

North Carolina Mobile Medication Program



Background

The NC Mobile Medication Program (MMP) is a pilot home visiting **medication support, education, and skill-building** initiative serving adults with severe psychiatric illness. Modeled after a program of the same name in Lawrence County, Pennsylvania, the NC MMP project launched in two rural communities in early 2015 with support from the **Kate B. Reynolds Charitable Trust**.

Daymark Recovery Services in Vance County and **Nash General Hospital** in Nash County administer the local pilot programs, with technical assistance from the **North Carolina Hospital Association (NCHA)**. Each county maintains an active

caseload of roughly 75 participants, all of whom have a history of psychiatric hospitalizations or repeated emergency department visits for mental health needs. Over the three-year pilot, we intend to serve a total of 600 participants, while evaluating and further refining the program model in preparation for replication.

Early Outcomes

MMP has positively impacted participants' number of hospitalizations, emergency department visits, and length of stay. In Vance County, the number of police-issued **involuntary commitments (IVCs)** for MMP participants dropped 78% since enrollment in the program¹.

MMP helps link participants with a medical home, and whenever feasible, health insurance. The nurse manager identifies a lead prescriber, and in doing so, has helped **reduce the overall number of medications** participants are prescribed from an average of eight at intake to three at discharge. At the same time, participants are increasing adherence to prescribed medications.

Though too few participants have been fully discharged from the program to draw firm conclusions, MMP appears to be helping **reduce their substance abuse**, as measured by validated screening assessments. We suspect participants are no longer using illicit substances as a form of self-medication.

¹. Nash County IVC data not yet available.



The outcomes of the first year of the NC MMP pilot are promising. In Nash and Vance Counties, participants have:

Reduced the number of psychiatric hospitalizations by **75%**

Reduced length of stay in days by **81%**

Reduced the number of emergency department visits by **93%**



The MMP offers medication support, education and skill-building through brief yet frequent home visits, intended to model consistent, routine medication adherence. Participants progress through six steps as they develop skills and ownership of their medication regimen. Most participants complete the MMP within six months.



1. In-home nursing assessment and medication reconciliation with identification of barriers and goals
2. MMP staff visit daily for medication review and teaching
3. Visit three times a week for medication skill building
4. Visit twice a week for medication support and reinforcement
5. Visit one time a week for reinforcement and transition
6. Weekly phone calls for check-in on progress toward goals, then discharge

Costs & Funding

NCHA sought to replicate the Mobile Medication Program because of its potential for improving participants' lives and the unique cost-saving design of the intervention. While many home visiting models have a strong evidence base, most require an interdisciplinary team of licensed professionals to conduct the visits. This proves expensive to implement on a broad scale, especially in rural areas with long travel times between homes.

Relying on mounting evidence for peer-driven interventions, **Certified Peer Support Specialists** and other paraprofessional-level staff fill the MMP technician role, and conduct the bulk of the home visits. To ensure they have the resources needed to work with such a clinically complex population, the technicians complete an intensive MMP training program at hire and remain in constant cell phone communication with the nurse manager throughout their day of home visits. The

nurse is stationed at a centralized MMP office, overseeing the administrative aspects of the program and communicating with prescribers, providers and technicians. The overall program costs are moderate and include just three main categories: staffing, vehicles, and computers/phones.



The MMP staff team includes a registered nurse-level nurse manager and 3-4 MMP "technicians" for every roughly 60-75 participants served.

Future Goals

NCHA will advocate for the development of an **MMP Medicaid service definition in NC**, while continuing to track outcomes for both currently enrolled and discharged participants. We expect to demonstrate significant cost savings in preventable hospitalizations, as was found in Pennsylvania and served as the justification for creating a regional service definition.

We are developing a **program guide** with detailed start-up, implementation and evaluation procedures, as well as patient-vetted education and medication adherence materials. With more years of testing, we hope for this guide to serve as a fidelity model for new sites starting MMP initiatives.

State and local community partners – including law enforcement, EMS, public health, magistrates and DHHS – have been instrumental in developing the NC MMP design and metrics. We will continue our work with these partners to ensure the MMP fits into broader efforts to develop a comprehensive behavioral health crisis continuum in NC.

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