OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Community Conversations

Strengthening Rural EMS Systems Through Mobile Integrated Health (MIH)

July 23, 2026

Joan Field, Rural EMS Program Coordinator
Melissa Varnum, Rural MIH Program Coordinator

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

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Webinar Logistics

- Audio is muted for all attendees.
- Select the button to open chat feature on the bottom right of your screen. Please use either the chat function or raise your hand on the bottom of your screen to ask your question live.
- Presentation slides and recordings will be posted shortly after the session at: https://www.ohsu.edu/oregon-office-of-rural-health/orhs-community-conversations

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ORH History Supporting Rural/Remote EMS Agencies

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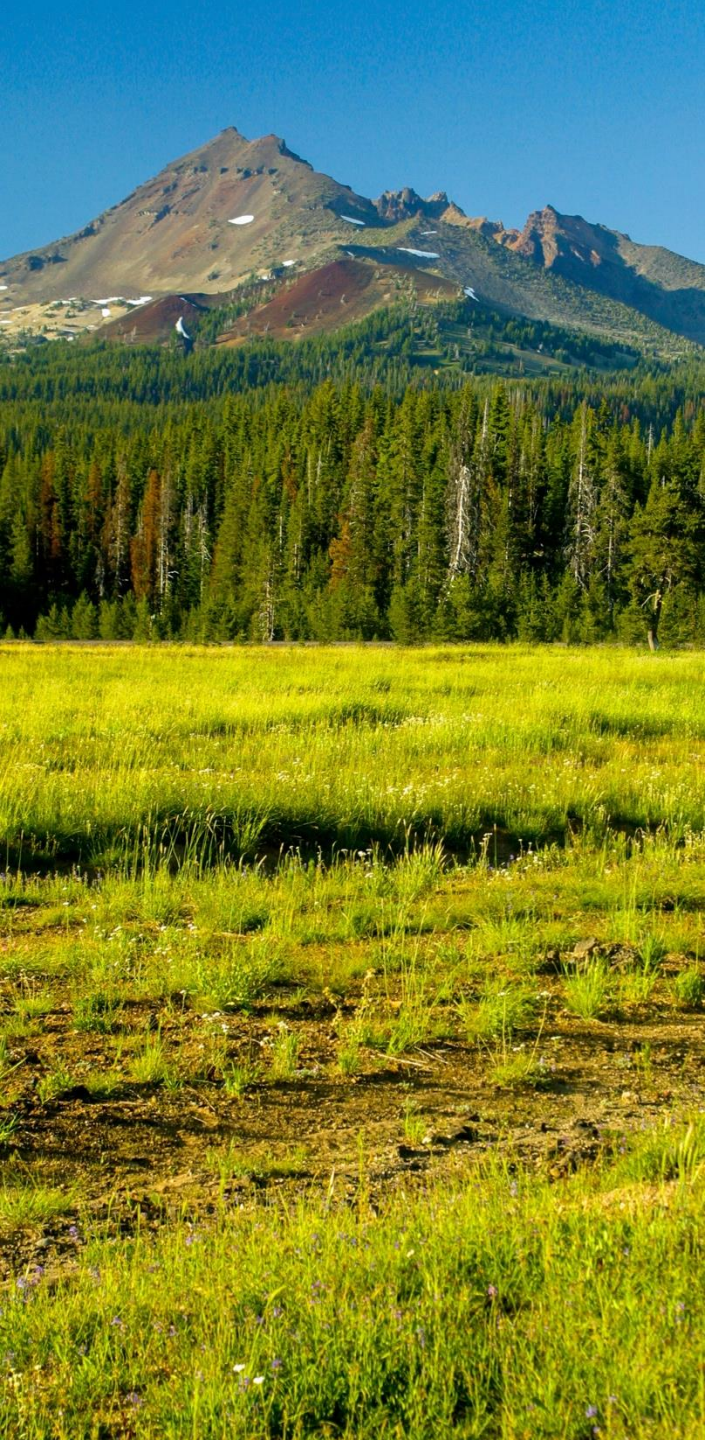
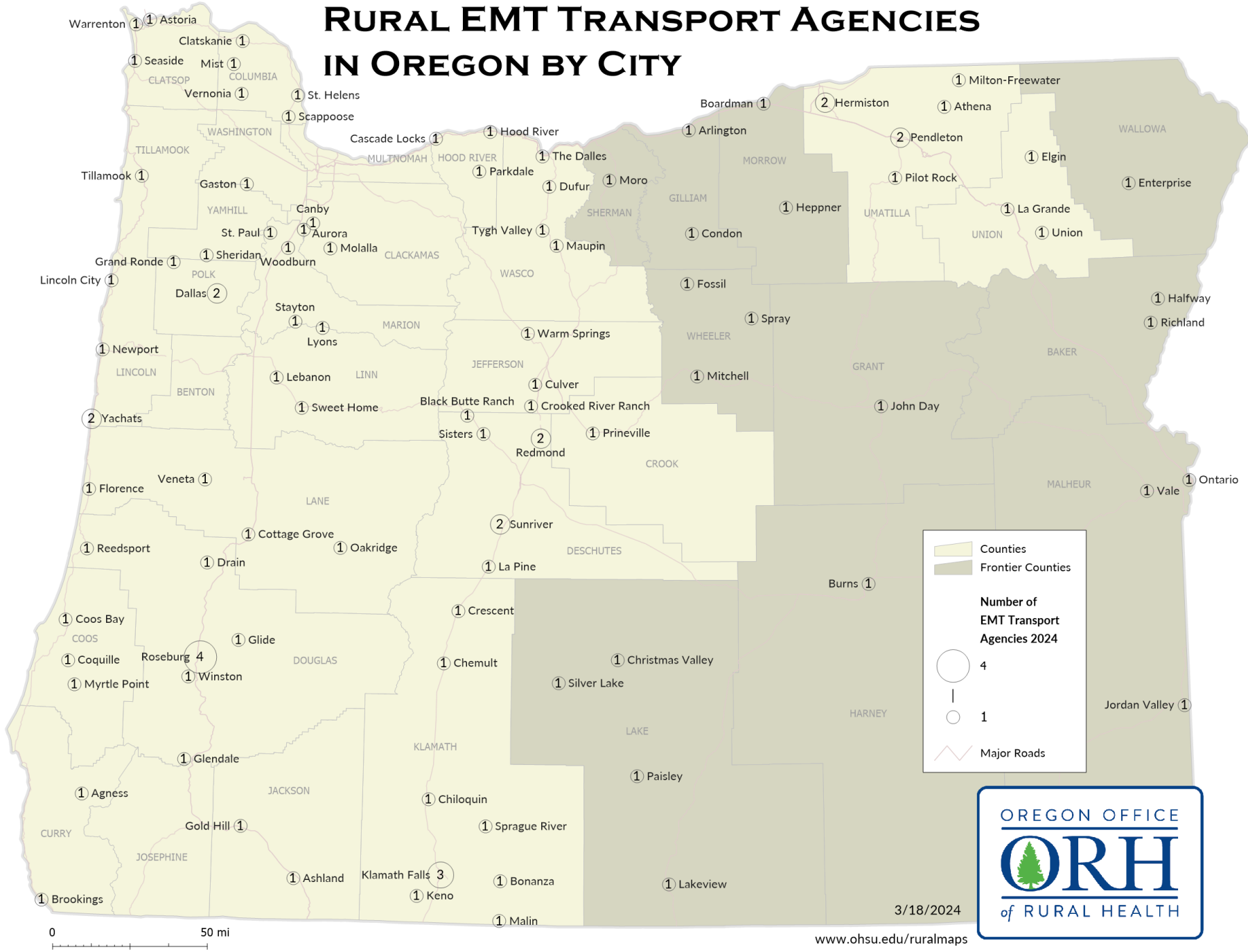


