that required individualized solutions, says complex medical and mental health issues arranged home visits with them. Many had 911 at least once a week. Paramedics frequent users Gaining experience with and a more coordinated approach to care. who might benefit from better navigation done by MedStar Mobile Healthcare in Ft. the nation’s largest private ambulance and one Mississippi county, is one of counties in Texas, 33 Louisiana parishes In 2013, inspired by the work being done by Medstar Mobile Healthcare in Ft. Worth, Texas, Acadian decided to launch an MIH-CP program. The Acadian team started where many EMS agencies begin – by analysing EMS data for frequent 911 users who might benefit from better navigation and a more coordinated approach to care. Gaining experience with frequent users Their search identified about 15 people in the Lafayette, La. area who were calling 911 at least once a week. Paramedics arranged home visits with them. Many had complex medical and mental health issues that required individualized solutions, says Richard Belle, Acadian’s mobile healthcare and continuing education manager. For one elderly woman, medics arranged mail-order prescriptions to prevent her from calling 911 every time she ran out of her medications. They reduced trip hazards in her home, and worked with United Way to have a rotten staircase replaced and a railing installed. Another patient was a paraplegic who suffered from frequent, painful urinary tract infections but could not get in to see a urologist quickly enough, so he went to the emergency department. Acadian’s medical director got involved to get him an appointment. The man no longer calls 911 with regularity. Of those initial 15 patients, all but one has significantly curtailed their use of 911 and the emergency department, Belle says. “There is a small population of people out there who are system abusers, and many of them have substance abuse problems,” he says. “But most are using 911 because they don’t have a primary care provider, they don’t have transportation to get to a primary care provider or to get prescriptions filled, or they just don’t know how to get plugged into community resources that are available to them.”

Expanding to diabetes, pediatric asthma care Encouraged by their success, Acadian began outreach to potential partners. The first pilot to come out of that was with a private insurer, which contracted with Acadian to do home visits with diabetic patients to cut down on emergency department visits. During the four-month pilot, Acadian medics provided education on managing diabetes, and supplied glucometers and test strips to those who didn’t have them. Though early results showed patients A1C levels had improved, the insurer ended the pilot without explanation, Belle says. About a year ago, Louisiana Healthcare Connections, a Medicaid managed care organization, began working with Acadian on a pediatric asthma intervention. Acadian’s Chief Medical Officer Dr. Chuck Burrell worked with Louisiana Healthcare Connections’ clinical team to develop protocols. “Last summer, we were looking for a way to help our young members with asthma, which is particularly problematic due to environmental factors in our state. Asthma causes more hospitalizations than any other childhood disease and is the number one cause of school absences from a chronic illness,” says Lani Roussell, Louisiana Healthcare Connections quality improvement manager. “Because of their reputation for quality service and technological innovation, we partnered with Acadian Ambulance on a pilot program to bring mobile healthcare to New Orleans area children with asthma. The mobile healthcare program identifies Louisiana Healthcare Connections members who have pediatric asthma and are at a high risk of emergency room utilization. Then over the course of four weeks, Acadian Ambulance’s trained paramedics visit the member at home to conduct preventive screenings, perform an at-home risk assessment, and provide personalized health coaching on managing asthma.”

Program set to expand further Acadian has received referrals for 362 children. An unexpected challenge was that a high number (133) were unreachable; either the address and phone on record with the insurance company were incorrect, or the family didn’t return calls, Belle says. Thirty families refused to participate; 107 are considered “inactive” because the family expressed interest in participating and received one or more home visits but then became unresponsive. As of March 2015, 33 families had completed the program and graduated. “After six months, we’ve seen better management of asthma for the children in this program. Their emergency room utilization has decreased and their medication compliance has improved,” Roussell says. “Together, Louisiana Healthcare Connections and Acadian Ambulance are developing innovative ways to address pediatric asthma and making a lifelong difference in the health, education and happiness of Louisiana’s children.”

Today, 19 families are enrolled in the program; 34 have a first visit scheduled and 23 have expressed interest. Among participating families, the response has been overwhelmingly positive, Belle says. Some of the “fixes” are relatively easy, such as explaining to one family that their asthmatic toddler should not sleep in a crib with two cats. Others are more difficult. Some families live in substandard housing with mold and pest infestations. “We do very little clinical care. Most of what we do is education and navigation of patients, getting them to understand that when their child starts to feel bad, they need to contact the child’s physician. Don’t wait and then go to the emergency department,” Belle says.

Moving toward financial viability Acadian medics receive a fee per visit from the managed care organization. But it still costs Acadian more to administer the program than it recoups, Belle says. With the program slated to run until the end of 2015, next steps will be re-negotiating their fee with the managed care organization, adding more patient groups, and sharing their positive results with other potential partners. “This program will be revenue generating for Acadian in the coming months,” Belle says. “We are going to take these results to other hospital systems, and public and private payers as a proof of concept, and show them how much money they can save by doing this.”

Acadian’s tips for success

1. Frequent user programs are a good place for EMS agencies to start developing an MIH-CP program. The agency can use internal data, and can use any successes to demonstrate effectiveness to potential partners.
2. Tap into your local community health worker network. Community health workers, who may be volunteer or paid workers, typically have little medical training, but instead conduct outreach, provide social support, do informal health behavior counseling and provide basic health education or screenings to members of the community. In Louisiana, the community health workers network shared valuable information about community resources such as social services, non-profits and charitable organizations. Acadian mobile healthcare paramedics also attend community health worker monthly meetings.
3. Understand that every patient group has different needs. The children in the Medicaid pediatric asthma group, for example, had a pediatrician. So one goal was to get the family to rely on the primary care provider instead of the emergency department. In a frequent user group, however, many patients are likely to lack primary care access, posing a different challenge for the mobile healthcare team.

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP): A National Survey