



NE King County

Mobile Integrated Health

2019

Currently serving

Redmond – Kirkland - Duvall

Mission

to provide resources for emergency responders and citizens within our region that work proactively to reduce unnecessary emergent call volume and better the health of the client and our community.

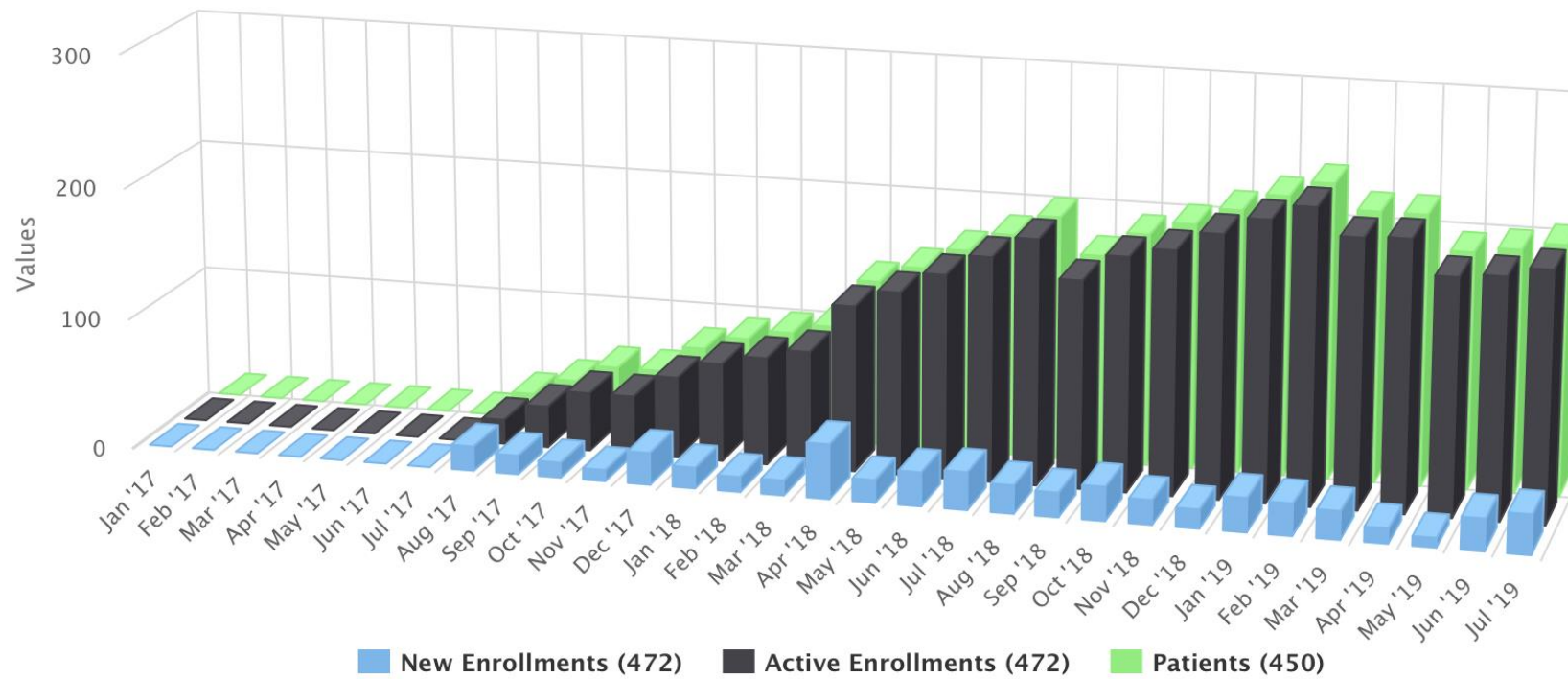
Historical Process

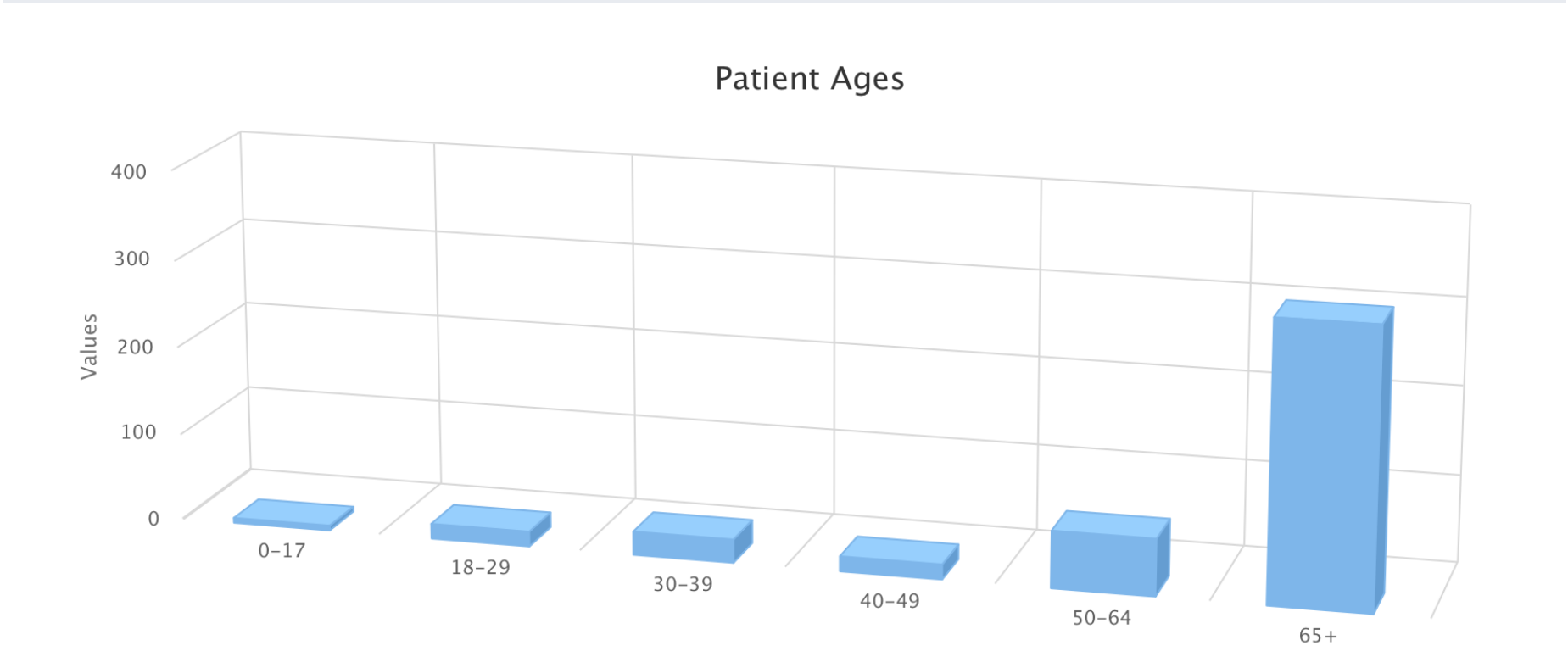
- Early 2017 – Redmond was tasked
- Mid 2017 – A soft rollout of the program
- 2017 – “community paramedic” certification
- Late 2017 –Touchphrase-Julota software
- January 2018 – Developed Community EMTs & Community Paramedics
- Late 2018 – Contracted for Social Worker
- 2018 – Redmond Police MHP and homeless outreach
- 2019 – extended the 2-year pilot
- Currently using 3 P/T Community EMTs, 2 P/T community Paramedics and 1 P/T Social Worker
- 2020 – Intend to convert into a full-time program
- 2020 – would like to continue to develop a regional program with economies of scale

