



**Mobile Integrated Health Workgroup
Phase #2**

October 6, 2016

Agenda

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board*

*Kevin G. Seaman, MD, FACEP
Executive Director
410-706-5074
FAX 410-706-4768*

- I. Welcome & Introductions**
- II. Evolution Health - Integrated Care and Community Paramedicine –
Paul Hinchey, MD, MBA, FACEP – Evolution Health**
- III. Review Charge of MIH Phase #2**
- IV. Discussion and Next Steps**



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**Mobile Integrated Health (MIH) Workgroup
Phase II
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Meeting Summary

Attendees

Ms. Doyle; Dr. Chizmar; Ms. Dousa; Mr. Dousa; Chief Frankel; Mr. Burton; Mr. Barto; Chief Butsch; Mr. Kornato; Dr. Hinchey; Dr. Stone; Ms. Turner (phone); Ms. Gainer; Mr. Jenkins; ; Dr. Alcorta; Ms. Sierra (phone); Ms. Myers; J. Lee Jenkins; Ms. Scharf; Mr. Naumann; Ms. Witten (phone); Dr. Seaman; Ms. Goff

Welcome: Dr. Chizmar and Ms. Doyle welcomed everyone and introductions were made.

Dr. Seaman said, due to his resignation as Executive Director of MIEMSS, he would no longer be attending the MIH meetings but attended today to introduce Dr. Hinchey from Evolution Health.

Dr. Paul Hinchey began his career in EMS in 1986 as a volunteer EMT for his community's ambulance service. He continued in EMS becoming a paramedic in 1989 and an EMS educator until he went to medical school in 1997.

Dr. Hinchey enrolled in a combined MD/MBA program at the University at Buffalo in an effort to be a better advocate for patients in a healthcare environment that was rapidly becoming the business of medicine. During his business training, he developed an interest in process design and organizational behavior and their potential to influence healthcare delivery.

In 2002, Dr. Hinchey chose a residency in Emergency Medicine at the University of North Carolina. Upon completion of his senior year as Chief Resident, he stayed on to complete his training as the department's EMS Fellow and Deputy Medical Director at Wake County EMS in Raleigh, North Carolina. After his fellowship, he continued as the Deputy Medical Director for Wake EMS and became the Medical Director for WakeMed Health and Hospital's land and air based critical care service. In 2009, Dr. Hinchey became the Medical Director for the Austin-Travis County EMS System and its 2400 providers serving nearly 1.2 million people. Dr. Hinchey also served as the Medical Director for the National Association of EMTs. In September 2015 Dr. Hinchey joined Evolution Health as the Senior Vice President/Executive Medical Director Medical Operation.

Evolution Health – Integrated Care and Community Paramedicine: Dr. Paul Hinchey/
Mr. Sean Burton

A copy of this presentation will be distributed via email to the SEMSAC MIH Workgroup members.

Dr. Hinchey gave an overview of the Evolution Health model for Mobile Integrated Health and Community Paramedicine (MIH-CP) and said that it is impossible to sustain a MIH-CP program without sustainable funding; this is a significant obstacle. He listed several of the

challenges when building a statewide MIH-CP program including the differences in MIH models and EMS systems, protracted training, obtaining participation by all, the lack of funding streams and securing engagement for a unified solution.

Dr. Hinchey said that population health requires a 24/7 approach for planned and unplanned medical care and needs to include comprehensive assessments, transitional care, high risk management and advanced illness management. A Mobile Integrated Health system should include Community Health Workers, EMT/Paramedics, Social Workers, Nurses, Physician Assistants, Nurse Practitioners and Physicians to provide the right care with the right provider in the way and place at the right time with the right resources.

Evolution Health has a 24/7 Command Center with clinical care delivery led by a physician. This affords data to be provided to partners and entities for measurement of clinical effectiveness and financial outcomes. It has reduced the cost of care for complex, frail, elderly, mobility impaired and high cost utilizers and improves the patient and provider experience during vulnerable transitions. Evolution Health also provides telehealth solutions and pharmacy management services.

Dr. Hinchey gave an overview of mobile integrated health and the preliminary (three months data) impact analysis with a Medicare advantaged population. He said that results thus far are favorable with a 21% reduction in emergency department utilization and 40% reduction hospital in hospital admissions. He added that this starts with engaging patients in their own care.

Dr. Hinchey said that mobile integrated health is the solution but it can be difficult to scale and difficult to engage all the necessary healthcare entities.

Mr. Burton said it is not always applicable to expand the scope of practice. The key is to have every emergency medical responders perform at the top of their licensure. Models for MIH differ dependent upon the needs of the region or jurisdiction, therefore a gap and needs analysis need to be completed. Depending on needs, providers may need extended education programs to expand scope or utilizing the modular educational approach to care for chronic diseases such as diabetes and CHF. Technology should be used to measure, inform and to maximize efficiency. Parameters should be determined for pre-hospital and post hospital patient referrals.

Providers will need to work within their medical director's comfort level if not contacting physician provider. There should be specific guidelines for having a patient stay home or go to an emergency department. Risk liability should be the same as the AMA. Documentation is essential. Integrating primary care physicians was discussed.

Dr. Chizmar thanked Dr. Hinchey and Mr. Burton for a most relevant and captivating presentation.

Review of Charge to MIH Workgroup

The need to expand or not expand provider scope of practice was discussed.

Develop action items:

1. Jurisdictional needs assessment and gap analysis survey
2. Education for top 5 diseases
3. Maryland Hospital Association and Payors participation
 - a. Insurance administration has not responded to requests
 - i. Hold off until decisions on MIH Model is complete

4. HSCRC has presence and is generally aware but not completely engaged.

Discussion:

Dr. Stone suggested that the alternate destination discussions be separate from the mobile integrated health workgroup. Dr. Alcorta agreed and said that each alternate destination has different patient requirements and there are challenges to getting patients to the correct destination. Alternative destinations and mobile integrated health can intersect at a later date.

Dr. Alcorta said that Andrew Naumann, Region II Administrator will be generating reports from the MIH workgroup including the survey completion and hospital gap analysis.

Mr. Nauman said that there is a MIH initiative in Allegany, Frederick and Washington Counties grant funded by Trivergent Health Services.

Chief Butsch said that Montgomery County FRS is considering a community health worker training program.

Next meeting: November 3, 2016.

Telemedicine and ETHAN in the Houston Fire Department

Michael G. Gonzalez, MD, FACEP, FAAEM