

2024 – 2025 Annual Impact Report: Mobile Integrated Healthcare - Community Paramedicine



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Mobile Integrated Healthcare - Community Paramedicine

Annual Report

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Executive Summary

The Northern Lake County Mobile Integrated Healthcare Partners (NLCMIH) completed its first year. The program enrolled 53 patients, primarily targeting individuals with complex health needs including diabetes, congestive heart failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and frequent falls and completed 319 visits. The first annual report highlights areas of success, areas for improvement, and strategic opportunities for continued growth and community engagement. Key to the successes of this program is collaboration between many community partners and organizations, hospital and EMS systems, skilled nursing facilities, managed care organizations, and grant funding.

Program Utilization

From the period of August 5, 2024 to August 5, 2025, there was a total of 166 patients that were referred to the Northern Lake County MIH (NLCMIH) program. Community paramedics completed 319 visits, with an average of 6 visits being completed per patient. Of the 166 patients referred to the program, 53 patients were enrolled and accepted MIH services for the typical enrollment period (**32%**). Of the 166, 14 patients were outside of our coverage area (**8.4%**), 90 patients were not interested in the service at all or could not be contacted (**54.2%**), and 9 patients did not meet the criteria for enrollment (**5.4%**).

Upon initial implementation of the regional MIH program, 100% of the patient referrals came from 911 EMS providers. These patients fell within the “High-Utilizer Group” and were identified through 911 EMS incidents. “High Utilizers” are defined as a patient who calls 911 three (3) times or more in a four (4) month consecutive period of time.

After the first month of implementation, referrals were received from a variety of clinical settings, case management teams, and social workers. Currently, 66% of the patients enrolled or referred to the MIH program are done so via referral from one of the following locations: Advocate Good Shepherd Hospital, Advocate Condell Medical Center, Alta Rehabilitation, Avantara Lake Zurich, and Thrive Lake County.

Another significant focus of the NLCMIH program is a focus on Social Determinants of Health (SDoH). Certainly, the physical aspects of health are a primary focus of MIH services. However, it has been identified that a large driving force for unnecessary 911 and emergency department utilization is the lack of access to primary drivers of social service insecurity. The three biggest drivers of social inadequacy are the following: 1) Food Insecurity, 2) Lack of access to affordable or reliable transportation, and 3) Housing Insecurity. Unfortunately, most patients in the program have at least 1 or a combination of all 3 of these insecurities that drive 911 utilization. NLCMIH performs SDoH assessments on each visit to identify these needs and address them in a timely manner to alleviate this pressure point for our patients.

Hospital Admission/Re-Admission Rates

One of the several stated goals of the NLCMIH program is to work in partnership with local hospitals and skilled nursing facilities to reduce utilization rates and provide a more value-based service that can produce productive outcomes. One of the biggest benchmarks that NLCMIH is a demonstrable reduction in emergency department utilization, specifically within a 30-day period of time.

Since inception, NLCMIH has been able to meet its goal of no hospital or emergency department admissions with 85% of the enrolled patient population not going back to emergency department in a 30-day period. Patients who are enrolled in the program and who are seen for their regularly scheduled visits at least once a week achieve not only improvements in their quality of life, but also have demonstrated reductions in EMS and emergency department utilization.

Call Volumes Pre-MIH versus Post-MIH

Patient	Call Volume (8/5/24-8/5/25)	Enrollment Period	Call Volume- During Enrollment (30 days) EMS	Call Volume - Post MIH Discharge (30- Days)
1	6	Feb - March '25	0	0
2	4	Sept - Oct '24	0	0
3	12	Nov- Dec '24	0	0
4	1	May - Jun '25	0	0
5	8	Jun - Jul '25	Still enrolled	Still enrolled
6	7	Jun - Jul '25	0	0
7	0	Jun - Jul '25	0	0
8	0	Dec - January 25'	0	0
9	0	August - September 24'	0	0
10	0	February 25'	Not sure	Not sure
11	2	Jun - Jul '25	0	0
12	0	April - May '25	0	0
13	6	April '25	0	0
14	1	June '25	0	0
15	15	June '25	0	0
16	15	August - September 24'	0	0
17	6	Jan 25'	0	0
18	3	April 25'	0	0
19	3	February - March 25'	0	0
20	0	May - Jun 25'	0	0
21	2	August 25'	0	0
22	19	March - April 25'	0	3
23	3	July 25'	0	0
24	19	March - May 25'	3	2
25	47	Nov 24'	0	3
26	17	Nov- Dec '24	2	2
27	27	August 24'	1	0
28	115	February - March 25'	21	16
29	10	Sept - Oct 24'	0	0
30	18	February - March 25'	0	0
31	52	Sept - Oct 24'/Dec - Feb 25'	5 and 7	5 and 7
32	7	July 25'	1	0
33	24	Sept - Oct 24'/Jan - Feb 25'	3 and 0	3 and 1
34	81	Dec - April 25'	7	6
35	2	April 25'	0	0
36	0	May - Jun 25'	0	0
37	4	March - April 25'	0	0