Rural EMT Transport Agencies in Oregon by City



ORH Rural EMS Program

- Medicare Rural Hospital Flexibility (Flex) Program EMS Supplement Grant
  - Five-year grant from the Federal Office of Rural Health Policy
  - September 1, 2024 – August 31, 2029, pending congressional approval of funds on a yearly basis
  - Focus on EMS workforce recruitment and retention
    - Assistance for EMS educational activities (e.g. scholarships for EMS education, barrier removal for students, billing and coding workshops, leadership training, etc.), HERO training grants for agencies, and other activities that work to improve rural EMS workforce recruitment and retention

- Contact Joan Field (fieldj@ohsu.edu) to learn more about current and upcoming resources

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ORH Rural Mobile Integrated Health (MIH) Program

- **HRSA Rural Health Care Services Outreach Grant**
  - Four-year grant from the Federal Office of Rural Health Policy
  - August 1, 2025 – July 31, 2029, pending congressional approval of funds on a yearly basis
  - Focuses on expanding MIH/CP programs in rural areas
  - Includes:
    - Developing and disseminate an MIH toolkit and technical assistance
    - Launching a pilot MIH program in Wheeler County

- **RHTP Catalyst Award**
  - Two-year grant from the Oregon Health Authority
  - July 1, 2026 – October 30, 2027
  - Focuses on establishing two new MIH/CP programs in Grant and Harney Counties and expanding the pilot Wheeler County MIH program

- Contact Melissa Varnum (varnum@ohsu.edu) to learn more

Learning From MIH Programs in Oregon

Sabrina Ballew, Mercy Flights

Jessica Marcum, Umatilla County Fire District #1

Nina Kerr-Bryant, Scappoose Rural Fire Protection District

MERCY FLIGHTS
Nonprofit mobile healthcare services

Mercy Flights
Mobile Integrated Health

Bridging the Gap Between Emergency Response and Community Health Care

2016	7+	CP-C	Southern Oregon
MIH FOUNDED	ACTIVE PROGRAMS	CERTIFIED PARAMEDICS	ROGUE VALLEY REGION

What Is Mobile Integrated Health (MIH)?

