INAUGURAL NEWSLETTER

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MARYLAND MIH
MOBILE INTEGRATED HEALTH PROFESSIONALS

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History of Maryland MIH

How we started and where we are now

In this inaugural issue, we're excited to take you behind the scenes of Mobile Integrated Health (MIH)—what it is, how Maryland's MIH programs first took shape, and where we see them headed next.

We'll share the story of how local teams and partners came together to launch these programs, the challenges we've faced along the way, and the successes that have made a real difference for patients and families. We can't wait to celebrate the progress we've made and keep you informed as the journey continues.

Stronger Together; Empowering Marylanders for Better Health Outcomes

History of Maryland MIH

First, we'll spotlight the Queen Anne's County Mobile Integrated Community Health program. Established in 2014, this initiative was the very first of its kind in Maryland and helped lay the groundwork for MIH efforts across the state.

PROGRAM SPOTLIGHT

Queen Anne's County

How We Started

The **Queen Anne's County MIH program** was initiated over 10 years ago by Medical Director Dr. Joseph Ciotola, DES Director Scott Haas, and County Administrator Greg Todd. The concept emerged after the leadership team attended an EMS conference where they observed a presentation by a Mobile Integrated Health program operating in Florida. Inspired by that program's model and recognizing similar opportunities in Queen Anne's County, they began developing a framework to launch a local MIH initiative.

Captain Jared Smith was appointed as the founding Paramedic and Program Administrator at the
program's inception and continues to serve in this leadership role today, providing continuity and institutional knowledge throughout the program's development.

PROGRAM HIGHLIGHTS

The program launched initially with four clinicians (one Paramedic from each EMS shift), a Community
Health Nurse, and the Program Administrator. Paramedics took on the MIH roles as a routine assignment but in addition to their regularly assigned schedules with DES. Over the years, our MIH program in Queen Anne's County has grown to include the following:

- 8 Paramedics who alternate visit days to provide coverage 3-4 days per week
- 1 Nursing supervisor
- 1 part time nurse
- Program Administrator
- Administrative Secretary
- Case Manager
- Doctor of Pharmacy (Telehealth - provided in kind through Shore Health)
- Medical oversight via Dr. Ciotola
- Peer Support

Program Success

Queen Anne's County

We initially launched a high utilizer identification process at the inception of the program to locate patients desperately in need of further services. In time, we transitioned to 9-1-1 responder identification system, which now generates EMS patient referrals. Fall prevention has always been a focus and standard within our MIH program. We then implemented telehealth consultation services featuring on-demand access to a Doctor of Pharmacy (PharmD). See attached information from Melanie Chappell regarding telehealth's role in MIH.

GROWTH OF THE PROGRAM

Our most significant growth has occurred in diabetes prevention and chronic disease management, supported by strategic grant funding. Further clinical training provided Diabetes Educator I and II certification training for clinicians and nursing staff. We began a diabetes initiative, which allowed us to implement a POC HbA1c (A1C) testing program for immediate diabetes monitoring. Additionally, our MIH program obtained National Diabetes Prevention Program (National DPP) Lifestyle Change Program certification, enabling us to deliver evidence-based diabetes prevention interventions.

In recent years, we have implemented the following additional programs:

- **Food Security Partnership** - collaboration with the Eastern Shore Entrepreneur Center's farm-to-freezer chain coordination program. Connecting patients with fresh, locally-sourced nutritious food options
- **Mobile and homebound COVID and flu vaccination**
- **Home access device installations** for homebound individuals
- **Low acuity response**
- MIH **public outreach and education** (all by MIH Paramedics)
- **Stroke Smart education** (designed by DES Stroke Coordinator Sgt. Chris Burke)
- **MOLST and end-of-life preparation** (Lt. Andrew Hughes)
- **Caregiver's Support Presentations**

FINAL WORDS OF WISDOM

Prioritize financial sustainability planning from day one. While grant funding is valuable for launching innovative programs and pilot projects, it creates an unstable foundation for long-term operations. Develop a comprehensive sustainability strategy early that includes diversified revenue streams, billing mechanisms where applicable, and demonstrable cost-savings data to secure ongoing operational funding.

History of Maryland MIH

Where we are now

2014 → 2025

Maryland MIH programs take different forms, but all are targeted to reducing the number of EMS transports of high utilizers of 9-1-1 services who have chronic or low acuity conditions. In MIH programs, EMS partners with other health care providers to conduct home visits to assess, treat and refer patients to needed services outside the emergency environment.

A variety of programs offered within the Maryland MIH programs include:

- Fall prevention
- Opioid overdose response
- Chronic disease management and education
- Post ED discharge
- End-of-life planning
- Community outreach
- AND MANY MORE!

