

Ute Pass Regional Health Service District Healthcare Options & Mobility Engagement Program (HOME)

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UPRHSD Introduction



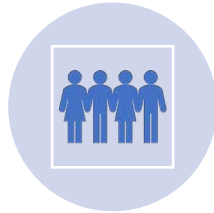
Title 32 Special
Health Service
District



539 square miles



4200 calls for service
per year



30 employees



Advanced Care Paramedic with Colorado Community Paramedic Endorsement (ACP-CP)

- 520 hours of didactic training through Pikes Peak Community College
- Based on the biopsychosocial model of medicine
- Motivational Interviewing
- SBIRT
- Trauma Informed Care
- Crisis Intervention Training (CIT)
- Provider Resiliency
- Crisis Negotiation



UPRHSD Community Paramedic

- The new five patient's rights
 - Right care
 - Right place
 - Right time
 - Right collaboration
 - Right Price
- MHAP
- HOME



Target Populations

Food Insecurity

Geriatrics

Caregivers

Socially isolated

Geographically
isolated

Persons with
limited mobility

Economically
Disadvantaged

Those experiencing
Substance Use
Disorder (SUD)

Persons
experiencing
behavioral crises

Those with
developmental or
intellectual
disabilities



Deliverables

Ensure	Ensure access to care when and where it is needed
Provide	Provide care while accounting for apprehensions and “Safer at Home Orders”
Leverage	Leverage Motivational Interviewing (MI) to overcome resistance to care for those in need
Utilize	Utilize alternative destinations when appropriate
Improve	Improve the patient experience
Reduce	Reduce preventable out of hospital death rates related to delayed care secondary to COVID-19 fears





Approach

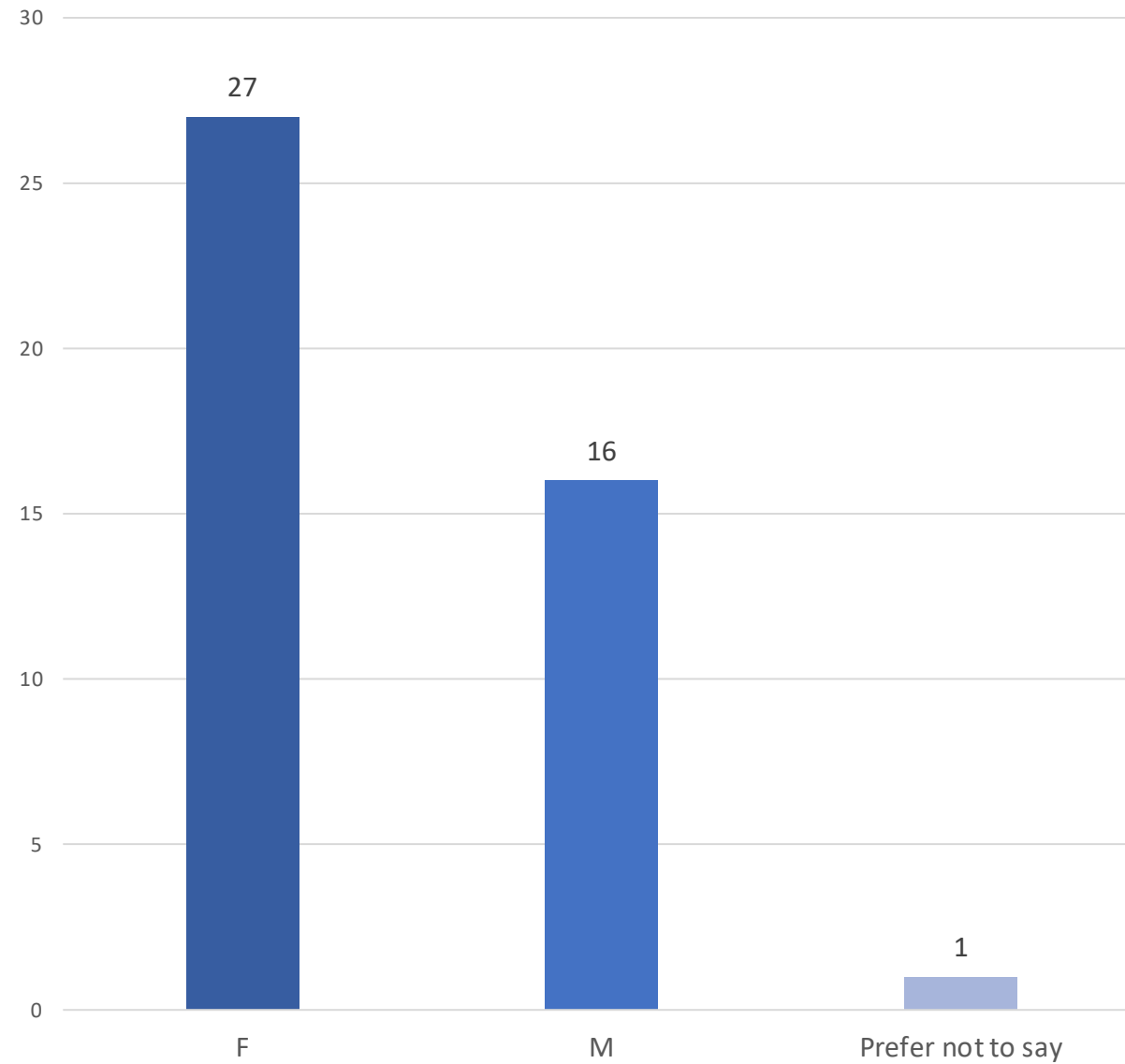
- An ACP-CP Responds in a small SUV
- Conducts a complete medical assessment
- Performs appropriate Point of Care (POC) testing
- Connects with a Board-Certified emergency physician via HIPPA Compliant PULSARA platform
- Provides treatment aligned with guidelines
- Orders prescriptions as needed



