Kansas Health Equity Conference 2024

Mobile Integrated Healthcare

DIVERSE | INCLUSIVE | WHOLE PERSON CARE

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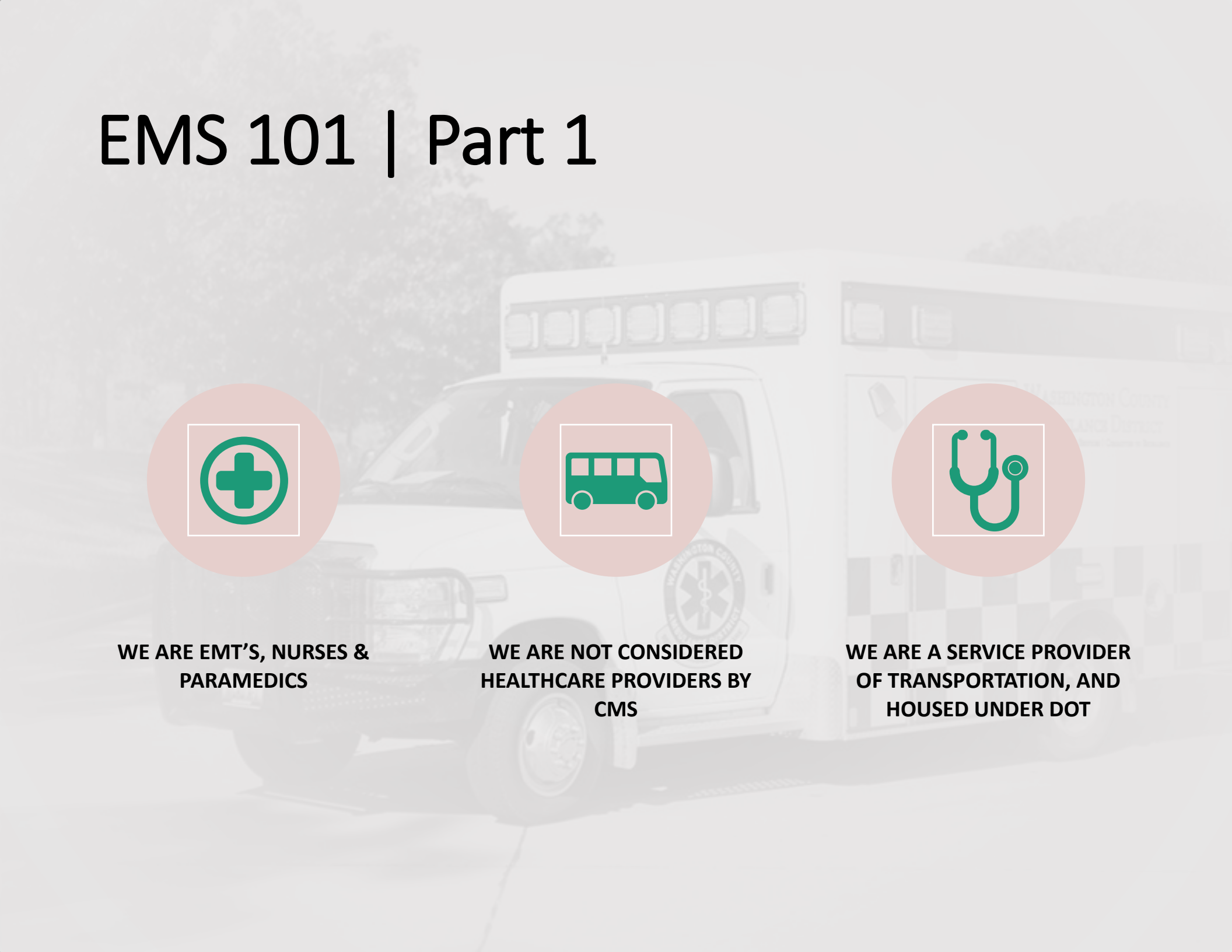
Chief Executive Officer
Washington County Ambulance District

President
Missouri EMS Association

Chairperson
MIH/CP Subcommittee
Missouri State Advisory Council for EMS

Founding Partner
Washington County MIH Network
Reynolds County MIH Network
Sho-Me Health

