2026 Oregon Rural Health Conference Presentation Slides



Beyond the 911 Model Mobile Integrated Health

From Home to Statewide Impact

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Chairperson, Oregon Mobile Integrated Healthcare Coalition

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ORMIHC Chairperson

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Sabrina Ballew, MHA, NRP, CP-C, CHW, leads Mercy Flights' MIH program and chairs ORMIHC, driven by a love for Oregon and the belief that equitable healthcare access belongs to everyone.

**No Disclosures*

MERCY FLIGHTS
Nonprofit mobile healthcare services

Oregon Mobile Integrated Healthcare Coalition



TODAY'S SESSION

Our Roadmap

A structured journey through the MIH model — from community need to statewide transformation.

- The Problem: Why 911 Is No Longer Enough
- What MIH Looks Like in Practice
- Statewide Collaboration & the Oregon MIH Coalition
- Behavioral Health, Rural Access & Workforce
- Sustainable Partnerships & Policy Landscape
- Live Audience Discussion & Q&A

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SESSION ROADMAP

SECTION 01

The Problem

Why 911 Is No Longer Enough

THE CRISIS

America's Emergency System Is at a **Breaking Point**

up to 35%

of 911 calls are **low-acuity** and could be safely managed outside the ED — **Source: AHRQ / RAND Health Research**

$2,200+

average cost of an **ED visit** vs. ~$300 for an **MIH home visit**

1 in 5

Medicare patients are readmitted within 30 days — often preventable with post-discharge follow-up

59%

of **rural Oregon service areas** lack adequate primary care — **Source: OHSU Oregon Office of Rural Health, Areas of Unmet Health Care Need Report 2024**

The result: **overwhelmed emergency departments, high costs, and patients without a real safety net.** MIH changes that equation.

THE MIH MODEL

Traditional Emergency Response vs. Mobile Integrated Health

TRADITIONAL 911 MODEL

Reactive
Responds only after a crisis has already occurred

Episode-based
Treat and transport to the ED — no follow-up

High cost, high volume, low continuity
$2,200+ per ED visit; fragmented care delivery

One-size-fits-all response
Every call receives the same full emergency deployment

Contributes to ED overcrowding
27% of 911 calls are non-emergent — overwhelming hospitals

VS

MOBILE INTEGRATED HEALTH

Proactive
Prevents crises before they occur through early intervention

Relationship-based
Ongoing community follow-up — patients are known, not strangers

Lower cost, better outcomes, high continuity
~$300 per MIH visit vs. $2,200+ ED; measurable improvements

Personalized, multidisciplinary care team
CPs, CHWs, medical directors — tailored to the individual patient

Reduces unnecessary 911 and ED utilization
30–60% reduction in ED visits among enrolled MIH patients

> MIH doesn't replace 911 — it completes the care continuum.

A Decade of Innovation in Southern Oregon

2016 – 2026

PROGRAM ORIGINS

2016

PROGRAM LAUNCH

Mercy Flights launches MIH — one of the **first programs in Oregon**, serving Jackson County with community paramedics and CHWs.

EXPANSION

2019 – 2021

PROGRAM GROWTH

Expanded services to include **behavioral health alternate response**, chronic disease management, and post-hospital follow-up care.

NATIONAL SPOTLIGHT

2023

NATIONAL RECOGNITION

Featured on **Viewpoint®** nationally distributed television — highlighting Mercy Flights as a model for innovative mobile healthcare across the U.S.

ADVOCACY

2024

COALITION MILESTONE

ORMIHC adds **12 certified community paramedics** statewide; Sabrina testifies before Oregon Legislature on **Senate Bill 161**.

LATEST MILESTONE

July 2026

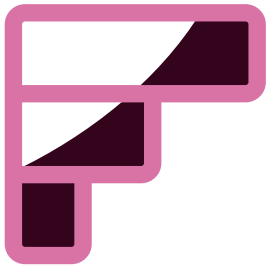
OHA CATALYST and IMPACT GRANT AWARDED

Oregon Health Authority selects Mercy Flights for **Catalyst Grant & Impact Grant** through Rural Health Transformation Program; **instED partnership** launched for in-home emergency care with alternate destination transport and Post Overdose Buprenorphine induction.