MD MIH Program's Inception

2014 Queen Anne's County
2016 Prince George's
2016 Montgomery County
2017 Charles County
2017 Frederick County
2017 Salisbury (SWIFT)
2018 Baltimore City
2019 Talbot County
2019 Howard County
2020 Anne Arundel County
2020 Worchester County
2023 Baltimore County
2024 Caroline County
2025 Cecil County

Our Future Goals

Sustainability, including funding, education, legislative recognition, and more community partnerships

PROGRAM SPOTLIGHT

Charles County Mobile Integrated Health

How It Started

Leaders from the Charles County Department of Health, University of Maryland Charles Regional Medical Center, and Charles County Department of Emergency Services embraced the vision to form what became known as the MIH Workgroup. Just a few short months later, the workgroup submitted a grant application to the Health Services Cost Review Commission (HSCRC) for funding, followed by an application to MIEMSS for the MIH Optional Supplemental Protocol (OSP) to permit our jurisdiction to implement the program in 2016.

MAKING AN IMPACT

With a team of 3 personnel (full-time RN and Paramedic and part-time Community Health Worker) Charles County's MIH team began serving patients in August 2017. In just two years, more than 125 patients had been served. The outcomes spoke volumes:

- 56% drop in emergency department visits
- 67% drop in inpatient admissions
- 90% reduction in 30-day readmissions
- 58% decrease in EMS utilization
- 68% improvement among patients with hypertension
- 38% improvement among patients with diabetes

Funding for the new program came from the University of Maryland Charles Regional ($150,000), a three-year Maryland Community Health Resources Commission (CHRC) grant ($400,000), and a one-year telehealth grant from the Maryland Department of Health. With this funding, the first MIH team was formed: Registered Nurse Jennifer Mott (employed by MDOH), Paramedic Pam Gantt (CCDES), and Community Health Worker Wanda Mahoney (CCDOH). Together, they worked tirelessly to lay the foundation for what has become a vital community service today.

Answering the Call, Saving Lives

The Charles County Mobile Integrated Health (MIH) program originated from a simple idea: to integrate Community Paramedicine with elements of Community Nursing to better serve the residents of our community. That idea was first brought to the Past-Chief of EMS, John Filer, who quickly saw its potential and shared it with our local hospital (University of Maryland Charles Regional Medical Center) and Charles County Department of Health. With support from EMS Captain Shymansky (NRP)—who had researched community paramedicine for her undergraduate studies—the concept was formally presented to potential stakeholders on February 10, 2015, and the response was overwhelming.

"Understanding the shift from traditional EMS care to Community Paramedicine and being able to combine the two to provide better outcomes for those we serve is amazing."

"C" Shift

GROWTH & EXPANSION

What began with three dedicated staff members has now grown into a team that is staffed 24/7/365. Today, the MIH team includes 10 full-time and 9 part-time employees (collateral duty), which allow for (1) 24 hour crew and (1) day-time crew. Nurse Mott and Paramedic Gantt—two of our original team members—continue to lead today. Nurse Mott is our Program Manager and Paramedic Gantt is our Paramedic Supervisor and they are now both employed by Charles County Department of Emergency Services.

The program's scope has also expanded tremendously. While MIH began with focusing solely on chronic disease management and high utilizers of EMS, Emergency Department and 911, today services include:

- Chronic Disease Management
- High Utilizer Reduction (EMS/911, Emergency Department and Hospital Readmissions)
- Community Vaccinations
- Fall Prevention
- MODEL-T (MIEMSS OSP 15.18 and 15.19)
- Diabetes Improvement Initiative – pending

LESSONS LEARNED

Looking back, the team reflects on the importance of clear parameters from the start—particularly defining who qualifies as a high-utilizer. They also emphasize the value of having community resources identified and committed early on to support patients effectively. Health education is an extremely important aspect of this job and tailoring care plans to meet the needs of each individual patient is imperative.

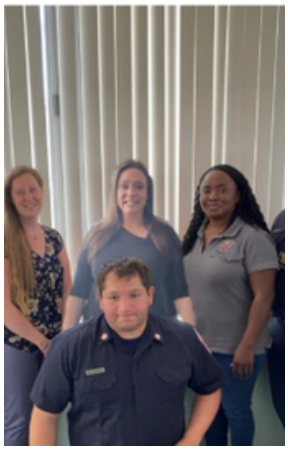
BUILDING THE TEAM

Funding for the new program came from University of Maryland Charles Regional ($150,000), a three-year Maryland Community Health Resources Commission (CHRC) grant ($400,000), and a one-year telehealth grant from the Maryland Department of Health. With this funding, the first MIH team was formed: Registered Nurse Jennifer Mott (employed by MDOH), Paramedic Pam Gantt (CCDES), and Community Health Worker Wanda Mahoney (CCDOH). Together, they worked tirelessly to lay the foundation for what has become a vital community service today.

FINAL WORDS

As Nurse Mott proudly shared: "Our success exceeded our goals!"

In recognition of its achievements, Charles County MIH was named a Model Practice by the National Association of City and County Health Officials in 2019 as well as the Governor's Customer Service Award.



Did you know?

According to the State Health Access Data Assistance Center website, **25.67% of Maryland adults** had a chronic disease in 2020, placing it among the states with a higher prevalence compared to the US average.

www.shadac.org/maryland

What's next?

We intend to publish this newsletter twice a year to provide stakeholders, Maryland resources, and the communities with updates about our MD MIH programs. **Stay tuned!**

NEWSLETTER EDITORS:

MIH MARYLAND MOBILE INTEGRATED HEALTH PROFESSIONALS