integra

Integration of Community Paramedicine with Hospital at Home

July 13, 2021

Integra & Care New England: Who are We?

- Four acute care hospitals
- Certified home health & hospice agency
- Ambulatory behavioral health organization
- Primary care practices >120 sites
- Integra Community Care Network
- Integra is responsible for ~ 150,000 covered lives
- MA, MSSP, AE – Medicaid, Commercial

Integra's story:

- High risk patients enrolled in an interdisciplinary complex care team with geriatrics and palliative care oversight and NP home visits

- Mission driven focus on identifying "what matters"
- High need often = older with multiple conditions

- 2018 –West Health/IHI LAN with funding support to test programs for "unplanned events in older adults"

Our Journey:

Why Integra at Home:

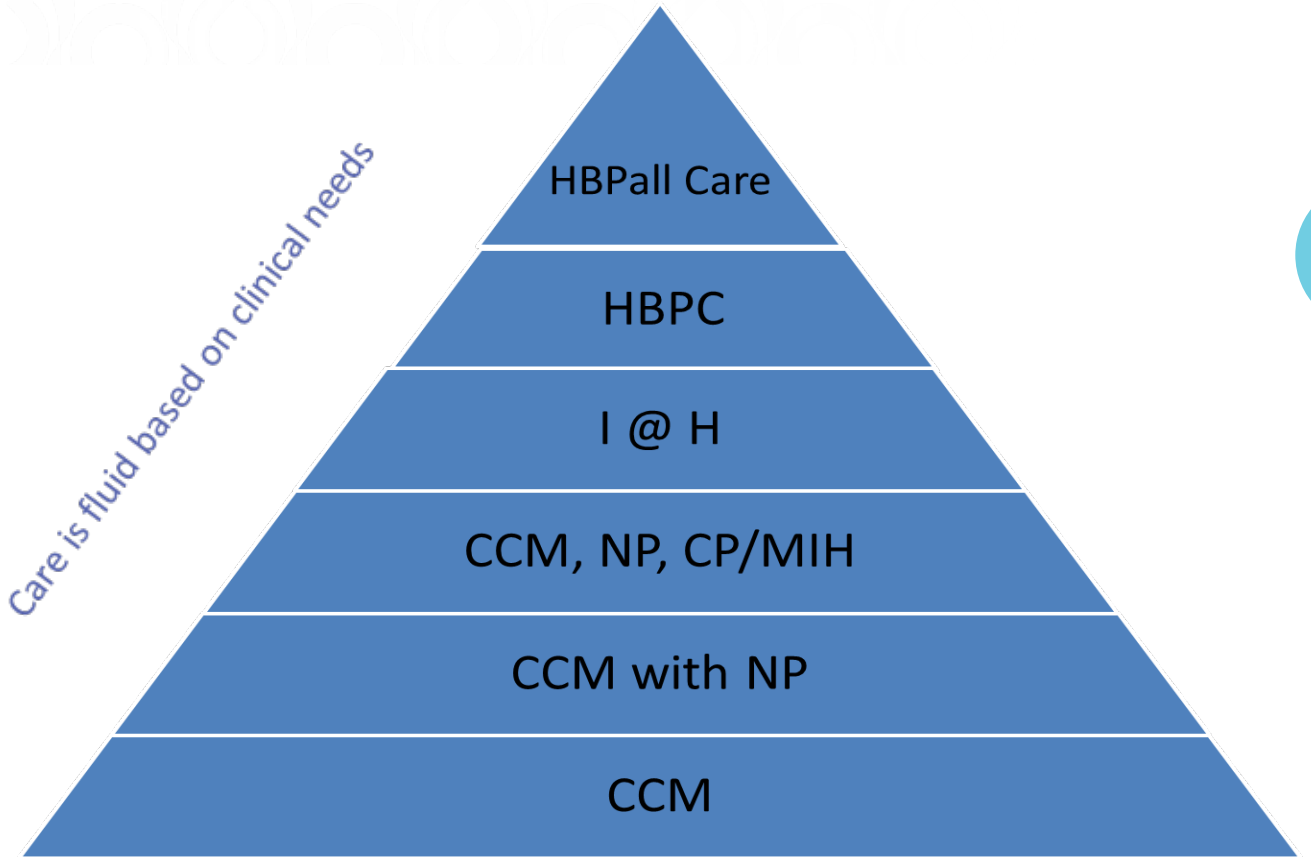
- Our patients needed higher level of care at home and often expressed a desire to stay out of the hospital