EMS 101 | Part 1

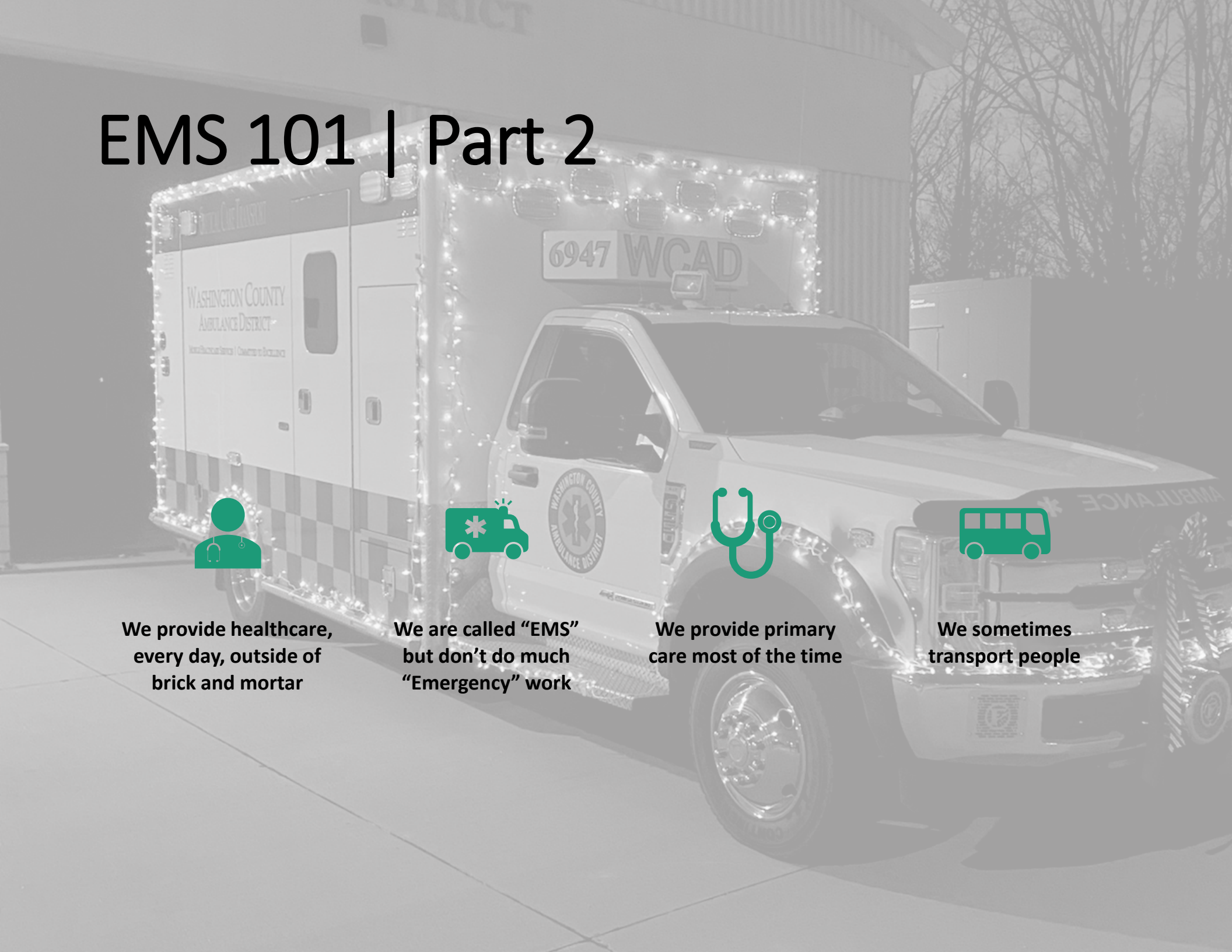


WE ARE EMT'S, NURSES & PARAMEDICS

WE ARE NOT CONSIDERED HEALTHCARE PROVIDERS BY CMS

WE ARE A SERVICE PROVIDER OF TRANSPORTATION, AND HOUSED UNDER DOT

EMS 101 | Part 2



We provide healthcare, every day, outside of brick and mortar

We are called “EMS” but don’t do much “Emergency” work

We provide primary care most of the time

We sometimes transport people

Mobile Integrated Healthcare From The 10,000 Ft. View

MISSION

Diverse | Inclusive | Whole Person Care

SYSTEM DESIGN

Community Paramedic / Community Health Workers serve as the bridge between the patient and the provider outside brick and mortar.

PROVIDE CARE

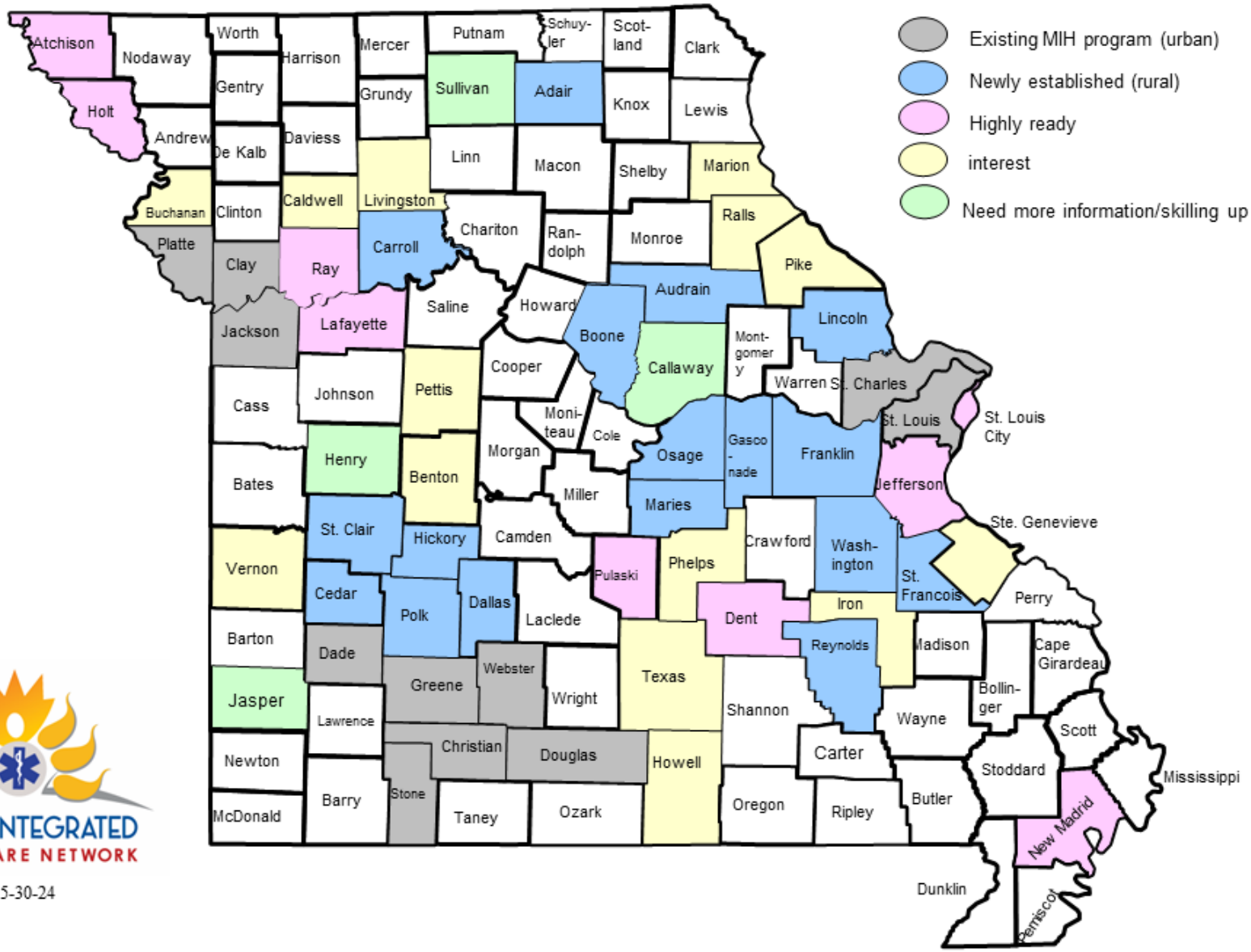
Initiate care in the home with Community Paramedics.