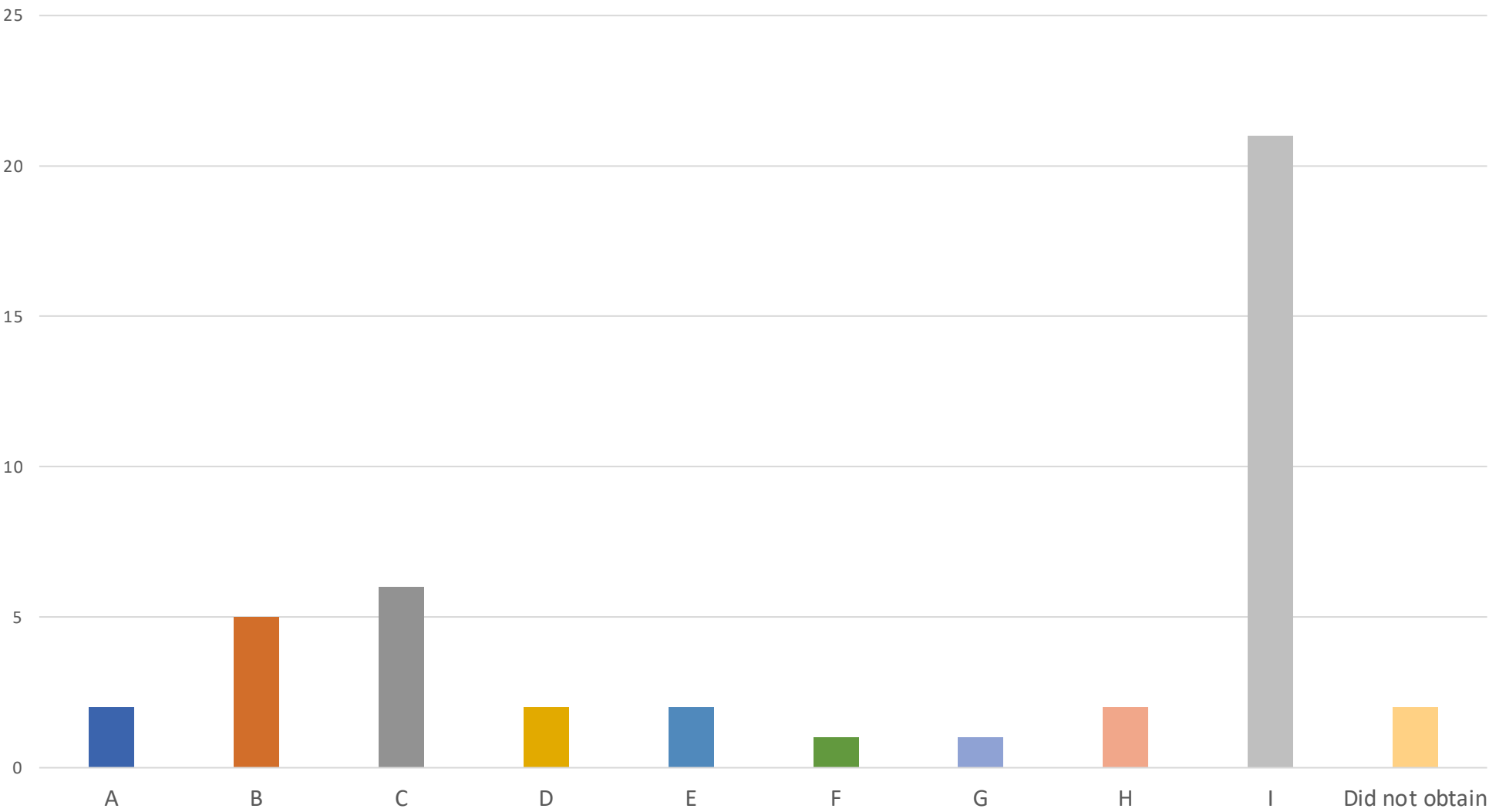
Case Study HOME

- 69 YOF Martha
- Increasing agitation and confusion per her son
- PT STS she has had increased urination with strong odor, frequency, and urgency.
- UA is positive for signs of a UTI
- Secondary and neurological exam are without abnormal findings
- BS, VS, and CMP are all within normal limits with a slight increase in WBC
- No signs of sepsis
- Son can't remember the last time she was treated for a UTI and what was used.
- CORHIO showed UTI 1 month ago that responded well to BACTRUM

