SPRING NEWSLETTER

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MARYLAND MIH
MOBILE INTEGRATED HEALTH PROFESSIONALS

Inside This Issue

Patient Perspective

During recent community blood pressure screenings conducted, an MD MIH team encountered an elderly female with a critically elevated blood pressure reading of 180/110. Further assessment revealed that she had recently relocated and was without transportation following a motor vehicle accident. The patient expressed uncertainty regarding access to transportation services or locating local primary care offices. Of particular concern was her medical history, which included two prior strokes.

The MIH team provided comprehensive support, assisting her in establishing care with a primary care physician, reconnecting with necessary medications, coordinating transportation resources, and completing electronic documentation required by the MVA to register a newly purchased vehicle. The team followed the patient for eight weeks, during which her blood pressure returned to normal, and she remains compliant with her medication regimen. Although the patient had not yet utilized emergency services, early intervention by the MIH team likely prevented a potentially catastrophic health outcome.

"If it had not been for the MIH team, I would not have been able to get into a new primary care office so easily. Without my car, I was moving to an area where I did not know about transportation options. I was at a loss about where to start, and the girls were so helpful and really cared about me."

WINTERFEST
EMS CONFERENCE

Talbot Paramedic Foundation

MARYLAND MIH
MOBILE INTEGRATED HEALTH PROFESSIONALS

DEAR READER

MD MIH Pre-Conference

January 30, 2026

This year, at the Winterfest EMS Conference, the first MIH pre-conference took place with unexpected massive success. During planning, Subcommittee Chair and Paramedic Matt Burgan stated that the bar would be low, only hoping for a mere six registrants. We had close to 40 registrants, with another handful of participants switching their selection for the pre-conference that morning! Clinicians from all over the state attended, travelling west from Salisbury, east from Frederick County, north from Charles County, and south from Cecil County. Chesapeake College graciously lent one of its lecture halls to accommodate such a crowd.

Getting us warmed up with an inspiring and forecasting speech was none other than Dr. Joseph Ciotola, QACDES Medical Director, and recently retired MD Region IV Medical Director. He offered a wealth of knowledge depicting the past, present, and future of MIH, touching on all aspects of what we do: patient care and safety, advocacy and navigating the healthcare system, and reducing financial burdens on patients and hospital systems.

SPEAKER LIST

Frederick County Fire Department
- Matt Burgan

Talbot County Department of Emergency Services
- Rachael Cox and Gillian Kinnamon

Salisbury Fire Department
- Aaron Sebach, Jessica Stoner, and Amanda Adkins

Queen Anne's County Department of Emergency Services
- Joseph Ciotola, M.D.

MIEMSS
- Timothy Chizmar, M.D.

For All Seasons
- Lesa Mulcahy

UMMS Shore Regional Health
- Melanie Chapple, PharmD
- Aaron "Zack" Royston, V.P. of Rural Healthcare Transformation

Tidal Health Peninsula Regional Medical Center
- Kat Rodgers, Director of Community Health Initiatives

DEAR READER CONTINUED

The circular nature of healthcare has proven again that health starts and ends in the home. Doctors might not be making many house calls anymore. We do.

Throughout the day, many speakers touched on several different aspects of MIH topics. The Salisbury SWIFT Team and a partnering physical therapist reiterated the dangers of falls and provided comprehensive strategies for mitigation. The STEADI model, available to the public through a quick online search, offers several tests to determine the severity of fall risk. Armed with these tools, MIH clinicians can better offer real-life techniques and advice to patients, families, and caregivers to keep their loved ones safe.

Paramedic Rachael Cox partnered with For All Seasons to demonstrate motivational interviewing (MI) through an interactive, role-playing exercise using real-world case studies. MI offers a different approach to conversing with our patients, focusing on self-realization and autonomy. Utilizing this approach can assist in breaking down social barriers, allowing patients to identify their core problem areas and to create manageable goals to reduce them. As it turns out, we're not the only ones who don't enjoy being told what to do.

UMMS Shore Regional Health's own Melanie Chapple, PharmD, spoke at length about the importance of medication reconciliation and education in MIH. Pharmacist-led medication education through telehealth has a proven track record of reducing hospital admissions by reducing medication errors, affordability barriers, cross-medication adverse reactions, and poor adherence. 911 Paramedics traditionally don't always gather an extensive medication history or know all of the conditions they treat. Partnering with a pharmacist deepens the knowledge of MIH clinicians, who then pass that education along to 911 clinicians. The more we know, the better our patients' outcomes will be.

