



Grady Health System

Mobile Integrated Health Evolution

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Vision

*Grady Health System will become the
leading public academic healthcare
system in the United States*



The Genesis of GEMS MIH

Grady EMS (GEMS) care delivery team:

- Paramedic
- Advanced Practice Provider (MD, APRN, PA)

Target populations:

- Reactive response to lowest-level 9-1-1 calls
 - Sore throat, toothache, skin rash, joint pains, etc.
- Scheduled/unscheduled home visits to Loyalty 9-1-1 Customers (more than 5 calls per month)
- High Readmission Risk and other MD Referrals
 - CHF, pneumonia, post-MI, COPD, post-hip & post-knee replacement

GEMS MIH Team: Paramedic and Physician or APRN



GEMS MIH Established Goals

- Decrease dependency on the 9-1-1 system
- Stabilize increasing 9-1-1 call volume
- Provide access to appropriate care at point-of-patient contact
- Support/generate Grady primary care appointments
- Decrease hospital readmission based on CMS criteria

GEMS MIH APP Scope

- APP Assessments
 - Prescriptions based on diagnosis
 - Istat (Chem 8, PT/INR, Creatinine)
 - Mobile X-ray services
- Interventions in field
 - Medication reconciliation
 - Review hospital discharge instructions
 - Batteries for medical devices; home oxygen; ambulation aids
 - Connecting with community resources: churches, social work
 - APP billing under office visit or transition of care of discharged patients

Pill Organizers provided to pts.



Paramedic Scope

- Maintain normal Grady EMS field paramedic scope of practice
 - Scene safety maintenance for APP
 - Communications coordination with 9-1-1 comm center: radio, cell, mobile data terminal/CAD.
 - Schedule patient appointments
 - Follow-up patient phone calls s/p visit
 - Coordination of medication delivery with hospital pharmacy schedule
 - Draw Istat labs at the direction of APP
 - Hospital EPIC charting for care continuity
 - Coordination of non-emergency transportation for outpatient appointments

Options for online medical direction for MIH

- EMS Attending or EMS Fellow
- Discharged patient's Attending or Fellow
- Specialty service Attending or Fellow

2016 M.I.H. High-Risk Readmit

High risk Hospital readmission			
Total MIH Home Visits		322	
Home visits with MD/APP		269	
Paramedic only follow up		53	
Evaluation only		110	
Ambulance requested during visit and transported		3	
	< K, < Hb, CHF Exacerbation		
Refused all		1	
Referral for transportation issue		31	
Evaluation with appointment scheduled		27	
Required MD/APP scope of practice		145	
Diagnosis with med refill		24	8.90%
Diagnosis and new medication or dose prescribed		56	20.80%
Diagnosis with follow up Diagnostics (mobile x-ray service)		3	0.01%
Diagnosis with On scene Labs (Istat)		46	17.10%
Home health started; prescription required		16	5.90%
Total % readmitted within 30-days post DC for same DX.		11	4.08%



- Voluntary program to remove and dispose of medications through sheriff's department.
- Expired or inappropriate medications

Concluding Themes

- 9-1-1 EMS into the front door → MIH out of the back door.
- Use discharged patients bed instead of hospital bed
- Use in-house hospital expertise for out of hospital follow-up and patient management
- Long-stay patients moved to home care with MIH management