CORE VALUES

Right Care | Right Place | Right Time

WASHINGTON COUNTY
MOBILE INTEGRATED
HEALTHCARE NETWORK

MISSOURI MOBILE INTEGRATED HEALTHCARE EXPANSION MAP



MOBILE INTEGRATED HEALTHCARE NETWORK

Revised 5-30-24

FQHC / EMS MIH Partnerships in Missouri

Adair County MIH Network
Northeast Missouri Health Council (FQHC)
Adair County Ambulance District

River Valley MIH Network
Community Health Center of Central Missouri (FQHC)
Compass Health (FQHC)
Osage Ambulance District

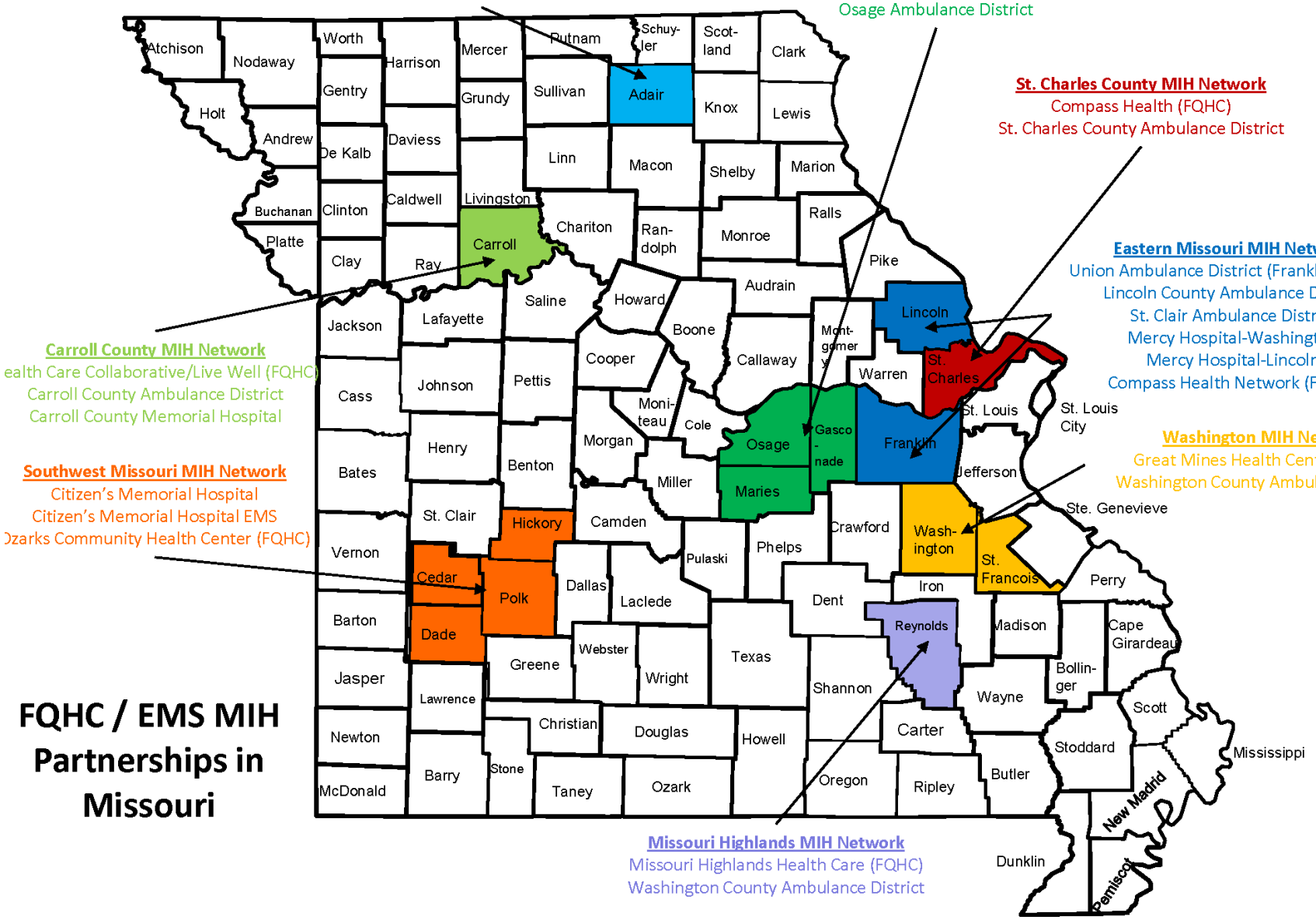
St. Charles County MIH Network
Compass Health (FQHC)
St. Charles County Ambulance District

Eastern Missouri MIH Network
Union Ambulance District (Franklin County)
Lincoln County Ambulance District
St. Clair Ambulance District
Mercy Hospital-Washington
Mercy Hospital-Lincoln
Compass Health Network (FQHC)

Carroll County MIH Network
ealth Care Collaborative/Live Well (FQHC)
Carroll County Ambulance District
Carroll County Memorial Hospital

Southwest Missouri MIH Network
Citizen's Memorial Hospital
Citizen's Memorial Hospital EMS
Ozarks Community Health Center (FQHC)

Washington MIH Network
Great Mines Health Center (FQHC)
Washington County Ambulance District



