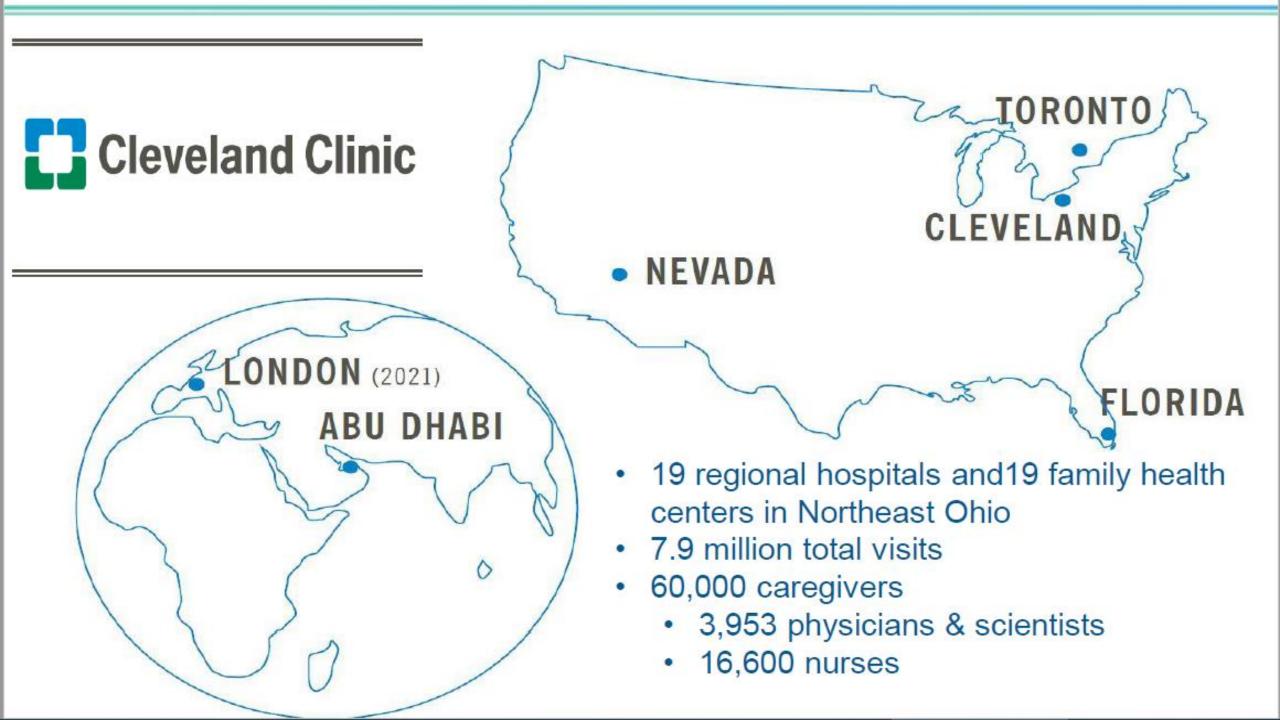
Community Paramedicine and Urgent Dispatch: Meeting Patients Where They Are