Home Calls by Gender

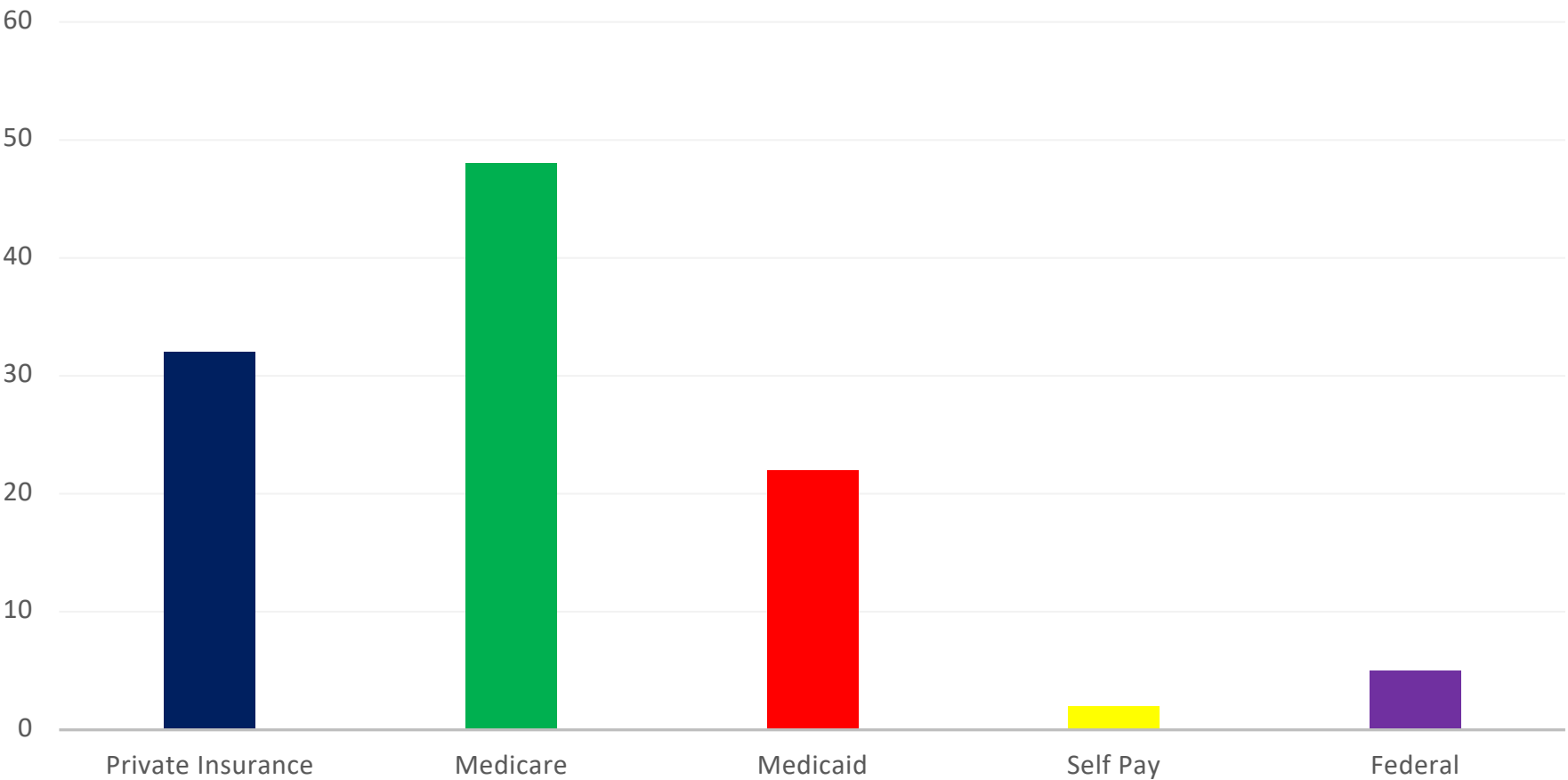


Calls By Income Group

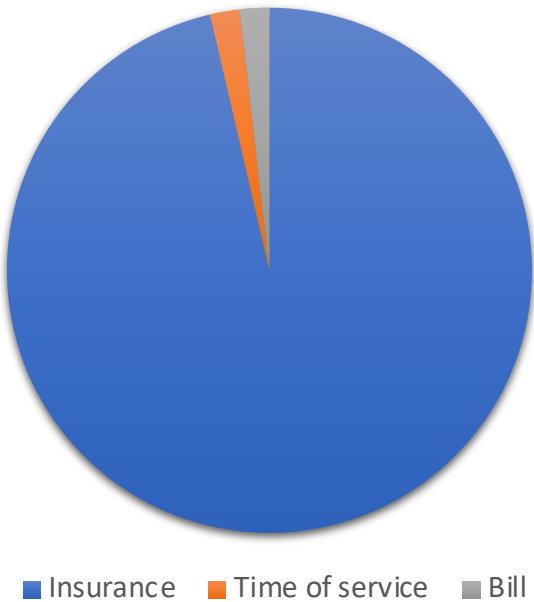


Payments

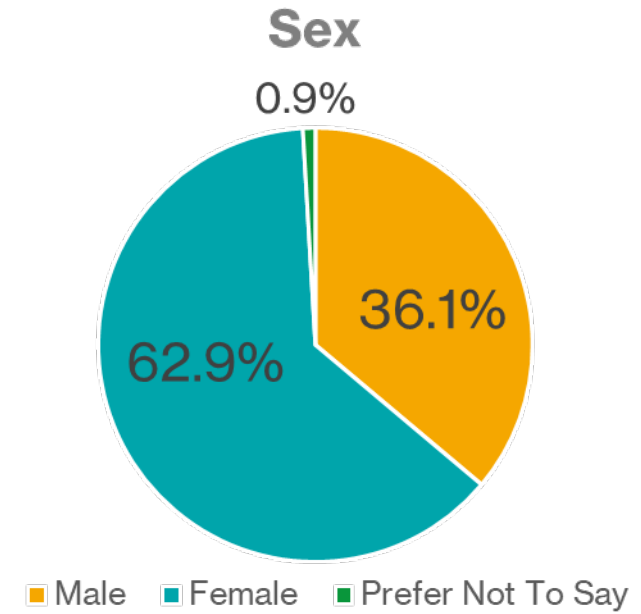
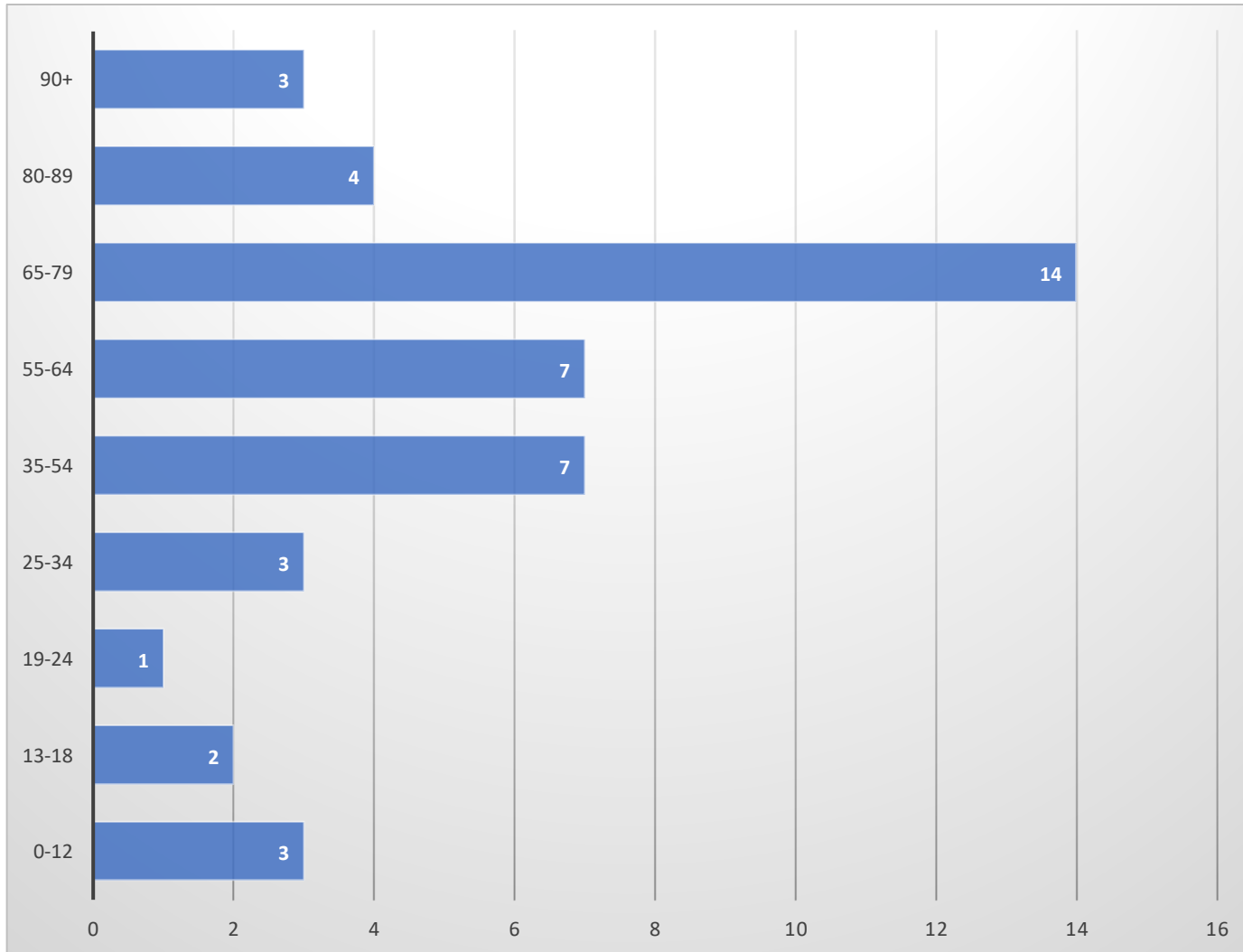
Primary Payer Source