SECTION 02

MIH in Practice

What Mobile Integrated Health Looks Like on the Ground



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Oregon Mobile Integrated Healthcare Coalition (ORMIHC)

Statewide Non-Profit Coalition · Founded to Advance MIH Across Oregon

OUR MISSION

The ORMIHC serves to bolster and advocate for the advancement of mobile integrated healthcare clinicians across the state, to support the acute and chronic care needs of all Oregonians

Foster Collaboration

Share Best Practices

Advocate for Policy

Oregon's MIH Network: Every Partner Connected

ORMIHC serves as the statewide hub — coordinating policy, practice, and partnership across every sector.



"No single agency builds this alone — ORMIHC connects every piece of the ecosystem."

SECTION 03

Statewide Collaboration

The Oregon MIH Coalition & a Network That Spans the State

BEHAVIORAL HEALTH

When 911 Sends the **Wrong Team** — MIH Provides the **Right One**

Behavioral health crises account for a **significant share of 911 calls.** Sending a full emergency response is costly, traumatizing, and often counterproductive.

1	**ALTERNATE RESPONSE PROTOCOL**	Community paramedics and CHWs respond to **low-acuity behavioral health calls** — de-escalating, connecting, and coordinating care **without police or fire.**
2	**CRISIS STABILIZATION AT HOME**	Mercy Flights MIH provides **on-the-spot crisis stabilization** in the patient's home, reducing **involuntary holds** and ED psychiatric boarding.
3	**WARM REFERRAL & NAVIGATION**	Patients are connected to **substance use treatment, mental health services,** and peer support — not just stabilized and released.
4	**SYSTEM COST REDUCTION**	Reducing full **multi-agency emergency responses** (police + fire + ambulance) saves significant dispatch and clinical resources **per call.**
5	**BREAKING THE CYCLE**	Follow-up visits and care coordination address **root causes,** reducing **repeat behavioral health 911 calls** and system overutilization.

MIH meets people in crisis with compassion — connecting them to care, not just a transport.

RURAL ACCESS · OREGON'S GREATEST CHALLENGE

Geography Should Never Be a Death Sentence

36 of 36

Oregon counties — all face some degree of healthcare workforce shortage, with rural counties most severely impacted

60+ miles

Average distance to a hospital for residents in some **frontier Oregon counties** like Wheeler, Harney, and Lake

59%

of rural Oregon service areas lack adequate **primary care**

Source: OHSU Oregon Office of Rural Health, Areas of Unmet Health Care Need Report 2024

1 CP per county

In newly launched rural programs — **one certified community paramedic** can serve as a critical access point for an entire county

> *MIH is not just a convenience for rural Oregonians — it is often the **only clinically trained presence** within reach.*

Sources: HRSA HPSA Data
OHSU Oregon Office of Rural Health 2024

Rural MIH in Action: Wheeler County & Beyond

RURAL MIH IMPLEMENTATION

FROM VISION TO IMPLEMENTATION: BUILDING RURAL MIH PROGRAMS

Community Needs Assessment

- Identify unmet care needs using Oregon Office of Rural Health data
- Community surveys & local health system gap analysis
- Define target population & geographic service area

Securing Funding

- HRSA Rural Health Care Services Outreach Program
- OHA Rural Health Transformation Catalyst Grants
- Local hospital & EMS agency partnerships

Workforce Development

- Train MIH providers (all levels)
- ORMIHC CP certification pathways & scholarships
- Recruit local CHWs who reflect the community

Clinical Partnership & Protocols

- Establish physician medical direction & oversight
- Create standing orders & scope of practice
- Integrate with hospital & primary care referral network

Launch, Evaluate & Sustain

- Track ED diversion, readmission rates & satisfaction
- Report outcomes to funders & ORMIHC network
- Build toward Medicaid reimbursement sustainability

Wheeler County in Focus: OHSU Oregon Office of Rural Health is developing Wheeler County's MIH program using **HRSA Rural Health Care Services Outreach Program** funding — following exactly this 5-step model. One certified community paramedic can serve as the critical access point for an entire frontier county.

