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# Mobilized Healthcare: the Future of Accessible Medicine

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## Abstract

This paper discusses the impact that Mobile Integrated Healthcare teams can have in our health system. It is well known that there are communities that benefit from MIH teams such as rural or underserved areas; however, this paper discusses a variety of other demographics that may benefit from implementation of MIH teams. It will also evaluate how MIH teams alter patient Emergency Department (ED) visits, hospital admissions, facility spending, and patient outcomes. MIH is a form of preventative medicine that may be better optimized by healthcare facilities going forward, and this article helps to weigh the pros versus cons of MIH team implementation in local communities. This article demonstrates how MIH teams can help reduce overall hospital and ED admissions as well as decrease hospital spending and show patient outcome improvement overall. These findings further support the concept of communities initiating MIH teams more abundantly.

## Introduction

Mobilized Integrated Healthcare (MIH) is an approach to healthcare delivery that leverages mobile technologies and integrates them into a healthcare system. This model aims to enhance the quality of patient care by combining various elements of healthcare services through mobile clinics, digital platforms, and comprehensive care coordination. The overarching goal of MIH is to make healthcare more accessible, efficient, and patient-centered.

A literature review was conducted across electronic databases, including Google Scholar, Cochrane, Elsevier, and PubMed.

Ultimately, 10 studies met the criteria for inclusion, as they were published in 2017 or later and focused on MIH or CP, examining their impact on emergency department readmissions, hospital inpatient readmissions, patient outcomes, or hospital readmission costs.

## Statement of the Problem

Access to healthcare is not equally balanced among all patients. There are communities, whether it be due to geographic location, socioeconomic status, or chronic health conditions, that have limited resources available to them to help with health management. In these communities, there is often worse health outcomes, increased ED and hospital admissions, and increased hospital spending because of said unnecessary admissions. Is MIH a useful tool to help bridge these gaps?

## Research Question

PICO: Compared to traditional emergency medical services (EMS), are mobile healthcare teams a safe and effective tool to reduce emergency department (ED) visits and hospital admissions?

## Literature Review

- Per Bourdages et al. (2023), MIH programs effectively reduce emergency department visits
- Per Daniels et al. (2019), patients should be visited shortly after leaving the hospital and needed multiple CTP visits to prevent readmission
- According to Nejtek et al. (2017), decreased readmission and ED visits amongst post discharge patients who have regular follow-up via EMS
- Per Siddle et al. (2018), use of an MIH team demonstrates a reduction in critical care and medical floor hospitalizations
- Per de Battle et al. (2021), use of MIH programs reduced unplanned healthcare system interactions and lowered costs
- Per Roeper et al. (2018), MIH hold great potential as they could reduce inpatient medical and emergency department (ED) utilization and associated costs, in addition to decreasing readmissions
- Per Bennet et al. (2017), diminished reliance on emergency department and inpatient services
- Per Reynolds et al. (2018), The MIH-CP program reduced heart failure (HF) readmissions
- Per Sokan et al. (2022), the study exhibited an inclination towards enhanced medication adherence

## Discussion

- MIH teams are beneficial to overall patient outcomes
- MIH teams decrease the number of ED visits
- Decrease in hospital readmission for participants
- Local MIH program decrease hospital spending related to readmissions and ED visits
- MIH program include self-perception of quality of life and medication adherence.
- Future studies may want to take broader study samples
- Should assess long-term benefits of being MIH teams
- MIH programs fall short in rural communities
- Not all the studies analyzed had a provider present at the time of the visits

## Applicability to Clinical Practice

- The emphasis on continuous monitoring, timely interventions, and personalized care plans aligns with the core principles of patient-centered care.
- Allows for remote tracking of vital signs, medication adherence, and symptom progression.
- Clinicians can leverage MIH to provide virtual consultations, follow-ups, and postoperative care, minimizing the need for patients to physically visit healthcare facilities.
- This real-time data empowers healthcare professionals to make informed decisions, intervene proactively, and adjust treatment plans as needed, ultimately improving the overall quality of patient care
- Enhances accessibility for patients, especially those in rural or underserved areas
- Optimizes the allocation of resources within clinical practices

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## Change in Spending after MIH team implementation: Intervention versus control