38	5	Nov 24'	0	0
39	49	August 24'	6	4
40	1	August 24'	1	0
41	1	April - May 25'	0	0
42	3	April 25'	0 (passed away)	0
43	0	March - April 25'	0	0
44	32	Oct 24' - Feb 25'	3	3
45	4	February - March 25'	0	0
46	16	August - Oct 24'	1	0
47	2	Oct - Nov 24'	0	1
48	4	Dec - Feb 25'	0	0
49	3	Nov 24'	0	0
50	12	Feb 25'	0	0
51	16	Feb - Apr 25'	3	2
52	50	Sept - Dec 24'	0	0
53	5	Jun 25'	Still enrolled	Still enrolled
Total	739			

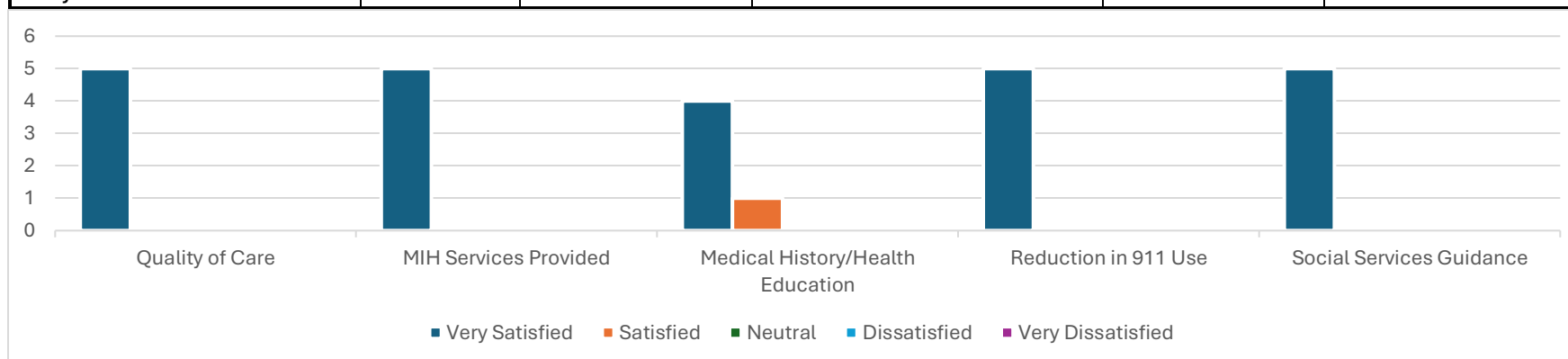
68% of patients enrolled in the MIH program did not require EMS/911 services during their period of enrollment for at least a 30-day period of time.

71.6% of patients did not require EMS/911 services 30 days post-enrollment in our MIH program.

Survey Results

NLCMIH began collecting patient satisfaction surveys in April 2025 which was the final quarter since implementation. During that time, 16 surveys were provided to patients who were discharged from the program. Of the 16 surveys provided, 5 patients returned them. All 5 surveys returned reported a 100% patient satisfaction rate rating the care and services provided as “Very Satisfied”, which is the highest rating indicated on the survey. Of the 5 surveys returned, only one patient reported being “Satisfied” with the medical education piece of MIH services, but rated care quality, social service assistance, and overall satisfaction as being “Very Satisfied”. Patient satisfaction is critical to the level of success of the program and continues to allow for improvement in our care and service delivery from our providers and collaborative partners.