Rare diseases are, well, rare, but both 911 and MIH clinicians do encounter them. Paramedic Gillian Kinnamon dove into the research to provide insight into non-traditional healthcare routes for patients with chronic and complex diseases. Throughout Maryland, there are multiple niche pharmacies and advocacy networks. Jurisdictional MIH programs can partner with these agencies to provide a roadmap for our special population patients and to expand their MIH client base.

Paramedic Matt Burgan facilitated a panel discussion between Dr. Tim Chizmar, Dr. Joseph Ciotola, Zack Royston, and Kat Rodgers. Having two hospital system administrators and two physicians with EMS, hospital, health department, and administration experience offered various perspectives regarding the benefits, barriers, and pitfalls of MIH. The conversation was riveting. The panelists were cordial, but at times the conversation was turned into a debate. You could have heard the sound of a pin drop in the room. The future of MIH is bright, but it is not without its challenges.

The Winterfest EMS Conference is the only EMS continuing education conference available on the Eastern Shore. While other regions of the state are rural, the eastern shore is especially underserved, being cut off from the major healthcare centers by the Bay Bridge. Clinicians and leadership serving this area offer creative solutions to complex problems. We are optimistic about turning this one-off into an annual continuing education opportunity.

The event went off without a hitch, thanks to Paramedic Rachael Cox meticulously planning the agenda and the logistics, with input from Paramedics Bradley Killian and Matt Burgan, and with a Talbot County colleague, Paramedic Gillian Kinnamon. The MD State SEMSAC MIH subcommittee would like to extend a heartfelt thank you to the Winterfest EMS Conference Committee Chairperson, Talbot County Paramedic Katelyn Killian, for recognizing the value in the continuing education of MIH and to the Talbot Paramedic Foundation for sponsoring the event. We can’t wait to see everyone next year!

Sincerely,
Bradley Killian, NRP

PROGRAM SPOTLIGHT

SWIFT-Salisbury Wicomico Integrated Firstcare Team

How It Started

The Salisbury Fire Department SWIFT Program (Salisbury Wicomico Integrated Firstcare Team) began in 2017 as a collaborative pilot initiative between the Salisbury Fire Department, the Wicomico County Health Department, and what is now TidalHealth. The program was created in response to increasing non-emergency 911 utilization and preventable Emergency Department visits throughout the community. Rather than focusing solely on emergency response, SWIFT was designed to identify vulnerable residents with repeated EMS interactions and connect them with long-term healthcare, behavioral health, and social service resources. The program emphasized prevention, patient advocacy, and addressing the root causes of repeated EMS use.

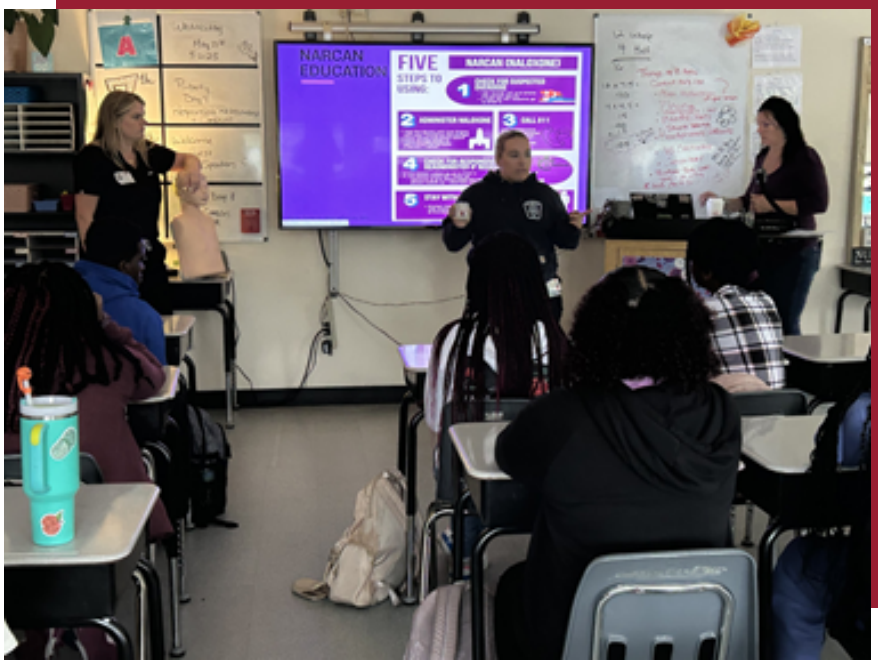
MAKING AN IMPACT

SWIFT continues to make a meaningful impact throughout Salisbury and Wicomico County by improving access to care and helping residents navigate complex healthcare and social systems. The program has helped reduce unnecessary EMS transports and Emergency Department visits, preserving emergency resources for higher-acuity incidents while improving quality of life for patients who often feel underserved or disconnected from care.

