Program Overview

Queen Anne’s County
Department of Health &
Queen Anne’s County
Department of Emergency Services

Presenter: Mary Ann Thompson, B.S.N., R.N.
Director of Nursing & Clinical Programs
Queen Anne’s County Department of Health
MaryAnn.Thompson@Maryland.gov
MISSION STATEMENT
To improve health outcomes among citizens of the county through multi-agency, integrated, and intervention-based healthcare.

VISION STATEMENT
To provide mechanisms for citizens to have better access to healthcare and to enhance individual health outcomes.
Queen Anne’s County

MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

QUEEN ANNE’S COUNTY

Population in 2010 47,918
Population in 2013 48,517

2013 STATISTICS FOR QUEEN ANNE’S COUNTY

• Households with one or more people 65 years and over 5,267
• Householders living alone who are age 65 years and over 1,710
• Number of individuals 65 years and older living with a disability 2,187

Source: http://quickfacts.census.gov/qfd/states/24/24035.html
Queen Anne’s County is a “Medical Desert”

- One of only two counties in the State of Maryland without a hospital
- One free-standing emergency department – Queen Anne’s Emergency Center (University of Maryland Medical Services) located in Queenstown
Initial Goals & Performance Measures

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

• Adults 18 years and older
• **FIVE** 911 calls in any 6 month interval
• Resident of Queen Anne’s County

Exclusion

• Already established as an individual with a home health care or visiting nurse agency or
• Refusal to participate in the program
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MICH Program Phases for Referrals for First Six Months

- First Phase – Frequent 911 Callers
- Second Phase – EMS Referrals
- Third Phase – Emergency Department Referrals from Free-Standing Emergency Center in Queenstown
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MICH Team

- Combination Field Team: Department of Health Nurse/Nurse Practitioner, Queen Anne’s County Paramedic and Behavior Health Professional
- Management falls under Health Officer/EMS Medical Director – Joseph A. Ciotola, Jr., M.D.
- Oversight/quality management team is interdisciplinary
Delivery Systems’ Problems Targeted by Community Paramedicine Programs

- Overuse of 911 system
- Repeat Emergency Department visits and hospital readmissions
- Lack of primary care
## MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

### MICH PP Home Visiting Team

<table>
<thead>
<tr>
<th>QAC DES Paramedic</th>
<th>QAC DOH NP/RN</th>
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<tbody>
<tr>
<td>• Program introductions and overview of program to the client</td>
<td>• Provide introductions and overview of program to the client</td>
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<tr>
<td>• Physical examination</td>
<td>• Assessment of health history, medication inventory, review of systems, and current status</td>
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<tr>
<td>• Assessment of physical health</td>
<td>• Patient education assessment</td>
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<tr>
<td>• Health and home safety assessment</td>
<td>• Assessment of Support System</td>
</tr>
<tr>
<td>• Discuss home safety issues with client and need to modify identified hazards</td>
<td>• Referrals to appropriate health and community services</td>
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If emergent situation is determined, 911 call is initiated. Paramedic will evaluate and stabilize the participant until responding unit arrives.
Queen Anne’s County

MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

Planning Timeline

1. 2012: Dr. Ciotola became Health Officer for Queen Anne’s County while concurrently serving as Medical Director for EMS.

2. 2013: Encouraged by Dr. Richard Alcorta to re-visit community paramedic concept with goal of reducing “frequent 911” callers and hospital re-admissions.

3. 11/2013: First meeting at QAC DOH to discuss funding, types of services to be provided, and criteria for visits.

4. 12/2013: Drafted mission statement, program objectives, and roles of paramedics and nurses.

