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**Mobile Integrated Health Care and Community EMS Programs**

MIH Overview for Medical Directors, Hospitals, and Health Care Entities

September 25, 2018

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**Objectives**

* Learn about the Community EMS, Mobile Integrated Health Care (MIH) and MIH with ED Avoidance programs
* Understand the role of partnerships in each of the three program types
* Review the requirements for each application

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**Background**

Chapter 111O of the General Laws of Massachusetts sets forth standards for the approval and oversight of Community EMS Programs and Mobile Integrated Health Programs, including those with ED Avoidance Components and ensures a high quality of care, and strong consumer protection in alternate health care settings.

The MIH Program regulations, [105 CMR 173.000, *Mobile Integrated Health Care and Community EMS Programs*](https://www.mass.gov/files/documents/2018/09/11/105cmr173.pdf), went into effect on September 7, 2018.

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**Mobile Integrated Health Care: Redefining Care Delivery**

Mobile Integrated Health Care (MIH) is an opportunity for enhanced partnerships between healthcare entities and healthcare providers to provide innovative healthcare models that use **mobile resources, including EMS personnel, to deliver care and services to patients in an out-of-hospital environment.**

* Encourages partnerships between various healthcare providers as well as ACOs
* Focuses on care coordination and managed care
* Expands the setting of practitioners beyond the hospital environment with appropriate training and medical oversight
* Programs may differ in goals and services provided based on the needs of the communities where they operate

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**Defining the MIH Spectrum**

Image of MIH spectrum, beginning with EMS through MIH with ED Avoidance.

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**Background Comparison**

Chart with background information about each program: EMS, CEMS, MIH, MIH with EDA

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**What is Community EMS?**

* A collaborative system that utilizes a primary ambulance service’s EMS Personnel in partnership with a local public health authority to address illness or injury prevention through high value public health services.
  + Operated under the local public health authority
  + Developed in coordination with the designated primary ambulance service
  + Approved by the local jurisdiction and the ambulance service's affiliate hospital medical director (AHMD)
* Community EMS services must fit in the scope of practice of the Emergency Medical Technician (EMT, AEMT or EMT-P) and should be high impact with low risk.
* Approved services are defined in a DPH list, and Programs may petition to add new services to this list.

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**Community EMS Requirements**

**Applicants for Community EMS must meet the following requirements as part of their application:**

* Completed application form
* Signature or letter of support from the authorized signatory of the local jurisdiction
* Description of the program and proposed services from the Defined List of Community EMS Services
* Attestation from the local public health authority and the primary ambulance service’s affiliate hospital medical director

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**Defined List of Community**

* The **Defined List of Community EMS Program Services** provides information about each of the 24 evidence-based, high value public health services that a Community EMS Program applicant may apply to operate
* Services should reflect the need of the community or communities where a proposed program will operate
* Community EMS applicants may submit a petition to add a new service to the pre-approved service list by submitting a written request with appropriate supporting evidence to DPH
* Community EMS Program applicants should align proposals with the EOHHS/DPH priority areas: **substance use disorders; housing stability/homelessness; mental illness and mental health; and chronic disease**

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**Community EMS Program Services by Priority Area**

Chart of approved Community EMS services by priority area.

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**Benefits of Community EMS**

Paramedics and EMTs are familiar with their communities and their patients:

* Trusted in their community
* Mandated reporters
* See things in the home setting, that other health care providers may not be aware of:
  + Loose rugs
  + Piles of mail
  + Nutrition issues
  + Exercise habits
  + Transportation issues
  + Lack of hygiene
  + Inability to read fine print (medication labels)
  + Literacy issues
  + Medication compliance
  + Prescription Shopping
  + Early signs of Dementia
  + Timely input from family members

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**Start Planning: Making MIH Work**

* + Utilize data
    - Review your current costs and reimbursement processes. Look at costs that are typically included in the background that spike with high risk patients
    - Think differently about readmission statistics and financial penalties

* + Work with staff members at all levels:
    - Review clinical issues with case managers, social workers, ER Directors, ICU and Rehab staff
    - Look for suggestions from staff or community members
    - Look for the comments from staff such as “If only we could do this” or “It would really help to do\_\_\_\_\_\_!”

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**Making MIH Work, cont’d**

* Discuss partnerships that make sense to solve issues that affect the specific community, and bring together potential partners
* Think about care of patients as a system involving your community
* Encourage innovative programs and thinking about improvements that matter to patients and staff

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**Potential Partners for ACOs and Hospitals**

**Your patient population will determine your partners:**

* Ambulance Services
* Visiting Nurse Associations
* Skilled Nursing Facilities
* Behavioral Health Providers
* Boards of Health
* Prisons
* Social Service Organizations
* Newly created organization (LLC, Inc., etc.)

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**What is MIH?**

* A system of pre- and post-hospital services that utilizes mobile resources, including EMS Personnel and community paramedics, to deliver a coordinated continuum of care that supports patients’ needs in the community.
* Care is planned through collaborative and innovative program development to address gaps in service delivery and prevent unnecessary hospitalizations and other harmful or wasteful resource delivery.
* An MIH Program may apply separately to include an ED Avoidance Component.