Missouri Highlands MIH Network
Missouri Highlands Health Care (FQHC)
Washington County Ambulance District

5-Sep-23

Our Model

Goal	Goal 1 •Take the healthcare to the patient
Goal	Goal 2 •Serve as the bridge and the glue
Goal	Goal 3 •Flow based / standing order-based care
Goal	Goal 4 •Have telehealth available 100% of the time
Goal	Goal 5 •Take the “provider centric” model to a “patient centric” model of care
Goal	Goal 6 •Engage and collaborate with all provider types inside & outside of the brick and mortar setting

MIH POINT OF ENTRY

Self Referral

Provider Referral (internal)
Provider Referral (external)

Hospital Emergency Department Discharge

EMS Referral

Community Health Worker
"Mission Control"

SDoH Assessment
Link to SDoH Resources
Schedule CP Visit

Home/Environment Safety and Health Risk Assessments
Medication Reconciliation
Basic Labs
Document in Clinical Record

Telehealth Visit

Specialty Care Referral (if needed)

WE ARE REFERRAL AGNOSTIC & IT IS NATURAL FOR US AS AN INDUSTRY

FQHC | CAH | RHC | Large Healthcare Systems | Private Physicians | Anyone & Everyone


Mobile Integrated Healthcare
Community Paramedicine
Plain & Simple
We bring healthcare to the patient.

MIH Services

- Chronic Disease Management
- Telehealth Provider Appointments
- In-Home Diagnostics
- In-Home Point of Care Testing
- In-Home Infusions
- In-Home Vaccines
- Care Gap Closure
- Lab Collection
- Wound Care
- Wellness Checks
- SDOH Assessment, Navigation and Resource Support
- In-Home Safety Assessments
- Medication Reconciliation
- Care Coordination
- Non-Emergency Transportation
- Public Health Support
- Home Health Bridge Support
- Hospice Bridge Support
- No-Call, No-Show Follow Up
- Direct Hospice Support
- Direct Health Support

WASHINGTON COUNTY
MOBILE INTEGRATED
HEALTHCARE NETWORK

HRSA
FINAL
WINNER
2023
Building Bridges to Better Health:
A Primary Health Care Challenge

Building Bridges to Better Health:
A Primary Health Care Challenge

HRSA Primary Care Challenge 1ST Place 2023

The Washington County MIH Network was awarded FIRST PLACE in the HRSA nationwide competition, "Building Bridges to Better Health: A Primary Health Care Challenge."

FQHC Perspective

Synergy with EMS

- Safety net systems
- Similar values and mission

Collaboration has been key to:

- Expanding services
- Improving quality
- Increasing purchasing power
- Improving patient health outcomes

Integration of Care & Gap Closure

Integrated Care

- Whole person care
- Co-location
- Shared talent

Care Gap Closure

- CHWs
- Telehealth
- Workforce

EMS Perspective

- Integrated Care
- Licensed CP as the “eyes and ears” of the provider in clinic
- Think primary care / chronic disease but emphasize “whole person”
- Success Story
  - Trust bult over 2 years
  - Poor living conditions
  - Several unmanaged diagnoses
  - Hopelessness

Patient Impact

Community Support

- Secured elderly apartment housing
- Churches donated furniture, housing supplies, clothing, and groceries
- School volunteers helped move belongings into new space

Mobile Integrated Health Impact

- Medication Compliance
- Improved Diet
- Smoking Cessation
- Behavioral Health Improvement
- Home Aid Assistance

