Mobile Integrated Community Health

Overview

A team approach to population health.

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Mission Statement

To improve health outcomes among citizens of Queen Anne's County through integrated, multi-agency, and intervention-based healthcare.

Vision Statement

To provide mechanisms for citizens to have better access to healthcare and to enhance individual health outcomes.

Demographics

Statistics

Population:

47,798

Population 65+ years:

8,269

Median age:

42.6

Population 65+ living alone:

2,420

Persons per square mile:

128.5

"Medical Desert"

- Queen Anne's County is one of only two counties in Maryland without a hospital

- One free-standing emergency department
  - The Queen Anne's Emergency Center in Queenstown

Partnerships

- QAC Dept. of Emergency Services
- QAC Department of Health
- MIEMSS
- UMMS Shore Regional Health
- QAC Commissioners
- QAC Addictions and Prevention Services
- QAC Dept. of Health and Mental Hygeine
- QAC Area Agency on Aging
- Zoll Medical Corporation

Funding

- UMMS Shore Regional Health
- Queen Anne's County Government
- Queen Anne's County Dept. of Health
- Dept. of Health and Mental Hygeine
- QAC Addictions and Preventions Services

MICH Criteria

Inclusion

Adults 18 years and older.

Five 911 calls in any 6 month interval

Resident of Queen Anne's County

Exclusion

Receiving Home Health Care or Visiting Nurse Agency services.

Refusal to participate in the program.

Performance Measures

- To reduce the number of 911 calls by program participants by 25% during the fiscal year.
- To ensure that 75% of program participants have a primary care provider
- To ensure that 90% of program participants will receive at least one referral to a community resource as the result of a MICH home visit.

Referral Phases

- First Phase - Frequent 911 Callers
- Second Phase - EMS Referrals
- Third Phase - ED Referrals and QA ER Referrals
- Fourth Phase - Shore Regional Health Post Discharge

911 Referrals

- Addition of a service defined question to the eMEDS patient care report.
- Answering the question is mandatory to achieve 100% completion of the report.
- A referral report is ran every other day.

MICH Team

Combination Field Team

Department of Health Nurse / Nurse Practioner

Queen Anne's County Paramedic

Behavioral Health Professional

Management

Health Officer / EMS Medical Director
Joseph A Ciotola, Jr., M.D.

MICH Home Visit

QAC DES Paramedic

- Program introductions and overview
- Physical examination assessment of physical health
- Health and home safety assessment
- Discuss home safety issues with the patient and need to modify identified hazards

QAC DOH NP / RN

- Program introductions and overview
- Assessment of health history, Rx inventory, review of systems and current status
- Assessment of patient education and assessment of support system
- Referrals to appropriate health and community services

Health and Home Safety

- **The EMS Provider utilizes three evidenced based scales to determine home and personal safety of each patient.**

- **The three assessment scales that will be utilized are:**
  - **The Hendrich II Fall Risk Model**
  - **The Physical Environment Assessment Tool**
  - **Alcohol Use Disorder Identification Test**
  - **Drug Abuse Screening Test**