SECTION 04

Rural Access & Workforce

Reaching the Hardest-to-Reach — Across Every Barrier

WORKFORCE DESIGN

It Takes a Village — The Multidisciplinary MIH Team

ROLE 01

EMT's, Paramedics, Community Paramedics

- Specially trained EMTs & paramedics
- Certified CP-C credential
- Clinical assessment & wound care
- Medication management & chronic disease monitoring
- Alternate response deployment

1

ROLE 02

Community Health Worker (CHW)

- Trusted community connectors
- Navigate social determinants of health
- Connect patients to housing & food
- Transportation & behavioral health resources
- Bridge between community and care system

2

ROLE 03

Medical Director

- Physician medical direction & oversight
- Ensures clinical safety & protocols
- instED model: real-time telehealth support
- Nurse navigators coordinate care plans
- Bridges field team with hospital network

3

ROLE 04

Emergency Dispatch Integration

- Trained dispatchers identify MIH-appropriate calls
- Protocol-based triage: CP vs. full 911
- Links field team to clinical support in real time
- Reduces unnecessary full emergency responses
- Critical gateway to the MIH care pathway

4

Creating the Next Generation of MIH Professionals

01 · RECRUIT

Identify **EMTs, paramedics, and community members** with interest in community-based care. Target underrepresented populations to build a workforce that reflects **Oregon's diverse communities**.

02 · TRAIN

Community paramedic education · CHW certification pathways · **Behavioral health de-escalation** · Chronic disease management · Cultural humility and **trauma-informed care** training.

03 · CERTIFY

CP-C OREGON CHW / OHA

National **CP-C credential** · ORMIHC-supported exam prep · Barrier-removal **scholarships up to $1,000** per student via Oregon Office of Rural Health.

04 · RETAIN

Career ladder development · Competitive compensation · Ongoing CE credits · Mentorship through the **ORMIHC network** · Manageable caseloads and team support to **prevent burnout**.

05 · LEAD

Experienced CPs and CHWs become **program supervisors**, ORMIHC coalition members, and **policy advocates** — building Oregon's MIH **leadership bench** for the next decade.

ORMIHC supports CP-C exam preparation & barrier-removal scholarships up to $1,000 per student via Oregon Office of Rural Health (ORH)

Partnership Is Not Optional — It Is the Model

No MIH program sustains itself alone. Mercy Flights demonstrates what a mature partnership ecosystem looks like.

Mercy Flights

LEAD MIH AGENCY

Nonprofit EMS organization, Southern Oregon
75 years serving the community — built-in trust
Community paramedics & CHWs embedded locally
Jackson County MIH program since 2016

Oregon MIH Coalition (ORMIHC)

STATEWIDE COORDINATOR

Statewide coordination & coalition advocacy
Workforce certification — 12 CPs in 2024
Policy engagement: SB 161 & HB 4052
Technical assistance for new MIH programs

Oregon Health Authority

STATE FUNDER & REGULATOR

OHA Catalyst Grant — awarded July 2026
Mobile Health Unit Pilot Program (HB 4052)
Rural Health Transformation Program
Pathway to Medicaid MIH reimbursement

instED

OHA CATALYST PARTNER · 2026–2028

Nurse navigation & telehealth physician support
Care coordination technology platform
In-home emergency care with alt. destination model
Grant period: July 2026 – September 2028

OHSU Oregon Office of Rural Health

RESEARCH & GRANT PARTNER

HRSA Rural Health Care Services Outreach grant mgmt.
Rural MIH technical assistance & program development
Wheeler County program development support
CP barrier-removal scholarships up to $1,000

Local Hospitals & Clinics

CLINICAL NETWORK

Physician medical direction & clinical oversight
Post-discharge care coordination & referral network
Alternate destination receiving facilities
Community trust & longstanding relationships

Partnership Principle: No single agency can deliver sustainable MIH — Mercy Flights demonstrates that the ecosystem IS the strategy.