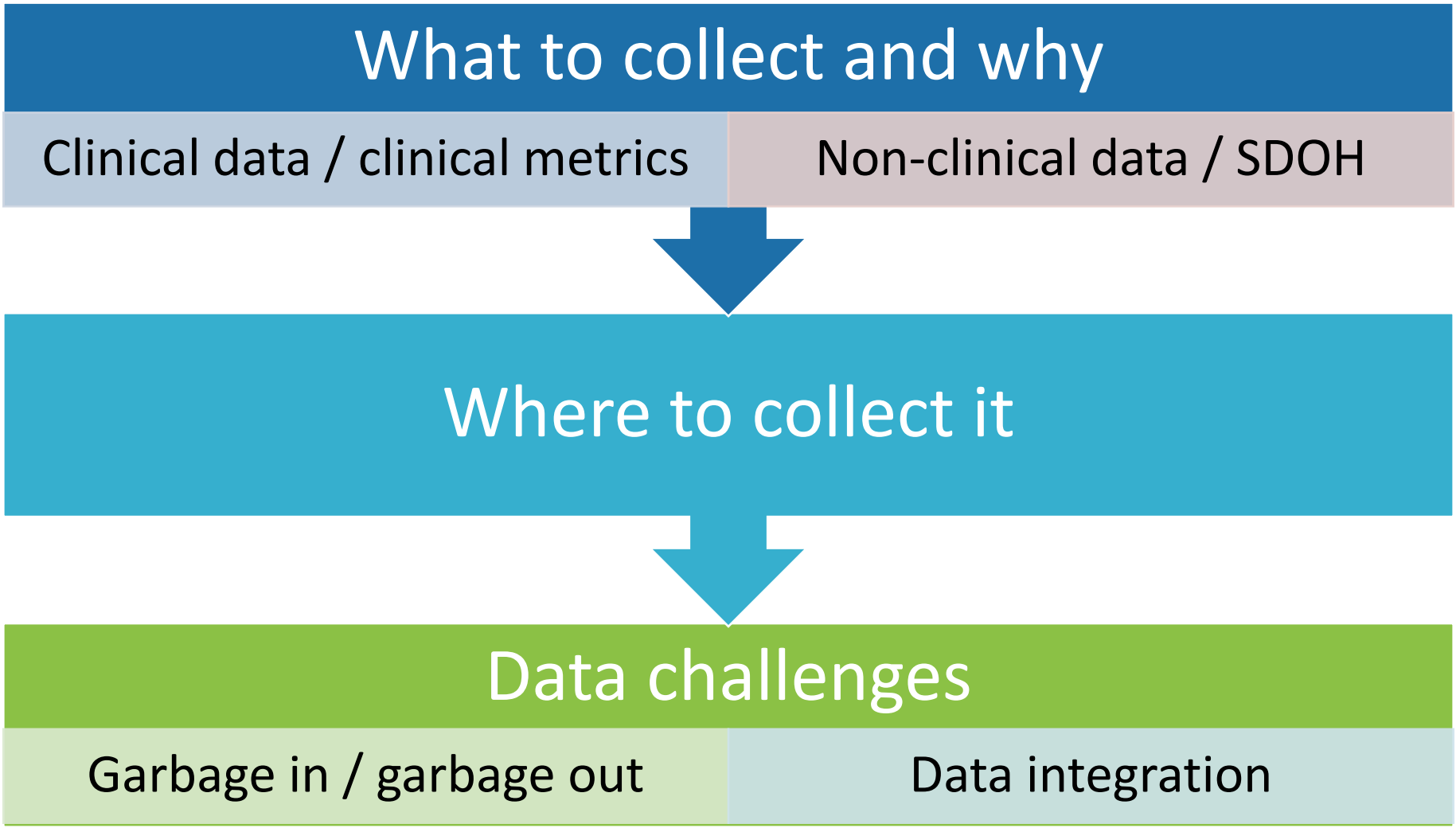
SDOH Addressed

- Food Insecurity
- Living Conditions
- Access to Health Services

MIH & Quality

- Data
- Compliance
- Care gap closure

DATA & Compliance

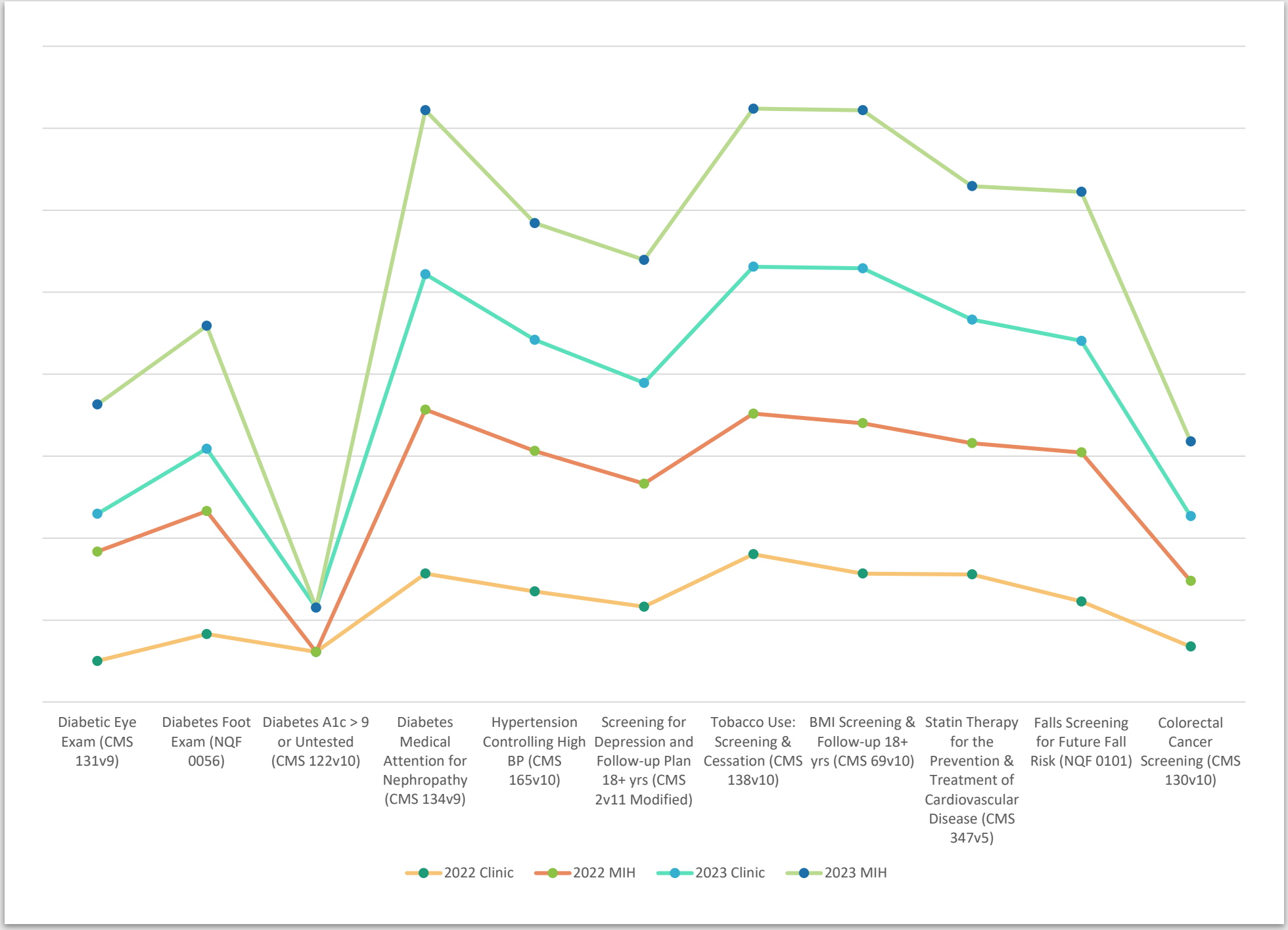


Impact of Care Gap Closure

- Improved patient adherence to appointments
- Fewer ED visit
- Fewer EMS calls
- Improved medication compliance
- Improve patient quality of life

