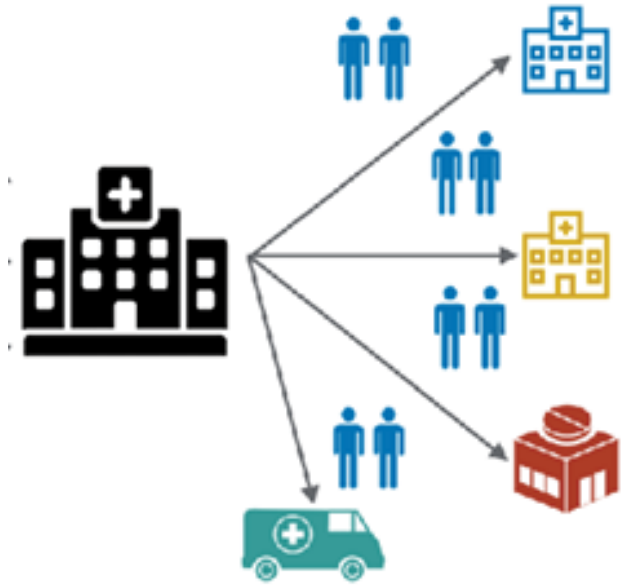
Alberta Health Services

EMS Mobile Integrated Healthcare (MIH) City Center Team (CCT)

Mobile Integrated Healthcare (MIH) Model

Access – Anywhere! Anytime! –

to urgent hospital level medical care



- ✓ Navigate vulnerable (complex, fragile, high needs) patients away from an overreliance on acute care resources by reducing their barriers to primary and specialty care
- ✓ Leverage the proven ability of EMS to provide mobile medical treatment
- ✓ Increase health equity, improve health outcomes

Mobile Integrated Healthcare Teams

- ✓ Single or Paired Community Paramedic and/or Nurse Practitioner Units
  - Community Response Teams (urgent low acuity illness)
  - Crisis Response Unit (mental health)
  - City Centre Teams (mental health and addiction)
- ✓ Supported with direct physician or NP consultation
- ✓ Paramedics are provided with community health education and clinical rotations – 8 weeks
  - New Community Paramedic program with Mount Royal University
- ✓ Urgent Health Center on Wheels

Homelessness and Healthcare

Homelessness is a complex, chronic medical condition -

- **Higher incidence of illness.**
  - **Addiction**
  - **Mental health disorders**
  - **Premature Deaths**
- **Lower likelihood of accessing primary care**
  - **Traps individuals in homelessness**

Homelessness and Healthcare

Deliver Health Equity

- Institutional and organizational barriers
  Traditional resources may lack flexibility, availability, and responsiveness.
- Social determinants of health
  Traditional resources may lack understanding and compassion.
- Inappropriate reliance on acute and urgent care.
  Episodic, often ineffective, further stigmatizes, traumatizes and disconnects from resources

Calgary Recovery Services Task Force

To improve health equity for people living with homelessness they require:

- **Mobile outreach**
- **Multidisciplinary collaboration**
- **Increased continuity of care**

1. **Right care**
2. **Right time**
3. **Right place**
4. **Right provider**
5. **Right patient**

Homelessness in Calgary

Calgary

HOMELESSNESS

Total number of people experiencing homelessness:	2911 (2018)
Unsheltered:	125 (2018)
Emergency Sheltered:	1374 (2018)
In transitional housing:	903 (2018)
In provincial corrections and health facilities:	575 (2018)
In provisional accommodations:	1478 (2018)
Experiencing chronic homelessness:	68% (2018)

Overview

POPULATION
1,246,337 (2017)

UNEMPLOYMENT RATE
7.9% (November 2018)

MINIMUM WAGE
$15/hr (as of October 1, 2018)

TOTAL NUMBER OF SHELTERS
12 (2016)

TOTAL NUMBER OF BEDS
1949 (2016)

Trapped in Homelessness, Disconnected from Care

“Jay”

Encountered with severe frostbite in shelter.

- 28 year old man
- Untreated schizophrenia
- Substance use disorder
- Malnutrition
- Poor dentition
- Chronic homelessness

The Mobile Urgent Care

CCT provides interventions typically only available in hospital or clinic setting:

- Comprehensive medical assessment
- Physician or Nurse Practitioner directed care
- IV medication and fluid administration
- Prescription facilitation and oral medication administration
- Withdrawal management
- Initiation of Opiate Agonist Treatment (OAT) and connection to Addiction Medicine
- Urgent mental health crisis management and connection to Mental Health resources
- Specimen collection, including Point of Care Testing
- Wound closure and care
- Palliative care support
- Facilitation of urgent diagnostic imagining
- Follow-up care and connection to family and specialty medicine.

