

# Community Paramedicine in a Primary Care Group Practice

Alexander Ulintz, BS
Cleveland Clinic Lerner College of Medicine

No conflicts of interest to disclose

International Roundtable on Community Paramedicine

Las Vegas, NV

October 17, 2017

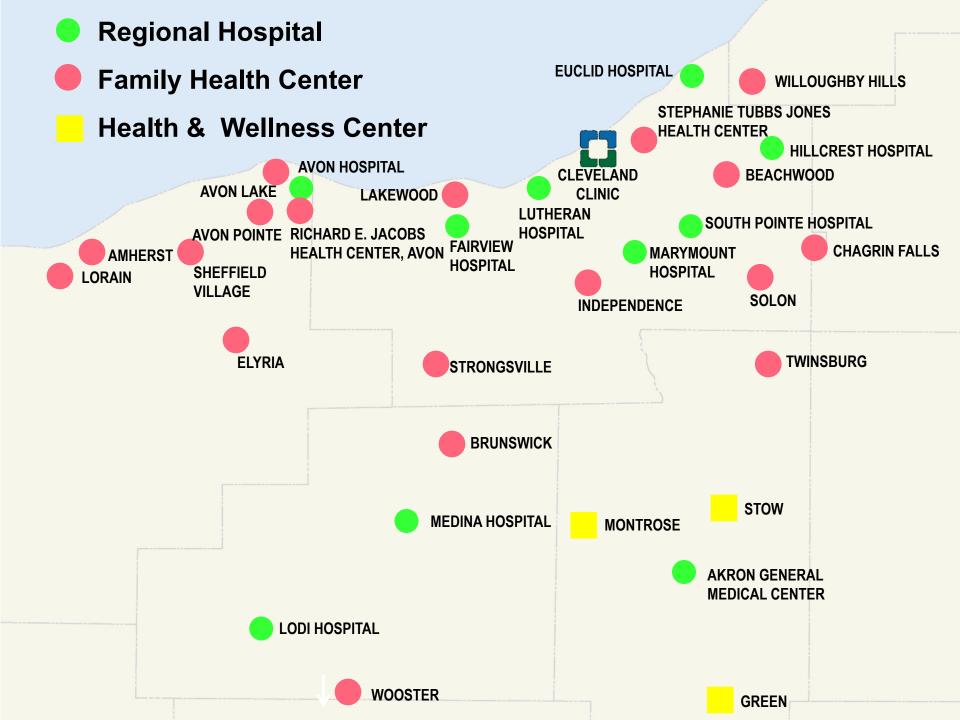
### **Presentation Overview**

- Cleveland Clinic
  - Center for Connected Care
  - Medical Care at Home
- Community Paramedicine Pilot & Services Provided
- Research Study Design & Outcomes
- Lessons Learned
- Future Directions
- Our Team

### **Cleveland Clinic**

- Tertiary care center located in Cleveland, OH
- US News & World Report's #2 US hospital in 2017
- 652,000 ED visits per year
- 220,000 hospital admissions per year





## Center for Connected Care & Medical Care at Home

 Center for Connected Care provides multispecialty care to 12,000 patients transitioning to home from hospital or post-acute care



- Medical Care at Home (MCH) provides in-home MD services to 1,300 patients across 8 counties
  - Elderly, mobility issues, complex health needs

### **Community Paramedicine Pilot**

- Prior to July 2017:
  - MCH physicians making urgent home visits to help avoid unnecessary ED/hospital use
  - Not leveraging mobility & training of paramedics, or available Telehealth technology
- Goals: decrease time-to-visit, increase physician productivity and positive patient outcomes
- After July 2017:
  - Trained & employed 2 community paramedics (advance care paramedics) to address posthospital & urgent patient care needs

### **Services Provided**

#### 3 Visit Types:

- Post-Hospital
- Urgent
- Scheduled Follow-Up

#### **Each Visit Includes**:

- Full medication review
- Home safety evaluation (including oxygen use)
- ADL assessment
- Physical examination
- Telehealth Visit (AmWell) with Physician

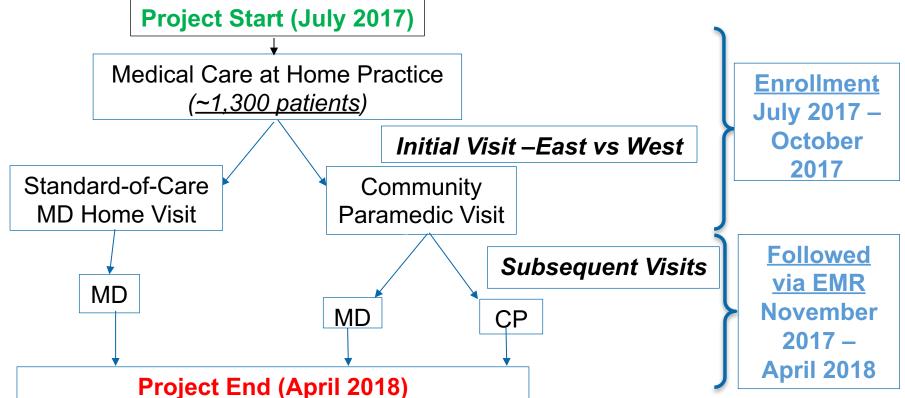


You don't need an appointment. Just a connection.

## **Study Design**

 Question: Does an operational change in community paramedic-to-MD staffing ratios result in improved patient outcomes?