MIH is a proactive, community-based model that deploys specially trained EMS professionals to deliver **the right care, in the right place, at the right time.**

Right Care, Right Place

Meeting patients at home and in the community — where they live, not just where they call for help.

Preventive & Chronic Care

Reducing ED visits and 911 overutilization through early intervention and proactive chronic disease management.

Coordinated Care

Warm handoffs to primary care, mental health, and social services — closing gaps and connecting people to lasting support.

Equity-Focused

Prioritizing underserved and rural populations — ensuring geography and circumstance never become barriers to quality care.

Community Paramedics hold national **CP-C certification** and additional clinical training — credentialed to deliver advanced community health services in the field.

MERCY FLIGHTS
Nonprofit mobile healthcare services

Mercy Flights MIH: **Our Story**

Launched in 2016 in Jackson County, Oregon, Mercy Flights MIH was designed to extend our mission beyond the ambulance.

2016

MIH program launched in Jackson County as part of Mercy Flights, Inc. — one of Oregon's first rural MIH programs.

'16

Rogue Valley Focus

Serving Medford, Ashland, and surrounding rural communities in Southern Oregon's Rogue Valley region.

Our Mission

Improve healthcare access and outcomes for high-risk, high-need, and underserved community members across Jackson County.

Certified Providers

Community Paramedics, CHWs, EMT's and NREMT-Ps working under physician medical direction.

MERCY FLIGHTS
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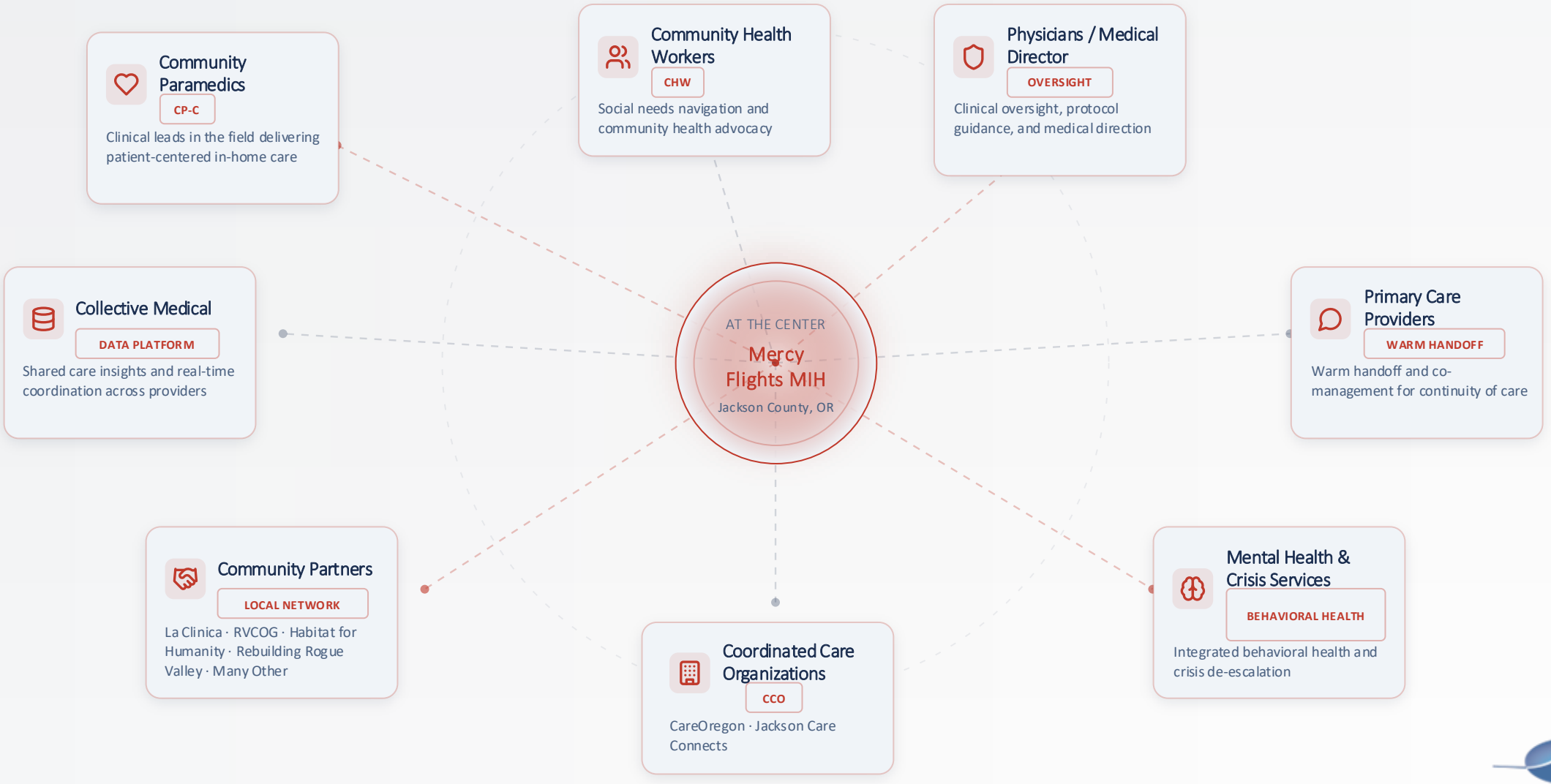
A Multidisciplinary Team Approach