The Collaboration – Physicians and Nurses

- ✓ Health equity can **only** be achieved collaboratively
- ✓ NO! to hot potato medicine
- ✓ Interdisciplinary/Diversity
- ✓ Must “take care” of each other
- ✓ Communication & availability
- ✓ Ongoing learning together
- ✓ CPs optimize health resources
- ✓ CPs = avatars (or a Swiss Army knife)

Healthcare and Housing

While addressing health needs CCT is able to connect clients with housing advocates and other social and financial supports. Healthier can mean more easily housed. Removing distress helps improve likeliness to:

- ✓ Meet application deadlines
- ✓ File taxes
- ✓ Attend appointments
- ✓ Get housed!

Alberta Health Services

Community of Practice

Alberta

Calgary Homeless FOUNDATION

CHH | Collaborative for Health and Home

Calgary

UNIVERSITY OF CALGARY
O'Brien Institute for Public Health

Alberta Health Services

A Home or a House of Cards?

Keep healthy to help keep housed and be there as a team to stabilize and support a return to housing.

The City Center Team – Evaluation

Patient and care provider surveys

- Non-stigmatizing, compassionate care that increased ability & willingness to be connected with further support
- Reduced barriers to appropriate care.
- ***"CCT went above and beyond caring for me."*** - person living with homelessness

Data

- 2700 patient events/year.
- Average 225 patient events/month.
- 145 patient events involving suboxone for 47 discreet patients.

Opioid Replacement Therapy

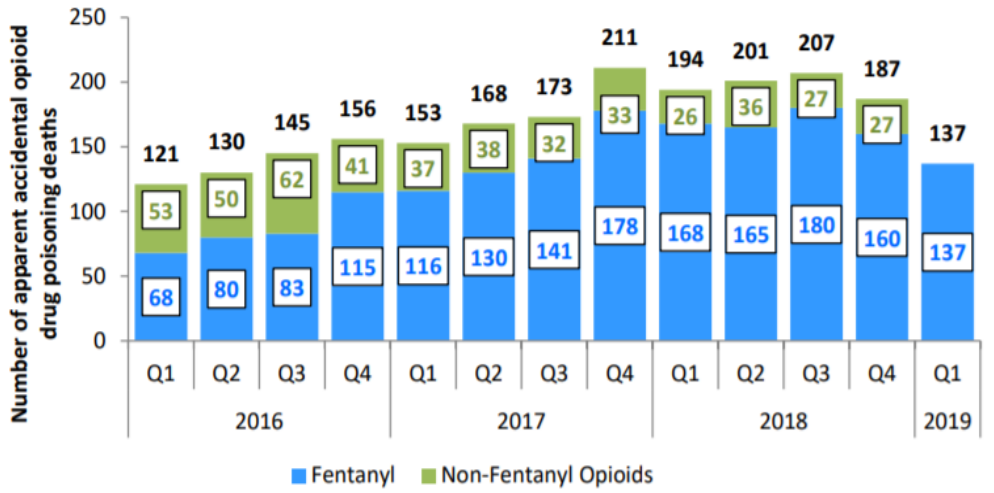
Immediate access to Opiate Substitution Treatment

- ✓ In Oct 2017 CCT in Calgary started connecting OUD patients with suboxone in community.
- ✓ Partnership with AHS Virtual Opioid Dependency Program
- ✓ Connection to other programs i.e. Methadone

Mortality data: Accidental opioid related poisoning deaths (includes apparent cases)

Fentanyl and non-fentanyl opioid related poisoning deaths

Figure 1: Number of accidental opioid related poisoning deaths, by quarter. January 1, 2016 to March 31, 2019.



*Only fentanyl related poisoning deaths are available for most recent quarter

- Since January 1, 2016 **2,183** individuals have died from an accidental opioid related poisoning in Alberta.

CCT's Collaboration with Calgary SCS

Sheldon M. Chumir – SCS

- May 28, 2018 – August 29, 2019
- **204** patient care events
- **57** discrete patients

Primary Clinical Impression

Infection	71
Substance Use Disorder	44
MSK	24
RESP	20
WOUND	12
Not documented	10
GI/GU	9
Palliative, Neuro, Other	7

Medical Direction

1. Most Responsible Provider – Family Physician, Specialist, On-Call Facility Physician, Nurse Practitioner
2. Dedicated MIH On-Line Medical Control (OLMC) Physician

First Pathway

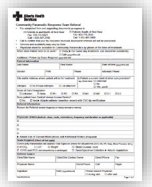
Second Pathway

Accessing MIH Services

Access Point 1 – Community healthcare staff directly request Community Paramedic services via phone

