



## Lake County Funders Call

Wednesday, June 8, 2022

11:00 a.m. – 11:45 a.m.

### Participants

Jeanne Ang, Advocate Aurora Health  
Satori Bailey, Hunter Family Foundation  
Angela Bentsen, AgeGuide  
Debbie Bondi, Community Foundation for McHenry County  
Steve Bugg, Great Lakes Credit Union  
Asia Canady, Hunter Family Foundation  
Erik Christensen, Wauconda Fire Protection District  
Damon Coleman, Lake County Community Development  
Courtney Combs, The Lake County Community Foundation  
Molly Cullum, Schreiber Family Foundation  
Kate Grundin, Abbvie Foundation  
Carol Hincker, Julian Grace Foundation  
Willard Hunter, Hunter Family Foundation

Judi Israel, Vivo Foundation  
Anne King, Northwestern Medicine  
Jawanza Malone, Wieboldt Foundation  
Loretta Namovic, Baum Family Foundation  
Gail Nelson, Steans Family Foundation  
Brenda O’Connell, Lake County Govt  
Kate O’Connor, Grant Healthcare Foundation  
Leah Perri, The Lake County Community Foundation  
Taryn Placko, Advocate Aurora Foundation  
Cheri Richardson, Gorter Family Foundation  
Heather Sannes, Schreiber Family Foundation  
Donna Sather, Community Foundation for McHenry County  
Quinton Snodgrass, United Way of Lake County  
Julia Wold, Grainger Foundation  
Anna Yankelev, Lake County Health Department

### Welcome & Call Goals

Courtney Combs, Manager of Community Impact for The Lake County Community Foundation, thanked participants for joining the call and noted the goal for the conversation was to:

- Hear about Wauconda Fire Protection District (WFPD) overview of their Mobile Integrated Healthcare (MIH) Program

### Wauconda Fire Protection District (WFPD)’s Mobile Integrated Healthcare (MIH) Program – Erik Christensen, WFPD Medical Officer/Firemedic

#### **About Erik Christensen**

Been in fire service for 12 years, last 4 years as a medical officer supporting paramedics.

#### **About the Wauconda Fire District**

Western Lake County. Fire District saddles part of McHenry County. WFPD doesn’t just cover one municipality, they cover 9 villages and municipalities. They have autonomy – independent governing body which allows them to move more swiftly.

### **What is Mobile Integrated Healthcare (MIH)?**

- 2018 – Had noticed many patients with same chronic healthcare issues. As a result would provide care, then transported to emergency room, then eventually discharged but cycle repeats. What we identified was that the 911 system is not appropriately designed to treat these patients with their healthcare conditions or long-term assistance.
- MIH was born after passage of Affordable Care Act and was designed to provide paramedic services to rural communities. Community paramedicine responds to patient homes to identify conditions, then act as a referral service. Purpose is to be a community liaison in short term and long term.
- Goals and objectives of MIH programs:
  - Proactive and preventative. Once they've identified patients through 911, they can provide a proactive approach and respond to their home before they need to call again and fall into cycle.
  - Chronic health conditions
  - Evaluation of Social Determinants of Health (SDH)
  - Referral service/Community Liaison
- Effective and efficient delivery of services
  - Value-based and data driven

### **Who Provides MIH Services?**

- The fire department!
  - The challenge is that the current model is very reactive.
  - 70-80% of 911 calls are for emergency medical services. With increasing rise of these needs in communities, there has to be a better way to provide these level of services especially for the chronically ill, and not wait for it to be an emergency
  - #1 call for 911 services is for patients who are at fall risk
- Public body that's sole purpose is to provide community services to the most vulnerable and underserved populations within each community
- Recognized Institution of Trust
  - Utilize this to understand the full picture of someone's needs
- Key evolutionary phase > Emergent vs. Non-emergent
  - Current 911 model vs. MIH program

### **Why the Fire Department?**

- Training
- Infrastructure
- Equipment
- Grassroots service that allows us to see into people's lives in real time and truly understand the patient's everyday challenges
- Relationship with patient, family, and local hospitals

### **What services does an MIH program provide?**

- Community Liaison
- Social determinants of health (SDH)
  - Medication compliance and primary care compliance
  - Food insecurity
  - Transportation challenges
  - Nutritional/dietary deficiency
  - Access to primary care
  - Education of medical conditions
  - Mental and behavioral health services
  - Late-stages of our MIH program but is currently in early stages of development

### **Mental and Behavioral Health**

- Used to be 1-2 visits per week providing mental/behavioral health services
- Now during and after pandemic it is 1-2 visits per week
- Do not have infrastructure to properly treat these issues but it is in long-term goals

### **What does our MIH program look like?**

- Scheduled basis, Monday – Friday, 8-5pm, Generally once or twice a week visits depending on primary care and care coordination needs and patient assessment
- Two community paramedics visit the patient's home to provide in-home assessments and evaluate any other social needs they may have
- Primary care coordination
- Remote monitoring/viewing capabilities and communication
- Telemedicine capability
  - CMS ET3 participation and history

MIH is not intended to be competitive. It is intended to be collaborative. It started because of identifying gaps within the community and trying to fill those gaps. Need something to fill the gaps so people are not relying on 911 service. Leveraging resources we already have.

### **Challenges we face:**

- Grant Funding. We are 100% reliant on grant funds.
- Sustainability
- Reimbursement model
- Legislative efforts

## Next Steps

- Implementation – January 2, 2023
  - 6 fire agencies will be participating and providing service in the proposed region in coordination with our other community partners
- Legislation
- Contractual agreements with managed care organizations (MCO's) Accountable Care Organizations (ACO's), Illinois Health and Family Services (HFS)

## Q & A

**It's interesting that mental and behavioral health needs aren't included in your list of medical comorbidities. Is this need something that an MIH strategy addresses? If so, do you plan to integrate the national rollout of the 988 mental health emergency line into this integrated healthcare approach?**

In the immediate term, no, but LCHD will be utilizing 988 to discuss how our MIH program can integrate with that. Those conversations have already happened but there's a lot of development that need to go along with that. Challenge will be for MIH to maintain safety with violent patients and separate those kinds of emergencies. Trust is built with Fire Department and MIH but not with police. When police need to clear the scene, that is a challenge.

**Is your group also working with Gale Graves or Deana Ulman with any integration with United Way Lake County 211 program?**

Have not had meeting with them. As this program continues to evolve and roll out, would love to have an integration with 211.

**Next Lake County Funders Call - 11 a.m. on Wednesday, August 10, 2022**