Survey Results	Quality of Care	MIH Services Provided	Medical History/Health Education	Reduction in 911 Use	Social Services Navigation/Coordination
Very Satisfied	5	5	4	5	5
Satisfied	0	0	1	0	0
Neutral	0	0	0	0	0
Dissatisfied	0	0	0	0	0
Very Dissatisfied	0	0	0	0	0



Cost Avoidance for EMS Ambulance Utilization

Cost Breakdown of an Ambulance (Wauconda FPD)	Dollar Amount	
Total Average Gross Charges (Regardless of Payor)	\$2,464.82	Payors include: Private Insurance, Traditional Medicare, Medicare Advantage, Medicaid, Medicaid Managed Care, Uninsured/Private Pay, Other
Total Average Reimbursement (Regardless of Payor)	\$900.46	
Difference=	-\$1,564.36	
		ER Visit cost
MIH Cost (1-year)		\$1,580 for a Private Room
Payroll (48.71 p/hr)X2	\$97.42	CBC + Basic Metabolic Panel = \$235
FICA Taxes, Workers Compensation (1.45% and 7.15%)	\$8.20	
Accounting (\$7,200/319)	\$22.57	
Legal (\$4,000/12 months)	\$12	
Capital (Current capital expenditures)	\$18	
Software (ePCR/HealthCall) (\$14,100/319 total visits)	\$44	
Total cost per patient visit per hour=	\$202.39	
Meridian Reimbursement Schedule (Current)		Gain vs. Loss
Proposed Reimbursement (per 1.25 hour visit)	\$218.67	-\$10.08
Proposed Reimbursement (per 1 hour visit)	\$183.88	-\$18.51
Proposed Reimbursement (per .75 hour visit)	\$129.80	-\$21.99

Grant Funding/Revenue

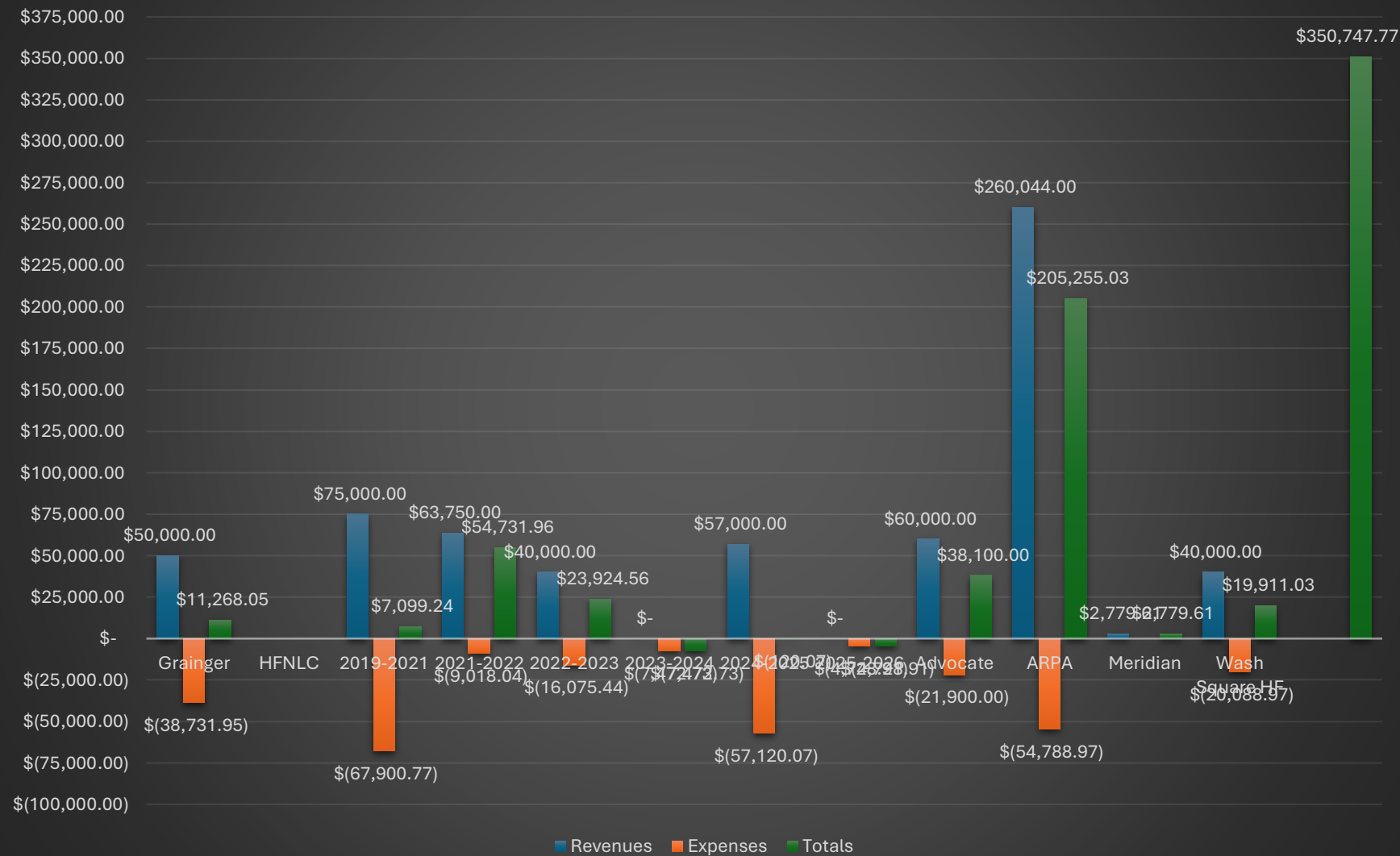
To date, Northern Lake County MIH (NLCMIH) has received \$645,794 dollars from several different grant agencies and organizations. Those organizations include: The Healthcare Foundation of Northern Lake County (HFNLC), The Lake County Community Foundation (LCCF), The Grainger Foundation, The Washington Square Health Foundation, Advocate Condell and Advocate Good Shepherd Community Health, and the Lake County Government American Rescue Plan (ARPA) funds. For the year, NLCMIH has spent approximately \$297,825.85 which leaves NLCMIH with \$347,968.16 remaining.