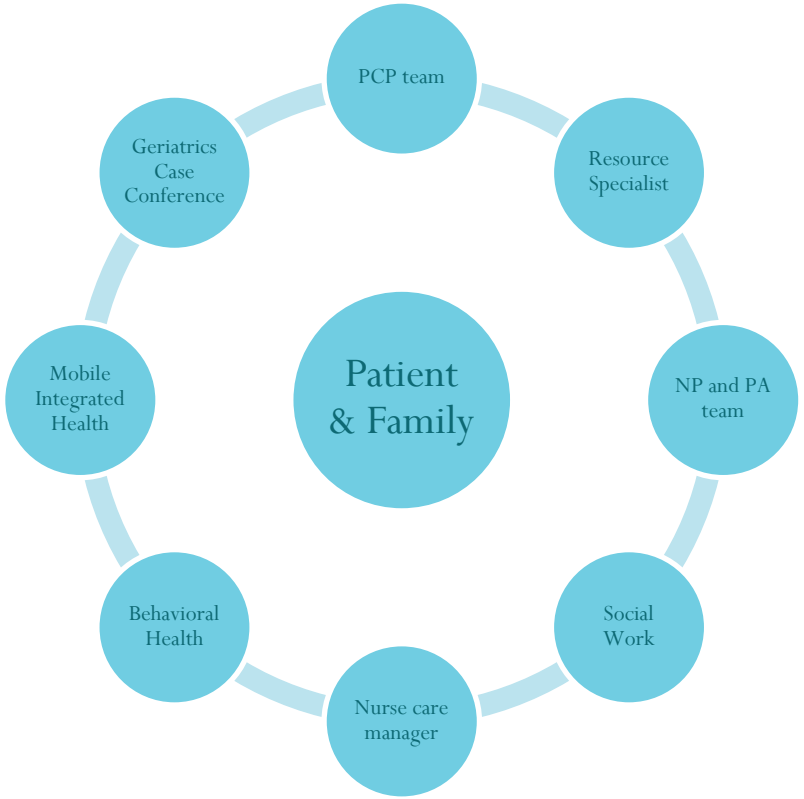
- Our staff were hungry for better options!

Why Integra at Home:

Providing a patient-specific anticipatory foundation	Providing early warning signs of potential exacerbations
Development of an agile response mechanism	Ability to respond on a timely basis
Continuum of services for added flexibility	

Our Model:





Our Model:

- Step up from our existing complex care management program
- Careful patient selection
- Goals of care focused
- “Call First” – Patient education

Integra @ Home Enrollment Criteria:

- Adults 70+
- Higher risk population
- Target diagnoses
- Geographic considerations
- Detailed enrollment criteria
- Exclusion criteria
- Careful patient selection
- **Pre-enrollment model**

Integra @ Home Early Lessons Learned:

Finding the right partners is important

Response time is key

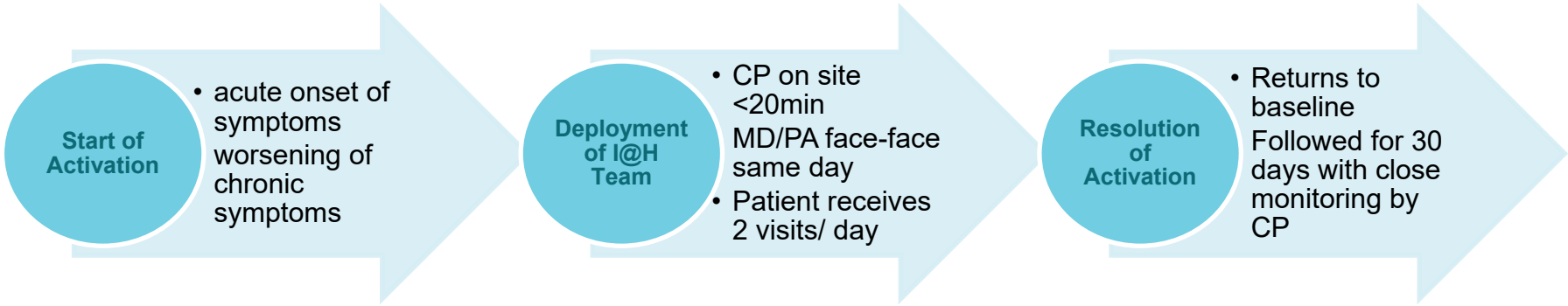
Pre enrollment allows anticipation & prevention

Team building – focus, team checklists with processes and communication guidelines

