

Mobile Integrated Health – Community Paramedicine

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What is MIH-CP?

- Provision of healthcare, primarily using paramedics, that function outside their customary emergency response/transport roles
- Performs patient-centered, mobile resources in the out-of-hospital environment

GOALS

- Integration of healthcare and social service resources available in the local community
- Facilitate more appropriate use of emergency care resources and enhance access to primary care
- Fills an unmet need, not replacing other providers and services

National Focus

- 33+ states have active programs in their communities
- Most programs focus on “frequent users” of emergency care and transportation
- Scope of practice and regulations are an issue in most states
- Consensus on Community Needs Assessment vs. One Size Fits All
- Partnerships with other providers are key to successful programs
- 64% of programs generate no revenue
 - Grant funding, partnerships or cost avoidance

State of Georgia

- Estimated 30+ MIH-CP programs across the state

Grady EMS

MetroAtlanta Ambulance

AmbuCare (Haralson County)

Habersham EMS

Spalding Regional EMS

Puckett EMS

Clayton County Fire & EMS

Gold Cross EMS

Grady EMS

OVERVIEW

- Dedicated EMS team whose goal is to reduce readmissions and frequent emergency room visits through the active involvement of dedicated MIH field units
- MIH teams consist of a EMS paramedic and an Advanced Practice RN

HOW IT WORKS

- Teams respond to appointments at the patient's residence in an SUV
- SUV is fully equipped as an EMS Medical First Responder unit (12-lead EKG, ACLS medications, airway management, etc.) and mobile blood lab

Grady EMS

HOW IT WORKS

- Care is coordinated with Primary Care Physician
- Medication assistance and reconciliation
- Review of recent discharge instructions
- Nurse Practitioner level evaluation, diagnosis and treatment

GOALS

- Decrease dependency on the 9-1-1 system
- Provide access to appropriate care at point-of-patient contact
- Support/generate primary care appointments
- Decrease hospital readmissions (30 days post discharge)
- Improve quality of life

Spalding Regional EMS

- Initiated MIH program in 2014 in response to frequency of
- Results in first 9 months:
 - Focused on 17 frequent user patients
 - 90% decrease in hospital re-admissions
 - 71% decrease in ED visits
 - 41% EMS call reduction from target group
 - Approximate \$450,000 savings/cost avoidance

Spalding Regional EMS

HOW IT WORKS

- Identify frequent patients
- Visit at home with “most loyal customers” before they call
- Assist in medication administration compliance
- Assist in medication cost reduction and comparison
- Assist in transportation to doctor appointments
- Further facilitate relationship with patients physicians
- Partner with Home Health Care Services (if available/eligible)
- Connect patients to community resources
- Transport to alternative facilities if appropriate for the patient

Main Challenge

- Funding & reimbursement remains # 1 obstacle
 - 64% nationally said it's main concern
 - MN is only Medicaid program to reimburse
 - Cost avoidance is still primary driving factor
 - Non-hospital based services have less direct incentive
 - Private Insurers willingness to consider remains

Other Challenges

- Resistance to collaboration/change
 - Attitudes are changing rapidly in some communities
- Increasing scope of services and need for greater training
- Market size and population
- Fear of encroaching on other providers
- Liability concerns when not transporting

Next Steps

- Continued support and encouragement for communities to develop programs
- Resist temptation to develop one size fits all approach
- Develop best practices from current programs
- Break the barrier on reimbursement
 - DCH Office of Rural Health and Medicaid considering policies
- Further develop new concepts of:
 - Treat without transport
 - Alternative destination transport

HABERSHAM COUNTY MEDICAL CENTER & EMS

Registration Title

IMPORTANT TO REMEMBER

- Every community is different, like fingerprints, no two are alike
- Community Paramedicine/MIH programs have to be **tailored to meet the community needs**
- If you base these programs on a single template or idea they will not work in many communities due to their individual needs
- Community Needs Assessments have to take place first to assure opportunity for success of the program

Core Strategies

1. Primary Care Physicians to meet the population of the community (many communities fall short of the ratios –including Habersham County)
2. Primary Care Physicians versus utilizing the E.D.
3. Education- Probably should be top of the list and includes not just the patient, but the family or care providers
4. Alternative transport *versus* Medical Transport
5. Reduce falls in the home with safety inspections while visiting
 1. fall/trip hazards and working Smoke Detectors/CO Alarms
6. Appropriately transport for their needs versus EMS as the default

Habersham County C.P./M.I.H. Program

STRUCTURE

- Rural Health Grant for \$1,000,000 received by Habersham County Medical Center for Improving Rural Health that helps fund the program
- 1 Paramedic/R.N. and 1 R.N. for staffing
- M-F 0800-1700 and available by phone for patients after hours if needed
- S.U.V. equipped Advance Life Support Unit without the ability to transport
- Currently seeing 30 patients with CP/MIH program in Habersham County

Habersham County C.P./M.I.H. Program

- Conducts Home Safety Inspections (Trip Hazards, Working Smoke Detectors, CO Detectors)
- Help patients to comply with hospital discharge instructions and prescribed treatment plans
- Reconciles medications and educates patients on what specific meds are for (versus blue pill, red pill, etc.)
- Helps to get patients set up with a Primary Care Physician

Habersham County C.P./M.I.H. Program

- Works with free clinics and food banks for services due to many of our patients we have found have limited or no food to eat
- Will pick up prescriptions for those who don't have family or ability to get to the drug store
- Helps to arrange for transportation to doctor, rehab, etc. versus ambulance transport
- Find solutions to the patients financial barriers if possible so they have the basic needs

Habersham County C.P./M.I.H. Program

- Assures patients are complying with their prescribed treatment plans which alleviates the need for 911 utilization or E.D. visits
- Contacts landlords if they find necessary repairs that need to be made to the residence, focusing on safety concerns
- Social Services work is a lot of what our personnel do but also incorporate all the above and more into their work with this

Hospital Process

Federal 340B Pharmacy Program

- For patients that qualify, will help get medications at a lower price

Emergency Department Medical Screening Exam

- Patients who are triaged and determined to be non-emergent are given options to seek treatment at a more appropriate level
- Wait and see Physician after other emergent patients have been seen with Co-Pay of \$250.00
- Can be seen by Nurse Practitioner in Prime Care just down the hall from the E.D. with a cash price of \$45.00

EMS Results -4 Frequent Flyers for EMS (Transports Only)

	04/01/2016-03/31/2017			04/01/2017-08/28/2017			
	Total Responses	Transports	Average Per Month	Total Responses	Transports	Average Per Month	
Pt. #1	37	27	3.08	3	3	0.25	
Pt. #2	12	9	1	1	1	0.8	
Pt.#3	8	6	0.66	1	1	0.8	
Pt. #4	8	8	0.66	0	0	0	
Pt.#5	7	4	0.58	1	1	0.8	
	72	54		6	6		

Hospital Improvements

- 10% reduction of patient visits in the ER
 - 8% reduction in ER Charges
- 100% increase in PrimeCare visits
 - Walk-in visits are up 400% compared to last year
- Hospital all-cause readmission rate down to 5.01%
 - Last reported Medicare readmission rate is 16.67%
 - Georgia average Medicare readmission rate is 17.26%