



# City of San Antonio

## Legislation Details (With Text)

**File #:** 16-2513

**Type:** Staff Briefing - Without Ordinance

**In control:** Criminal Justice, Public Safety and Services Committee

**On agenda:** 4/6/2016

**Title:** Update on the Mobile Integrated Health (MIH) Program [Presented by Charles Hood, Fire Chief]

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------

**DEPARTMENT:** SAFD

**DEPARTMENT HEAD:** CHARLES N. HOOD

**COUNCIL DISTRICTS IMPACTED:** CITYWIDE

### SUBJECT:

Update on the SAFD Mobile Integrated Healthcare (MIH) Pilot Program

### SUMMARY:

Update on the SAFD Mobile Integrated Healthcare (MIH) Pilot Program

### BACKGROUND INFORMATION:

Historically, our 911 service is a catch-all for those who are unable to properly navigate their way to scheduled healthcare. The current EMS structure provides only emergency transport for all patients with healthcare needs regardless of acuity. This process provides acute treatment, but lacks continuity for non-emergent conditions and is higher in cost than primary care. The National Association of EMTs defines Mobile Integrated Healthcare as “The provision of healthcare using patient-centered mobile resources in the out-of-hospital environment that are integrated with the entire spectrum of healthcare and social service resources available in the local community.”

On October 1, 2014, the San Antonio Fire Department (SAFD) implemented the Mobile Integrated Healthcare (MIH) Program focused on patients with high volume use of our 911 system. The MIH program represents one of the most innovative, progressive evolutions in the delivery of community-based healthcare. SAFD Paramedics have been functioning within their current scope of practice in an expanded role through the use of non-emergent resources in the pre-hospital setting. Their focus has been providing medical assessment and preventive healthcare education tailored to the needs of the individual, as well as navigating them through our community medical and social resources.

## **ISSUE:**

Since the inception of the program, SAFD MIH paramedics have made over 2,072 patient contacts with over 115 participants. Currently the MIH program has 49 participants and has maintained a 57% reduction in calls for the SAFD. 2,072 patient contacts constitutes over 6,500 hours working directly with patients which translates into more individualized and tailored care for our participants. Focusing and spending over 6,500 hours directly with high utilizers of the 911 system also increases unit availability for the whole 911 system in San Antonio and the region. SAFD is working in conjunction with Southwest Texas Regional Advisory Council (STRAC) and the City of Schertz towards data sharing within the medical community and building strong clinical, physician, and regional partnerships. SAFD has formed a MIH consortium, which currently includes STRAC and the City of Schertz, that continues to explore options for funding to sustain the current phase of the program and is focused on expansion through partnerships with area hospitals and insurance exchanges to the next phase of the program. SAFD has worked through the consortium to receive a \$392,000 grant working with juvenile asthma patients who are frequent utilizers of the 911 system. SAFD MIH paramedics are also working with SAPD's IMPACT team to help assist the homeless. MIH continues to help improve the quality of life and access for healthcare for some of the most infirmed citizens in San Antonio.

MIH will be staffed with 1 Lieutenant and 7 Engineers and associated equipment on May 1<sup>st</sup>, 2016. MIH will be increasing the hours of operation with a focus on staffing MIH paramedics 24 hours day. Additionally MIH will be expanding our role with the IMPACT initiative with SAPD to help address repeat calls for homeless in the downtown area. SAFD is in the process of working with the consortium to apply for the renewal of the Asthma grant.

International Association of Fire Chiefs states, "Several forum attendees stresses that no pot of gold sat waiting for EMS to claim by establishing MIH programs. In fact, they said, these programs may struggle to find hospitals willing to pay for readmission avoidance or frequent user programs, especially while the current fee-for service model is largely intact for emergency services."

## **RECOMMENDATION:**

October 1, 2014 SAFD implemented the Mobile Integrated Health Pilot Program (MIHP). This program serves the community by targeting citizens who are frequent utilizers of the 911 system and being proactive in their healthcare. SAFD proposes continued funding for the MIH program by the City while it continues dialog with local hospitals, insurance exchanges and seeks grant funding.