Collaboration is the cornerstone of MIH care delivery.



Hub-and-spoke care coordination model

MERCY FLIGHTS
Nonprofit mobile healthcare services

Our Programs: Meeting Patients Where They Are

Mercy Flights MIH operates a suite of targeted programs built on a tiered care model.

Transitions of Care
Providing follow-up care and care coordination post-discharge from a hospital stay

Unengaged and High Utilizers
Intensive care coordination for high-utilizers with complex chronic conditions

Crisis Response Program EST. SEPT 2022
Mobile Crisis Response with growing community impact

Vaccine Clinics
Providing Vaccines in the community both Urban and Rural

Post-Overdose Follow-up & Buprenorphine Induction EST. MAY 2026
Providing real-time Buprenorphine Induction in the field and providing ongoing support

Community Outreach Program
In-home visits, medication education, SDoH referrals, and patient advocacy

IV Antibiotic Program
Hospital step-down support, reducing inpatient stays and freeing acute beds

In Home Emergency Care EST. FEB 2026
Proactive management for children with asthma in the community

Disaster Response Program
Outreach during emergencies, air filter delivery, and health risk screening

Tiered Care: The Right Level for Every Patient

All programs use an evidence-based tiered approach that escalates care to match patient complexity.

I

STEP 1

Foundation

- Initial outreach and needs assessment
- Identify care gaps and barriers to access
- Warm handoffs to appropriate services
- Complete consent and documentation

COMPLEXITY — Low

II

STEP 2

Coordination

- Primary care and specialty engagement
- Medication management and education
- Social determinants referrals — food, housing, transportation
- Care gap closure with CCO collaboration
- Home health and pharmacy review

COMPLEXITY — Moderate

III

STEP 3

Intensive

- In-home visits at patient's preferred setting
- Accompaniment to appointments as patient advocate
- Crisis de-escalation and safety planning
- Direct outreach to providers via Collective Medical

COMPLEXITY — High

SIGNATURE PROGRAMS

INNOVATION

Innovation in Action: **Signature Programs**

MIH at Mercy Flights continues to evolve — bringing new solutions to persistent community challenges.

In Home Emergency Care

Bringing patient care to the comfort of their home, treating everything from minor wounds to UTI's. Providing real-time medical consultation and evaluation with **instED** and treatment in the home.

ACTIVE & GROWING

Narcan & Buprenorphine Program

Narcan leave-behind and buprenorphine induction program for opioid use disorder. **Grant-funded trainer** available to assist partner agencies statewide.

GRANT FUNDED

IV Antibiotic Program

Provides **hospital-level IV antibiotic therapy in the home setting.** Decreases patient hospital stays and frees acute inpatient beds in Jackson County.

HOSPITAL STEP-DOWN

Crisis Response Program

Behavioral health-integrated crisis response **launched September 2022.** Steadily increasing engagement with positive community outcomes each week.

LAUNCHED SEPT 2022

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Nonprofit mobile healthcare services

Real Results for Our Community

The Mercy Flights MIH program delivers measurable outcomes for patients, partners, and the healthcare system.

2016
Year MIH Launched at Mercy Flights

Tiered Care
of Escalating Care Across All Programs

7+
Active Community Health Programs

Innovative Programs
That changes the way patient care is delivered.

Hospital Step-Down
IV ABX Program Reduces Inpatient Length of Stay

> *From emergency response to lasting health outcomes — MIH is transforming how Mercy Flights serves Southern Oregon.*

MERCY FLIGHTS
Nonprofit mobile healthcare services

STATEWIDE PARTNERSHIP

Oregon MIH Coalition

A statewide network uniting Mobile Integrated Health programs across Oregon

ORGANIZATION

Established Non-Profit

501(c)(3) organization providing statewide leadership, shared resources, and structured collaboration for MIH and community paramedicine programs across Oregon.