SECTION 05

Partnerships, Policy & Outcomes

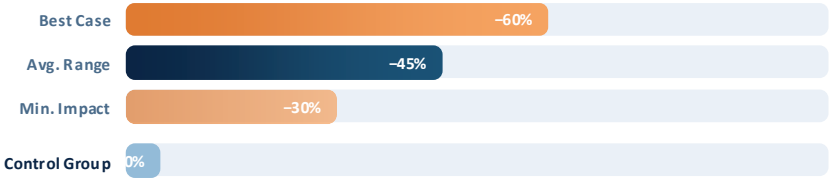
Building Sustainable Models That Last Beyond the Grant Cycle

PROGRAM METRICS

Measuring What Matters — MIH Outcomes That Speak for Themselves

CHART: ED UTILIZATION

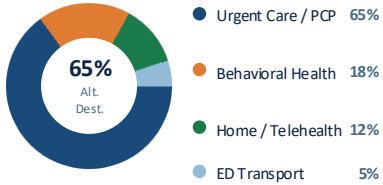
ED Visit Reduction — Enrolled MIH Patients



National programs report **30–60% fewer ED visits** among MIH-enrolled patients vs. non-enrolled comparison groups

CHART: DISPOSITION OUTCOMES

Alternate Destination Rate



TREND: READMISSIONS

30-Day Readmission Rate



Meaningful reduction in 30-day readmission trends among MIH-enrolled patients vs. controls
30-Day Readmission Trend

STAT: COST COMPARISON

Cost Savings Per Visit — 5× Cost Difference

~$550	vs.	$2,715	5× Less
Basic MIH Home Visit		Average ED Visit	Cost Per Episode

Source: NIH-funded cost analysis, PubMed 2024

STAT: PATIENT EXPERIENCE

Patient Satisfaction



4.7 out of 5 average patient satisfaction among Mercy Flights MIH patients

Mercy Flights MIH internal program data

Mercy Flights continues to build its outcomes dataset — contributing to **Oregon's statewide MIH evidence base** through the ORMIHC coalition.

Mercy Flights MIH — Internal Program Data

Jan–Aug 2026 · MIH Service Line Leadership Review, September 2026

PROGRAM GRADUATES (JAN–AUG)	PATIENT SATISFACTION SCORE	GOAL COMPLETION RATE
796	4.7 / 5	79%

2,792 goals of care completed · 1,827 tasks closed · 226 crisis contacts · 156 IHEC visits · zero high-reliability safety events in 2026

SOURCES | *Prehospital Emergency Care 2021 | NIH/PubMed Cost Analysis 2024 | PMC Medicare Advantage MIH Study | OHSU Oregon Office of Rural Health 2024*

LIVE DISCUSSION · AUDIENCE ENGAGEMENT

TABLE DISCUSSION

What does a **SUSTAINABLE MIH program** look like in **YOUR community?**

1 $ FUNDING

What funding sources are most realistic for your organization?

2 PARTNERS

Which community partners would be essential to your first year?

3 BARRIERS

What is the single biggest internal barrier you would need to overcome?

Turn to a neighbor — 2 minutes of table discussion, then share out with the group.

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What funding sources are most realistic for yo organization?



What funding sources are most realistic for your organization?

What is the single biggest internal barrier you would need to overcome?

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Oregon's Evolving MIH Policy Environment

Sustainable MIH requires more than clinical excellence — it requires a policy framework that enables reimbursement, scope of practice, and workforce investment.

Legislative Concept-Create a Registry for MIH providers

Created OHA Mobile Health Unit Pilot Program; established priority populations for MHU services; provided initial state investment in mobile healthcare models statewide.

Medicaid Reimbursement IN PROGRESS

Oregon is working toward Medicaid billing pathways for CP and MIH services; current programs largely grant- and contract-funded — sustainable billing is the critical next frontier.

Federal Funding Streams ACTIVE

HRSA Rural Health Care Services Outreach Program; CMS Innovation Center models; FEMA preparedness grants — diverse portfolio reduces single-source dependency.

The Road Ahead VISION

Integration of MIH into Oregon's Coordinated Care Organization (CCO) framework; value-based payment models; shared savings agreements with health systems and payers.

