



In-Field Access to Patient Data Helps Improve Care and Increase Efficiency

Medication History and Telehealth Visits Strengthen Mobile Integrated Community Healthcare Program



Queen Anne's County MICH Program

Launched in 2014

Added Backline for EMS in 2021

Team members:

- 8 Paramedics
- 3 Community nurses
- 1 Pharmacist
- 1 Peer counselor
- 20-25 patient visits per month

Emergency Medical Systems and hospitals are frequently faced with how to provide more care with limited resources, a dilemma that is accentuated with the COVID-19 pandemic, especially for communities that include underserved populations. This challenge is all the more urgent for Maryland's rural Queen Anne's County, which serves 50,000 residents and does not have a hospital within its boundaries. An in-county free-standing Emergency Department handles a third of EMS transports, with the rest transported to a facility 20 to 40 minutes away.

Visionary leaders at the county's Department of Emergency Services (DES) and Department of Health (DOH) worked together to develop a new model of care to help: the Mobile Integrated Community Healthcare (MICH) program.

Launched in 2014, MICH aims to proactively meet the health needs of those who frequently use emergency services, with the goal of improving their health while reducing the cost burdens on emergency and inpatient resources. Specially trained DES Paramedics partner with DOH Community Nurses for weekly home visits to address patients' immediate health needs and connect them with community resources and allied health partners who can help improve the patients' overall health and quality of life. Today, the program includes the services of a pharmacist for medication management; has expanded to include patients receiving home health or visiting nurse services; and now accepts patient referrals from local EMS units, the local free-standing Emergency Department, and hospitals in the region.

The Challenge

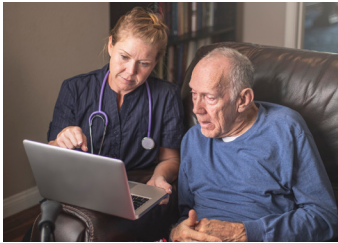
MICH paramedics and nurses need access to patients' up-to-date medication history and the ability to securely share patients' data with other healthcare providers to collaborate on care plans.

Because patients are not always able to share their medication history with healthcare providers, the MICH team needed a way to quickly and reliably access this crucial information to help avoid the risk of adverse drug reactions (ADEs) and to identify if a current medication may be contributing to a patient's symptoms.

In addition, MICH providers needed to securely connect with the program's pharmacist, who is available at a local health system to provide medication reconciliation and consult remotely during the visit to educate patients about their medications and answer their questions.

¹http://tools.hospitalmedicine.org/resource_rooms/imp_guides/MARQUIS/Marquis_Manual2011.pdf

²<https://pubmed.ncbi.nlm.nih.gov/7790981/>



Key Results

- Accessing patients' up-to-date medication history
- Sharing data with the care team
- Enabling telehealth visits with the team pharmacist for medication management

The Solution

In mid-2021, Queen Anne's County DES implemented the Backline for EMS care collaboration platform by DrFirst, which allows paramedics to access a patient's medication history and provides secure, HIPAA-compliant text messaging and telehealth.

MICH paramedics are using Backline to:

- Scan barcodes on the back of a patient's driver's license to confirm his or her identity and access medication history for the last six months
- Enable telehealth visits for patients with the MICH pharmacist and other healthcare providers
- Transmit notes and care plans to responding EMS crews when enrolled patients make a 911 call, which allows clinicians in the field, who may have never encountered these patients before, to enter a scene with a level of knowledge that traditionally was unavailable

Along with its use for the MICH program, DES paramedics and emergency medical technicians (EMTs) are using Backline to access medication history for patients during 911 calls. Having this information reduces the risk of ADEs, especially for patients who are unconscious or unable to recall details of their prescribed meds. Emergency responders can securely transmit patient information when they are on the way to the hospital, including a photo of the insurance card when available, to help clinicians start treatment sooner.

The Results

Before implementing Backline, the MICH team relied on inefficient phone calls and voicemail messages to share information with the care team. Now, the entire team can share patient information and documents via secure texts and participate in telehealth visits, improving patient care and increasing efficiency, including:

- Accessing patients' up-to-date medication history and sharing it with the team pharmacist
- Telehealth visits with the pharmacist for medication therapy management, including resolving duplicate prescriptions, correcting self-dosing errors, and discussing barriers to patients staying on their prescribed therapy, such as alternate, more affordable prescriptions
- In the event of 911 calls for a patient enrolled in the MICH program, the team can share patient history with the responding EMS team to improve patient assessment and treatment

During home visits, the team also can provide safety inspections, such as identifying fall hazards and checking for working smoke detectors, and sharing that information with the care team.



“Being able to get instant access to patients’ medication history when we need it and then being able to share this and other information with our pharmacist and care team for telehealth and collaboration has been a game-changer for our MICH program. Often, patients can’t communicate the full information about their medications, which is vital information during health visits. We are very proud to offer these services through Backline by DrFirst, which are available at no cost to the county for two years, thanks to a grant by the State of Maryland.”

—Scott Wheatley, Assistant Chief of EMS for
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