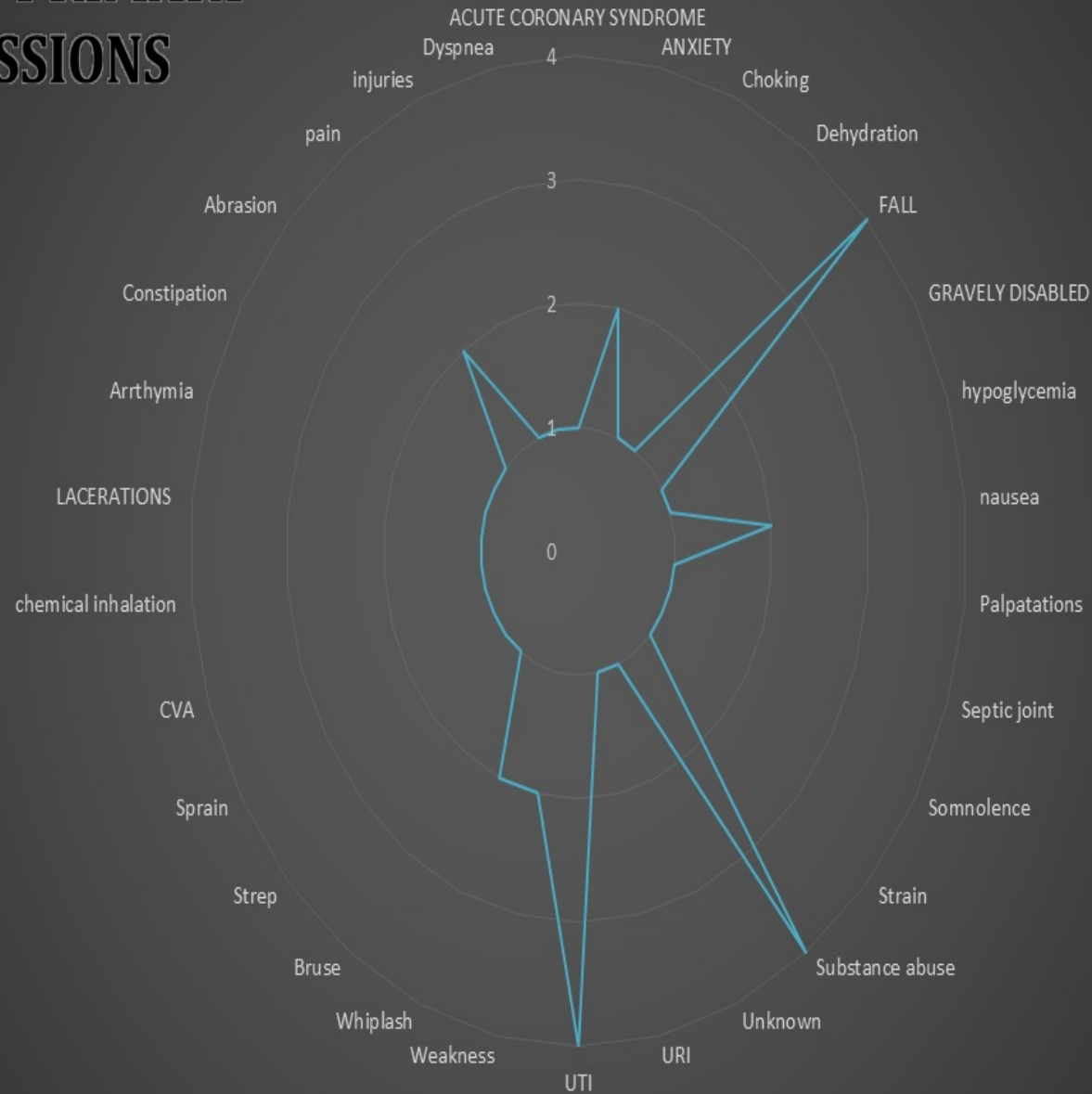
Payment Type



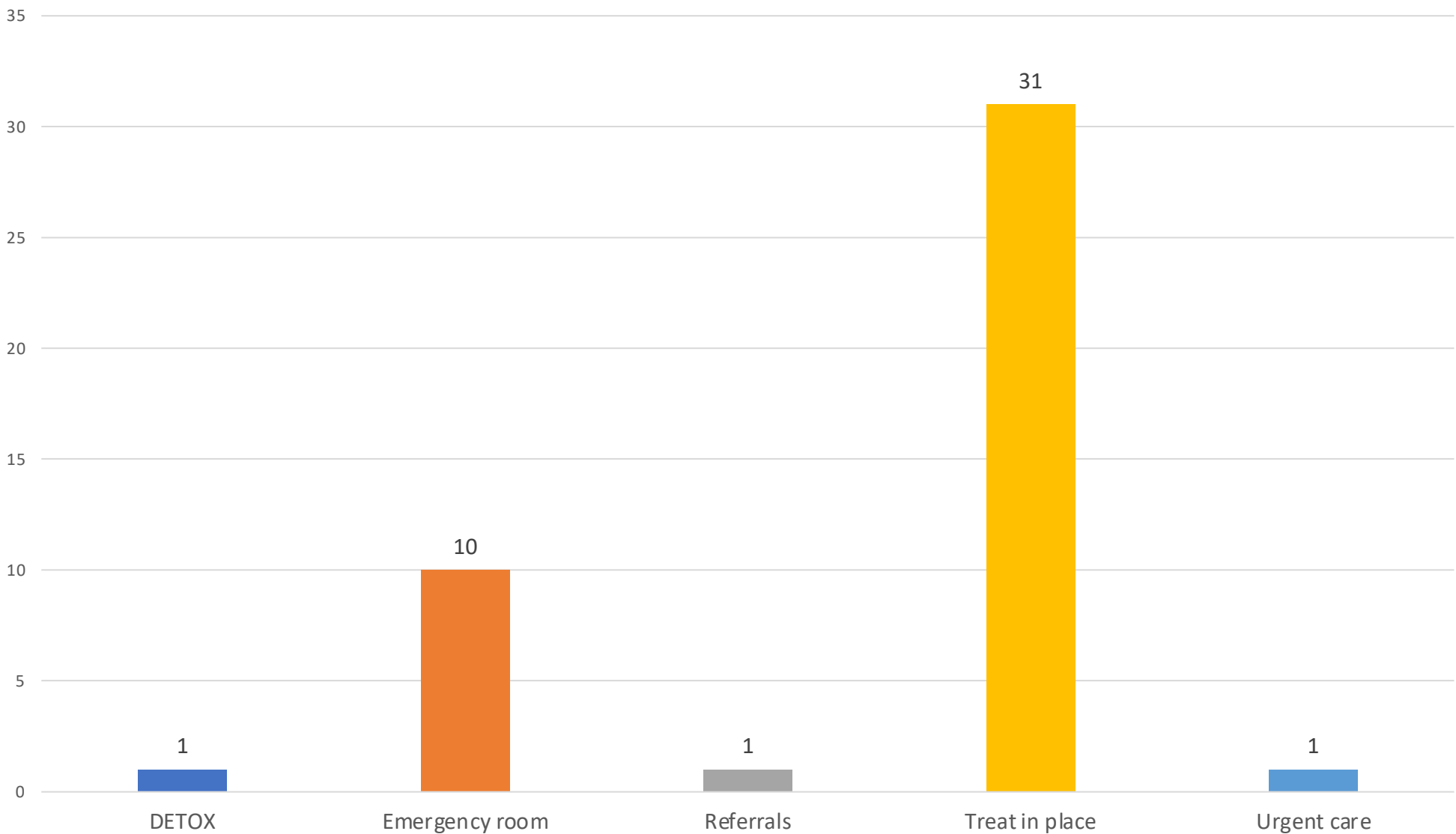
Patients by Age & Sex



COUNT OF PRIMARY IMPRESSIONS



Telehealth Visit Outcomes



ED Transports

- 21 Patients were transported to the ED
 - UTI (3)
 - ACS (2)
 - Back Pain (2)
 - Pneumonia (2)
 - Possible CVA
 - BRUE
 - Hypoglycemia
 - COVID