MEMBERS

Statewide Membership

Active programs from across the state, including:

- Portland Fire and Rescue
- Clackamas Fire
- Western Lane
- Umatilla Fire
- Polk County Fire
- Mercy Flights
- TVFR
- Scappoose Fire and Rescue
- + more

LEADERSHIP

Collaborative Leadership

Programs are represented from all across Oregon with a shared voice and vision for Mobile Integrated Healthcare across the state.

MISSION

Mission

Network, collaborate, and share protocols and resources to **improve community health outcomes** through MIH programs across every corner of Oregon.

Quarterly meetings · State & national conferences

OREGON MIH COALITION · STATEWIDE EXPANSION

Coalition Growth & What's Ahead

The Oregon MIH Coalition is driving statewide expansion of community paramedicine.

11 → 41

Certified Community Paramedics in Oregon

Grown over 3 Years

Start: 11 | +273% growth | Now: 41

4-Year

Federal HRSA Grant

ORH + ORMIHC Partnership

Statewide MIH Expansion

1 Pilot

Wheeler County MIH Pilot Program

Funded Through HRSA Grant

4/Year

Community Paramedic Certification

Scholarships Available Annually

LOOKING AHEAD

Strategic Goals & Initiatives

- **Statewide MIH Toolkit**
  Centralized resource repository for all Oregon MIH programs — protocols, tools, and best practices in one place.
- **Statewide Impact Report**
  Establish a baseline of unique individuals served statewide — building the evidence foundation for MIH impact.
- **Conference Presence**
  Present at a minimum of **2 conferences per year** to grow the MIH field and amplify Oregon's leadership nationally.

Actively recruiting partner programs & volunteers statewide

The coalition is actively recruiting partner programs and volunteers statewide. Oregon MIH Coalition · ormihc.org

MERCY FLIGHTS MOBILE INTEGRATED HEALTH

Transforming Emergency Medical Services into **Community Health Care**

"Mercy Flights MIH is proof that when EMS meets community — lives change, systems improve, and communities heal."

- Seven-plus programs serving Jackson County and beyond
- Statewide leadership through the Oregon MIH Coalition
- Always seeking partners, innovative collaboration, and advocates who share our mission

LEARN MORE | GET IN TOUCH

Sabrina Ballew · MIH Manager & Oregon MIH Coalition Chairwoman

sabrinab@mercyflights.com · 2026 EMS Advocate of the Year

SINCE 2016 · JACKSON COUNTY, OREGON

MERCY FLIGHTS

MOBILE INTEGRATED HEALTH

www.mercyflights.com/

www.oregonmihc.org/

CommunityImpact

Questions? Let's Connect

We'd love to hear from you.


UCFD1.COM
24
SQUAD
FIRE
1
DISTRICT
TOYOTA
COMMUNITY PARAMEDIC
Proudly Serving the Communities of Umatilla and Morrow Counties

UCFD1 CPP

The Start

- 1 FTE
- Embedded with CHW's at Good Shepherd
- Part time position
- iStat

What happens in a CPP Visit?

- Physical Exam
  - Vitals
  - Wound assessments
  - 12 Leads
  - Infant weights
- Medication Reconciliation
- Screenings
  - Depression (PHQ-9)
  - Substance Abuse
  - Fire and fall risk
    - Smoke alarms inspection and replacement for UCFD1 citizens
- Social Needs Assessment
- Education
  - Disease and Diagnosis
  - Discharge Instruction
- Testing
  - Lab draws
  - Urinalysis
  - A1C's
- Connection to services

Care Coordination

- This occurs both before and after visits.
- Charts are reviewed prior to visits to assess for potential needs.
- During or after a visit if a need is identified, care coordination takes place to assure pt has been connected by myself or referrals have been made.
- For higher utilizers of 911,this can include chart reviews, MDT meetings between community partners, and sometimes legal processes.

Community Partners

- Good Shepherd
- CCS
- IMPACTS
- SUD Peers
- ENCC's
- GOBHI
- EOCCO/Moda
- Agape House
- Home Health/Hospice
- LE Agencies
- Fire/EMS Agencies
- Adult Protective Services

Documentation

Paramedic evaluation:
SUMMARY: I feel [redacted] would greatly benefit from an assisted living facility. She has a dangerous living environment and I feel may be a danger to herself with medication administration, driving, and hallucinations. She is documented to be a danger to herself and others while driving and has had at least one witnessed event where she nearly caused an accident. She is not compliant with medications. She has had increasingly paranoid behavior with hallucinations according to family. If her PCP is able, I feel it would be best for them to submit a medical suspension form to the DMV, Form 6066, so that [redacted] would be required to retest as well as a cognitive function screening. She may also benefit from a mental or behavior health assessment to rule out any other conditions she may be suffering from. I spoke in length with her granddaughter [redacted] who may be willing to pursue guardianship if it is determined that she needs it. I did make a report to [redacted] with Adult Protective Services who stated they do have an open case with her.