Data and Demographics

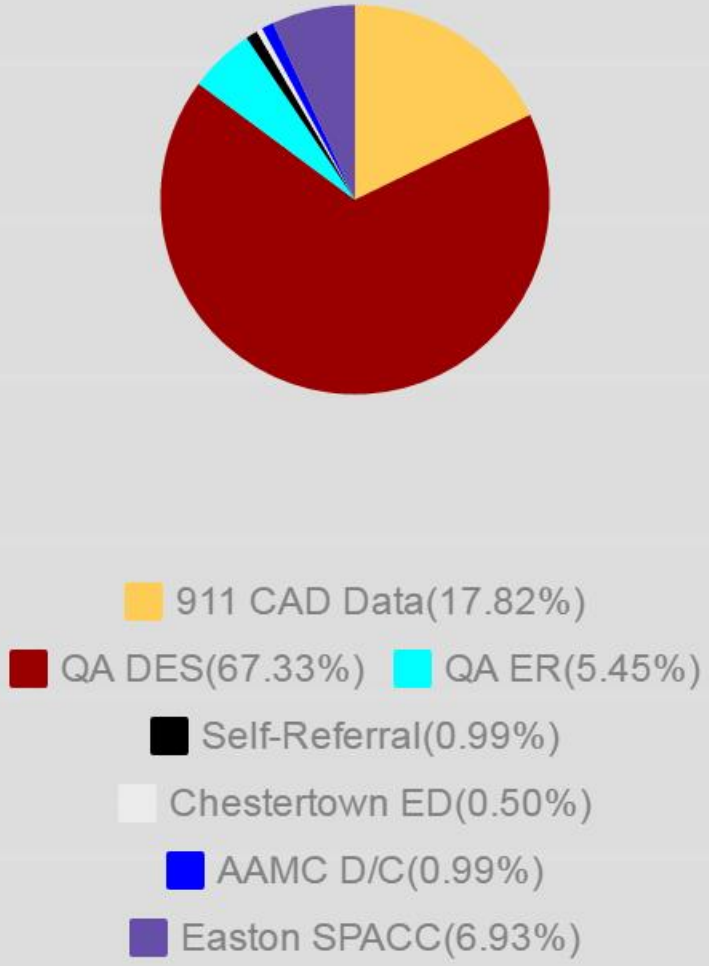
Total time spent on home visits

211.2 hours

Avg. time spent per home visit

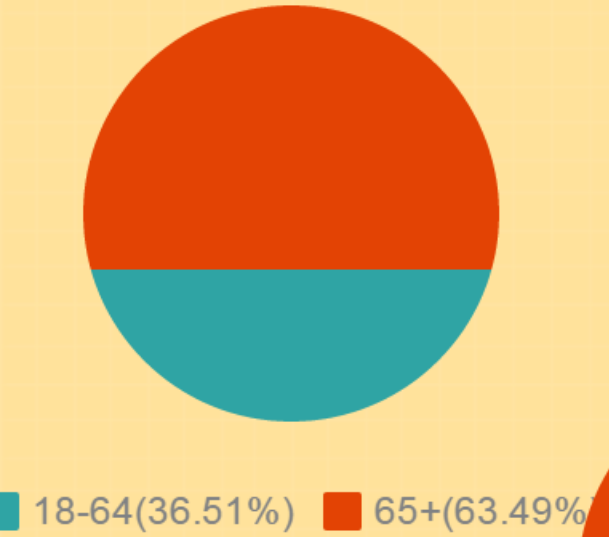
78 minutes

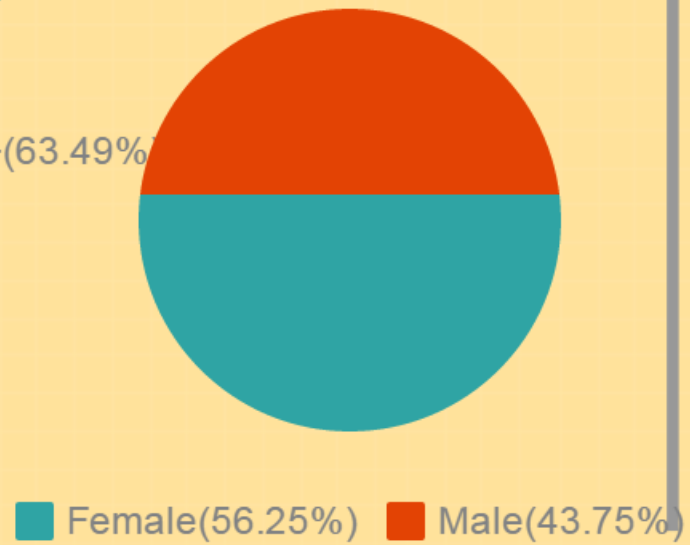
Referral Sources



Data and Demographics

Age and Gender Breakdown



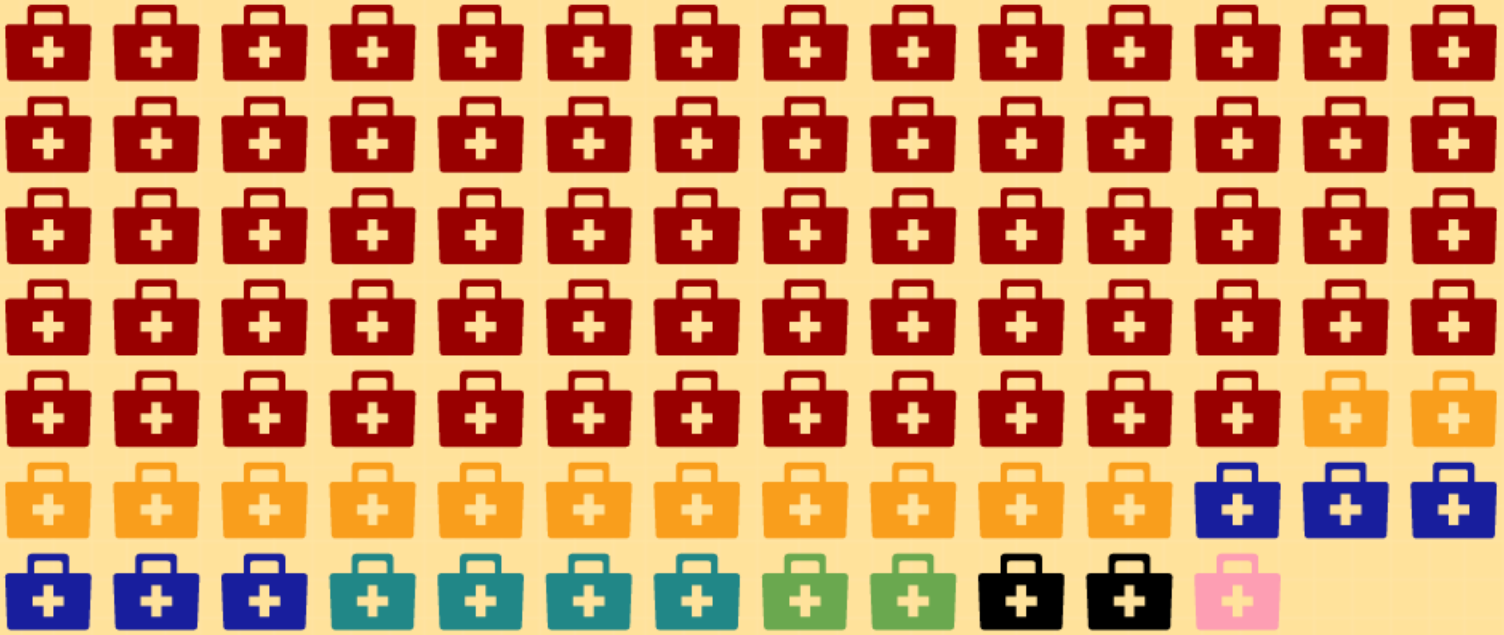


