



Mobile Integrated Health Program

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**Earle B. Ottley Senate
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Good Morning, Committee on Health & Hospitals, Human Services Chairman, Honorable Senator Ray Fonseca, members of the 35th Legislature's Committee on Health, Hospitals & Human Services, other members of the 35th Legislature of the U.S Virgin Islands, the viewing and listening public, Good Morning. I am Dr. Tess Richards, the Interim Executive Director at St. Thomas East End Medical Center Corporation hereafter referred to as STEEMCC.

St. Thomas East End Medical Center Corporation is pleased to give testimony this morning in full support of Bill No. 35-0119 which proposes to amend Title 19 of the Virgin Islands Code by adding a chapter to develop a Mobile Integrated Health Program. With the appropriate staffing and processes in place, a Mobile Integrated Health (MIH) program will provide a number of benefits for our community:

1. Prevention of **unnecessary emergency department** visits- With our limited resources and only one hospital on island, it is imperative that the Schneider Regional Medical Center (SRMC) emergency department (ED) be utilized for emergencies only. However, as is the case nationwide, our emergency department is often inappropriately utilized. SRMC emergency department is used as a medical home by many patients for several reasons:
 - a. Some patients are not sure if they are having a true emergency, so they seek care at the emergency department.
 - b. Some patients do not have a primary care provider. Therefore, in their eyes, their only option is to seek care at the hospital.

Both of the aforementioned issues can be addressed with an MIH program in place. The trained MIH staff can assess patients and determine whether or not an ED visit is warranted. With the proper support, The MIH team can facilitate provider and patient connection, to coordinate the needs of patients so that patients without PCPs can easily be linked to care, and have appointments scheduled in real time.

2. Decreased **rate of readmission** to the hospital- Hospital readmissions are costly and can pose a risk to the patient. Having a member of the MIH team reach out to a recently discharged patient is beneficial in a number of ways:
 - a. MIH staff can review discharge instructions with the patient and provide clarity regarding the instructions.
 - b. MIH staff can make sure the patient has all of the recommended medications and is taking the medications as prescribed. When necessary, the team members can actually assist the patient by filling a pill box each week to ensure the patient is taking their medication.
 - c. MIH staff can make sure the patient has appropriate follow up by making appointments as recommended by the discharge team.
 - d. MIH team members can perform a needs assessment to address the "whole patient." Evaluating the patient's social needs and evaluating the home can result



in decreased infection and fall rates. Addressing the whole patient will help bridge any gaps in patient care and safety for our vulnerable population.

3. **Cost avoidance-** MIH programs are designed with prevention in mind. In other words, by decreasing the number of ED visits and hospital readmissions, the program serves to avoid costs, resulting in a decrease in our healthcare system's financial burden.
4. **Other-**
 - a. The concept of "meeting patients where they are", i.e., in their homes, creates a sense of more personalized care for the patient. This will likely result in increased patient compliance with medical recommendations.
 - b. MIH programs can increase the frequency of medical contacts (paramedics, physician assistants, nurses). Increased contact with patients increases patient satisfaction and patient compliance.
 - c. Patients with limited mobility and limited transportation will have increased access to care because MIH staff will be in their homes.
 - d. MIH teams can also incorporate the Teach Back method into their processes to truly gauge patient understanding. This will enable and empower our patients by teaching them self-management techniques (for example, the diabetic can learn how to properly manage high and low blood glucose levels, and more importantly, how to avoid those situations whenever possible).
 - e. Decreasing barriers- The frequent encounters with the MIH team will result in relationships built on trust and respect. This will allay fears about seeking medical care that some patients currently have (including our undocumented population).

As a Federally Qualified Health Center, STEEMCC's main goal is to ensure that everyone receives the healthcare they need and deserve. An MIH program can help us accomplish this through increased contact with patients (increased *access*) and by linking patients with primary care providers (increased *entry* into care). A fully functioning, appropriately staffed Mobile Integrated Health program will serve to bridge the gap in access to care and will provide clinical, social, and financial benefits to our community and healthcare system.

St. Thomas East End Medical Center Corporation stands in full support of this bill.

Thank you for allowing us to present testimony this morning and for making the health and welfare of our community a priority.