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**Examples of MIH Services, Partners & Providers**

**Services**Chronic disease management

Behavioral health

Preventative care

Post-discharge follow-up visits

Transport or referral to facilities other than hospital EDs

MIH Requirements

**Health Care Facilities or Entities**

Ambulance services

Hospitals

Accountable Care Organizations

Visiting Nurse Associations

Home Health Agencies

**Providers**

EMS Personnel

Community Paramedics

Nurses

Physician Assistants

Emergency Service Providers (ESPs)

Social Workers

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**MIH Requirements**

**Applicants for MIH must meet the following requirements as part of their application:**

* Completed application form
* Gap in service delivery narrative
* Proposed operational partnership documentation, for example:
  + Memorandum of Understanding (MOU)
  + Memorandum of Agreement (MOA)
  + Letter of Intent (LOI)
* Organizational chart specific to applicant organization’s management and structure in the field
* Designated Medical Director’s biography
* Completed MIH Compliance and Capacity Form (if applicable)
* Plan for medical oversight, including lines of authority and responsibility, development and review of clinical protocols, training and assessment of skills, communication systems, and continuous quality assurance and improvement

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**What is ED Avoidance?**

A component of an approved MIH Program allowing for management of 911 patients in alternative settings, including outpatient clinics, psychiatric facilities, and the patient’s home.

DPH-approved MIH Programs may apply separately to operate an ED Avoidance Program in addition to the services provided through their MIH Program.

ED Avoidance utilizes the applicable jurisdiction’s designated primary ambulance service and paramedics with advanced training.

By treating at home or transporting the patient to an alternative destination, EDA may prevent crowding of hospital emergency departments as well as more appropriate care.

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**ED Avoidance Pathway**

Image of ED Avoidance pathway

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**MIH with ED Avoidance Requirements**

**Applicants for MIH with ED Avoidance must meet the following requirements as part of their application:**

* Completed MIH with ED Avoidance application form
* Either a completed MIH Program Application or a Certificate of Approval for an already approved MIH Program
* Gap in service delivery narrative that is specific to the ED Avoidance Program
* Contact information for each medical director
* Program’s policies and procedures demonstrating the process for obtaining a patient’s informed consent
* Clinical and triage protocols
* Training curriculum

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**Required Data Submission**

Chart with data submission requirements, by program

If an MIH Program also operates an ED Avoidance component, data must be submitted for both the MIH Program and the MIH with ED Avoidance Program.

Data submission instructions, defined data elements, submission templates for Community EMS and MIH will be available online at www.mass.gov/MIH.

Instructions for MATRIS access and use for MIH with ED Avoidance Programs will be available online at www.mass.gov/MIH.

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**Program Recap**

Image of three charts for Community EMS, MIH, and MIH with ED Avoidance

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**Application Submission**

All program and application information will be posted on the MIH website: [www.mass.gov/MIH](http://www.mass.gov/MIH).

* The Community EMS Program application is now available online
* The MIH and MIH with ED Avoidance Program applications will be available online in late fall

**Application submission**

* + Community EMS, MIH, and MIH with ED Avoidance each have a unique application form, which will be available online as a fillable PDF.
  + Applicants for all programs will submit completed applications by fax and additional required documents by email or mail to DPH.
  + Applications will be reviewed in the order that they are received, and applicants will have the opportunity to provide clarification on the information included in their application throughout the review process, as necessary.
  + Once a **complete** Community EMS application is received, it will be reviewed and applicants will be notified within 30 days of program approval.
  + MIH and MIH with ED Avoidance applicants will remit payment for the initial application fee by mail.

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**Proposed MIH Program Fees**

Chart with fees, by program

* If an applicant applies to operate both an MIH Program and an MIH with EDA Program, they must submit the application fee for each application ($1,000 for MIH; $2,000 for MIH with EDA).
* If an applicant receives approval to operate both an MIH Program and an MIH with EDA Program, they must submit the registration fee for each program type ($30,000 for MIH; $40,000 for MIH with EDA).
* MIH and MIH with ED Avoidance Programs are approved on a **two-year** basis, and  
  Programs may apply to renew their registration.

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**Community EMS Application**

Image of Community EMS Application

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**Community EMS Application, cont’d**

Image of Community EMS Application

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**Community EMS Application, cont’d**

Image of Community EMS Application

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**Community EMS Application, cont’d**

Image of Community EMS Application

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**Community EMS Application, cont’d**

Image of Community EMS Application

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**MIH Application**

Image of MIH Application

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**MIH Application, cont’d**

Image of MIH Application

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**MIH Application, cont’d**

Image of MIH Application

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**MIH Application, cont’d**

Image of MIH Application

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**MIH with ED Avoidance Application**

Image of MIH with ED Avoidance Application

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**MIH with ED Avoidance Application, cont’d**

Image of MIH with ED Avoidance Application

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**Upcoming Educational Sessions**

Table with upcoming webinar sessions

Register online at:  
<https://www.mass.gov/service-details/mih-and-community-ems-educational-resources>

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**Online Resources**

Information, application materials, and resources will be posted  
online as they become available at:

**www.mass.gov/MIH**

**Applicant Resources:**

* Application forms and instructions for each program type
* MIH Regulations and Guidance
* Data submission information and resources for each program type
* Application resources, such as best practices for completing a gap in service delivery narrative
* Upcoming webinars in-person informational sessions
* Recorded DPH webinars and training materials

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**Questions?**

Contact the Mobile Integrated Health Care Program by email at MIH@state.ma.us or by phone at 617-753-8484.