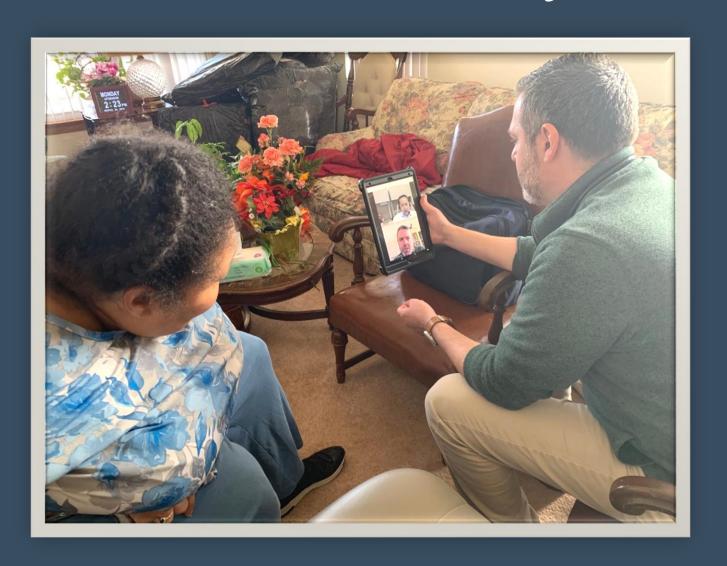
Judy Welsh, MD, FACEP

Enterprise Associate Chief Experience Officer Assistant Professor, Emergency Medicine Cleveland Clinic Cleveland, OH





Patient Story



Care Model Evolution

- Covid changed the world
- Venture capital market evolution
- Telemedicine = standard of care

Person-centered care as force for change







Medical Care at Home

Community Paramedicine

High Risk Transitions in Care





The Cleveland Clinic Pairs Advanced Practice Registered Nurses and Paramedics To Provide Home Visits to Recently Discharged Patients at Highest Risk for Hospital Readmission

April 7, 2022

Urgent Dispatch

- APPs and Community Paramedics
- Supervision by Virtualist Physicians
- Evaluate and treat acute, non-critical illness
- Alternative to "soft" medical admissions

Who?

"Soft Admissions"

- Simple cellulitis
- Stable COPD, pneumonia, CHF
- Falls with minimal injury, worked up in ED
- Safe home
- Willing to have home-based care
- Normal (for them) vitals

When?

- Next day or 2 day follow up
- Serial days (up to 5-7 days of home treatment)
- Program Hours:
 - Monday thru Friday 8:00am-8:00pm
 - Sat/Sun: 8:00am-5:00pm

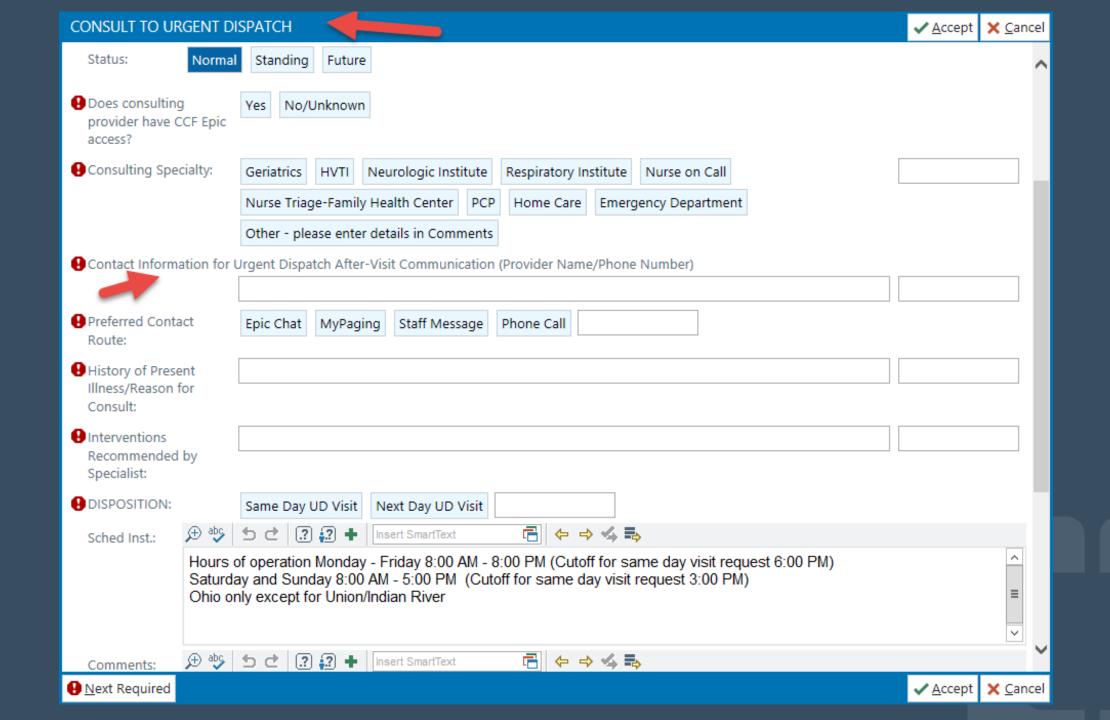
What?

