

Understanding Mobile Integrated Healthcare

Talking Points



What is it?

- MIH (Mobile Integrated Healthcare) – Also called Community Paramedics or Community Paramedicine. In the State of Colorado, these agencies have what is referred to as a Community Integrated Healthcare Service or CIHCS (read KISS) license.
- There are (Get number from State) MIH programs licensed in the State.
- Significant cost savings for payers, treating people in their home or where they are is much more cost-effective than transporting by ambulance to the Emergency Room.

What kinds of services and care do MIH/CP programs provide?

- Advanced clinical in-home care
- Behavioral health intervention and crisis services
- Support substance abuse and medication treatment in their communities
- Fall-risk avoidance
- Resource navigation
- Post-discharge follow-up from hospitals
- Emergency room avoidance for super-utilizers

What kinds of care do we provide?

- Rapid strep/COVID/Influenza/Hepatitis C testing in the home
- Lab draws and analysis in the home with interpretation, including INR, CMP, Lipid Panels, urinalysis.
- Provision of telehealth services in the home with either contracted physicians, or the patient's own physician.
- Wound care
- Clinical, social, and insurance resource navigation.
- Advanced assessment
- Medication management
- Medication infusions of all types via most any route (IV, Central Line, implanted port)

Did you know we provide behavioral Health Services?

- Mobile Crisis Response – by accepting calls from persons experiencing a behavioral health crisis.
- Perform telehealth medical clearance for persons with an isolated behavioral health emergency, allowing for direct admittance to behavioral health facilities, bypassing the ER.
- Perform telehealth behavioral health services with licensed specialists.
- Resource navigation for persons with unmet behavioral health needs.

How do MIH/CP services lower costs?

- Improve systems efficiency by more effectively utilizing available resources.
 - In rural communities, the Emergency room becomes the urgent care and family practice

- MIH programs can decrease unnecessary ER visits.
- MIH programs can decrease repetitive 911 calls for super-utilizers.
- MIH programs can target at-risk populations and meet them where they are, ie. people experiencing homelessness, homebound persons, and immigrant populations.

What do MIH/CP programs need the most?

- Compensation is currently sparse-even Colorado Medicaid doesn't pay for MIH services.
- Some payers will provide remuneration for some services.
- Legislation may be needed to require Medicaid and commercial payments for MIH/CP programs.
- Governor, through executive actions, include MIH/CP programs for payment of healthcare services including but not limited to telehealth, vaccination administration, Monoclonal Antibodies, and other home-based patient care services.
- Allowing for payment of these services under State Medicaid, would not require new monies budgeted; it would in, instead, save money within the system by cutting costs. MIH programs can address many patients' needs in the home, in a much more cost-effective manner than ER transport by ambulance.
- Authorizing payment for MIH services would just change the way monies are spent, **NOT** cost more money.