COMMUNITY PARAMEDIC PROGRAM

COMMUNITY PARAMEDIC PROGRAM
610 NW 11TH STREET
HERMISTON OR 97838
Phone: 541-667-3481
Fax: 541-667-3510

September 23, 2019

[redacted]
610 Nw 11th St
Hermiston OR 97838

Patient: [redacted]
MR Number: [redacted]
Date of Birth:
Date of Visit:

Dear [redacted]

Your patient was referred to the Community Paramedic Program for a welfare check. Here is a brief summary of the referral and the recent CPP visit for your review and for inclusion in the patient file.

BP 150/94 | Pulse 80 | Temp 36 °C (96.8 °F) | Resp 20 | SpO2 97%

Patient understood their discharge instructions: N/A
Patient's prescriptions filled: N/A
PCP appointment made: Yes

Future Appointments: 11/7/19 with [redacted]

Paramedic evaluation:
SUMMARY: I feel [redacted] would greatly benefit from an assisted living facility. She has a dangerous living environment and I feel may be a danger to herself with medication administration, driving, and hallucinations. She is documented to be a danger to herself and others while driving and has had at least one witnessed event where she nearly caused an accident. She is not compliant with medications. She has had increasingly paranoid behavior with hallucinations according to family. If her PCP is able, I feel it would be best for them to submit a medical suspension form to the DMV, Form 6066, so that [redacted] would be required to retest as well as a cognitive function screening. She may also benefit from a mental or behavior health assessment to rule out any other conditions she may be suffering from. I spoke in length with her granddaughter [redacted] who may be willing to pursue guardianship if it is determined that she needs it. I did make a report to [redacted] with Adult Protective Services who stated they do have an open case with her.

[redacted] lives in a single story stick built home. The cement walkway going up to the home has two large cracks and separations that exend the entire width of the walkway. It also creates about 2-3 inches of height difference in the walkway. The home classifies as a Level IV according to the Institute for Challenging Disorganization, on the Clutter-Hoarding Scale due to the diminished use and [redacted]

What makes us unique?

EPIC ACCESS AND DOCUMENTATION

WRAP AROUND CARE COORDINATION

ACCESS TO MANY COMMUNITY PARTNERS/SERVICES INCLUDING PCP'S

Why This Work Matters

Over the course of my 31+ years in the fire service I have seen many changes in Emergency Medical Services, the fire services, and other ancillary programs. And, some have have made a difference and some were not so successful. I can honestly say however, that I have not seen in recent history a program with as much positive impact to the healthcare system as the Community Paramedic Program (CPP).

As an emergency responder, I have witnessed many that need just a little extra help, or a direction, or that "don't want to be a bother." Unfortunately, it results in poor outcomes, poor care, or worse. Unfortunately, as emergency responders we have not known how to help or where to direct people for help. With the CPP, not only does it give responders peace of mind knowing that we have at least provided some direction but, I often hear of the success stories due to the caring and dedicated work that Jessica Marcum and Gaylin Griffitts have provided.

The positive feedback that I have received from those in the community and my own responders is exceptional. We now feel like we are part of the solution.

Along with the benefit of improved healthcare, this is an avenue for Jessica and Gaylin to help in other areas such as checking smoke detectors, and providing fire safety information and forwarding those concerns to the respective fire agencies. As I'm sure you know, the keys to stopping a fire is to not have one. But if there is, early warning is what saves lives.

Questions?

Jessica Marcum
Community Paramedic
Umatilla County Fire District #1

jmarcum@ucfd1oregon.gov
(541) 667-5153
320 S. 1st St. Hermiston, OR 97838
ucfd1oregon.gov

The Community Paramedic Program in Columbia County

Our Community Paramedic Team!

Some background:

- Started 2017, a collaboration between the Columbia-Pacific CCO and Columbia River Fire & Rescue
- Initial intent: to mitigate unnecessary and expensive reliance by CCO members on 911/ Emergency Department utilization
- Community paramedics' mission now incorporates the IHI Quadruple Aim

The Quadruple Aim of the Institute for Healthcare Improvement

- Improve the patient's experience of care (including quality and satisfaction)
- Improve the health of populations
- Reduce the cost per capita of healthcare
- Protect the well-being of providers!

The County Roller-Skaters

- Cover all of Columbia County
- Infamous among fire department personnel from Vernonia to Clatskanie (even Clatsop County)
- Often pick up and deliver stuff to support clients' well-being as well as health (food boxes, CC Rider vouchers, info on social determinants of health stuff, donated pet food, donated nutritional supplement drinks and so on)
- **NOT allowed to pick up and deliver clients!**

How We Get Referrals

- The CPCCO, through the Regional Care Team
- Local clinic staff, with whom we work closely
- The fire personnel (“line crews”)—**because who knows the needs of the County residents better than the 911 responders???**

How We Get Referrals, Part 2

- Community partners
  - APD/ APS
  - Community Action Team
  - Churches/ St. V. de Paul
  - Hospitals/ social workers/ discharge planners
  - Families and caregivers
  - Self- or family-referred
  - Even the dog catcher!