MAKING AN IMPACT

Programs such as Minor Definitive Care Now (MDCN), Buprenorphine outreach, SAFE Fall assessments, EMS refusal follow-up, and opioid awareness education allow the SWIFT team to proactively identify risks and intervene earlier, often preventing larger medical crises from occurring. The expansion of opioid education into local schools has further strengthened community prevention efforts by equipping students with practical knowledge and overdose response skills that may ultimately save lives. Beyond measurable outcomes, SWIFT's greatest impact has been the trust it builds within the community through consistent support, advocacy, education, and patient-centered care. The program has become a model for how fire departments and healthcare systems can work together to improve both community health and emergency response efficiency.

SALISBURY WICOMICO
INTEGRATED FIRSTCARE TEAM



GROWTH & EXPANSION

Since its launch, SWIFT has grown from a small pilot program into a nationally recognized Mobile Integrated Healthcare initiative serving residents across the City of Salisbury and Wicomico County. What initially focused on frequent EMS utilizers has expanded into multiple innovative community health programs designed to address gaps in care before they become emergencies.

Expanded services now include the Minor Definitive Care Now (MDCN) program, a Community Paramedic and Nurse Practitioner team responding for low-acuity 911 calls to provide treatment on scene and reduce EMS usage as well as ED overcrowding; Buprenorphine initiatives aimed at improving access to treatment and recovery support for individuals experiencing opioid use disorder; the SAFE Fall Program (SWIFT Assessment of Falls in the Elderly), focused on identifying and reducing fall risks among older adults; and EMS refusal follow-up outreach, where SWIFT team members contact patients who declined EMS transport or treatment to better understand their needs, address barriers to care, and help prevent future emergencies.

LESSONS LEARNED

One of the most important lessons learned through SWIFT is that many repeated 911 calls stem from unmet social and healthcare needs rather than true emergencies alone. Patients often face barriers such as transportation issues, difficulty accessing primary care, mental health concerns, substance use disorders, housing instability, or challenges navigating the healthcare system. SWIFT demonstrated that building relationships, maintaining regular follow-up, and providing individualized support can significantly improve patient outcomes while reducing unnecessary EMS and Emergency Department utilization.

GROWTH & EXPANSION

SWIFT has also expanded its Opioid Awareness campaign into the Wicomico County School System, providing education to students on the dangers of illicit drug and opioid use. These presentations include hands-on instruction focused on recognizing the signs of an overdose, properly calling 911, and administering Narcan, empowering students with potentially life-saving knowledge and skills. Through continued partnerships, grant funding, and collaboration with healthcare and community organizations, SWIFT has expanded both its reach and its impact while continuing to adapt to the evolving needs of the community.

BUILDING THE TEAM

Building the SWIFT team required a multidisciplinary and highly collaborative approach. The program combines the operational experience of Salisbury Fire Department paramedics with the clinical expertise of Nurse Practitioners, nurses, social workers, and other healthcare professionals from TidalHealth's Community Wellness division.

As the program expanded, so did the need for specialized knowledge in areas such as chronic disease management, substance use disorder treatment, geriatric fall prevention, care coordination, preventative health outreach, and public education. SWIFT's success continues to depend heavily on strong collaboration with behavioral health providers, social services, primary care offices, recovery programs, schools, and other community organizations that help address the broad range of patient needs.

WHAT ADVICE WOULD YOU GIVE SOMEONE JOINING MIH TODAY?

"Don't be afraid to follow your passions,if you see a gap in are that you know needs fixing-take it and run with it. MIH is the Wild West of EMS and those passions will guide you."

Miranda Webster B.S., NRP, CP-C
MIH Coordinator, SWIFT

DID YOU KNOW?

Based on preliminary data fatal overdoses in Maryland have been on the decline in recent years.

- In 2025, there were 1,405 fatal overdoses in the state, the lowest level seen in the last 10 years.
- This is a 53 percent decrease from the state's historic high of 2,800 in 2021.

Source: health.maryland.gov

Program Update

On October 6 at 0700 hours, the Charles County MIH Team implemented the Model-T program. This program goes above and beyond the "leave behind NARCAN" on Overdose calls by providing Buprenorphine, which is a medication that helps people reduce or quit their use of opioids like heroin and prescription painkillers.

This program is heavily coordinated with the Behavioral Health Division on the Dept of Health along with our Medical Director, Dr. Seaman. The MIH Team went on their first Model-T call at 0704 hours on Oct 6, just 4 minutes after being placed in service. This verifies the need in the community for this type of service and we are hopeful for more positive outcomes following overdose calls where opioid dependency services are readily available to anyone in Charles County.

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Rachael Cox

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