 - Dehydration
 - Constipation
 - Septic Joint
 - ETOH Withdrawal
 - Substance Abuse
 - Failure to Thrive
 - Lacerations
 - Fatigue

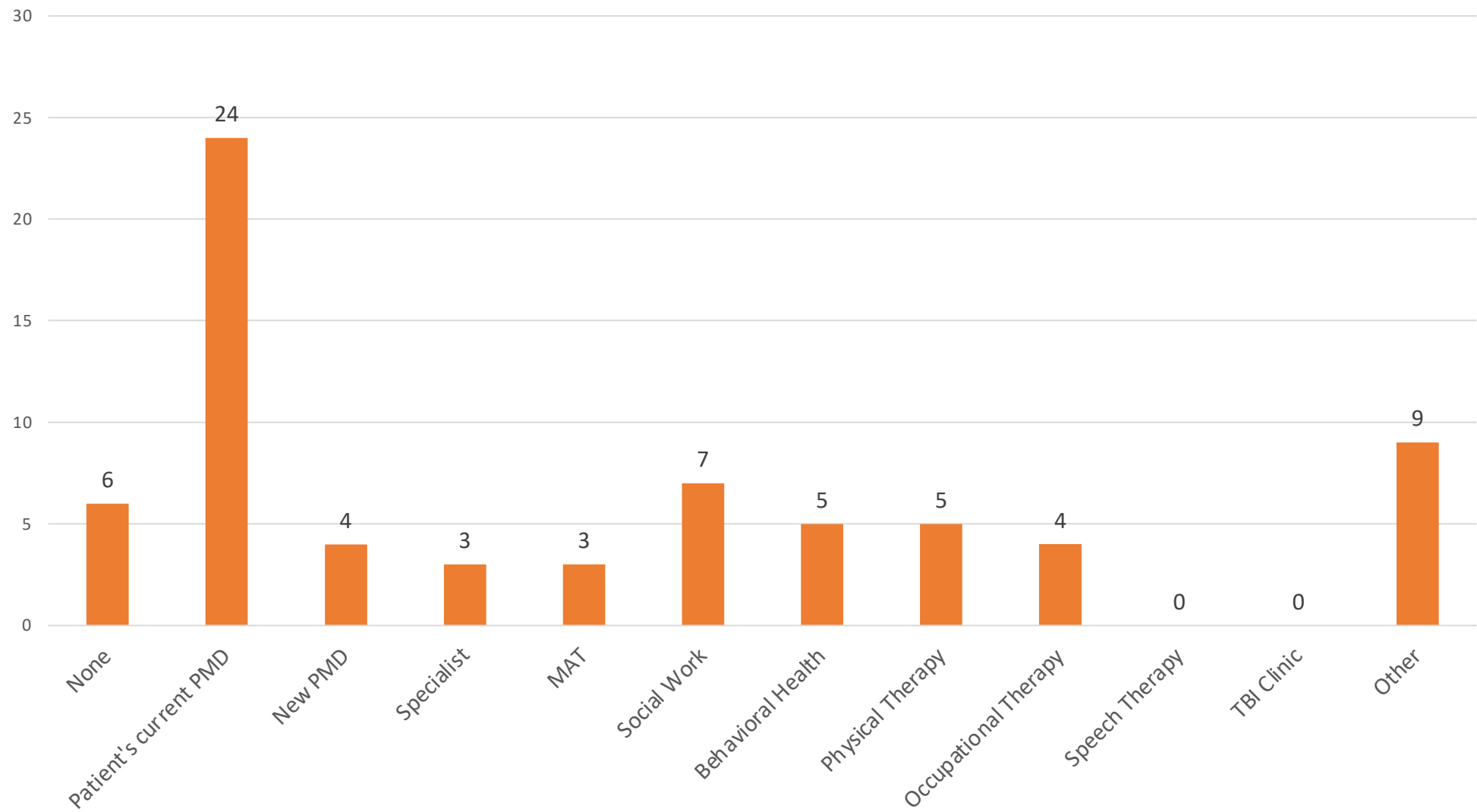
- 9-1-1 Patients who ended up being transported were offered telehealth after initially refusing transport
- 1 – Crew Requested Telehealth
- 1 – Patient Requested Telehealth

