

The Mobile Integrated Healthcare Umbrella

RIGHT CARE | RIGHT PLACE | RIGHT TIME



Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) is an evidence-based, cost-saving, and innovative way for EMTs and Paramedics to provide patient-centered care outside the hospital and improve patient's health status, in collaboration with other health care professionals.

Early intervention can save the healthcare system **billions** by preventing costly emergency care and hospitalizations. MIH-CP helps patients address gaps in care and prevent acute exacerbations of illness, rather than waiting until patients need 911. For example, community paramedicine visits can help a person living with heart failure, asthma, COPD, or diabetes avoid acute emergencies. Community Paramedics can:

- Work with frequent 911 callers to decrease preventable 911 calls and emergency room visits.
- Provide in-home visits to people who have chronic and complex medical conditions to prevent unnecessary ambulance transports and emergency room visits.
- Conduct post-hospital follow-up care to prevent hospital readmissions.
- Integrate with public health, home health, health systems, and other providers to increase provider-patient communication.
- Improve medication and self-care compliance through education and health promotion.

The potential value of MIH-CP is compounded in rural areas (ambulance deserts) and communities that lack sufficient access to health care.

Early intervention can save the healthcare system billions by preventing costly emergency care and hospitalizations.
Mobile Integrated Healthcare-Community Paramedicine helps.



Ready, Risk, Reward: Improving Care for Patients with Chronic Conditions

by Premier analyzed nearly 24 million ED visits across 750 hospitals and found that approximately 4.3 million visits associated with patients with six common chronic conditions were potentially preventable. Annual savings of \$8.3 billion could be achieved by providing coordinated care to these patients in non-emergency settings.



**Ready, Risk, Reward:
Improving Care for Patients
with Chronic Conditions**

A 2023 NAEMT national survey of MIH-CP programs indicated the lack of sustainable funding, regulatory barriers, and ongoing EMS workforce shortages as primary reasons MIH-CP programs have not been sustainable.

https://naemt.org/docs/default-source/community-paramedicine/toolkit/mihcp-presentation_may-2023.pdf



By assessing and stabilizing at-risk patients, Paramedics can avoid unnecessary Emergency Department visits Generating Savings of Approximately \$1,900 Per Case



**Community Paramedicine saves \$6 million in 1 year
82 percent decrease in ER visits**

A MIH-CP program worked with the **Commonwealth Care Alliance (CCA) in Massachusetts** to reduce unnecessary emergency department use for dual eligible Medicare/Medicaid beneficiaries. The program helped safely prevent an emergency department visit 82 percent of the time, saving over \$1,900 per enrolled patient, and representing an expenditure savings of nearly \$6 million in a year.
<https://www.hfma.org/operations-management/cost-reduction/63296/>

Savings of over \$1,000 per week per patient

South Jefferson Community Paramedics eliminate weekly unnecessary hospital visits: South Jefferson Rescue Squad Community Paramedics in rural Upstate New York recently encountered a non-compliant diabetic patient who called 911 for transport to the hospital about once per week. This patient was admitted to South Jefferson's MIH program and after a few home visits with the Paramedic, shared that he could not read the directions for his medication and was "guessing" when taking them. South Jefferson MIH providers set up the medications, and educated the patient on taking them. As a result, the patient has not called 911 again or been transported to the emergency room. Since completing the program, the patient has saved the healthcare system over \$1,000 per week by avoiding ambulance trips to the emergency room.

**ER cost avoidance of \$439 per patient
Hospitalization cost avoidance of \$2,139 per patient**

Community Paramedics in Lincoln County Maine documented emergency department cost avoidance of \$439 per patient and hospitalization cost avoidance of \$2,139 per patient. One high-utilizer patient who received Community Paramedicine services went from a \$5,895 cost in emergency department services to \$0 following CP visits in one month.
<https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1022&context=substance-use-research-and-evaluation>

Savings of over \$1,000 per week per patient

Integrating Fall Prevention Strategies into EMS to Reduce Falls and Health Care Costs for Older Adults: Paramedics with MedStar Mobile Healthcare in Fort Worth, Texas utilized the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) prevention model during 911 responses, visits to high utilizers, and 30-day Hospital Readmission Avoidance programs. MIH-CP services, along with additional needed referral services, resulted in a 37.2% reduction in fall-related emergency calls and costs savings of \$6 million or \$15,000 per enrolled patient.
<https://pubmed.ncbi.nlm.nih.gov/38533419/>



Pre-MIH Intervention vs. Post-MIH Intervention Actual Spend & Trend Line

MIH Cost Savings for Heart Disease Patients in Washington County, Missouri: The Washington County Ambulance District, working with Great Mines Health Center, enrolled individuals with heart disease in a HRSA funded MIH program. These Medicaid beneficiaries received 12 months of MIH services.

