Mobile Integrated Healthcare – Community Paramedicine

What is Mobile Integrated Healthcare?
Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care or post-discharge follow-up visits; or transport or referral to a broad spectrum of appropriate care, not limited to hospital emergency departments.

What is Community Paramedicine?
Community Paramedicine (CP) is Mobile Integrated Healthcare (MIH) in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and enhance access to primary care for medically underserved populations. This is why they are discussed together, as MIH-CP.

MIH-CP fills healthcare service gaps, without replacing healthcare workers.
MIH-CP programs are designed to address specific local problems in partnership with the healthcare community. By focusing on locally identified needs, and offering a creative solution to fill local gaps, MIH-CP helps to increase access to care, and often reduces healthcare costs by providing the right level of care based on the individual’s medical needs.

Community Paramedics are not independent practitioners.
Paramedics work under clear medical control of a physician, receiving direction and supervision to ensure patient safety. MIH-CP programs build upon the training and skill sets of experienced paramedics with additional training in patient assessment, clinical skills and familiarity with other healthcare providers and social services leading to a more integrated approach to healthcare delivery.

Where are there MIH-CP programs?
Arizona, Colorado, Minnesota, Maine, North Carolina and Texas have implemented variations of MIH-CP. These programs have demonstrated that paramedics can be trained to safely and effectively perform an expanded role, with cost savings. An example: MedStar EMS in Texas developed a Loyalty Program for frequent 9-1-1 callers to provide health system navigation and support services. Comparing the 12 months prior, MedStar’s Loyalty Program observed a 52% reduction in ambulance transports to an emergency department, representing $8.2 million in healthcare cost savings among 142 Loyalty Program enrollees.
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Arizona-Based Community Paramedicine

Here in Arizona, MIH-CP is highlighted by the Mesa Fire & Medical Department’s $12 million grant from the Centers for Medicare & Medicaid Services (CMS) Healthcare Innovation grant and Rio Rico Medical & Fire District’s Health Resources and Services Administration (HRSA) grant. Three formal internally-funded partnerships exist in Maricopa County: 1) Buckeye Fire Department and Banner Estrella Medical Center; 2) Scottsdale Fire Department and HonorHealth hospital network; and 3) Tempe Fire, Medical, Rescue Department and Tempe St. Luke’s Hospital. Additional active projects in Arizona include: Chandler Fire, Health & Medical; Salt River Fire Department; Superstition Fire & Medical (in partnership with Mesa Fire & Medical); and Verde Valley Fire District. Many other fire departments and districts are in the process of developing and formalizing MIH-CP programs.

Arizona is utilizing an asset-based model of MIH-CP by engaging a ready workforce of fire-based paramedics who are willing and able to partner with local hospitals and resources to improve the health of their community.

Why is St. Luke’s Health Initiatives involved?

SLHI is serving in many of our traditional roles as a convener, facilitator and connector related to MIH-CP work throughout the state. SLHI began actively working with the Health Services Advisory Group’s (HSAG) in March 2015 on its Care Coordination Coalitions to reduce hospital readmissions throughout Maricopa County. MIH-CP was added as a core workgroup to coordinate and expand the use of MIH-CP by researching and establishing promising practices, creating formal and informal community partnerships, and applying for funding for pilot programs that can be documented and replicated.

While the Coalitions are regional, the work is statewide. These collaborations and partnerships have led to an environmental scan of MIH-CP activities in Arizona as well as the need to share the gathered information. SLHI will be producing an issue brief on promising practices here in Arizona and nationally to be released in winter 2015.

Links to Additional Resources:

Local:
http://crh.arizona.edu/blog/guest-blog-community-paramedicine-support-community-wellness-southern-arizona

National:
http://icma.org/en/press/pm_magazine/article/105817

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