Longmont Community Health Network

The Mobile Integrated Healthcare Program (MIHP) is a new framework that brings integrated, professional care to patients in their home environment.

Funded by the Colorado Health Foundation, the MIHP is a two year pilot project for the Longmont community. Two paramedics, a case manager/administrator and a ½ time LCSW from the MIHP team.

The team is backed by strong community partnerships with Mental Health Partners, the OUR Center, Longmont United Hospital, Salud Clinic, the Hopelight Clinic, Kaiser Permanente, the City of Longmont (Public Safety, Community Services) and others. Partners provide consultation, in-kind services and referrals into the MIHP.

Patients are identified by Longmont United Hospital or primary care clinics that would benefit from in-home services or are high-risk for ER visits or admissions.

The MIHP typically receives referrals for two types of services:

1. Chronic disease management (Diabetics, Congestive Heart Failure, COPD, High Risk or Wellness). Patients that have one or more chronic diseases and existing barriers to care (homeless, monolingual, blind, etc.). These patients often have behavioral health concerns.

   These patients are visited by a paramedic and usually the LCSW for an initial assessment/enrollment visit (about 2 hours). Based on the findings of the initial visit, a care plan is developed by the team and the patient. If the patient has additional complexities, they are discussed during the bi-weekly case review meeting attended by all partner agencies for additional expertise.

   The care plan is then enacted by the team. This often starts with referrals and connections to existing social services (OUR Center, HOPE, Meals on Wheels, Home Health Care, Senior Center, etc.). If there are behavioral health concerns, MHP is heavily involved. Medical issues are handled by the paramedic, most often consisting of chronic disease management strategies and education. The patient is visited in their home as many times as necessary (could be 3-4 times per week if needed), phone calls are common and the team often accompanies the patient on visits to providers.

   The goal with these patients is to “graduate” them back to the primary care provider after the care plan is complete. We target a 60-90 day timeframe for graduation. Patients should be able to advocate for their own care, navigate the complex health care environment, manage their chronic diseases and have an improved relationship with their medical home.

   Patients that have graduated from the MIHP have shown excellent results measured by system utilization before/during/after the MIHP intervention and patient satisfaction scores.

2. High-risk or Wellness visits.

   Patients that are at a high risk for ER visits, have test results that need to be delivered, or need a service that can be performed by a paramedic in their home (blood draw, medication delivery, etc.). Physicians can utilize the paramedic scope of practice to deliver service or gather information about a patient's home environment (medication reconciliation, etc.). Paramedics will visit the patient, provide the service or gather the needed information and communicate back to the provider, and re-visit as needed. These are often one or two visit patients and do not require a full care plan.

The MIHP is developing a CHF re-admission avoidance program where medications are delivered and monitored in the patient's home to avoid ED trips or admissions. This program is based on two best-practices programs that have shown excellent results.

http://www.medstar911.org/community-health-program

http://www.emsworld.com/article/11113245/chicago-mobile-integrated-healthcare-trial

Frequently Asked Questions:

How do we refer a patient?

Fill out the referral form and fax to 888-435-2753 or email to admin@lchn.org
OR
Call the LCHN office at 720-600-3697

Is there a cost to the patient?

No, there is no cost to the patient or the provider during the pilot phase.

Who is eligible for MIHP services?

We accept all patients regardless of insurance status, as long as a provider referral is in place.

What is the paramedic scope of practice?

https://www.colorado.gov/pacific/sites/default/files/EMTS_Educational_Standards_Comparison_with_Colorado_Scope_of_Practice.pdf

Are there any patients that would not be eligible for MIHP services?

We do not accept children, other exclusion criteria could be oncology, pregnancies or orthopedics, call our office if you have a patient that you have a question about, we'll make a decision after a conversation.

Longmont Community Health Network **For more information visit www.lchn.org or call 720 600 3697**