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

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