Mobile Integrated Health (MIH)

January-June 2025 Semi-Annual Report

Program Overview

Lebanon Fire Department Mobile Integrated Health Program is a collaboration with Dartmouth Hitchcock Medical Center (DHMC), the Lebanon Fire Department and Lebanon Community Nurse programs.

This program operates under the dual medical direction and oversight of a DHMC Emergency Physician and Primary Care Nurse Practitioner, in collaboration with DHMC providers.

Healthcare in the comfort of your home

For more information contact MIH@lebanonnh.gov or visit our website here.

Completed | In-Progress | Not Started

Community Paramedic Year 5 (2025) Program Objectives

1. Develop a process for proactively identifying patients from DH ED that would benefit from MIH involvement
2. Improve patient satisfaction survey results by 50%
3. Improve provider satisfaction survey results by 50%
4. Increase number of patients served by 20%

Community Nurse Year 5 (2025) Program Objectives

1. Create measurable patient satisfaction survey at discharge to be implemented by 7/1/25
2. Create a 3mo questionnaire to give to ongoing supported patients by 4/1/25
3. Hold BP clinic at each of the 4 Lebanon housing locations by 12/31/25

Patient Story:

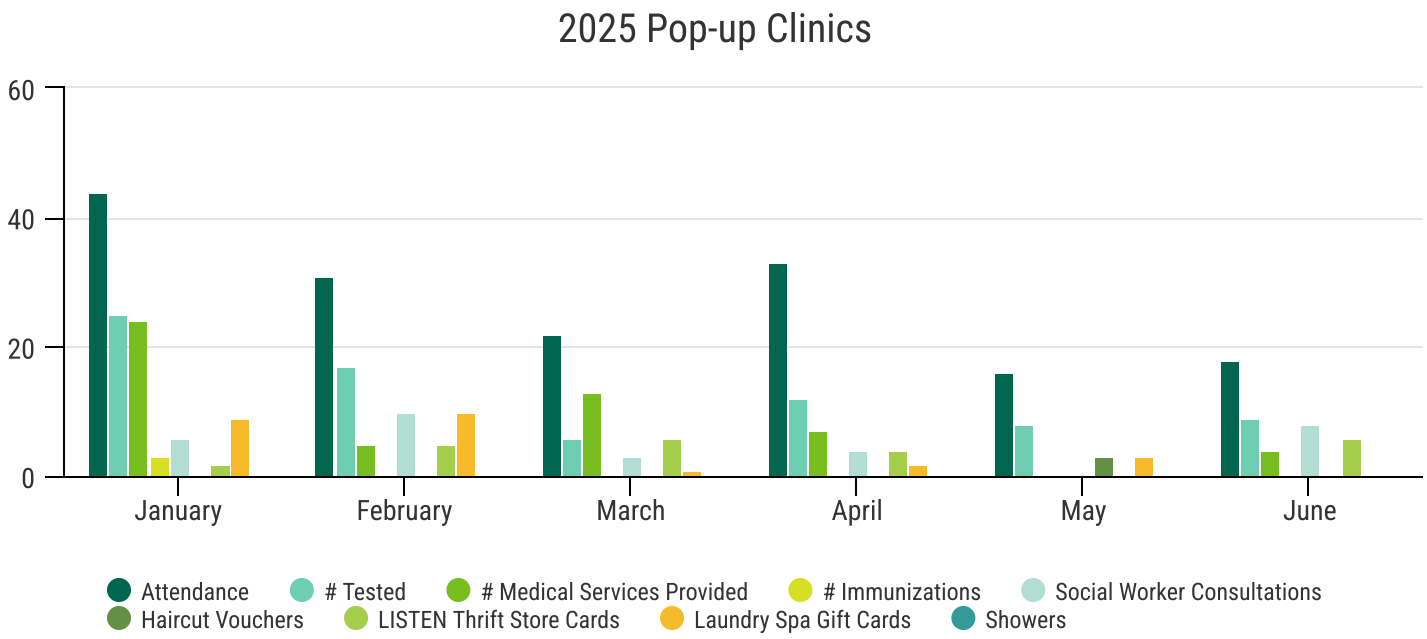
JD is a 58-year-old woman with a history of pancreatic cancer who moved to Lebanon after the death of her husband who had been her primary caretaker for all her medications, including her insulin. A LISTEN community health worker made a referral for MIH for diabetes teaching and in home medication support. The community paramedic reached out to her primary care physician at Heater Road for a referral. The community paramedic performed one medication reconciliation in December and then the community nurse and community paramedic performed a joint medication reconciliation in July. During this time JD unfortunately learned of a new lung cancer diagnosis. She is worried about being unemployed during her treatment and losing her housing. She also does not want to take all her prescribed medications because of concerns about taking so many medications. The community paramedic, community nurse, community health worker, and primary care nurse care manager are all providing ongoing support for medication adherence, appointment management, community resources and smoking cessation as JD struggles to decide the best path forward for her cancer treatment.