Telemedicine Admission Rate: 65%

Traditional ED Visit Admission Rate: 28%



Home referrals provided



Head-to-Head Charges

Telehealth Visit Physician Charge

- Level 3 – \$291
- Level 4 – \$528
- Level 5 – \$797
- EKG with I&R - \$50
- Self Pay - \$100

EMS Telehealth Charge

- Insurance - \$450
- Self Pay - \$100

Emergency Department Visit*

- Level 3 – \$783.27
- Level 4 – \$1,566.71
- Level 5 – \$2,349.98
- EKG Tracing (No I&R) – \$435.37

EMS Transport Charge

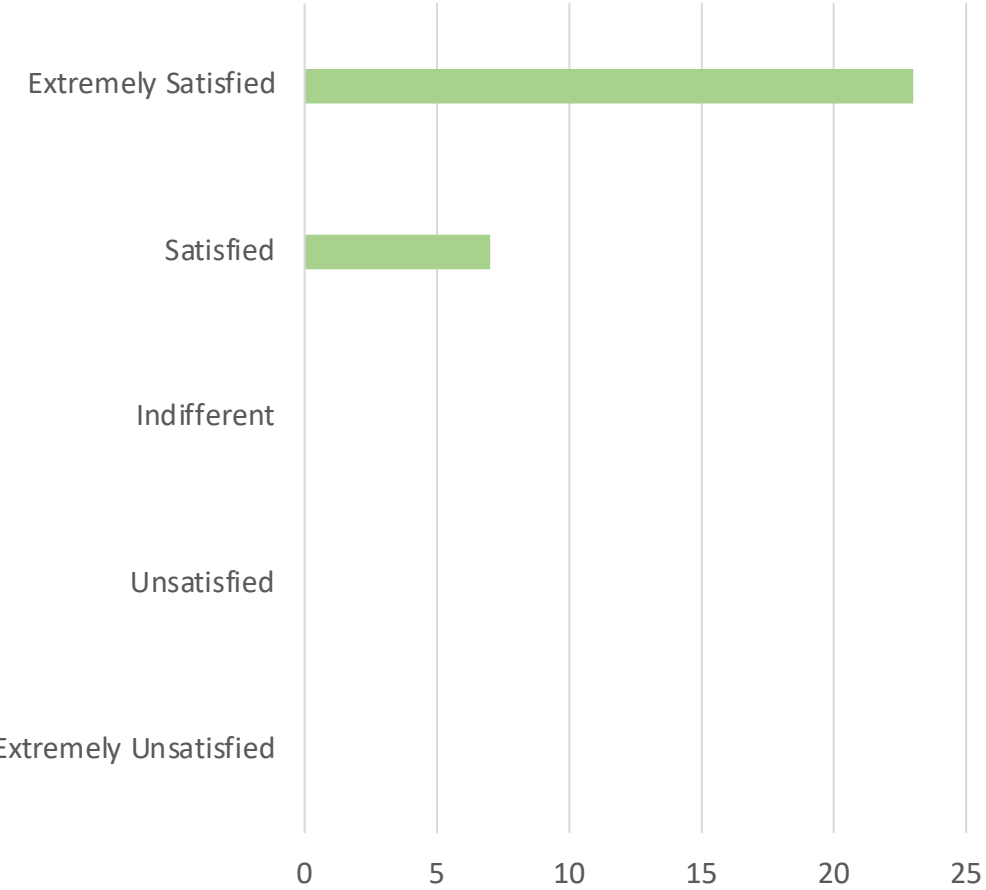
- Insurance - \$2,000
- Self Pay - \$2,000



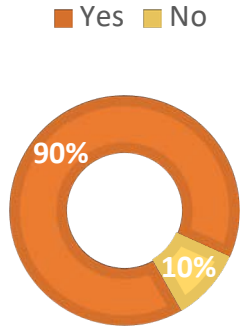
Patient Satisfaction

30 Surveys Completed – 30.6% Response

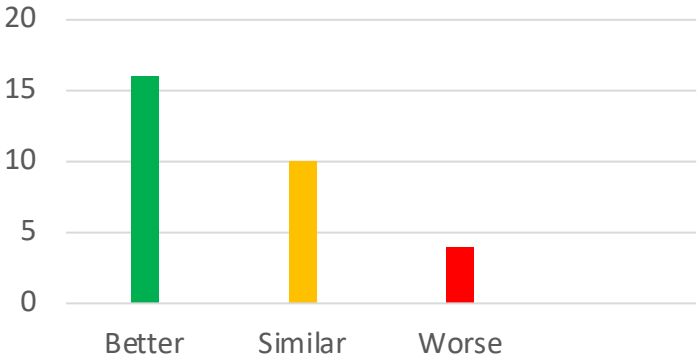
Patient Satisfaction



WOULD USE TELEMEDICINE AGAIN IN THE FUTURE



Compared to ED Visit



Feedback

"On a scale of 1-100, they were a 101. They were all wonderful people who are trained and practiced in empathy."

"Absolutely amazing. Everyone at UPRAD was phenomenal, it is great that you are offering this service especially in COVID times."

