# The Power and Promise of Mobile Integrated Health

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### **Mobile Integrated Health**

**Mobile integrated health (MIH)** is a care-delivery model that brings mobile resources to patients in a home or community-based setting. This goes beyond traditional emergency care, instead focusing on preventative and primary care.



Chronic disease management



Preventive care



Postdischarge follow-up visits



Wrap-around/ SDOH services



Coordination with appropriate care

One of the most common types of MIH work is **Community Paramedicine** 

# **Primary Aims**

To improve patient outcomes and reduce healthcare costs by integrating paramedics and other allied health professionals into community health services

# Key **Goals**

- Reduce emergency room visits, hospital admissions, and readmissions
- Improve access to care and health-related services for underserved populations
- Enhance care coordination and follow-up
- Provide preventative care and health education to patients

## The Need for MIH Services in Oregon

Addressing challenges in traditional health care systems

High costs of emergency care

Overburdened emergency departments

Gaps in access to primary and preventative care

**EMS** capacity

# Different Approaches to Mobile Integrated Health

- **Home-Based Care:** Paramedics visit patients at home to manage chronic conditions, conduct wellness checks, and provide education.
- **Mobile Health Clinics:** Mobile units equipped to deliver a range of health services to communities.
- Emergency Triage and Transport: Paramedics triage patients in nonemergency situations to appropriate care settings.
- **Integrated Care Teams:** Collaboration between paramedics, primary care physicians, and other health professionals.



#### **Demonstrated Benefits of MIH Services**

#### **For Patients**

- Improved access to care
- Personalized and preventive services
- Reduced hospital admissions and readmissions
- Improved trust in health service providers

#### For Health Systems & Providers

- Reduce emergency call volume
- Reduce inpatient and emergency department utilization
- Reduce 30-day readmissions
- Increase cost savings for hospitals and EMS agencies

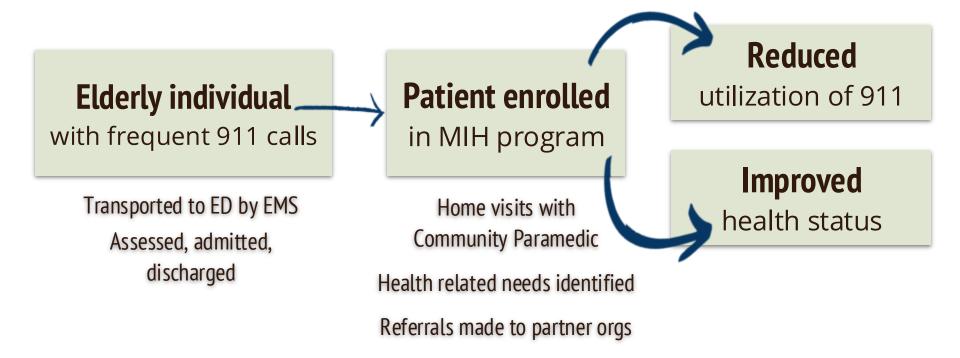
#### For everyone

Enhanced community health outcomes

Example
MIH
Programs in
Oregon



# Patient Stories: Creating a Pathway to Appropriate Care





# **Challenges and Considerations**

Sustainable funding

**Resource** allocation

Workforce training and integration

Regulatory and policy hurdles

# **Challenges and Considerations**

Grants for startup; Contracts, partnerships billing for sustainability

Collecting new data to inform program priorities

Training, support for EMS and allied health professionals

Supporting policy changes for MIH



- Telemedicine and digital health tools: Increased use of these resources facilitates care outside of a traditional health care setting
- Expanded MIH services: Allows programs to serve patients based on community need, priorities
- Community collaboration: Strengthened community partnerships increase referral pathways to existing, appropriate services









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