Lebanon MIH Program community outreach includes blood pressure clinics at the Upper Valley Senior Center

Lebanon Pop-Up Clinics

In response to the growing issue of housing insecurity in our region, a coalition of local partners operates a monthly low-barrier, multi-service “pop-up clinic.” Active since the summer of 2024, this initiative is a collaboration among Dartmouth Health, The Haven, LISTEN Community Services, the City of Lebanon and Mobile Integrated Health, the HIV/HCV Resource Center (H2RC), and Community Nurse Connection. Services available to visitors include basic medical care (wound care, recovery services and referrals, hygiene education, hepatitis and HIV testing, vaccinations, care navigation) and support for basic and social needs (onsite showers, resting and cooling stations, camping supplies, case management and mental health services, haircuts, grab and go food, and more). In the interest of offering a “one stop shop” of health care services and support for meeting for basic and social needs, clinics are held at the natural hubs of the Lebanon Winter Shelter in the spring, summer, and fall and the Community Room of the Kilton Public Library in the winter. The mission of the clinic is to deliver accessible, compassionate, and essential services to unhoused neighbors in our community. By meeting people where they are, both physically and emotionally, the clinics aim to address immediate needs but also foster long-term well-being and trust. The long-term vision is to focus on giving this population positive, non-traumatic experiences with healthcare.

Better Health Outcomes:

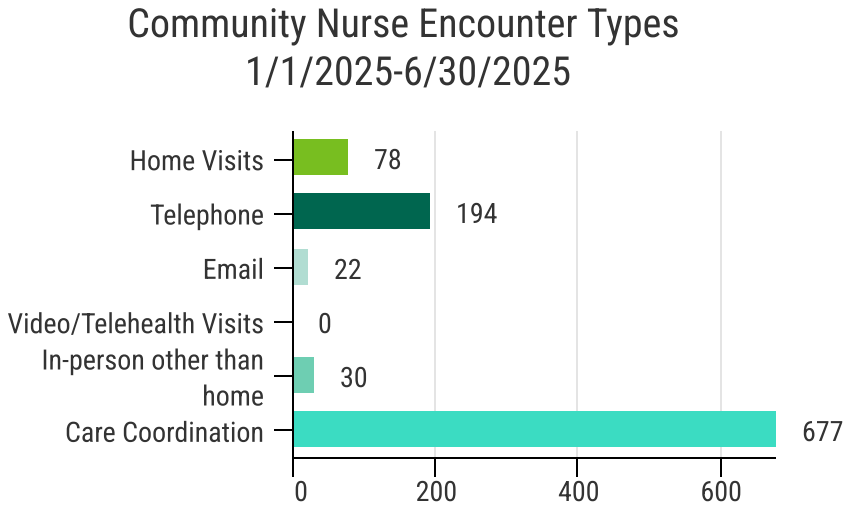


Introducing Roscoe:

Roscoe Putnam was hired this spring as the coordinator of the Lebanon Pop-up Health Clinic held monthly at the Winter Emergency Shelter on Mechanic Street.
Roscoe grew up in Lebanon and has held jobs in the family vegetable stand, an apprentice at the Lebanon funeral home as well as working for the Vermont Corrections. For five years prior to taking the clinic coordinator position, he worked for LISTEN Community Services in both the retail operations and the program office. He semi-retired in March 2025 and became active with the Dartmouth Health CARHE program.

Roscoe lives in Enfield with his husband and enjoys antiques, gardening and traveling.

January- June 2025 Data

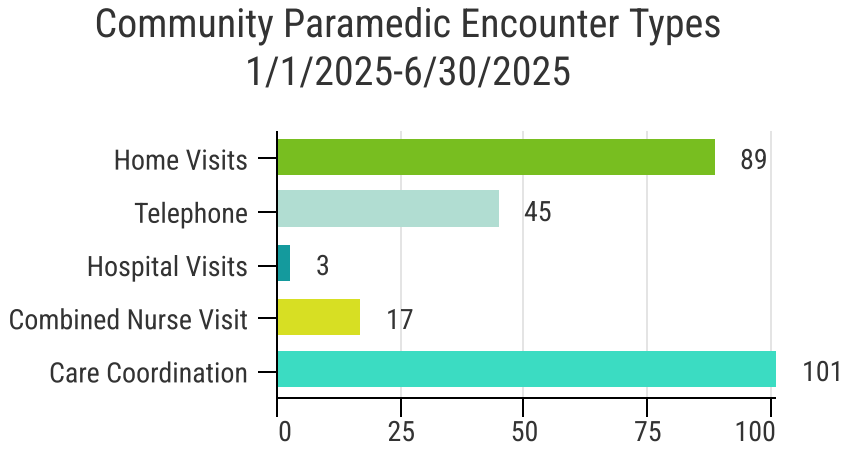


Community Nurse

1/1/2025-6/30/2025

Unique Patients-62

Total Encounters- 330



Community Paramedic

1/1/2025-6/30/2025

Unique Patients-47

Total Encounters- 144