

Mist-Birkenfeld CHIPP Service *continued from front page*

being called Mobile Integrated Health-care (MIH) (also known as Community Paramedicine), and successfully developed a program which Metro West EMS personnel has been implementing for the last three years in their urban setting in Washington County.

The MIH concept uses EMS providers to visit patients in their homes and attend to their health, environmental, and social needs by assisting participants with a variety of concerns, including post-surgery follow-up, managing prescriptions and over the counter medications, mobility within the home, wound care, and managing chronic illnesses.

Metro West's program, called Mobile Health Partners, has quickly grown into one of the largest in the country, with eight full-time members of a division solely devoted to community paramedicine. "Metro West is really on the cutting edge of this nationally," says Boxman.

Boxman is a former Director on the Board at Mist-Birkenfeld RFPD, and in July became a full-time, paid paramedic there. He's adapted the Metro West MIH program to fit the needs of Mist-Birkenfeld RFPD and their more rural members. "Each MIH program is unique and is created to meet the needs of the community they are serving," explains Boxman.

Mist-Birkenfeld's MIH program is called CHIPP, and is designed to help improve the health of their residents through home visits to participants identified as needing some type of medical assistance. EMS personnel will work with participants to assess their health status and help determine their unmet healthcare needs. EMS providers will receive specialized training to help navigate between the participant's needs and their healthcare services and resources that might be difficult to access due to living in a rural setting. The program is free of charge to all residents who live in the Mist-Birkenfeld RFPD and will use staff already on duty when they are not running emergency calls.

Boxman says the intention is not to replace a participant's primary healthcare resource, but instead help augment their care. "What we're really trying to do is keep people at home, reduce their 9-1-1 emergency calls and hospitalizations, and do it in a proactive way," he explains. "We're here to help close the gap between them and their physician and their other medical resources, which is what we really need in this rural environment."

According to Boxman, MIH has been a quickly growing segment of the

EMS industry across the country in recent years, but has mostly been implemented in urban settings. "I designed our program out here to meet the needs of our residents, because out here we don't have any doctors offices or clinics, our EMS department is it. We have people who go into town and have oral surgery, or knee replacements, or an appendectomy - things that aren't too serious - and then they come home, and they have a discharge plan. Sometimes it's confusing, they might have a lot of medications they have to take at different times of the day, they might have trouble caring for the incision. We've run a number of 9-1-1 calls recently where people came home from a procedure and they weren't taking their medications correctly, or they weren't eating appropriately or drinking enough water, or they aren't healing correctly because they aren't changing their bandages, or they weren't following their discharge plan."

The CHIPP program will consist of an initial screening to determine a participant's suitability for the program, followed by the first CHIPP visit. During that visit the EMS provider will conduct a health history and intake interview, inspect the home for environmental concerns to prevent falls and injuries, and then develop a care plan, and schedule subsequent visits. During visits EMS personnel may make referrals to other medical or social service resources. Once a participant's needs are met, they will "graduate" from the program, although the program will conduct follow-up phone calls for the next several months to ensure the participant's condition remains stable. Re-enrollment may be considered if it's found they need continued care.

"Our plan with every participant

will be designed individually for them and what their needs are," says Boxman. "We can be there when they come home from the hospital, help them get comfortable and make sure they have access to food and water, review their discharge plan with them, make sure their medications are laid out according to what the their doctor has prescribed, and make sure they are set up for success right from the beginning. Then we can go back, a day later, and then three days later, until they are healthy enough to be on their own. Being enrolled in this program can really give our residents and their families some peace of mind that they aren't going to have complications."

Boxman says the program makes sense because of the rural setting of the Mist-Birkenfeld district, which has over 1,300 resident members and covers 135 square miles. The emergency call volume at Mist-Birkenfeld RFPD is low, which gives staff the ability to spend time and visit district members in their home and provide a variety of services. "We have people in our district who have chronic diseases like diabetes, asthma or emphysema, and hypertension, that may sometimes need help when their treatment regiment changes, and those are also people who might benefit from this program, because we can help them adapt to their new plan."

When people in the District do need to call 9-1-1 the wait time for a response can take some time, which is another reason a proactive program like CHIPP makes sense. The program hopes to also reduce overall healthcare costs through better coordination of care and the use of prevention and wellness strategies.

In addition, Boxman says the program will utilize a technique called Motivational Interviewing designed to

encourage health promotion, positive health behavior and wellness, preventive and health maintenance practices, and embrace self-care in order to minimize relapses and future 9-1-1 calls. He says the CHIPP program can help participants look at diet and exercise, and also provide social interaction for those living alone.


Boxman notes that Columbia County has a number of social service resources that people may not know about that the CHIPP program can help refer and connect them to.

Boxman says 9-1-1 emergency response will still be the primary responsibility of Mist-Birkenfeld EMS personnel. The CHIPP program has been approved by, has protocols established by, and will be overseen by, a Medical Director, just as all other EMS services in the state of Oregon.

The program will be advertised to the community through a variety of methods, including a mailed newsletter, a brochure that can be handed out, discussions with patients and families who call 9-1-1 for emergencies, and by word of mouth. Boxman says he is also discussing the program, and looking to partner, with Columbia Pacific CCO, the coordinated healthcare organization for the Oregon Health Plan (Medicaid) in Columbia, Clatsop, and Tillamook counties.

"We want to help people live healthier lives, not just respond to their chronic illnesses, or after a procedure, or in emergencies," says Boxman. "It's about helping people engage in wanting to be healthier and take control of their own healthcare."

For more information about CHIPP contact coordinator Larry Boxman at (503) 755-2710.



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503-429-7151

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Greg "Mac" McCallum, Pastor
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503-429-5378

Open Door Gathering Place

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Grant Williams, Pastor

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503-702-3553
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