Clinical Quality Data | CY 2023

Clinical Quality Measure	All Clinic Patients	MIH Cohort
Diabetic Eye Exam (CMS 131v9)	**23%**	**66.7%**
Diabetes Foot Exam (NQF 0056)	**38%**	**75.0%**
Diabetes A1c > 9 or Untested (CMS 122v10)	**27%**	**0.0%**
Diabetes Medical Attention for Nephropathy (CMS 134v9)	**82.6%**	**100.0%**
Hypertension Controlling High BP (CMS 165v10)	**67.8%**	**71.2%**
Screening for Depression and Follow-up Plan 18+ yrs (CMS 2v11 Modified)	**61.5%**	**75.0%**
Tobacco Use: Screening & Cessation (CMS 138v10)	**89.6%**	**96.4**
BMI Screening & Follow-up 18+ yrs (CMS 69v10)	**94.5%**	**96.4%**
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease (CMS 347v5)	**75.4%**	**81.4%**
Falls Screening for Future Fall Risk (NQF 0101)	**68%**	**90.9%**
Colorectal Cancer Screening (CMS 130v10)	**39.5%**	**45.6%**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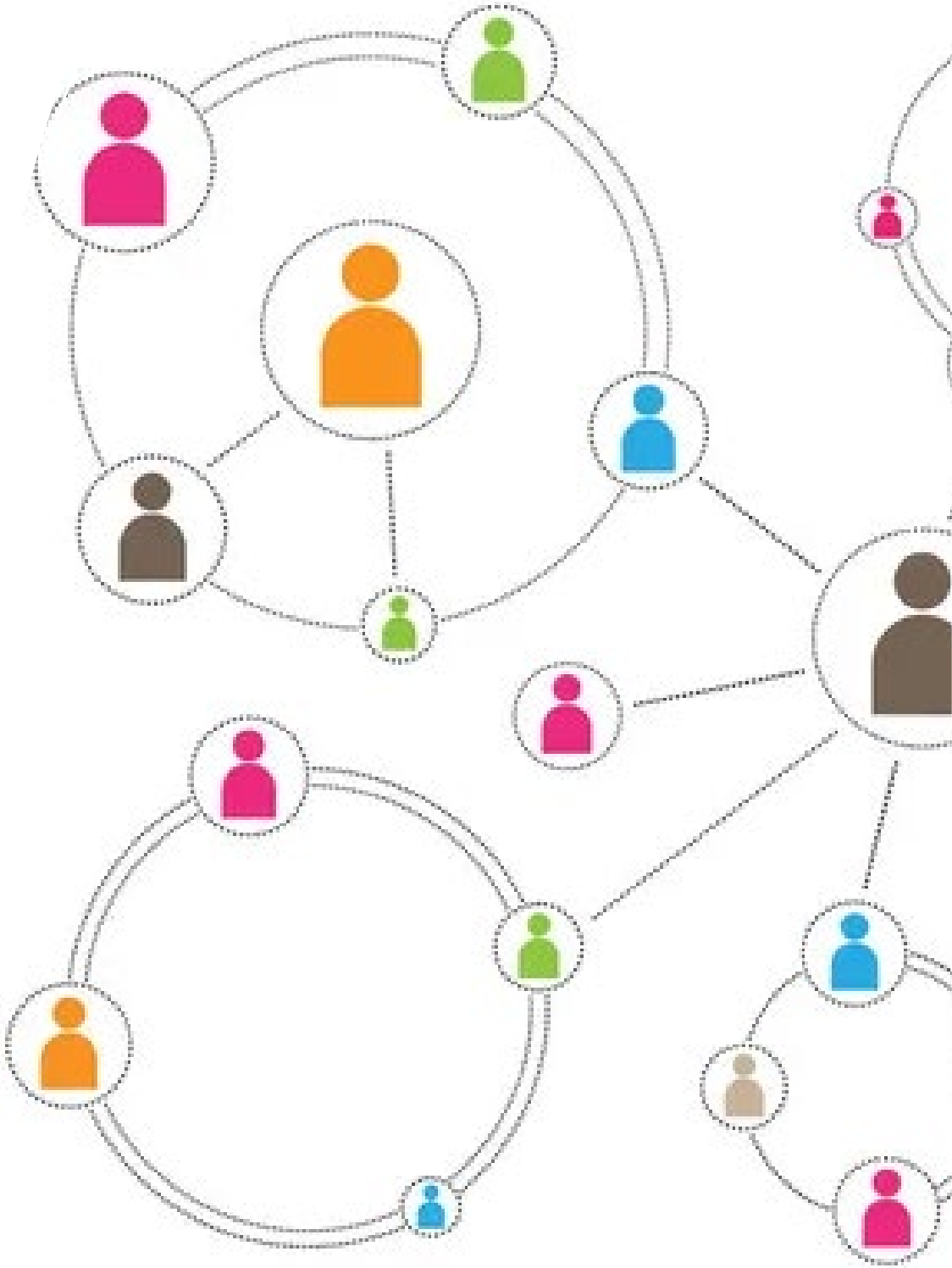
Colorectal Cancer Screening (CMS 130v10)
2022 Clinic
2022 MIH
2023 Clinic
2023 MIH

MIH Networking

- Relationships
  - Local
  - Regional
  - State
  - National

- Connections – warm introductions
  - You don’t know what you don’t know
  - Begin the conversation



MIH Networking

Resources

- Grants
- Contracts
- Research

Payers

- Partners
- Opportunities

MIH Networking

Documenting | Analysis

- Drives quality
- Ensures sustainability
- Enlist help of others with knowledge and resources
  - Funders
  - MoHealthNet
  - Medicaid MCOs
  - Missouri Primary Care Association

MIH Networking

“The Glue”

- Communication internal and external
- Education & training needs and opportunities
- Workforce development
- Collaboration opportunities
- Research opportunities
- Think beyond today

MIH at the Federal Level

Legislation and National Perspective

NATIONAL PERSPECTIVE

We have Metropolitan Programs.

We have Urban Programs.