NLCMIH has also issued its first round of invoices to Meridian for reimbursement through our contractual agreement. To date, Meridian has reimbursed NLCMIH \$2,779.61 for the care rendered to its patients.

NLCMIH continues to aggressively look for grant funding that will continue to provide financial stability and ballast to this growing program. While grant funding has been and continues to be robust since the inception and development of this program, sustainable revenue streams through a diverse payor mix will be required for the program to grow and remain viable over the medium and long term.

(**See chart below**)

NLCMIH Grant Revenue vs. Expenses



Community Engagement and Community Partners

NLCMIH has seen continued support for its engagement with the community residents and community organizations that it is directly and indirectly partnered with. Starting in 2019 to present day, NLCMIH has been involved in the Community Health Improvement Plan (CHIP) for Lake County, Illinois. Our involvement in this incredibly important process has proven invaluable during the shaping of this program by identifying key stakeholders within the community that we would be able to partner with.

The fire service, and by side effect emergency medical services in Lake County, have an important role in Community Health and community risk reduction. By collaborating with these important stakeholders, we have been able to produce some tangible results through greater awareness of what the fire service provides as well as being an active participant in service delivery and innovation through different care delivery models. NLCMIH is specifically and deliberately designed to be collaborative and inclusive.

Community engagement has occurred not only at the Lake County level through the CHIP process, but also through Wauconda Township, Avon Township, Fremont Township, as well as charitable and non-profit organizations including: ElderCARE, Habitat for Humanity, AgeGuide Lake County, Oasis Senior Advisors, Transitions Palliative and Hospice, 211 Lake County, United Way Lake County, and many others.

Our areas of service have been far-reaching across many parts of Lake County, Illinois. Our areas of service include: Antioch, Barrington, Deer Park, Fox Lake, Grayslake, Ingleside, Island Lake, Lake Barrington, Lake Villa, Lake Zurich, Libertyville, Mundelein, North Barrington, Round Lake, Round Lake Beach, Round Lake Park, Tower Lakes, Vernon Hills, Volo, and Wauconda.

