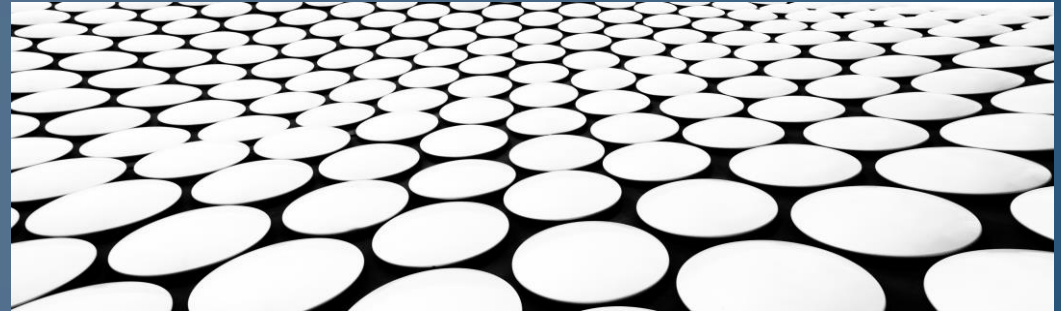


Making it work: the art of eliminating excuses

ANDRE WISE, BS, EMT-P



objectives

1

Identifying the
barriers to
care/SDOH

2

Having the
much needed
conversations

3

Identifying
resources and
holding them
accountable

4

Creating the
link



What is one of the most
important qualities to have?

THE ABILITY TO KEEP IT REAL!!



Of course we have the usual
qualities that are expected

Good assessment skills, ability to hold conversation, knowledge of community resources, etc.

Referral Sources

▶ Hospital

- ▶ Reduce re-admission
- ▶ Connect un-insured/under-insured individuals with resources
- ▶ Making sure patients are following up with scheduled rehab

▶ Private Practices

- ▶ Reducing admissions in general
- ▶ Medication reconciliation
- ▶ Linking orders from other providers
- ▶ Patient compliance
- ▶ BP fluctuations
- ▶ Weight fluctuations
- ▶ Catch exacerbations before they become emergent.

We didn't choose you as a patient

- ▶ The patients are identified due to behaviors. More than they are due to medical conditions.
- ▶ Some behaviors seen:
 - ▶ Not following discharge instructions
 - ▶ Not taking medications as prescribed
 - ▶ Not following proper diet
 - ▶ Not scheduling appointments with specialist
 - ▶ The patient that questions every order from the doctor
 - ▶ The patient who thinks the ED is their PCP office

Community Paramedicine or In Home Case Management

- ▶ Bringing an extension of case managers into the home of patients.
- ▶ Eyes and ears into the home
 - ▶ What's really going on that is not being reported to physician
 - ▶ Living conditions
 - ▶ Med reconciliation
 - ▶ Proper nutrition items in kitchen
 - ▶ Safety of home
- ▶ Taking time to hear the patients, and their concerns
 - ▶ How long do you schedule with each patient per visit?

Connections/Interactions

▶ Resources

- ▶ FQHC's
- ▶ Pharmacies willing to give discounted medications/free
- ▶ Foodbanks
- ▶ EBT
- ▶ Medicaid
- ▶ Disability applications
- ▶ Early SSI applications
- ▶ Home health
- ▶ Home aides

▶ Patient needs:

- ▶ Establishing primary care, for long term solutions
- ▶ Affording medications
- ▶ Un-insured/under insured
- ▶ Food disparities
- ▶ Lack of income
- ▶ Transportation
- ▶ Help around the home

Resource Accountability

- ▶ Are we holding the resources we use accountable?
 - ▶ Do they really provide the services they advertise?
 - ▶ Is there service good quality?
- ▶ A lot of these programs are federally funded. They must be accountable to provide the services they advertise, and are receiving funding for.

Scenario

51 y/o male. Chronic ED utilizer for multiple complaints. Visits ED 3-4 times per week.

Hx: HTN, Diabetes type I, Hyperlipidemia, Depression, chronic pain

Barriers: Pt feels like no one at hospital listens to him or believes his complaints.

- Only has a sister that lives 2 hours away.
- Several friends close by
- Currently lives in a home that was his deceased aunts house.
- No furniture, home is basically a shell, with electricity. No appliances.
- No PCP care. Does not follow up post discharge.

Issues Identified

- ▶ Where is he going to keep his insulin?
- ▶ What social interaction does he have?
- ▶ What type of support does he have?
- ▶ How stable is his housing situation?
- ▶ Has he ever reached out to any community resources in the past?
- ▶ How is going to afford food?
- ▶ Can he afford his medications?
- ▶ Has NO income!





What
questions
are we
asking, to
find the
best
solutions?

Scenario

59 Y/o male s/p knee replacement surgery.

Hx: knee replacement, HTN, COPD

Discharged with in-home rehab for 3 days. Needs to follow up with out patient rehab after. Continue for 6 weeks.

Identified issues

- ▶ Home not organized enough to get around with walker.
- ▶ Patient was just sitting in his chair
- ▶ Did not allow PT to come into home.
- ▶ Possibility of getting frozen knee.
- ▶ Steps to steep leading into trailer.
- ▶ Environment not conducive to effective healing from knee replacement.





What
questions
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find the
best
solutions?

Summary

- ▶ What questions are we asking, to get the answers we need
- ▶ Listening creates opportunity.
- ▶ Hold patients accountable for playing a better role in their health
- ▶ Hold resources accountable for the services they advertise.
- ▶ Don't just refer. DO! And follow up.