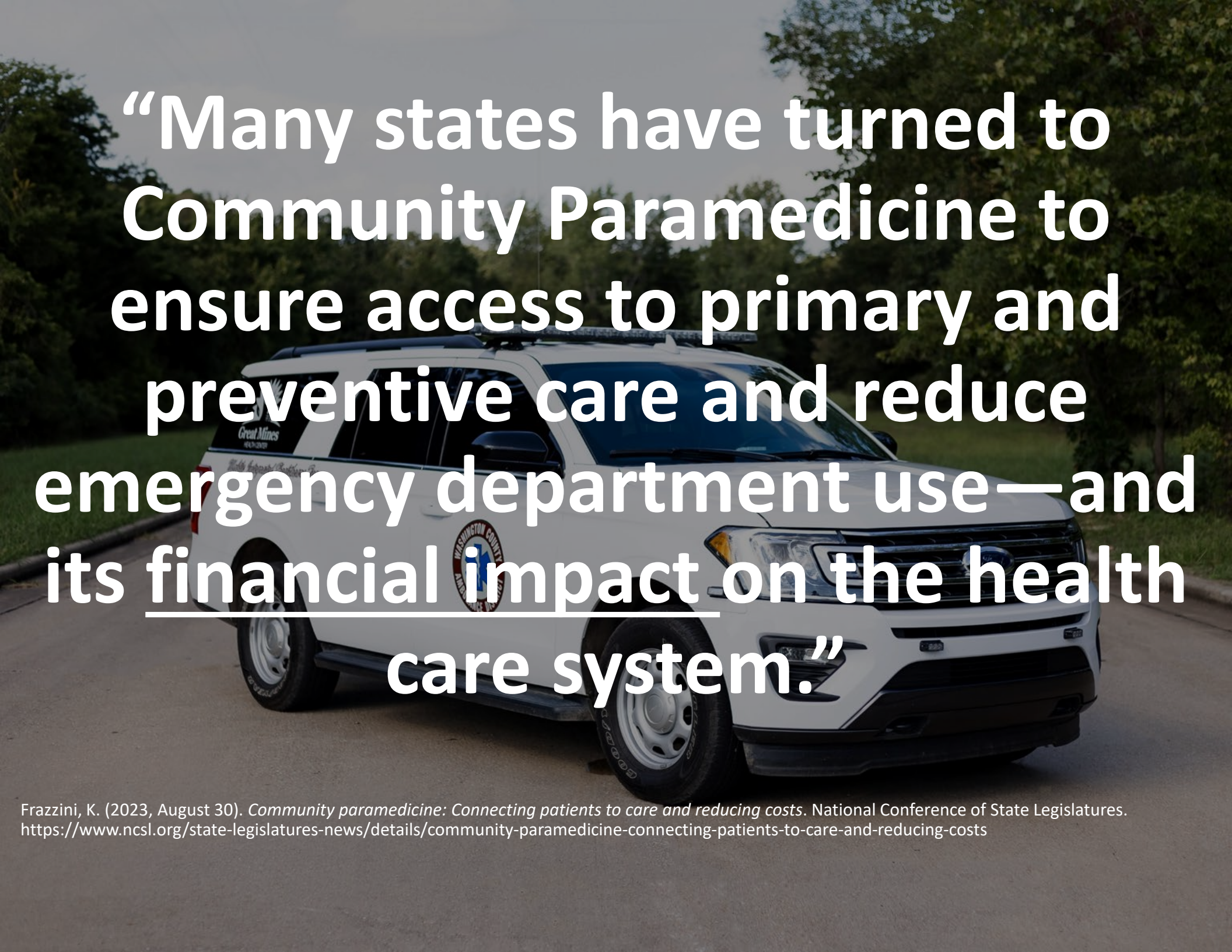
We have Rural Programs.

We have Super-Rural Programs

While the details are different, the mission is the same.

We fill gaps. We work with everyone. We adapt and overcome.

WE MAKE SICK PEOPLE BETTER | WE SAVE THE SYSTEM MONEY

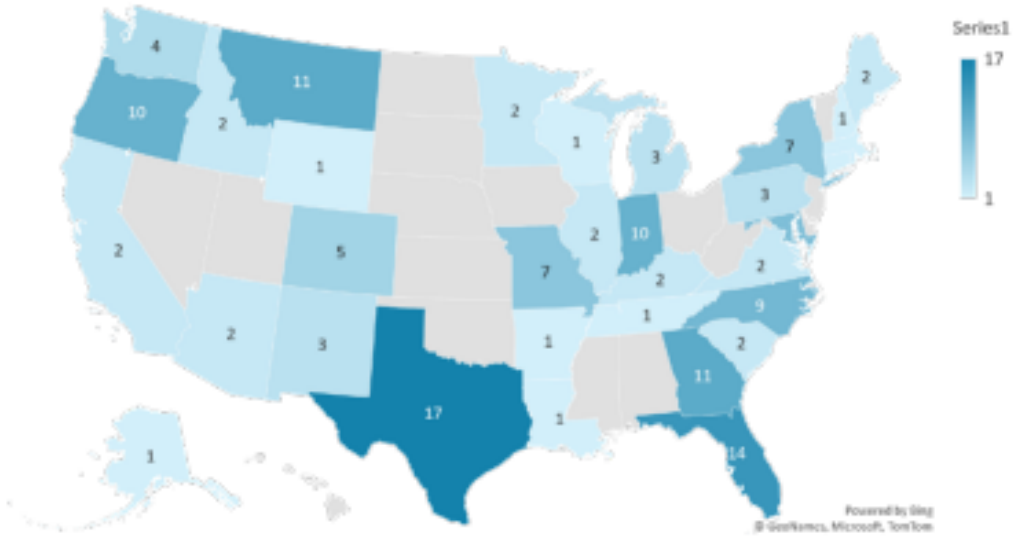


Frazzini, K. (2023, August 30). *Community paramedicine: Connecting patients to care and reducing costs*. National Conference of State Legislatures. https://www.ncsl.org/state-legislatures-news/details/community-paramedicine-connecting-patients-to-care-and-reducing-costs