Statistical Information

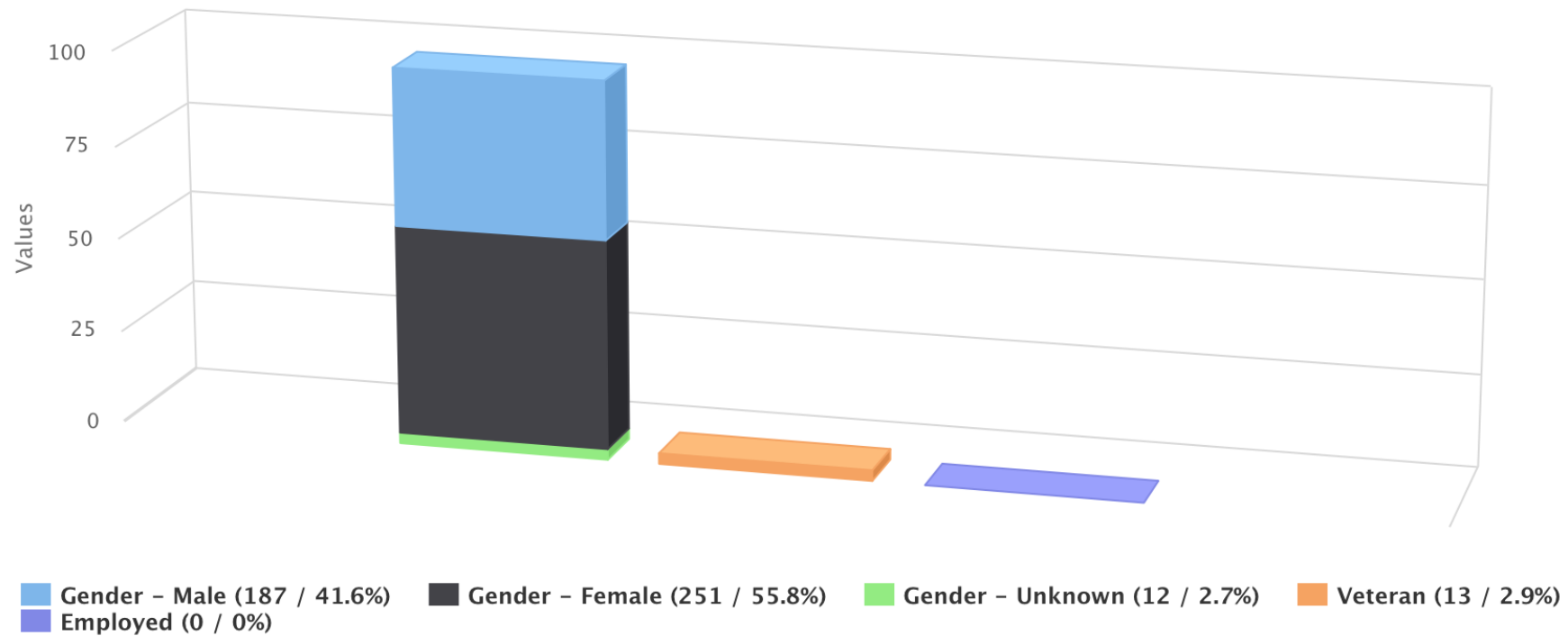
- Firefighter Referral Volume for the Region
 - June 2017 – Dec 2017 (n 78) Contact rate 71%
 - 2018 (n 250) Contact rate 96.2%
 - 2019 – June (n 109) contact rate 80%
- Total enrollments since inception (June 2017) 472
- Average age of clients 70
- Current active enrollments 188
- Closed cases to date 294
- Decrease in 911 calls for enrolled patients (qtr. over qtr.) 30.8%