Age Statistics

Oldest Patient:	97
Average Age:	69
Youngest Patient:	32

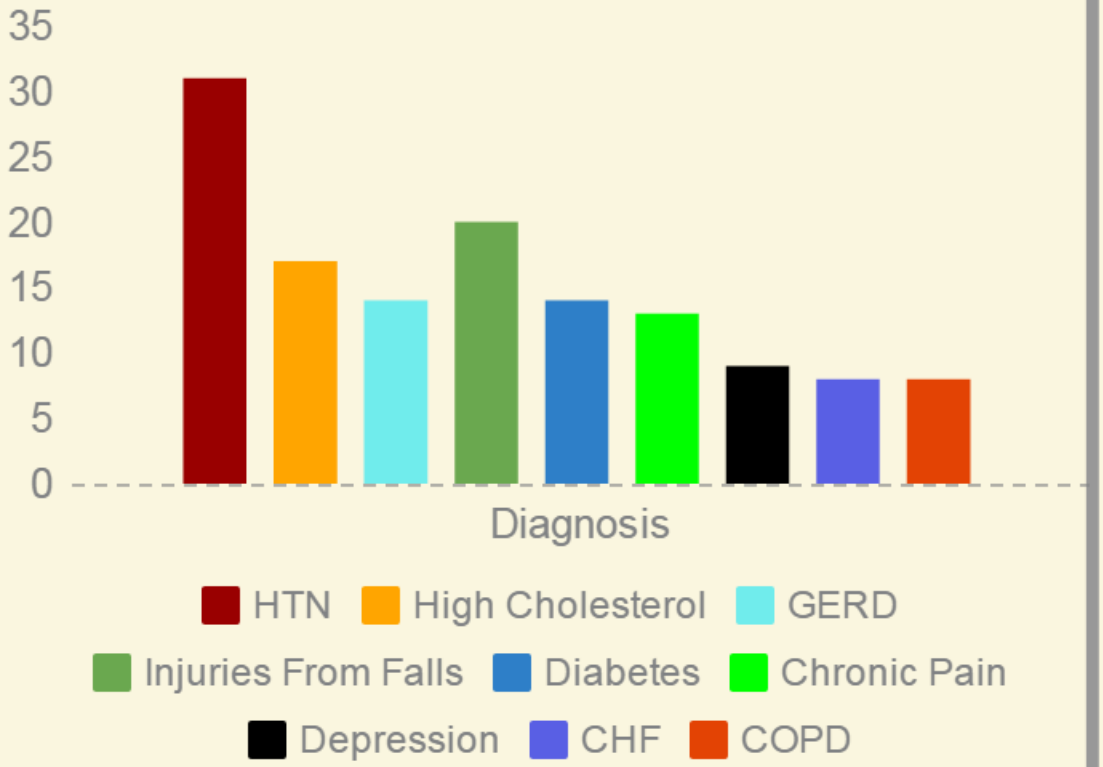
Data and Demographics

Insurance Breakdown



Data and Demographics

Top 10 Existing Diagnosis

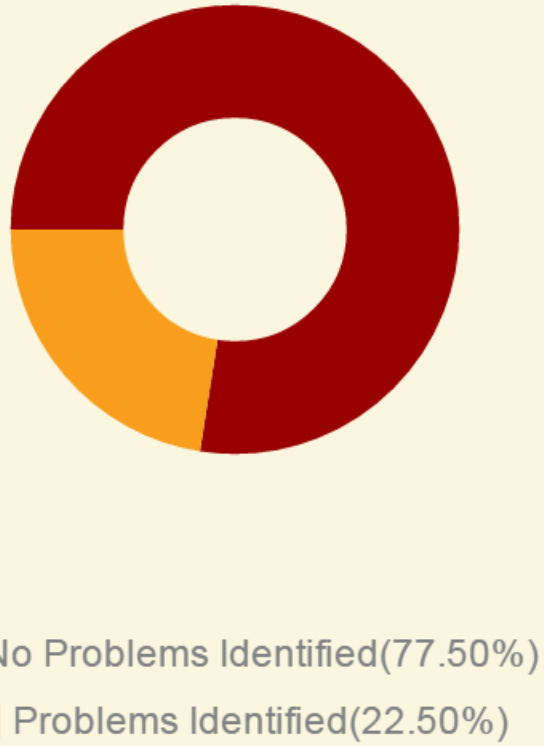


Avg. Number of Comorbidities

5.93

Data and Demographics

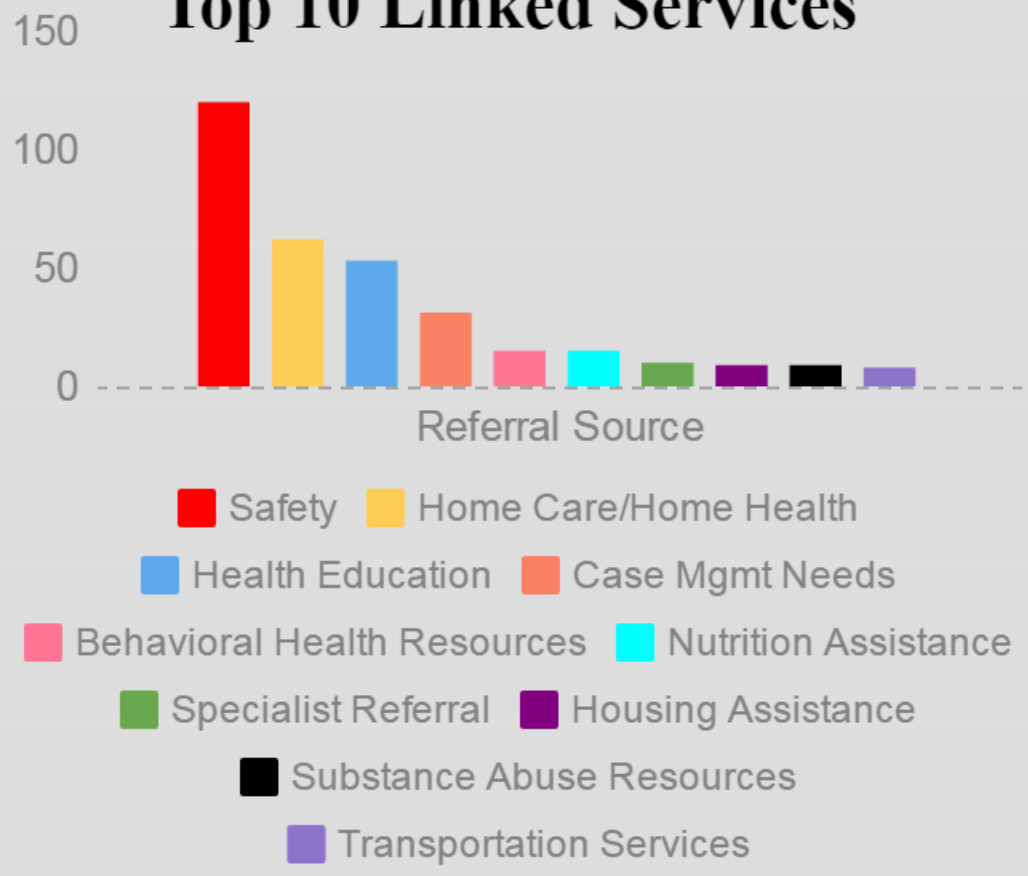
