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Advanced Primary Care to Hospital Substitution

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Faculty Disclosure

- **Jennifer Gallant-Backman, MPA, CP-C, Paramedic** has no financial relationships to disclose relating to the subject matter of this presentation.

Advanced Primary Care/ Episodic Care/ ER Diversion

- The enablement of an on-demand availability of ideal care in patient homes.
- Supplementing Primary Care clinic visits for patients that struggle with mobility, transportation, or resource availability.
- Mobile Integrated Health Clinicians are upskilled with clinical assessment capabilities, point of care diagnostics, medication formularies, and equipment to deliver state of the art in-home advanced primary care.

Hospital Substitution

- Focuses on care for patients in their home with the tools, technology, and complementary services needed to deliver the care patients would normally receive in the physical brick-and-mortar hospital

- High-acuity focus enables service to a wide array of inpatient needs. The program enables episode prevention/longitudinal care, and specialty care in conjunction with the patient's medical team.

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Patient Acquisition

Partners

- Partners that carry risk

  ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.

- Systems with an identified need to decrease emergency room use and increase bed availability.

- Focus on equity and social determinants to health.
  - Bias
  - Mobility
  - Transportation
  - Support

What Can We Respond To?

Chief Complaint

COVID

Pneumonia

COPD exacerbation

CHF exacerbation

Asthma

Urinary Tract Infection

Soft Tissue Injury/ Cellulitis

Wound Care

General Weakness

Gastrointestinal complaints

So many more….

What are We Seeing

Respiratory 31.26%

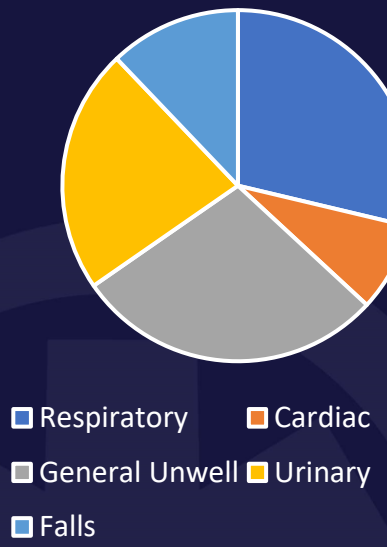
Cardiac 8.89%

General Unwell 30.99%

Fever/ Headache/ Dehydration/Altered Mental Status

Urinary Tract Infection/ Pyelonephritis/ Sepsis 24.52%

Musculoskeletal/ Osteoarthritis/ Falls 13.20%



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Assessments and Interventions

Assessments

- Whole Health Care
  - Living Conditions
  - Support
  - Relationships

- Expanded Scope of Practice including extensive physical assessment of the patient.

Cardiopulmonary, Neurologic, Gastrointestinal, Genitourinary, Integumentary, and Musculoskeletal

Interventions

Istat

Blood gases
Chemistries and Electrolytes
Cardiac Markers
Coagulation
Hematology
Endocrinology

Point of Care

O2 Delivery
Straight Catheter Insertion & Removal
Indwelling Catheter Insertion & Removal
External Catheter Application
Insertion & Removal PIV
Access & De-Access Implanted Ports
Medication Administration
Infusions
Education

Point of Care

Urinalysis
COVID
Flu
Strep
12 Lead EKG
Blood Glucose

Outpatient diagnostics also available

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Workflow

The Workflow

Patient Contacts Sponsor

- Referring sponsor contact's triage
- Triage RN contacts Patient

MIH Partner receives referral

- Triage note sent to MIH Partner and orders entered
- MIH Clinician arrives, contacts MCO and completes orders and video visit.

Discharge or Admit

- MIH Clinician and MCO decide; should the patient be discharged after ER diversion care, or do they qualify for hospital substitution admission?
- MCO contacts referring sponsor and discusses disposition. Continued follow up with referring physician throughout admission through discharge. Continuity of care.

Patient Experience

Unscheduled, on-demand access to care in place for medically complex patients

- **Symptoms: Fever, confusion, eating and drinking less**
- **Medical history of Afib, CKD, DM, CHF**

Referral

- Patient's family concerned for confusion, fever, decreased eating
- Family spoke with PCP who placed referral for ED in Home encounter

ED in Home (EDIH) Encounter

- ED in Home triage nurse spoke with family and patient
- MIH Medic arrived to home (within 2 hours), performed clinical assessment, point of care labs, urine testing, COVID swab, EKG and CXR
- Patient found to be febrile and tachycardic
- Video visit between MIH Medic and Emergency Physician
- Bedside workup suggestive of a complicated UTI

Interventions and Outcomes

- Patient given IV Antibiotics and IV Fluids
- Urine culture sent to lab
- Patient's clinical status and vital signs improved
- Oral antibiotics prescribed. Patient remained at home
- Next day follow up call with EDIH clinician
- Warm handoff to patient's referring clinician

Utilization and Outcomes Snapshot

Patient Profile Overview

- Average age: 81 years old
- **Over 3,600 patient encounters in MA**
- Predominantly highly co-morbid population
- ***Baseline high ED utilization, high admission rate from ED (appx 40%)***
  - **Diversion visit decreases admission rate to brick & mortar hospital by >45%**
    - **Remains 7d after index visit**
- Common reasons for referral: shortness of breath & respiratory complaints; confusion; weak & dizzy; fever; soft tissue infections; falls & MSK injuries

Services Utilization % During Visit

Point of Care Labs: 60%

Send-out Labs: 36%

In-Home EKG: 44%

In-Home Xray: 29%

In-Home Ultrasound: 7%

In-Home intravenous fluids or medications: 26%

Disposition Results

83% of patients kept safely in home after MIH Medic evaluation in home

10% referred to direct admit to virtual hospital

Experience and Savings Outcomes

High patient & family satisfaction with **92% Top Box Hospital Recommend**

Are we Making an Impact?

Reducing Readmits [1]

50%

30-day hospital readmission rate lower than comparable population within the traditional hospital practice

Patient Experience [2]

95%

Of patients highly likely to recommend the program vs 89% in traditional hospital

Admissions

10,000+

Building a better experience with each new admission

Lower Costs [1]

30%

Lower Total Cost of Care (TCOC) over a 30-Day period

HAIs & Unexpected Deaths[3]

0.0

Reducing the risk of hospital acquired infections and delivering safe care in the home.

- On-demand MIH visits have reduced facility (i.e., hospital) utilization by nearly 50%. Only 9% of patients seen for an on-demand MIH visit subsequently require a hospital encounter within 7 days.

- This facility avoidance generates savings for our health system partners who carry financial risk for their patient populations (e.g., ACOs).

- These savings include avoidance for both emergency department encounters and hospital admissions.

References

1 Medically Home Published Clinical Trial

2 Medically Home Health System client

3 All Medically Home clients Jan-July 2022

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Thank you