Growth Opportunities

Northern Lake County MIH (NLCMIH) was founded with five (5) fire departments across Lake County participating in the initial launch. An intergovernmental agreement (IGA) was created and governing ordinances were passed that allowed for the creation of a unique and consolidated level of service. Also unique is that this service spans 3 different EMS systems, but through the IGA, adopts 1 set of standard operating procedures for those actively participating in the IGA. Additionally, the IGA was created to allow for growth in partnerships with additional fire departments and community groups. The initial five fire departments include: Wauconda Fire Protection District, The Greater Round Lake Fire Protection District, The First Fire Protection District of Antioch, Countryside Fire Protection District, and Libertyville Fire Department. NLCMIH was specifically designed with a growth orientation beyond its original partners and territory with the vision of expanding and leveraging partnerships throughout Lake County.

During the initial year of implementation, NLCMIH maintained steady involvement with each partner and expanded where appropriate. Growth took place amongst hospital systems, skilled nursing facilities, and other clinical practices involved in Primary Care. Currently, NLCMIH receives referrals from these locations: Advocate Good Shepherd Hospital, Advocate Condell Medical Center, Alta Rehabilitation, Avantara Lake Zurich, and Thrive Lake County.

Beginning in early 2026, expansion of NLCMIH is predicted to occur with several additional fire departments in Lake County. This allows for a greater level of service area, resource leveraging, and collaboration within the region and it continues to build upon the success of reductions in unnecessary 911 and emergency department utilization. More importantly, it increases the positive profile and impact of the fire service and its involvement in community health, wellness, and risk reduction.

Illinois Public Act 103-1024

The Public Act passed by the Illinois General Assembly will prove to be absolutely essential to the implementation and sustainability of MIH plans across the State. Since the conception of the MIH model, recognition and reimbursement has been the single-most significant barriers to any MIH program, especially in Illinois. The passage of this critical legislation solves both challenges and creates a legislative standard and goes into effect January 1, 2026. Importantly, this is what the bill accomplishes:

- Amends the Illinois Insurance Code (Section 356z.71)
- Impacts state-regulated group or individual health care plans or managed care plans that are amended, delivered, issued, or renewed on or after January 1, 2026
- Patients who have received hospital emergency department services 3x or more in a period of 4 consecutive months in the past year

OR

- Patients identified by a health care provider for whom MIH services would likely prevent admission/readmission to or would allow discharge from the hospital setting
 - **This not only applies to hospitals BUT also includes behavioral health, acute care, and nursing facilities**
- Significance of the language in the legislation allows for a wide – range of opportunities for enrollment and referral.
- Refers to “medically necessary health services provided *on-site* by emergency medical services personnel”
 - Includes “health assessment, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures (as approved by EMS Medical Director)
- Does NOT include the non-emergency ambulance transport of a patient
- A lot of the language included in the legislation was language taken directly from our MIH plan through Northwest Community EMS system.

Compliance and Standardization in Coverage

- Standardized requirements mandate that ALL state-regulated health insurance policies include MIH coverage.
- Provides enhanced level of care for patients, reducing coverage eligibility disparities among the different insurance providers
- Only Applies to State-Regulated Plans (~16% of all health insurance)
 - Referrals from hospitals, or patients, only eligible for reimbursement if the patient is covered by *a state-regulated* insurance plan.
 - No Medicare (including Managed Medicare)
 - No Medicaid (including Managed Medicaid)
 - No for most employer-sponsored health insurance plans

Summary

Northern Lake County Mobile Integrated Healthcare (NLCMIH) has completed its first year of implementation. Growth has been steady and consistent, and grant revenue remains fairly robust. On the reimbursement front, developments continue to occur on a weekly and monthly basis as the State of Illinois identifies and codifies the billing codes, billing rates, and an overall infrastructure and foundation for MIH services going forward.

NLCMIH has also identified key partners in the county and leveraged our resources and capitalized on key relationships to strengthen the overall impact of the program. NLCMIH uses the core values of integrity, collaboration, and community health and wellness to expand our program where appropriate and provide meaningful levels of community engagement to enhance and strengthen our relationship between the fire departments and our respective communities.

The success of our program is built on the relationships that have formed and the relationships that are strengthened. NLCMIH looks forward to many more years of service and providing our service and engagement with our communities.