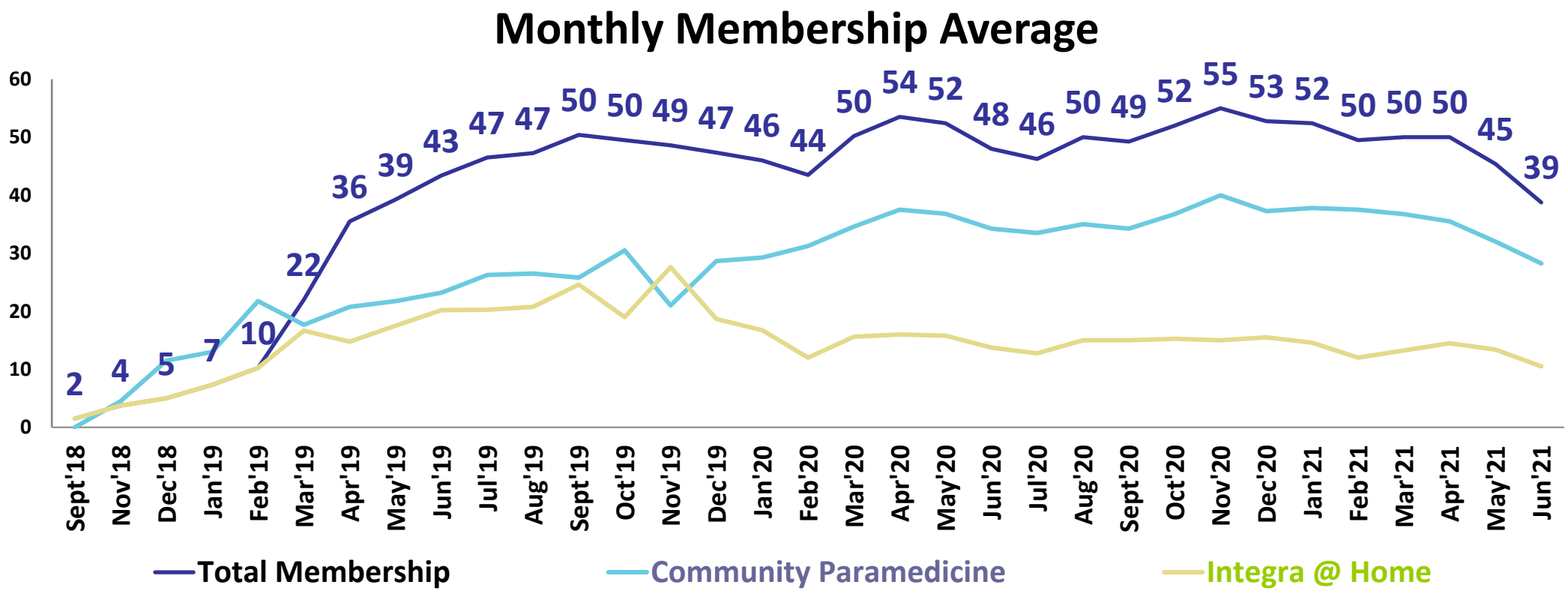
Weekly “huddles” I@H team and community paramedicine team

Integra @ Home in the field:

Mrs. R calls to say that Mr. R is feeling short of breath this morning despite taking his medications as prescribed. She reports that he may have had a 3 lbs. weight gain over the last several days but is not sure. I as the provider on call, get a call from the nurse case manager reporting Mrs. R's concerns; community paramedicine (CP) has already been deployed and are estimated to arrive at the couple's home in 20 minutes. As I await their call, I log on to review Mr. R's history and see that he has a PMHx of CHF and COPD, currently treated with po Lasix, Spiriva, Symbicort, albuterol and duoneb therapy. CP calls with an assessment of the patient: I learn that he indeed has had a 5 lbs. weight gain and is noted to be with scattered wheezing in all lung fields despite taking his am neb treatment. He has been camping and indulging in hot dogs over the course of the last several days. VS are otherwise unremarkable. I give an order for Lasix 20mg IV as well as solumedrol 125mg IV which CP administers to the patient. VS are checked 20-30 min later and are normal, patient is placed on the schedule for a follow up visit later that afternoon. Mr. & Mrs. R are encouraged to call with any concerns in the meantime. At the afternoon check in visit, CP reports that Mr. R is feeling "much better" with full resolution of wheeze and shortness of breath. CP provides additional support & education on healthy food choices and disease management tips to Mr. R. The I@H team continues to follow the patient on a weekly basis and this episode will last 30 days unless there are any news activations.



Monthly Membership Average:



Clinical Results:

Program	Acute Events	Possible ED diversions	Possible IP diversions
Community Paramedicine	341	244	89
Integra @ Home	209	168	85

Referrals	Number of Patients	Percent
Hospice	38	36 %
LTC	13	12 %

Integra's COVID-19 Response:

- Rapid change required
- Telemedicine suddenly crucial
- Facilitated telemedicine utilizing paramedic in the home with provider on video
- Treatment & evaluation at home for older adults
- Social work outreach and telehealth visits

Patient Story

B.B & S.B.

88 yrs. male, lives with his wife, with a history of COPD, a patient of our older adult's practice. During the pandemic he and his wife, also our patient with a history of dementia, came down with respiratory symptoms. COVID19 testing came back positive for both. Both refused hospitalization because they wanted to be together and were scared of no visitation and isolation in the hospital. Our team treated them both with the support of the paramedicine team.

Their daughter is a physician in NYC and was unable to come due to her work in the pandemic. They were worried about her, and she was worried about them. Video visits each time the paramedic was in the home was amazingly supportive to them all.

Summary:

- Hospital at home programs serve to improve quality of care and to better meet “what matters” to our patients
- Patient and provider satisfaction is high, we meet our goal for increased “time at home” and reduced utilization
- Community Paramedics are a key partner – provide agile response system to our program
- Payment streams remain crucial to success and expansion

- **Questions? Reflections?**