- IV Antibiotics: Ancef, Rocephin, Cipro, Levaquin, Unasyn, Zosyn
- IV Diuretics: Bumex and Lasix
- IV Antiemetics: Compazine and Zofran
- IV Steroids: Solu-Medrol and Decadron
- Toradol
- IV Benadryl, Epinephrine
- Duoneb
- Normal Saline Solution
- Acetaminophen

No controlled substances

What Else?

- EPOC (lytes, HCT/Hb, Lactate, Creatinine)
- Lab draw and dropoff (includes COVID-19)
- In-home XR, US (next day)
- Handheld US... coming soon



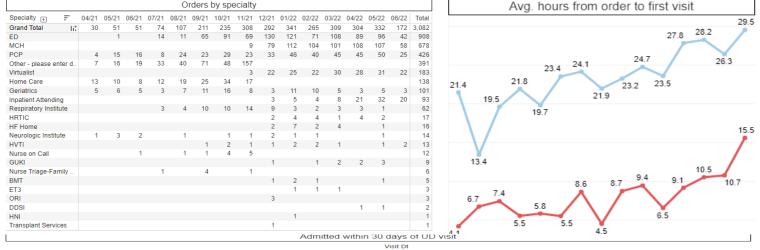


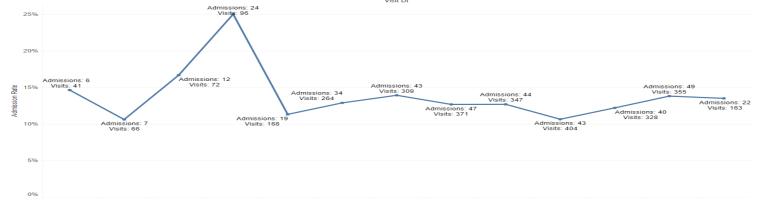
4C | Urgent Dispatch Program

Program Scope and Goal

The Urgent Dispatch (UD) program allows patients to access on-demand care, at-home, for symptoms that may indicate early warning signs of a serious illness. Addressing these symptoms before a crisis presents will reduce the need for emergency care and hospitalization.

Current Performance Measurement





Work Since Last Huddle

- iStat equipment purchased- received all cartridges, QA process began anticipate being live mid-July
- Consult order changes to clarify referral sources is underway

March 2022 Admissions After Urgent Dispatch Visit: 49 Admissions

- 37 of these were seen by APP's, the 12 other patients were seen by medic/TH physician
- Of the 37, avg. days from UD visit to admission was 8.54 days
- 12/37, were referred directly to ED by UD
- 2/37 declined UD visit after it was confirmed by PSS
- · Most common admitted diagnosis was CHF
- High medical complexity 6/37 patients are now deceased

Challenges & Opportunities

- New APP onboarding and will be independent by August 1st
- Referral appropriateness APP's taking a more active role with this process and will reach out to referral sources with any concerns

Admitted within 30 days:

- April 22/163 = 13%
- March 49/355 = 14%
- Feb 40/328 = 12%
- Jan 43/404 = 11%

Readmissions

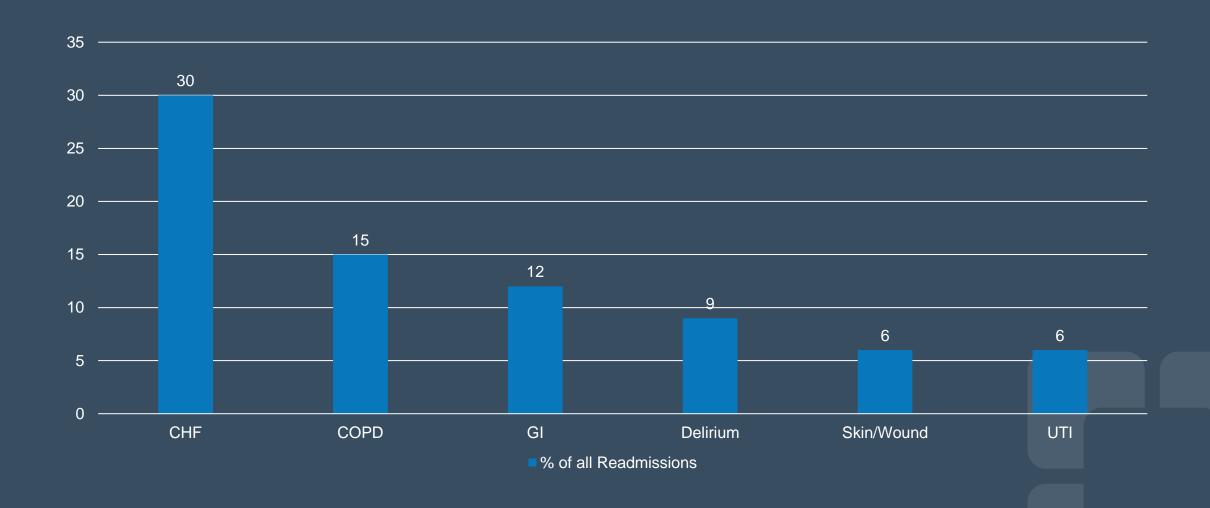
Program	Impact on Readmissions	
Urgent Dispatch	Reduction – Enterprise 5.6% 18.5% change in studied sample	
High Risk Transitions in Care	Reduction – 5.8% Enterprise 16.3% change in studied sample	
Point of Service Scheduling	Reduction – 4.4% Enterprise 32.1% change in studied sample	
"Meds to Beds"	TBD – August 2022	

30 Day All-Cause Readmissions

(COVID Excluded)



Outcomes: Return to ED Review



Outcomes Year 1

- 2077 orders
- 1536 unique patients
- 1.2 Visits on average per encounter
- Average age 76
- 67% white, 65% female
- 71% Medicare
- 72% stayed out of ED for at least 30 days

Outcomes Year 1

Top Referral Sources

Outpatient PCP (58%)

Emergency (22%)

Outpatient Specialist (6%)

Top Complaints

Heart Failure

Edema

Shortness of Breath

COPD

UTI

Net Income: E/M

Net income comparison by provider:

	In Person APP Visit (\$)	Virtual APP Visit (\$)	In Person Paramedic Visit (\$)
Reimbursement – Level 4 established	93	73	109
Salary & Benefits			
- Provider	97	32	49
- Physician Oversight	21	4	89
- Total	119	36	138
Net Income (loss)	(26)	37	(29)

Procedure Charges

PROCEDURE	BILLING CODE	CHARGES
Venipuncture - straight stick	36415	\$31.00
Peripheral IV	96374	\$250.00
Therapeutic infusion >31 minutes	96365	\$404.00
Therapeutic infusion >60 minutes	96366	\$381.00
Hydration infusion >31 minutes	96360	\$340.00
Hydration infusion >60 minutes	96361	\$327.00

Staffing Impact





Pitfalls

- Right People
- Right Onboarding & Training
- Right QA Process
- Accountability & Productivity
- Advanced Care Planning
- Billing
- Governmental and institutional barriers

Cleveland Clinic

Every life deserves world class care.