Patient Enrollment Counts

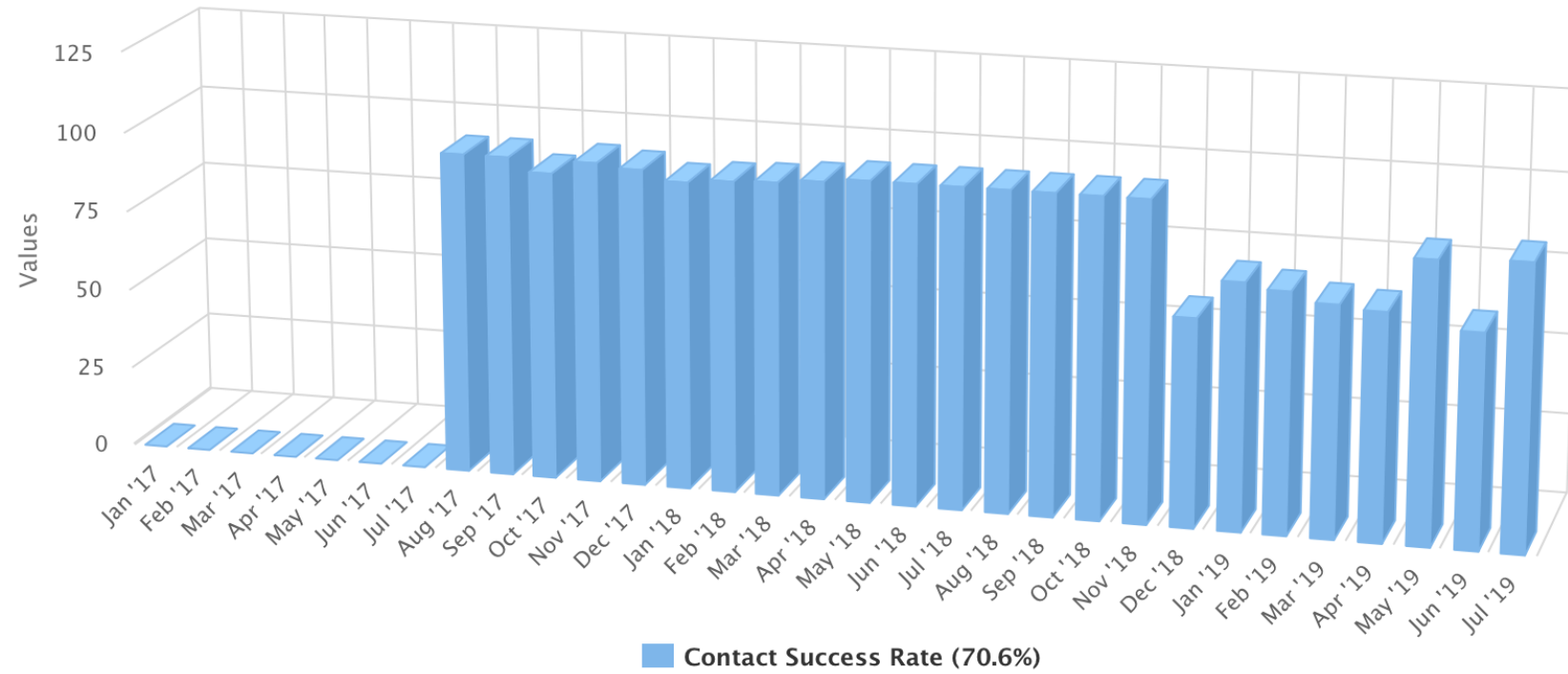




Patient Demographics



Contact Success Rate



Successes

- Primarily our patient population has been elderly patients needing assistance staying independent or needing to transition to the next level of care.
- We have a solid team internally and externally that work together to create a holistic approach to managed care, allowing seniors easier access to resources and solutions that meet their needs.
- We have been successful at assisting seniors to stay independent longer than if we had not been involved.
- We have improved EMS & Fire unit availability for our patient population.

Challenges

- Understanding the true causal meaning of EMS call volume by clients is complicated and hard to measure.
- Choosing between monitoring clients whose problems are not easily solved and that can take months to solve and getting to new referrals in a timely fashion is challenging with a part-time crew. We plan to mediate some of this by developing a triage system within the referral process.
- We have found it challenging to meet internally as a team and to make meetings with external partners simply due to our part-time status in the pilot. We hope to solve this in 2020.
- We have found it challenging to engage our fire department partners in being part of the process and involved at the labor level. We hope to improve that by asking for more participation. We think a regional approach is beneficial.

Vision

- Expand the program to a full-time status, giving way to a resource that is more available to our partners and patients.
- More involvement from local fire departments, integrating a multi- jurisdictional approach toward a common goal and creating economies of scale.
- Expand our social worker position to a full-time status.
- Improve equipment and vehicle situation.
- Extend more defined educational opportunities to grow for our Community EMTs & Paramedics.
- Fine tune the program to work closer with Police & homeless outreach.
- Partner with more external resources to share data better and create robust datasets.
- Define realistic, & common performance measures across MIH programs within the region.
- Create robust data sharing across MIH programs in the region most likely to share clients.
- Work with local hospitals to surveil, plan and work with common patients in an effort to improve health of the patient and mediate overspending and waste
- Develop opportunities for ED diversion
- Further create processes that improve EMS response such as our care plan program and our complex patient program.