Access Point 2 – Physician or clinics request services via referral form

Access Point 3 – EMS crew referral via phone



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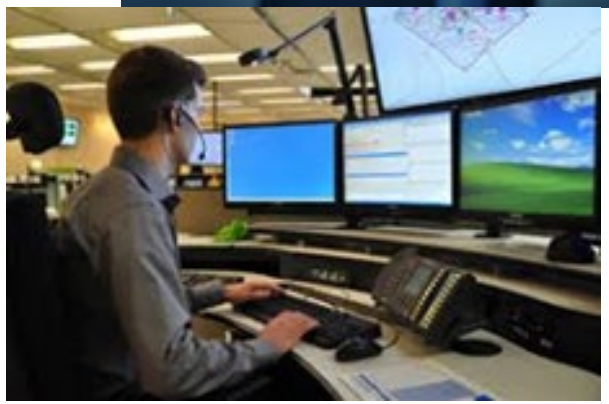
Assess Treat and Refer Coordination Centre

Assess Treat and Refer (ATR) Program

- ✓ Provide EMS and Community Health staff with real-time solutions for non-emergent patients
- ✓ Opportunity to connect patients with community health services when they choose not to be transported
- ✓ Coordination centers – Edmonton (North Sector) and Calgary (South Sector)
- ✓ Provincial Coverage
- ✓ Interface with existing dispatch services



Provincial Mobile Integrated Healthcare Coverage

Calgary Zone *8 units*

- *City Center Team (CCT)*

Edmonton Zone *7 units*

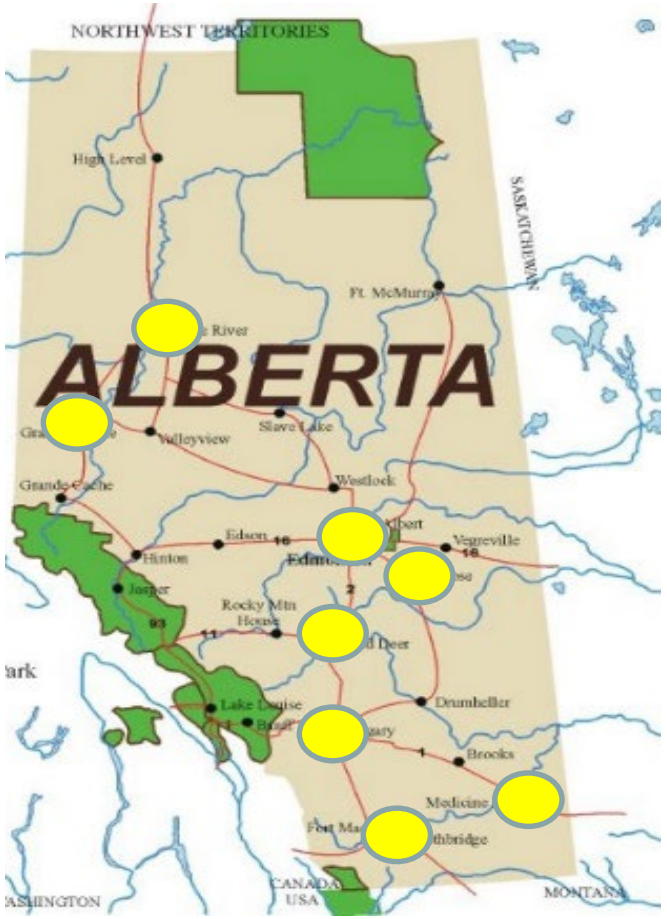
- *City Center Team (CCT)*
- *Crisis Response EMS (CREMS)*

Central Zone (Red Deer & Camrose) *5 units*

North Zone (Grande Prairie Peace River) - *4 units*

South Zone (Medicine Hat and Lethbridge) *6 units*

Includes smaller communities within a 50km geographical distance



Crisis Response EMS (CREMS) Team

In collaboration with AHS Addictions and Mental Health, the CREMS team includes a Paramedic and a Mental Health Therapist. This team provides timely mental health and crisis intervention, providing referrals and access to extended health services, thereby keeping patients in the community.

- Edmonton – Connected to 911 EMS calls and the Distress Line
  - Targets high frequency EMS users
- Can provide additional case management and immediate connection with existing Mental Health and Addiction
- Higher utilization from individuals with a fixed address than CCT

Community Response Team (CRT) Hybrid

Community Response Teams provide medical assessments, diagnostics and treatments for health concerns that are not currently being managed because of the difficulties association with homelessness, mental health issues and addiction. Expansion of services beyond continuing care, family physicians and acute care referrals.

- Central Zone (Red Deer)
- South Zone (Lethbridge & Medicine Hat)
- Non-dedicated resource limits volume, follow up, settings

The Future? Combined CCT & CREMS Unit

Provides mobile urgent clinical care in any community setting with enhanced ability to address mental health crises and provide better connection to mental health resources and urgent case management.

- Staffed by one Community Paramedic and one Mental Health Therapist/Clinician
- Opportunity in MIH locations without dedicated CCT units currently
- Coverage would be 12 hours/day, 7 days/week.

Alberta Health Services

Thank You