"Extremely helpful, especially for people in my situation, as my husband is unresponsive and comatose and incredibly difficult to transport."

"The best people I've ever seen. Amazing people."

"Very good, I didn't know this kind of thing existed. I'm in a wheelchair and it's hard getting me places..."

"They helped point me in the right direction...I was just pleased that they had it available."

"It was ok, it was nice not having to get out and go. It was much better, actually, at the time."

"It was pleasurable and if it could have kept me from going to the emergency department that would have been awesome."

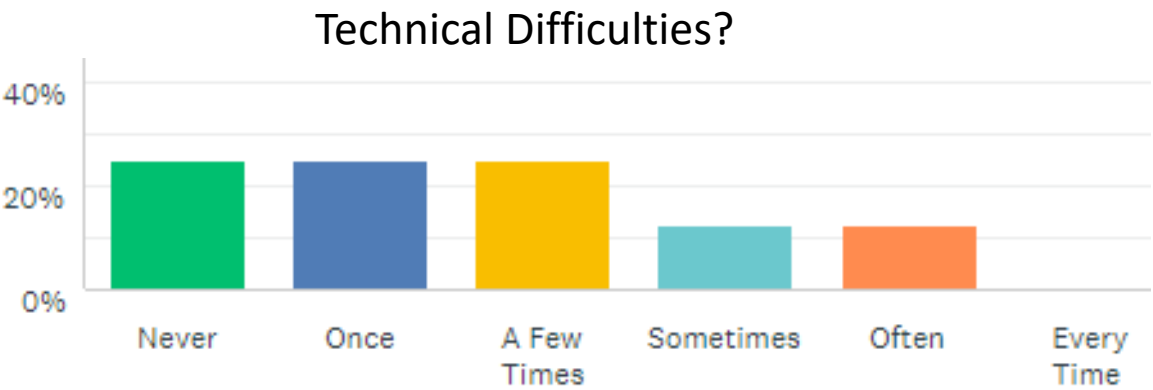
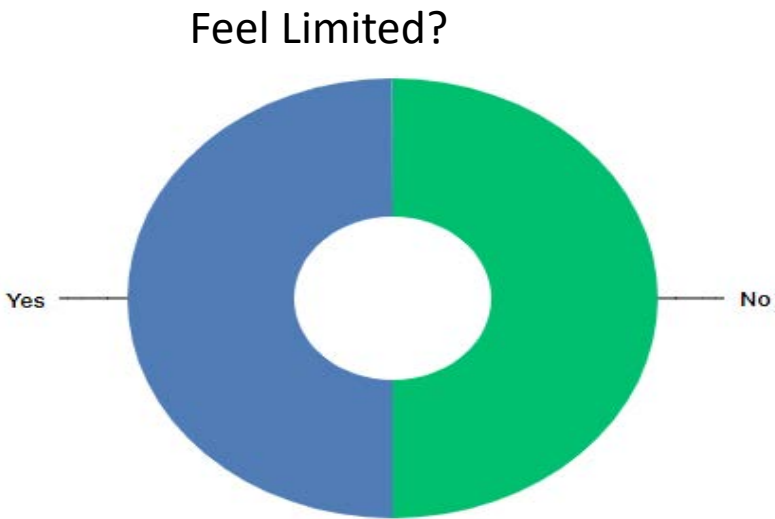
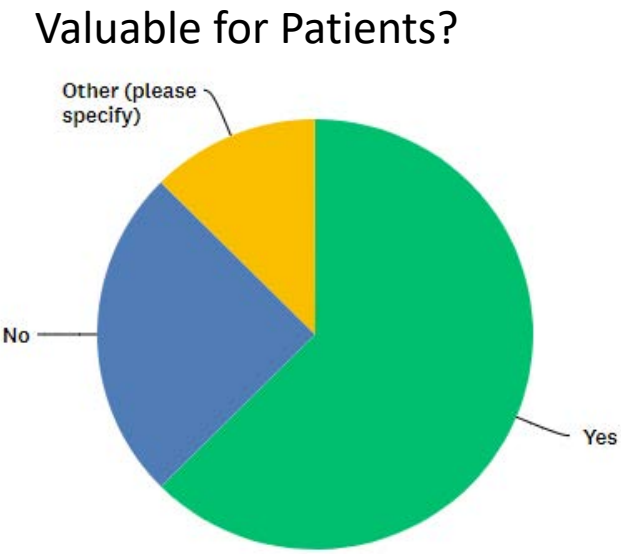
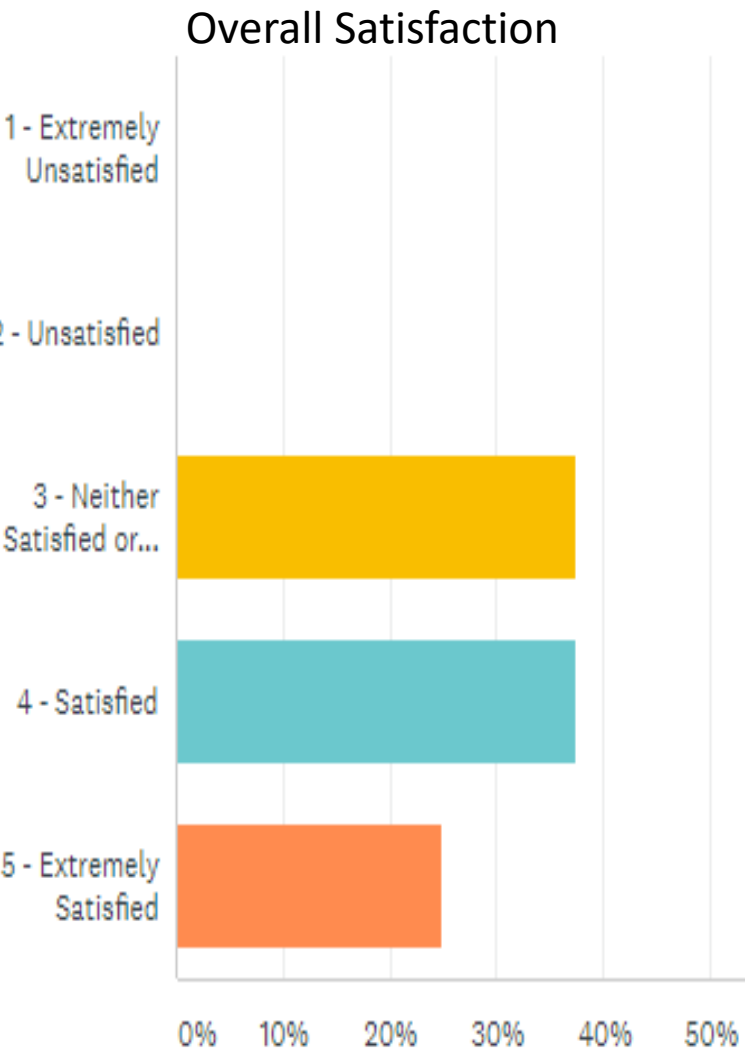
"Very efficient, very thoughtful. Excellent job"

"It was overall good, it would be helpful in emergency situations, I was in an emergency and couldn't get to the hospital. It was quick and easy."