5. 02/2014: Expanded membership of planning committee to include MIEMSS, EMS, UMSRHS, and QAC Dept of Aging with goal of implementation by 07/2014.
Queen Anne’s County

MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

Planning Timeline

1. Program officially named Mobile Integrated Community Health Pilot Program of Queen Anne’s County, brochure developed, staffing planned, consent form developed
   - 03/2014

2. Funding for program secured through QAC Commissioners and UMSRHS
   - 04/2014

3. Four staff attended ZOLL Summit in Denver, CO. Purchased Allscripts® computer software with grant from DHMH. Met with MIEMSS to discuss legal aspects.
   - 05/2014

4. Protocol Review Committee presentation and approval
   - 07/2014

5. MIEMMS Board Approval
   - 08/2014

6. First MICHPP Visit!
   - 08/2014
MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

<table>
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<th>MICH Data</th>
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<tr>
<td>• Preliminary MICH data collected since the initiation of the program</td>
</tr>
<tr>
<td>• <strong>Prior</strong> to their first MICH visit, the initial <strong>17</strong> patients accounted for <strong>122</strong> calls to 911</td>
</tr>
<tr>
<td>o <strong>75</strong> of those <strong>911</strong> calls resulted in transport</td>
</tr>
<tr>
<td>• <strong>After</strong> their first MICH visit, the initial <strong>17</strong> patients accounted for <strong>33</strong> calls to 911.</td>
</tr>
<tr>
<td>o <strong>21</strong> of those calls resulted in transport</td>
</tr>
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</table>
MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

MICH Data

Referrals

- Adult Eval & Review: 14
- Mental Health: 4
- Housing: 1
- Smoke Detectors: 6
- Smoking Cessation: 1
- Home Delivered Meals: 3
- Senior Care: 1
- Senior Center: 6
- Shore Wellness: 1
- Community First Choice: 2
- Everbridge: 17

17 clients received 59 referrals
Queen Anne’s County

MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

Next Steps

- Economic Healthcare Analysis of the Program
  - Cost savings analysis
  - Overall cost of the MICH program
    - Staff time/cost tracking
    - Mileage cost tracking
    - Supply cost tracking

- Broaden Referral Sources
Initial Challenges

• EMS Agency Considerations
• State EMS Agency Buy-In
• State Board of Nursing Buy-In
• Challenges with Multi-Agency Collaboration
• Funding
EMS Agency Considerations

- Community Paramedicine is not for everyone
- Make sure that the providers you choose for your program are enthusiastic about the concept of community paramedicine
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State EMS Agency Buy-In

• Recruit state EMS agency members to assist in the development of your program
  ✔ Our program invited our regional representatives from our state EMS agency to attend developmental meetings
• Have all your “ducks” in a row!
• Emphasize the intended scope of practice and roles of the community paramedicine paramedic
Board of Nursing Buy-In

• Engage the nurses from the very beginning.
  • Meet with them face-to-face and obtain their input and expertise every step along the way.
  • Involve them at both a local and state level.

• Ask the nurses and the Board of Nursing what is it they fear about the development of a community paramedicine program
  • Community paramedicine being a substitute for home-centered nursing care programs?
  • EMS overreaching into the realm of nursing?
Multi-Agency Collaboration

• Determine who your stakeholders will be and involve them in the developmental process.
  ✓ Prevents information from being hearsay/rumor
  ✓ Allows them to see what the program is about

• Establish a Memorandum of Understanding (MOU) with all involved collaborators and stakeholders.

• HIPAA
  ✓ Sensitive information may be shared at any point during your development process
PARTNERSHIPS

• Queen Anne’s County Department of Emergency Services
• Queen Anne’s County Department of Health
• Maryland Institute for Emergency Medical Services Systems (MIEMSS)
• University of Maryland Shore Regional Health
• Queen Anne’s County Commissioners
• Queen Anne’s County Addictions & Prevention Services
• Queen Anne’s County Area Agency on Aging
• Department of Health and Mental Hygiene
• ZOLL Medical Corporation
FUNDING

• Early in the program development stages, develop an estimated cost that will start/sustain your program through a fiscal year
• Engage stakeholders very early in the process
• Find out where your local/state governments stand on this concept
• Research shared savings strategies and risk-sharing arrangements
Funded by Grants through:

- Shore Regional Health
- Queen Anne’s County Government
- Department of Health and Mental Hygiene
- Queen Anne’s County Department of Health
- Queen Anne’s County Addictions & Preventions Services

*Funding Currently Established Through June 30, 2016*
New Challenges and Lessons Learned

