access to complete patient data — from the initial 911 call through hospital treatment and discharge — agencies can better support high-utilizers, coordinate follow-up care and ensure at-risk individuals don't fall through the cracks.

Key grant funding considerations

Applying for grant funding is rarely as simple as completing a basic application. Most programs require detailed documentation outlining how funds will be used and what impact they are expected to have.

Depending on the type of grant, your agency may be required to submit metrics related to community patient information. When applying for mental health-related funding, for example, programs want to see PHQ-9 (Patient Health Questionnaire-9) data — a standard diagnostic tool helping measure a patient's level of depression.



Accurate record-keeping and data collection are a must even after grant money has been spent, as programs will often want to see where the funds were used and what impact they had on an agency's functionality. Departments implementing ImageTrend's software can track this information easily, as multiple components of the platform provide robust data that directly point to efficiency and quality of patient care.

Grant funding is available at both state and federal levels, and some departments may find it helpful to apply for funds collectively with other local agencies. This approach shows the funds would have a larger and longer reach by impacting multiple communities. When applying to the RHTP or other programs, demonstrating how your community health program can benefit from software and equipment upgrades is key.

Making the funds work for your community

Although grant funding, including the RHTP, is often designed for use in specific ways, fire and EMS agencies that have completed a thorough

evaluation of their community's health needs can find a variety of ways to benefit from any awards they receive.

For some, new software can help improve interoperability and provide comprehensive care, replacing siloed efforts and ensuring patients receive access to the resources they will truly benefit from. Solutions like ImageTrend can aid these departments in starting or scaling a community health program that's designed around the needs of their unique community members.

Grant funding is typically necessary for departments to thrive, and while it can be challenging to navigate, agencies must approach the process from a place of persistence.

"It can be a very difficult space to be in, especially when you're dedicating a lot of your time and effort into a grant you end up getting nothing from," said Botkin. "You just have to hold your head high and say, 'We'll try again next year. Let's go find the next one.'" **FR1** **EMS1**

Key considerations for building a connected community health program

Creating a successful community health program isn't about implementing a single solution — it's about building a connected system that supports patients, providers and partners at every step of the care journey. As agencies look to move from fragmented response to coordinated, closed-loop care, several core principles stand out:



Recognize the limits of a response-only model

Not every 911 call is a true emergency, but each one reflects a need. Reducing repeat calls starts with addressing the underlying medical and social factors driving utilization.



Build your program around interoperability

A connected flow of information between first responders, hospitals and community partners is what enables better decision-making, more efficient operations and improved patient outcomes.



Use data to guide strategy

Understanding who your high utilizers are, what challenges your community faces and where gaps exist allows you to design a program that is targeted, effective and sustainable.



Develop a strong network of community support

Coordinated care requires collaboration across agencies, providers and local organizations. The more aligned your network, the more effectively you can connect individuals to the right resources.



Tailor your approach to your community

No two communities are the same. Successful programs are built on local needs, not replicated from other jurisdictions without adaptation.



Invest in technology that enables closed-loop care

Interoperable platforms help ensure patient information doesn't stop at the hospital door but continues through follow-up care — making it possible to truly “close the loop.”



Plan for sustainability from the start

Whether through grants or other funding sources, long-term success depends on aligning financial resources with program goals and demonstrating measurable impact over time.

Moving forward

For agencies ready to take the next step, the path forward starts with a clear understanding of where gaps exist — and a commitment to building a more connected model of care.

ImageTrend works with fire and EMS agencies across the country to support this transition, helping connect data, workflows and community partners in ways that make closed-loop care achievable in the real world.



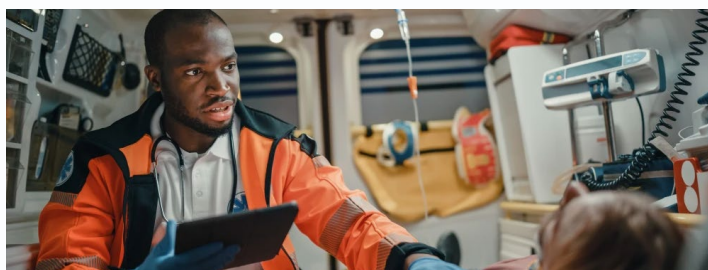
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