"They were awesome. Nice people."



Physician Satisfaction





Case Study COVID Outbreak

- 15 firefighters live in a communal setting for 2 weeks at a time
- 4 firefighters with positive PCR test for SARS-CoV-2
- 6 additional firefighters with COVID symptoms
- 11 firefighters are tested
- 4 additional firefighters also test positive for SARS-CoV-2
- 6 firefighters are evaluated via telehealth physician
- 4 are signed up for monoclonal antibodies
- 2 receive additional prescriptions
- Public health is engaged to establish quarantine

Lessons Learned

Integrating volunteer agencies requires increased flexibility and a willingness to work atypical hours

Involving persons with lived experiences should be integrated throughout the project lifespan including the development, implementation, and sustainability phases

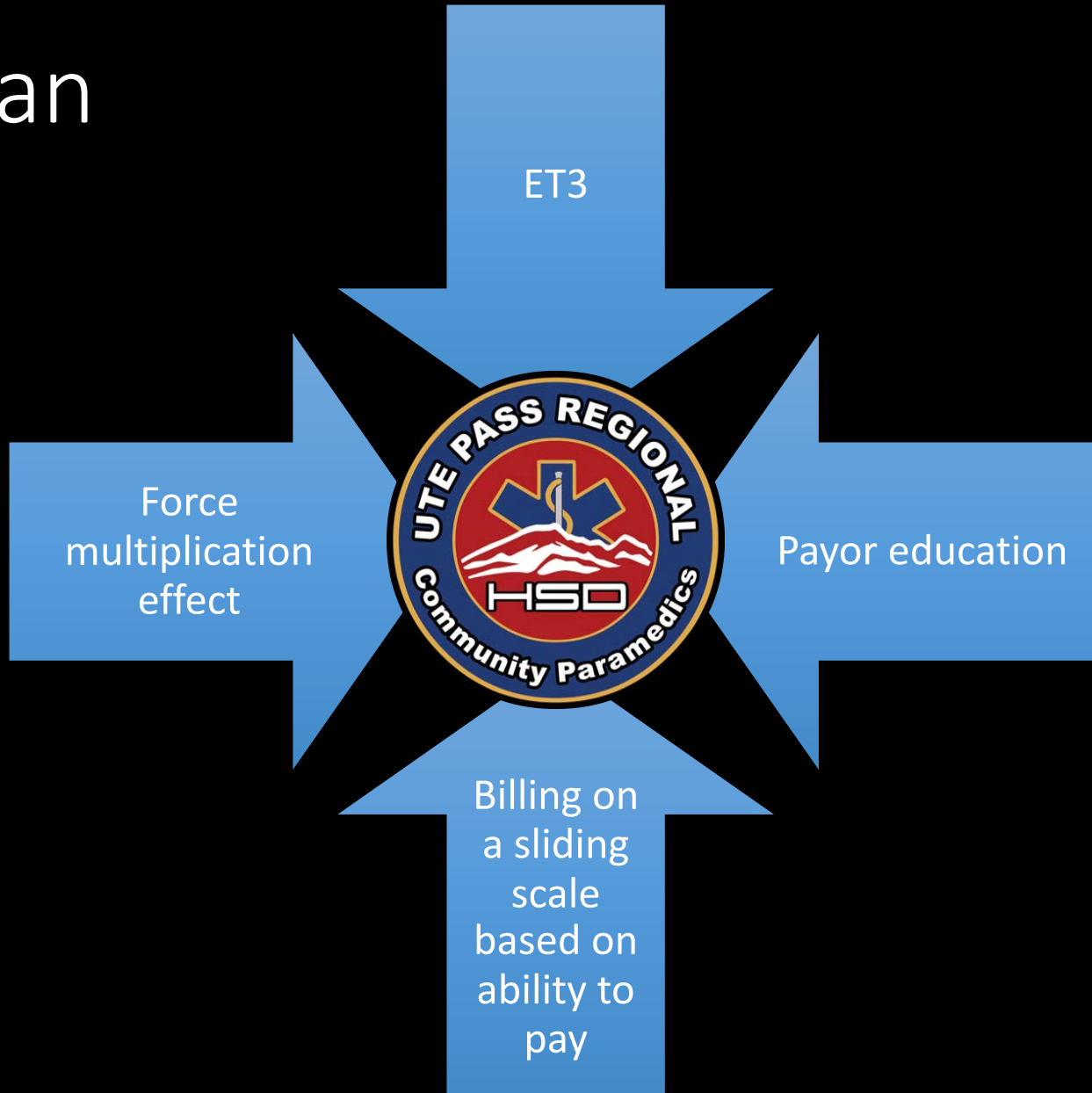
When working with multiple agencies establish core principles while allowing each agency to meet objectives in the way that aligns with its culture.

Planning and early mapping of utilized technology is most successful when it includes procurement, installation, training, and IT support

Visual and auditory disabilities must be considered when selecting and adopting telehealth technology



Sustainability Plan



Needs

Sustainable funding for Treatment in Lieu of Transport (TiLT)

- Medicaid: at the Medicare transport rate without mileage
- Medicaid: ET3 for all Treatment in Place (TIP)
- Insurance: A few have adopted and are paying under AO998 billing code

M-1 Holds for Community Paramedics

- Have ACP-CP identified as intervening professional
- ACP/PCPs able to write transport holds

Additional Funding

- Readmission avoidance
- ED follow-up
- Support local physicians



Questions