Results From Rx Inventories



Avg. Number of Medications/Patient

Data and Demographics

Top 10 Linked Services



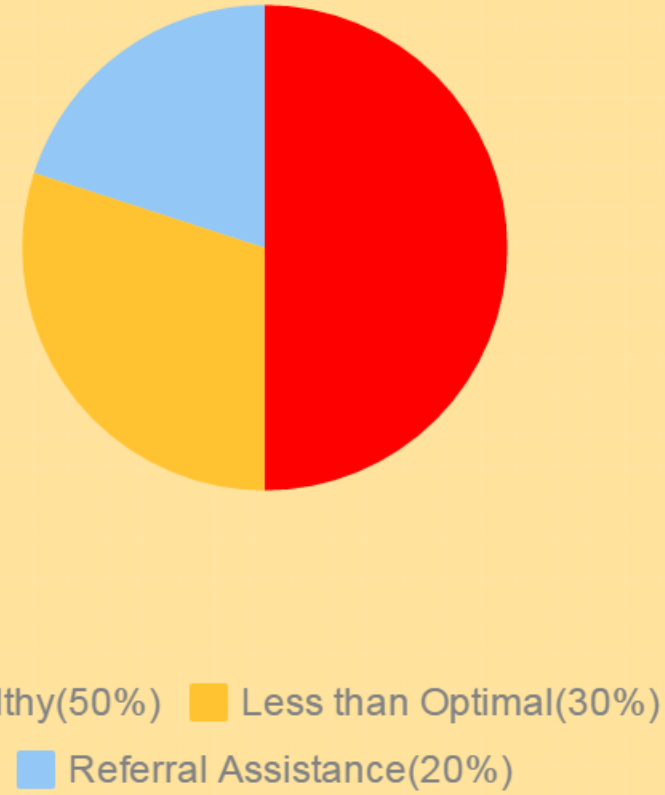
Total Services Linked to Patient

376

Avg. Linked Services/Patient: 4.7

Data and Demographics

PEAT Score Results



Safety Hazards

Unmarked prescription pill bottles

Space heaters next to curtains

Complete lack of smoke detectors

A light plugged into an outlet and dangling over the bath tub

Soft floors and sagging ceilings

Multiple layers of throw rugs

Extension cords running across rooms from wall to wall

Data and Demographics

911 Transport Data

Reduction of 911 transports for patients who have been in MICH for at least one year:

