

MOBILE INTEGRATED HEALTHCARE PRACTICE

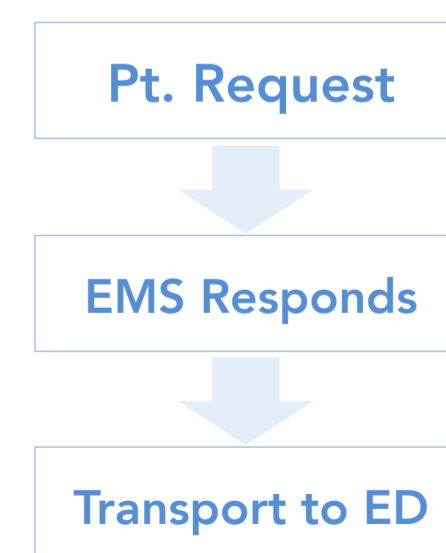
Improving population health through innovative alignment of existing mobile health infrastructure

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The Problem

- U.S. healthcare system often fails to achieve optimal health outcomes while generating exorbitant costs for patients, payors and society¹
- Estimated \$750 billion -- 30% of U.S. annual healthcare budget -- wasted on unnecessary services, inefficient delivery, excessive administrative costs, and prevention failures²
- Patients, clinicians and payors frustrated by barriers to patient access, fragmentation of acute and chronic care, ineffective management of chronic illness, and complex, outdated reimbursement processes
- Renewed focus on "bringing healthcare to the patient" has underscored need for realignment of financial incentives and reimbursement policy³

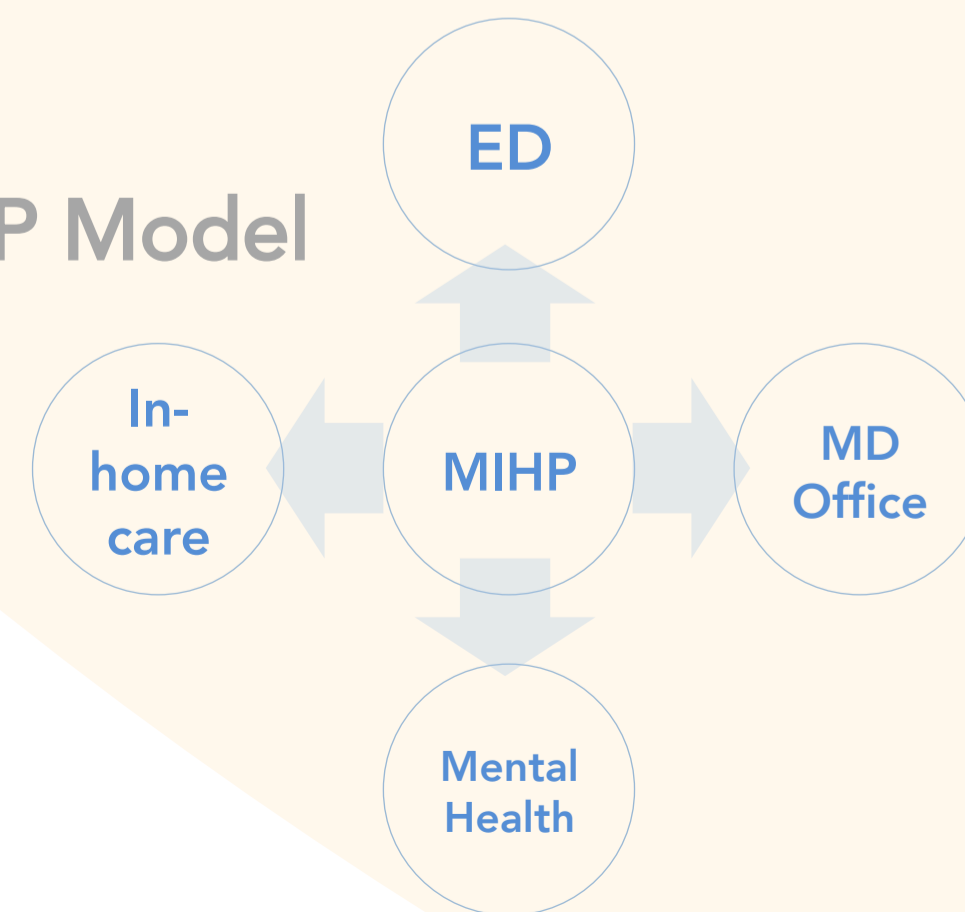
Current State



Proposed Solution

- Focus on patient-centered navigation and offer community-centered care by integrating existing infrastructure and resources, bringing care to patients through technology, communications, and health information exchange
- Define operations through community needs assessment tools
- Establish multiple community partnerships under active physician medical direction
- Improve access to care and health equity through 24-hour care availability
- Deliver evidence-based practice using multidisciplinary and interprofessional teams in which providers utilize the full scope of their individual practices.