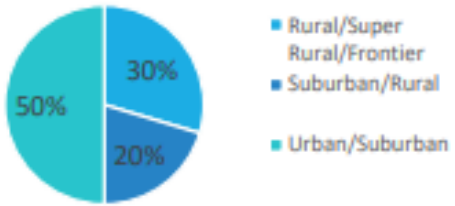
NAEMT Survey | 2023

Survey Demographics

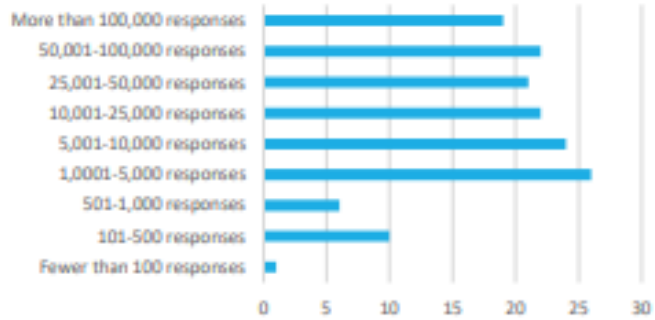
Our Agency is Headquartered In:



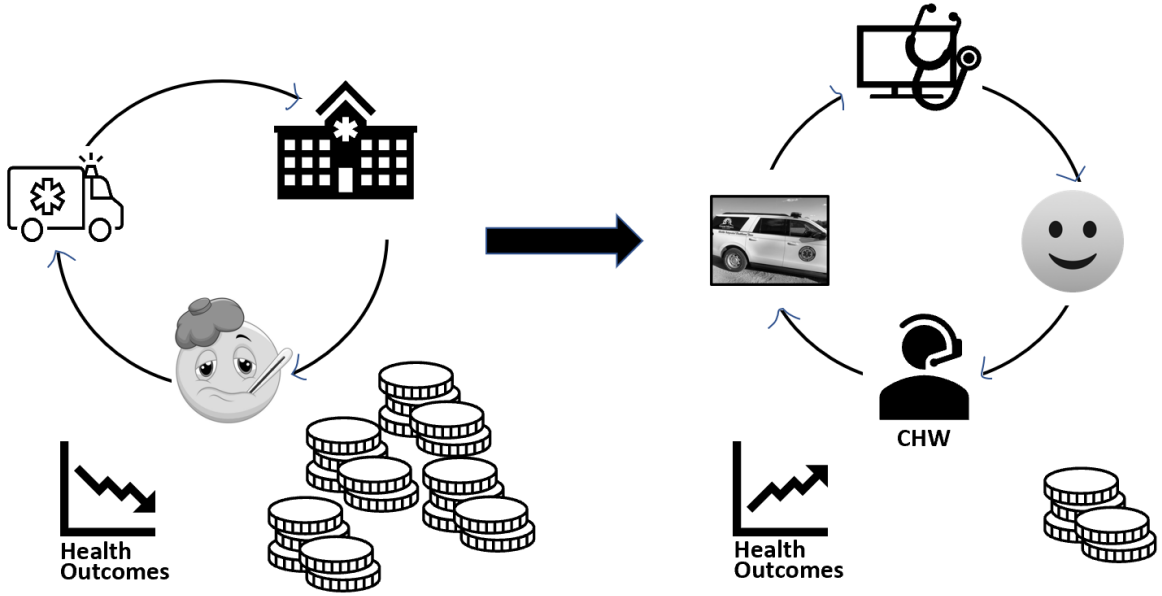
Demographic Region Served



Annual Response Volume



Requires policy / regulatory changes and new payment models



Traditional Care Model

Mobile Integrated Healthcare Network Model

> **Insanity:**
> doing the same thing over and over again **and expecting** different results.
>
> -Albert Einstein

Medicare Reimbursement

The most recent Healthcare Cost and Utilization Project (HCUP) report from the Agency for Healthcare Research and Quality (AHRQ) reveals the Average expenditure for ED visit for patients aged 65 or older is **$690**.

https://hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.pdf ***(2017)***

Medicare Reimbursement

The national average Medicare fee schedule for a basic life support emergency ambulance service is **$447.56**, and of this allowed amount, Medicare pays 80% = **$358.05**

https://www.cms.gov/medicare/payment/fee-schedules/ambulance

CMS Has Data

The Congressional Budget Office (CBO) recently reported that the Centers for Medicare and Medicaid Services (CMS) paid $20 million to EMS agencies for **pandemic waiver authorized** on-scene treatment without transport to a hospital.

The average Medicare expenditure per treatment without transport claim is estimated at **$358.05**.

Using this estimate, the number of treatment without transport claims that the $20 million expenditure represents is ~55,858 ambulance claims ($20 million ÷ $358.05).

In simple terms, there were 55,858 Medicare beneficiaries who were **NOT** seen by a hospital emergency department (ED), and instead were cared for by EMS personnel and left at home.

Using this data, the estimated **SAVINGS** to Medicare derived from the 55,858 Medicare beneficiaries who were NOT seen in an ED was **$38,542,020** .

References:

1. https://www.cms.gov/medicare/payment/fee-schedules/ ambulance
2. 2. https://hcup-us.ahrq.gov/reports/statbriefs/sb268-EDCosts-2017.pdf
3. 3. https://nasemso.org/wp-content/uploads/2020-National-EMS-Assessment_Reduced-File-Size.pdf
4. 4. https://www.healthaffairs.org/doi/abs/10.1377/ hlthaff.2013.0741

Current Barriers to Consider

Final Reflection

Mobile Integrated Healthcare & Community Paramedics are dotted across the region and the county.

Individual programs are diverse.

However, all MIH/CP programs have a few things in common....

We fill gaps. We work with everyone. We adapt and overcome.

We make sick people better. We save the system money.

Why? Because it is the right thing to do.

WASHINGTON COUNTY
MOBILE INTEGRATED
HEALTHCARE NETWORK

Justin Duncan

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