35.4%

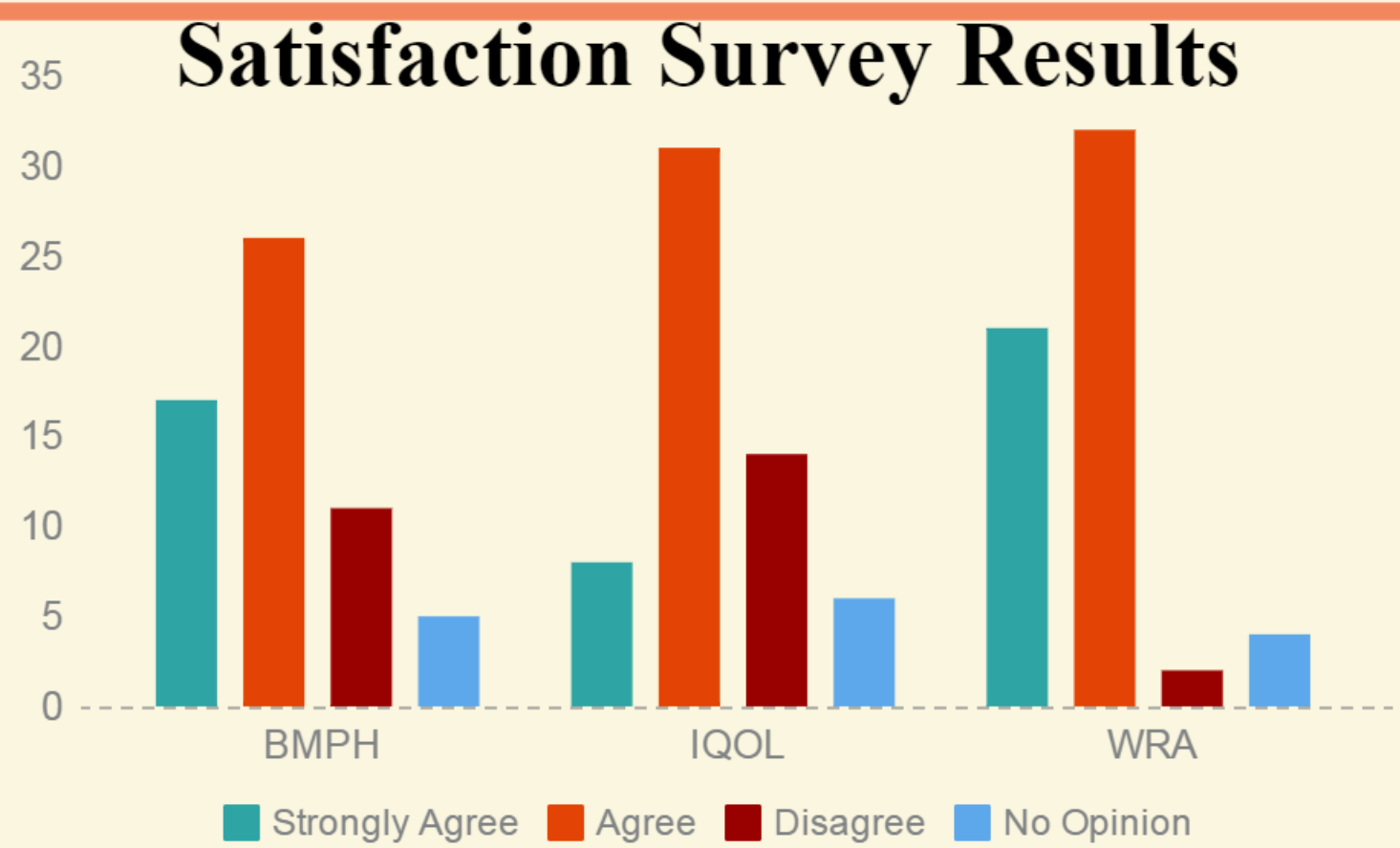
Data and Demographics

ED Utilization Data

Total number of ED visits that were avoided in one year by patients post-MICH enrollment

136.2

Data and Demographics



BMPH - Better able to manage your personal health

IQOL- Improved Quality of Life

WRA - Were referrals appropriate/useful

Challenges Faced

- Data Collection
- Dealing with Declinations
- Social Isolation and Mental Health
- Financial Sustainability
- Medically Complex Patients

Data Collection

- Deciding what data to capture.
- Consolidating data from multiple different systems/ services.
- Determining baseline data and control groups.
- HIPAA and data sharing

Declinations

- Getting people to say "yes" to a home visit often proves challenging.
- Many patients are difficult to contact.
  -  Disconnected numbers.
  - Won't answer when called.
- Many patients are too proud to accept help from outside sources.
- Make sure the program is adequately explained.