Prospective cohort study – East vs West



### **Outcomes of Interest**

- Modeled after Measurement Strategy
   Overview via NAEMT MIH-CP Program Toolkit
- In addition:
  - Physician productivity
  - Time-to-appointment
  - Practice visit volume

## Preliminary Data - Demographics

- 1,155 patients eligible to see paramedic
- 533 community paramedic visits for 314 patients July 10 – October 10
  - 55% urgent
- Age = 76 + / 15 years
- Gender = 66% F

## Preliminary Data - Descriptives

#### Top 5 Presenting Chief Complaints:

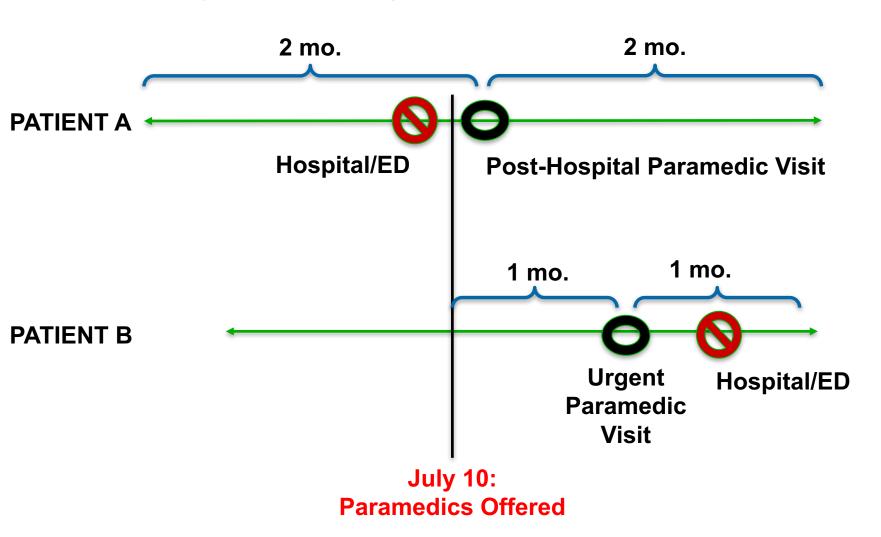
- (1)SOB -58 (11%)
- (2) Muscle/joint pain 53 (10%)
- (3) Cough -41 (8%)
- (4) Wound check 31 (6%)
- (5) Abdominal pain -26 (5%)

### **Preliminary Data - Analysis**

- Post-Hospital Time-to-Visit
   30% within 1d/45% within 2d of discharge
   90% seen within 1wk of discharge
- Urgent Time-to-Visit
   75% seen within 24h of phone call
   90% seen within 32h of phone call
- Physician Productivity 122% increase
  - 18 pts/wk pre vs. 40 pts/wk post

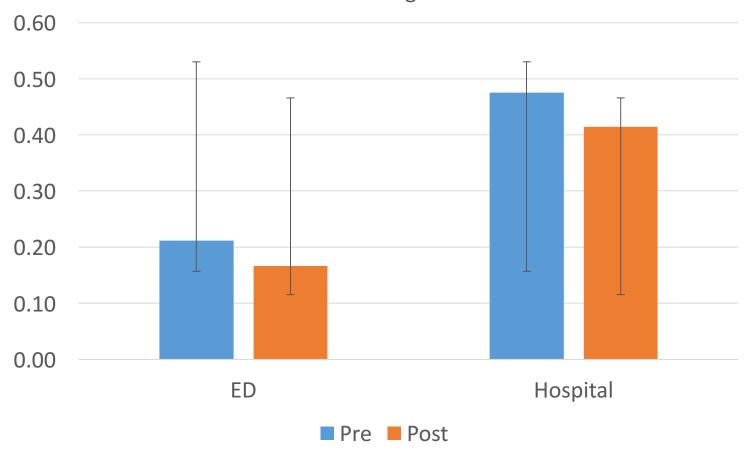
## **Preliminary Data - Analysis**

<u>Initial Analysis – comparing patients to themselves over the same time:</u>



### **Preliminary Data - Analysis**

Mean ED & Hospital Visits Per East-Side Patient Before vs After Seeing Paramedic



\*Mortality Rate: 0.04 (N=13) is unchanged from baseline 2017 data

### **Lessons Learned**

- Building rapport within the primary care world
- Program advertisement & patient utilization of urgent visits
- Protocol for high-utilizers despite frequent community paramedic visits
- Connectivity & AV difficulties
- Data loss to outside hospitals/facilities
- Value-added service that is not billable
- Paramedic futures training & education

### **Future Directions**

- Expand services to include:
  - Immunizations
  - Blood draws & POC labs (BMP, H/H, BNP, UA)
  - Advance directives
  - Medication disposal
- Utilize new technology:
  - InTouch (bluetooth peripheral devices)
  - Mobile HotSpot

### **Future Directions**



- Algorithm for >40% risk of 30d readmission
- Combination of recurring scheduled paramedic visits & urgent visits over 30d
- Revise protocols to reduce number of encounters requiring MD telehealth visit

### **Our Team**

**Paramedics:** 

Aaron Packard

Paul McClintock

**Physicians**:

Dr. Jan Bautista

Dr. Bill Zafirau

Dr. Seth Podolsky

Dr. Robert Wyllie

Nursing:

Jelayne Roberts

**Evelyn Calloway** 

Lauren Currie

**Carol Krestel** 

James Bryant

<u>Administration:</u>

**Don Carroll** 

Kathy Brezine

## Cleveland Clinic

Every life deserves world class care.

Alexander Ulintz, BS ulintza@ccf.org