• Challenges faced with data collection
• Dealing with declinations
• Issues surrounding social isolation and mental health
• Home safety issues
Data Collection

- Start early!
  - Determine required data elements, relevant outcomes, and data collection strategies
- Know your data collection limitations
- Customizing software for documentation and data collection
- Collect data at a central source to avoid mismatching data points
- Consider a cost savings analysis from a healthcare economist
- Remember, evaluation data on your program’s performance and outcomes are necessary!
Client Satisfaction Survey

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Please answer the following questions by rating each of them:

1. MICH staff who contacted me regarding the program provided a thorough explanation of the service.
   - [ ] Strongly Agree
   - [ ] Strongly Disagree
   - [ ] Agree
   - [ ] Disagree
   - [ ] No Opinion

2. Referrals given by the staff were appropriate and useful.
   - [ ] Strongly Agree
   - [ ] Strongly Disagree
   - [ ] Agree
   - [ ] Disagree
   - [ ] No Opinion

3. I feel better prepared to manage my personal health.
   - [ ] Strongly Agree
   - [ ] Strongly Disagree
   - [ ] Agree
   - [ ] Disagree
   - [ ] No Opinion

4. I feel my quality of life has improved since my enrollment in the MICH program.
   - [ ] Strongly Agree
   - [ ] Strongly Disagree
   - [ ] Agree
   - [ ] Disagree
   - [ ] No Opinion

5. I would recommend this program to others.
   - [ ] Strongly Agree
   - [ ] Strongly Disagree
   - [ ] Agree
   - [ ] Disagree
   - [ ] No Opinion

6. Can you offer suggestions on ways we might improve this program?

   __________________________________________
   __________________________________________

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Declinations

- Getting people to say “yes” to a home visit often proves challenging
  - Many patients are difficult to contact –
    - Don’t answer their phones
    - Contact numbers given to provider are often disconnected
- Many patients are too proud to accept help from outside agencies
- Make sure that the program is being adequately explained to the patients before they are contacted to schedule a home visit
Issues Surrounding Social Isolation and Mental Health

• Suggestions of attending the senior centers to participate in activities and to meet other people are often met with resistance
  ✓ Senior centers are stigmatized
  ✓ “Those places are for old people”
• We are finding that a large proportion of our elderly patients have undiagnosed depression
• The period of time between our home visit and the first available appointment for a mental health professional is far too long.
  ✓ Patients are falling back through the cracks of the mental health system
  ✓ How can we change this?
Social Transportation

• Many MICH patients have expressed the inability to “get out of the house” to do normal, everyday things due to lack of transportation
• The lack of transportation also contributes to their feelings of loneliness
• Lack of transportation also contributes to noncompliance with medication refills and physicians’ visits
Home Safety Issues

• Many patients are found to be living in less than ideal conditions
  • Some conditions being deplorable and unsafe
  • Do we have a responsibility to do something about this?
  • With many patients being on a limited budget, what can we do to improve these issues?
Medically Complex Patients

- Patients who are frequent 911 users and have long lists of ailments and co-morbidities that will not be fixed after one MICH visit. These patients are complex and will take multiple visits and resources.

  ✓ An action plan will need to be developed for those patients who frequently utilize 911 due to noncompliance.
## Summary

**Important Considerations**

- Determine the health needs of your community
- Determine what the mission and vision of your program is and WHO your program will be targeting
- Involve stakeholders very early on in the development process
- Research funding
  - Local/state government
  - Grants
  - Shared savings plans
MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

Summary

- **Data Collection**
  - Determine required data elements, relevant outcomes, and data collection strategies
  - Determine the resources you have at your disposal
  - Set your program to adapt and overcome
  - There will be many hurdles and hiccups along the way
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Recognized by the Maryland Association of Counties as the Recipient of the 2015 President’s Healthy Counties’ Best Practices Award
Recipients of the
Maryland Institute
for Emergency Medical Services Systems
Outstanding
EMS Program Award
Awarded May 19, 2015
Queen Anne’s County
MOBILE INTEGRATED COMMUNITY HEALTH PILOT PROGRAM (MICH)

Questions?