+(Full disclosure: when we say "community partners," we mean . . .

+**COMMUNITY RESOURCES)**

The CP Program Capabilities

- **Medical stuff within our scope of practice:**
  - **Medical, respiratory & cardiac assessments, including 12-lead EKGs**
  - Blood glucose measurements & application of continuous glucose monitors
  - Vaccinations
  - Lab draws and specimen collections & delivery to clinics
  - Wound assessments and care (but not Wound Vacs)

CP Program Capabilities, continued

More Cool Stuff

- Medication pick-up & delivery, reconciliation, organization and (all kinds of) education
- Patient advocacy at medical appointments & in-hospital
- Pick-up & delivery of durable medical equipment

Community Partner Stuff

- Handing out free ride vouchers given us by a local clinic for nonmedical transportation
- Working with clinic and other providers to educate clients about their meds, health conditions and so on

Yes? No? Maybe? Maybe Not?

Things we also do

+ Accompany community partners into clients' homes if need be, for safety purposes
+ Home safety assessments
+ Hunt down patients for clinics when they can't be reached otherwise
+ Respond with the line crews to 911 calls for our clients (or potential clients)

Things we do not do

+ Knowingly go into situations that are not safe for us alone
+ Work with chronic pain patients
+ Provide behavioral health therapy *(but see next page!)*

We can now link clients to furry therapy

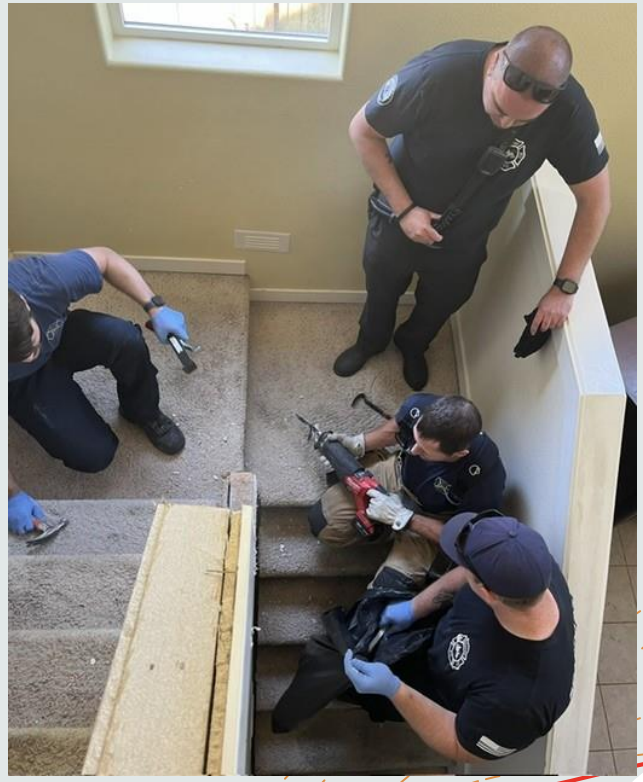
- Meet Josie the Wonder Dog!

The power of being embedded in a fire department

Access to "can-do" providers

- Multiple skills, lots of common sense, insight into the needs and situations of the community they serve
- Safety for the CPs—radio contact, personnel backup if needed

Could not have done this on our own--



The power of being embedded in a fire department

- ***We try to decrease the number of unnecessary 911 calls and transports***
- **Responders know they can refer anybody who they feel needs resources or even just a hand to hold—providing care beyond the 911 call**

Caring for first responders and transport personnel--

The role of CPs in protecting the well-being of providers

They know we care about our clients and about them

+ We are always accessible to our 911 responders for input and referrals
+ We provide follow-up (rare in HIPAA World!) to them about their referrals—good for training ***& morale***

Community relationships go beyond mere transports

+ **The 911 responders have a greater sense of agency in serving the community**
+ We bring residents' feedback (almost always excellent!) to them and their superiors about their citizen interactions

More ways we care for our team

How CPs can help their crews--

+ Can give responding crews information about patients' situations, providing insight not otherwise available
+ Can follow up with patient education & assistance (other resources or self-management opportunities) to try to decrease the burden of 911 calls
+ **Busy, visible CPs scooting around the district doing good things are mobile good publicity!**

And sometimes we respond too.

