

Supporting Your Neighbors: Using CP's for Supporting Oncology Care

Melissa Smith, MSN, AGPNCP-BC, OCN Scott Willits, ACP

#### **Faculty & Affiliation Disclosure**



Melissa Smith, MSN, AGPNCP-BC, OCN

Medically Home, Senior Director, Oncology

Scott Willits, NRP

- Medically Home, MIH Director
- National Association of MIH Providers, Board Member

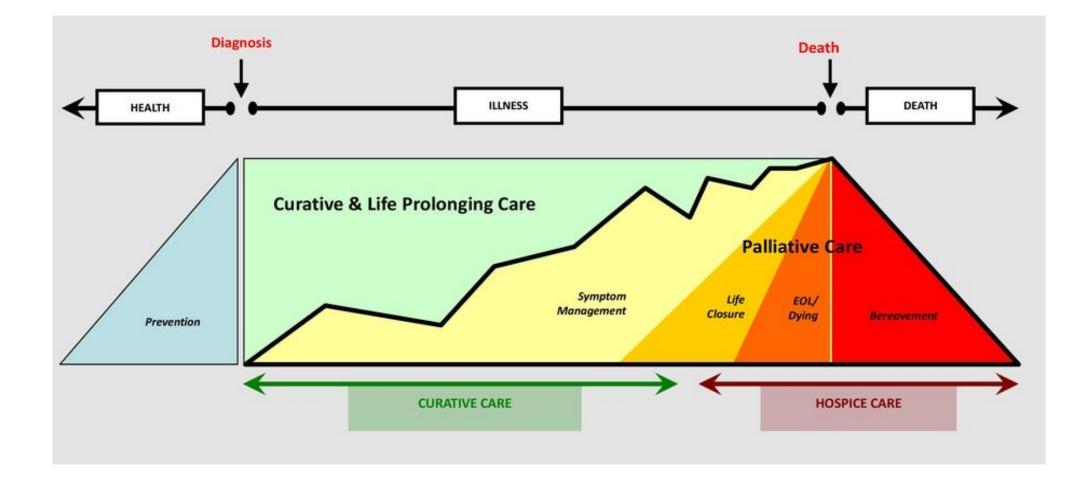
The following presentation contains clinical summaries of real patients with protected health information removed. Explore the benefits of the community paramedic model to provide scheduled and on-demand supportive care needs.

Review a successful clinical case, patient and family experience that benefited from in-home supportive care.

Consider the impact on the localized healthcare system and patient outcomes by increasing the community paramedic services.



#### **Chronic Care Management**



# A Sample of Services

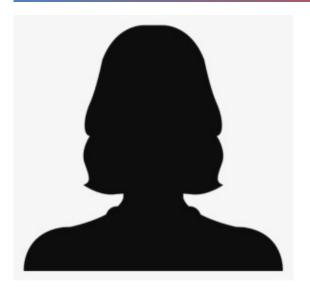
Formulary Medications	Determinants of Health	Medication Reconciliation
Physical Assessment	Community Paramedicine	Medical Literacy
Phlebotomy		<b>Community Resources</b>
Point of Care	Home Environment Assessment	Wellness Exams
Diagnostic Testing	Cognitive Assessment	Follow Up Care
Fall Risk Assessment	Skin Assessment	Rapid Deployment

© 2022 Medically Home Group, Inc. Proprietary and Confidential.

## **What Community Paramedics Offer**



## **Ms. J.S.**



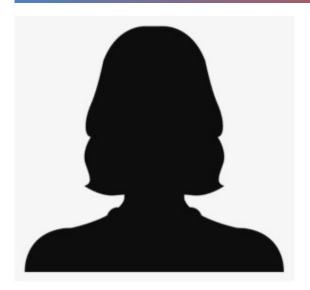
J.S. is a 40 yr. old woman with graft versus host disease (GVHD) of her lungs following a stem cell transplant for Acute Myeloid Leukemia.

Due to her GVHD, she has been admitted and intubated three times.

Though her condition was worsening, and she had been holding out to see her two children graduate.

Soon after she took another downturn and agreed to be DNR but declined hospice.

## Ms. J.S.



Then one evening Her sister called as J. was becoming increasingly short of breath.

She wanted to call 911 but knowing her sister did not want to return to the hospital, she was reaching out for help.

After discussion with her MGH team, we agreed she needed a vascular access, and IV ABX.

**Treatment Plan:** 

- Vascular Access
- Q6H IV Antibiotics
- Pain Management (IV Morphine)

J. Was able to comfortable remain in her home with her family, supported until Hospice enrollment.

# Thank You

