

Background and Significance

- 6 million Americans have heart failure (HF) with 700,000 admissions annually
- The Affordable Care Act of 2012 initiated hospital readmission reduction program (HRRP) with financial penalty up to 3% for excessive hospital readmissions that took effect in 2015
- Emergency Medical Services (EMS) introduced Mobile Integrated Health (MIH) programs
- MIH providers can assist patients with managing chronic illnesses at home.
- CMS recognizes that not all EMS transports are necessary and could be triaged and perhaps transported to alternative appropriate destinations



Methods

Design: Retrospective chart review of MIH program for patients with HF

Setting: Large health system in suburban northern NJ

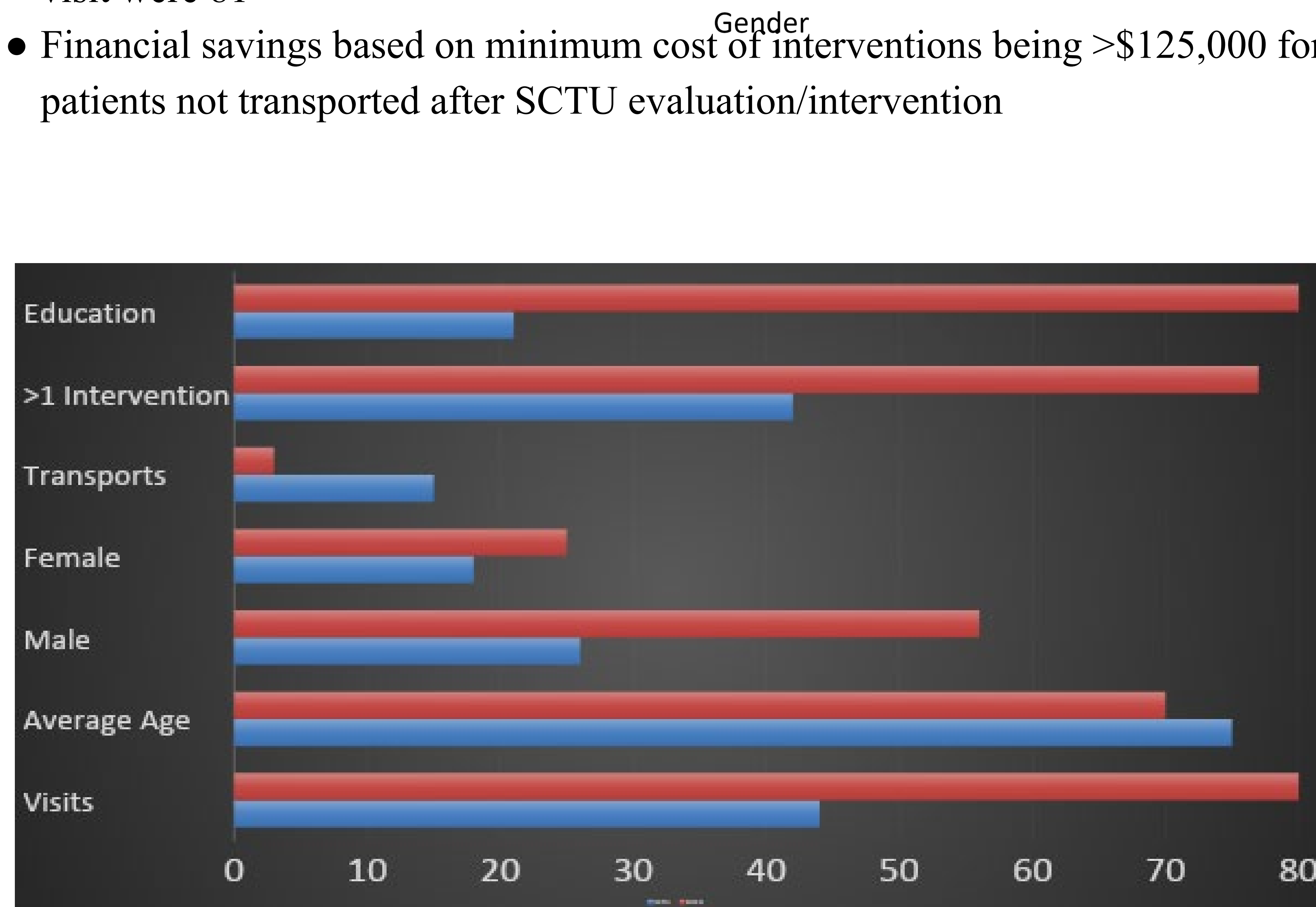
Sample: Convenience sample of 125 men and women with a HF

Measures: The number of visits to the hospital after evaluation by MIH program; cost savings estimated by comparing the cost of patient readmission versus symptom-based treatment in home by MIH

Results

- 125 charts were reviewed; 82 males, 43 females
- A physical exam was documented for all patients
- Symptom driven hotline activation requesting MIH/Specialty Care Transport Unit (SCTU) registered nurse deployment were 44
- Scheduled visits by care management referral for scheduled appointment with MIH/Mobile Intensive Care Unit (MICU) paramedic post discharge evaluation visit were 81
- Financial savings based on minimum cost of interventions being >\$125,000 for patients not transported after SCTU evaluation/intervention

Figure 1.



Limitations

- Multiple charting systems
- Gaps in discharge diagnosis documentation

Discussion

Patient Care: In-home Interventions allowed for stay at home with follow-up in outpatient setting safely

Implications for practice: Program promotion may further decrease ED returns and readmissions for heart failure patients

Policy: Implement standardized assessment tools in the chart to trend interventions and patient education

Financial considerations: Use of MIH in the non-emergency situation contributes to healthcare cost savings.

References

- See Separate list

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