+ Crews can call a CP to follow up with the patient if transport is not the answer; the CP can stay on scene and assist the patient with addressing concerns and needs
+ CPs can respond to falls* and help the uninjured patient up; and can educate the patient on how to get up should they fall again, saving transport resources for other emergencies

- **--the #2 driver of 911 calls here . . .*

Caring for the well-being of residents of their communities and those who respond

Summary:

+ Community paramedics work to enhance the health and well-being of the residents of the communities they serve through providing multiple resources and supports--
+ **--and the well-being of their 911-response teammates.**

As part of the team:

+ Community paramedics benefit from and contribute to the service culture of their organization: they try to diminish the burden of unnecessary calls, foster a sense of agency in 911 crews, improve the community's view of their department (typically excellent) and preserve as best they can the morale, resilience and staying power of their colleagues.

Questions?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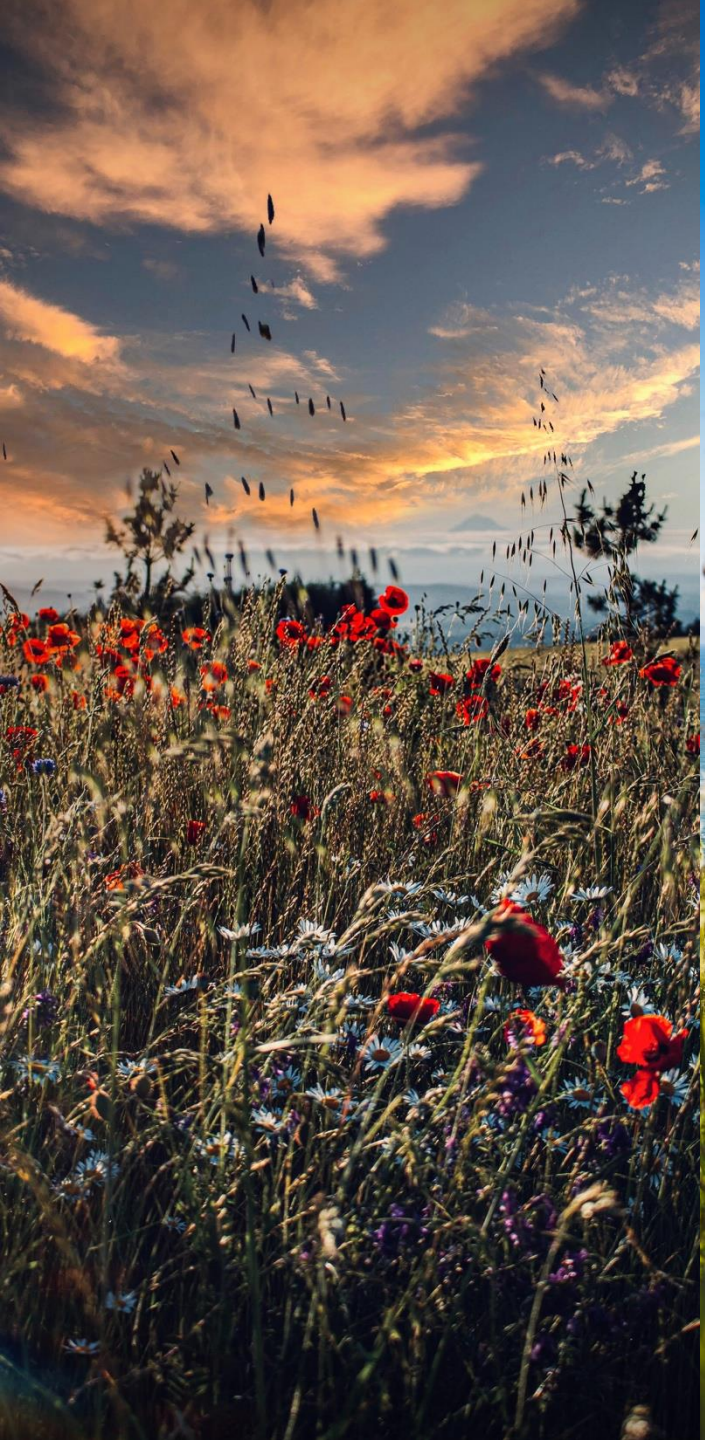
Questions and discussion
OHSU



ORH Announcements

- Next Community Conversations:
  - Sept. 17 - 12 p.m. - 1 p.m. | How CHWs at Rural Hospitals are Improving Health Outcomes
  - Nov. 19 - 12 p.m. - 1 p.m. | National Rural Health Day - Celebrating Rural Health in Oregon
- 43rd Annual Oregon Rural Health Conference
  - Oct. 7-9 in Bend, OR
- Oregon Rural Health Excellence Award
  - Nomination application deadline Aug. 31
- ORH's Rural Health Resource Hub
  - Search for and share resources
- Rural MIH/CP Training Scholarships
  - Applications accepted on a rolling basis
- ORH Rural EMS and MIH SharePoint Page
  - Private group to connect with peers, share/access resources, etc.

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OPPORTUNITY Just knock.

Thank you!

Joan Field, Rural EMS Program Coordinator | fieldj@ohsu.edu

Melissa Varnum, Rural MIH Program Coordinator | varnum@ohsu.edu

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