Social Isolation and Mental Health

- Resistance to Senior Centers
- Senior Centers are stigmatized
- A large proportion of our elderly patients have undiagnosed depressioin
  - Ageism.
  - Ignorance.
- Shortage of services.
- Affordability

Transportation

Many patients have expressed frustration and despair with the inability to leave their house

The lack of transportation contributes to feelings of loneliness

Lack of transportation also contributes to noncompliance with medication refills and physician visits

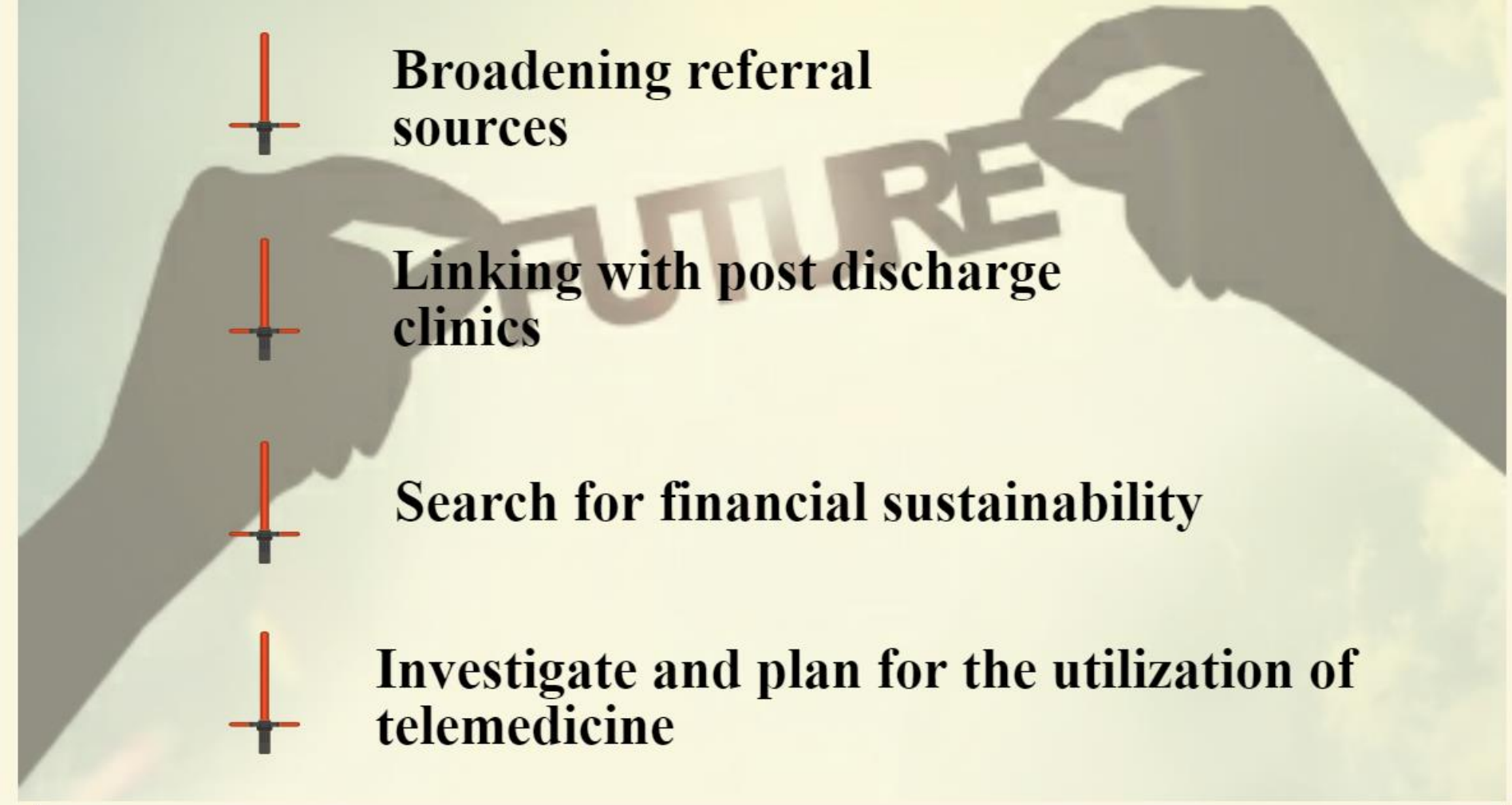
Home Safety Issues

- Many of our patients have been found to be living in less than ideal conditions.
- Some conditions are deplorable and unsafe.
- With a limited budget, what can be done?

Medically Complex

- Many patients who are frequent 911 and ED users have long lists of ailments and comorbidities
- Complex medical patients will require multiple visits and resources
- An action plan will need to be developed with frequently scheduled follow-up visits

What Does the Future Hold?



- Broadening referral sources
- Linking with post discharge clinics
- Search for financial sustainability
- Investigate and plan for the utilization of telemedicine

Questions?