MIHP Model

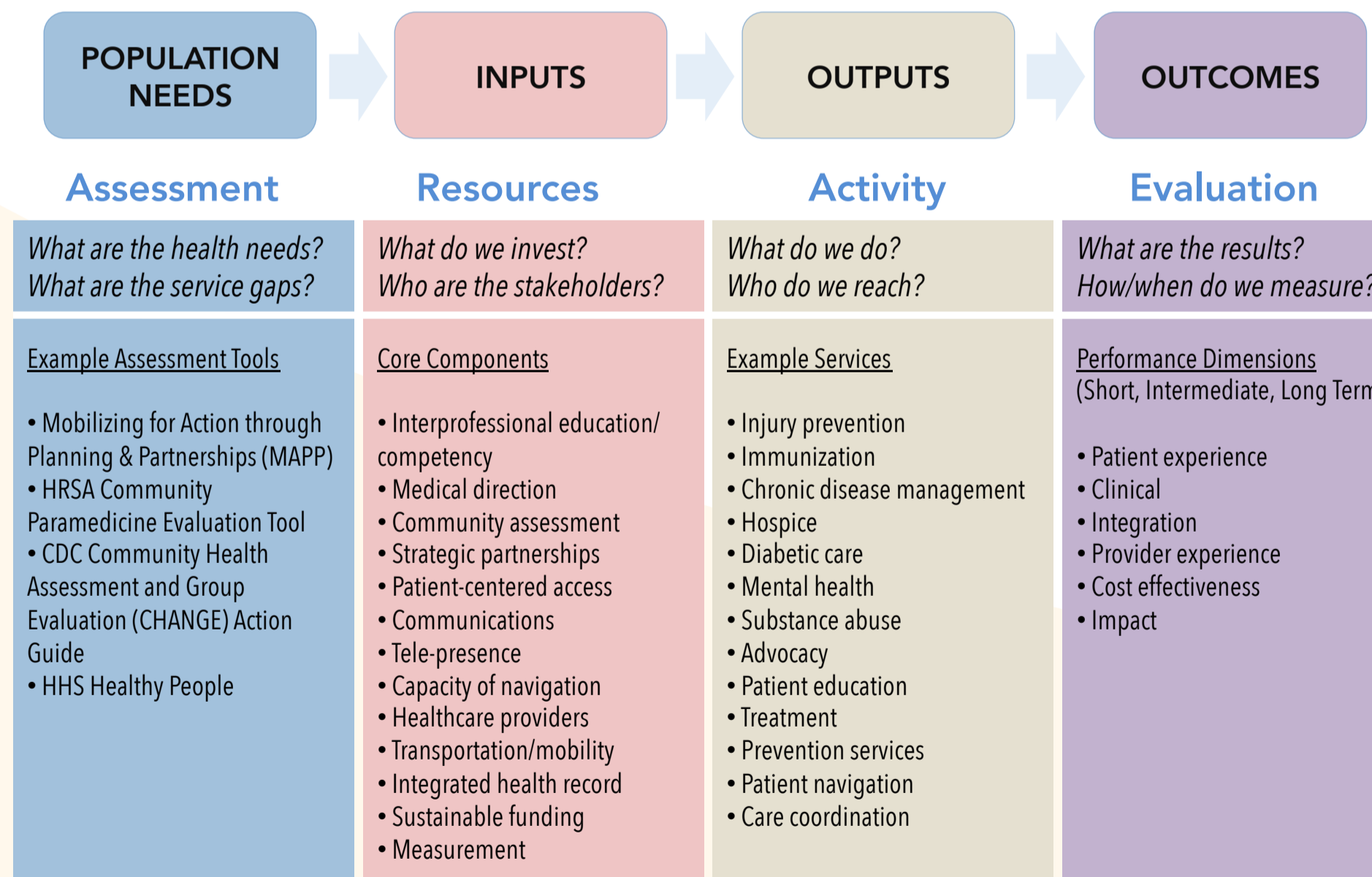


ESSENTIAL FEATURES OF MIHP

- ✓ Provider education/competency
- ✓ Medical direction
- ✓ Community assessment
- ✓ Strategic partnerships
- ✓ Patient centered access
- ✓ Communications
- ✓ Tele-presence
- ✓ Capacity of navigation
- ✓ Healthcare providers
- ✓ Transportation/mobility
- ✓ Integrated health record
- ✓ Sustainable funding
- ✓ Measurement



MIHP Logical Model



Example MIHP Programs

Univ. of Chicago CHF Readmission Reductions Program, Chicago, IL
 MedStar Mobile Healthcare Hospice Revocation Avoidance Program, Ft. Worth, TX
 Wake County Senior Fall Response & Prevention Program, Raleigh, NC

Conclusion

- ✓ **A New Framework:** Mobile Integrated Healthcare Practice allows integrated, interprofessional care brought to patients in their homes.
- ✓ **A Locally Adaptable Construct:** This model is locally adaptable for both disease-specific interventions and the care of broader patient populations.
- ✓ **Multiple Benefits:** Framed by local needs analysis, a community-specific strategic plan, patient-centered metrics, and the cost-effective leverage of existing care resources, MIHP offers a novel approach to out-of-hospital care.

CONTACT

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References

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