Milwaukee County EMS Mobile Integrated Healthcare Program

Milwaukee County EMS is a **driver** of Mobile Integrated Healthcare (MIH) through partnerships with, among many, municipal fire departments, regional healthcare systems and providers, city, county and state government public health and service agencies, institutions of higher learning, and the public we serve.

The *guiding ideals* of the MCEMS MIH program is optimizing patient outcomes by delivering responsibly managed resources at the time of need. MCEMS MIH will leverage the 24/7 resources and capabilities of EMS agencies to address healthcare gaps and opportunities in our communities. Through novel approaches, we will provide exceptional healthcare value as defined:

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\text{Healthcare Value} = \frac{\text{Outcomes}}{\text{Costs}}.
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MCEMS is **committed** to the principles articulated by the Institute for Healthcare Improvement’s Triple Aim:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care\(^1\).

MCEMS will partner with and adapt to the needs of all stakeholders to discover and address unmet healthcare opportunities. Broadly outlined, the MCEMS MIH program categorizes our efforts in two focus domains: Case Management and Care Management.

**Case Management** is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.\(^2\)

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Case management goals of the MCEMS MIH program are to serve the public and collaborate with all organizations to reduce unnecessary non-emergent 911 uses, to connect vulnerable populations to resources in novel ways and to demonstrate outcomes in these processes.

Care Management is an emerging concept that refers to a set of evidence-based, integrated clinical care activities that are tailored to the individual patient, and that ensure each patient has his or her own coordinated plan of care and services.³

A care management goal of the MCEMS MIH program is to partner with patients and their healthcare providers or systems to implement the goals of the Triple Aim.

The strength of the MCEMS MIH program is demonstrated through critical infrastructure functions including medical director oversight, health information management, continuous quality improvement, education and scientific discovery. As a Milwaukee County government agency, we are ideally positioned to connect those in need with additional support services outside of traditional healthcare. Further, we are positioned to ultimately advocate on behalf of patients and ensure stewardship for the entire system in a manner that is transparent, evidence based and metric driven.

MCEMS establishes core clinical and operational guidelines as a foundation for care delivery and develops specific patient-care protocols with our partners to address various clinical needs. Core clinical services include health and home safety assessments, chronic disease monitoring, medication compliance, immunizations, vaccinations, laboratory specimen collection, hospital discharge follow-up care and minor medical procedures.

As defined by Wisconsin State statute and Administrative Rule, the EMS system medical director is responsible for paramedic scope of practice including training, quality and utilization. The EMS system medical director collaborates with other healthcare providers such as physicians, advanced practice nurses, public health nurses and physician assistants in the development of unique care protocols used by paramedics in the MIH program.

Current Pilot Initiatives and Partners:

Milwaukee Regional Community Paramedic Education Consortium (MRCPEC):

UW-Milwaukee College of Nursing, Milwaukee area fire departments, Milwaukee County EMS System, Milwaukee County EMS Emergency Training Center, Medical College of Wisconsin, and several supporting hospitals and clinics have developed an educational consortium to design and deliver the Community Paramedic Curriculum 3.0 as developed by the North Central EMS Institute.

Thirty students will complete a comprehensive distance learning program, an intense one week lab-based practicum followed by clinical rotations throughout area hospitals to develop and refine new assessment and treatment tools. The first Milwaukee Regional CPEC student cohort will complete the training by the end of September.

³ http://www.ddcmultimedia.com/doqit/Care_Management/CM_Overview/CMDefinition.htm
Reducing High Utilization of 911 (Case Management):

West Allis Fire Department and MCEMS have developed and executed a 90 day pilot program designed to address their 911 high utilizer group (HUG Pilot). Through a careful selection process, obtaining consent from the identified participants, and delivering focused case-management like interventions, WAFD reports that enrollees demonstrated an 86% reduction of 911-utilization, a 71% reduction of ED utilization, and a 100% enrollee satisfaction with the program.

The Milwaukee Fire Department and MCEMS are developing a similar program of targeting 911 high utilizers that will begin on October 1, 2015.

Reducing 30-Day Hospital Readmission (Care Management):

A local fire department, an area hospital and MCEMS are developing an initiative aimed to reduce 30-day readmissions for high risk patients with pneumonia, heart failure, COPD, and/or myocardial infarction. Outcome measures will also include patient satisfaction and reduced 911/ED use. Interventions will include a series of home visits, patient and family education, medication inventory, patient protocol implementation and communication with the patient’s primary care physician or EMS medical director.

Reducing Hospice Revocation (Care Management):

By utilizing tools to identify hospice patients at risk for revocation, Greenfield Fire Department, partnering hospice agencies and MCEMS are coordinating efforts to meet the urgent needs of hospice patients and their families.

The goal of this service is to avoid futile emergency department care if so desired by patients and if deemed safe; implementation of MIH delivered hospice care or alternate transport to an in-patient hospice unit may provide additional care to patients or respite to families.

Community Outreach Prevention Education and Safety (COPES) (Case Management):

Fire departments are engaged in many COPES related activities such as fall prevention, CPR education and fire safety. MCEMS MIH will continue to partner with fire departments and all stakeholders to improve the health of the population by leveraging resources and demonstrating outcomes.

To enroll a patient, develop a new partnership, attend a future Community Paramedic course or to learn more about the Milwaukee County EMS Mobile Integrated Healthcare Program contact:

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