OPPORTUNITY · PHTP FUNDING
Oregon's Provider Health Transformation dollars open a near-term window to launch new MIH/CP programs — agencies that build capacity now will be positioned to bill Medicaid once reimbursement pathways open.

OHA CATALYST GRANT INITIATIVE · 2026–2028

In-Home Emergency Care with Medical Transport to Alternate Destinations

Oregon Health Authority Rural Health Transformation Program — Mercy Flights & instED Partnership

1

STEP 1

The Award

Oregon Health Authority selected Mercy Flights for a **competitive Catalyst Grant** through the Rural Health Transformation Program.

Grant period:

July 1, 2026 – September 30, 2028

✓ OHA Funded

2

STEP 2

The Model

In-Home Emergency Care with Medical Transport to Alternate Destinations. Patients receive clinical care in the home — transported to **urgent care, primary care, or behavioral health** rather than the ED when appropriate.

3

STEP 3

The Partnership

instED provides nurse navigation, telehealth physician support, and coordinated care technology.

Mercy Flights leads locally with 75 years of community trust and clinical infrastructure.

4

STEP 4

The Vision

Demonstrating that **local EMS organizations** can add care-in-place capabilities through strategic partnership. Building a **replicable model** for Southern Oregon communities and beyond.

> *"This award reflects the growing recognition that healthcare can be delivered in new and innovative ways.*

Sheila Clough
CEO, Mercy Flights

A Roadmap for Communities Ready to Move Beyond 911

BUILDING YOUR MIH PROGRAM — FIVE PHASES FROM ASSESSMENT TO SCALE

PHASE 1 — Assess & Align

- Community needs assessment
- Identify champion stakeholders
- Define target population & geography

PHASE 2 — Partner & Plan

- Hospital, EMS & behavioral health partners
- Establish medical director
- Legal & billing structure review

PHASE 3 — Fund & Launch

- Grant applications: HRSA, OHA CCO or hospital contract
- ORMIHC technical assistance
- Train & certify staff

PHASE 4 — Operate & Measure

- Launch with small cohort
- Track ED diversion & readmissions
- Patient satisfaction surveys
- Refine protocols continuously

PHASE 5 — Scale & Sustain

- Expand services & geography
- Pursue Medicaid billing pathways
- Share data with ORMIHC
- Advocate for policy support

ORMIHC offers free technical assistance to communities starting their MIH journey — reach out at **oregonmihcoalition.org**

SESSION WRAP-UP

What We've Covered Today

1

THE PROBLEM & THE GAP

The **911 system was built for emergencies** — MIH fills the vast gap of non-emergent, chronic, and behavioral health needs in our communities.

2

OREGON'S GROWING ECOSYSTEM

Oregon has a **growing, collaborative MIH ecosystem** — ORMIHC, OHA, OHSU/ORH, and local EMS agencies are building a model that works.

3

THE MOST URGENT FRONTIERS

Behavioral health and rural access are the most urgent frontiers — and MIH is uniquely positioned to address both with lower cost and better outcomes.

4

SUSTAINABILITY & WORKFORCE

A sustainable MIH program requires **multidisciplinary workforce design, strong partnerships**, and a path to Medicaid or value-based reimbursement.

5

OREGON IS LEADING — THE MOMENT IS NOW

Oregon is leading —MIH Program development and ORMIHC expansion are proof that the policy and operational moment is NOW.

Q&A & Discussion

Questions, resources, and conversation — the most important part of any session.

Let's talk. The floor is yours.

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Audience Q&A

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SABRINA BALLEW, MHA, CP-C, CHW · MERCY FLIGHTS MIH · ORMIHC CHAIRPERSON

The Future of Care Doesn't Start in the ER — It Starts at Home.

Sabrina Ballew, MHA, CP-C, CHW

Connect with ORMIHC

Oregon Mobile Integrated Healthcare Coalition
Technical assistance, workforce development, and statewide partnership.
oregonmihcoalition.org

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Thank you for your commitment to transforming care delivery in Oregon.