**JEREMY DEWALL, MD, FAEMS, NRP** 

# BRINGING BACK THE PHYSICIAN HOUSE CALL

EMS Integration to Provide Emergency Medicine Care in the Home

#### FINANCIAL DISCLOSURES

I work for both an EMS agency & emergency medicine group that is currently piloting EMS telehealth in southern Colorado.

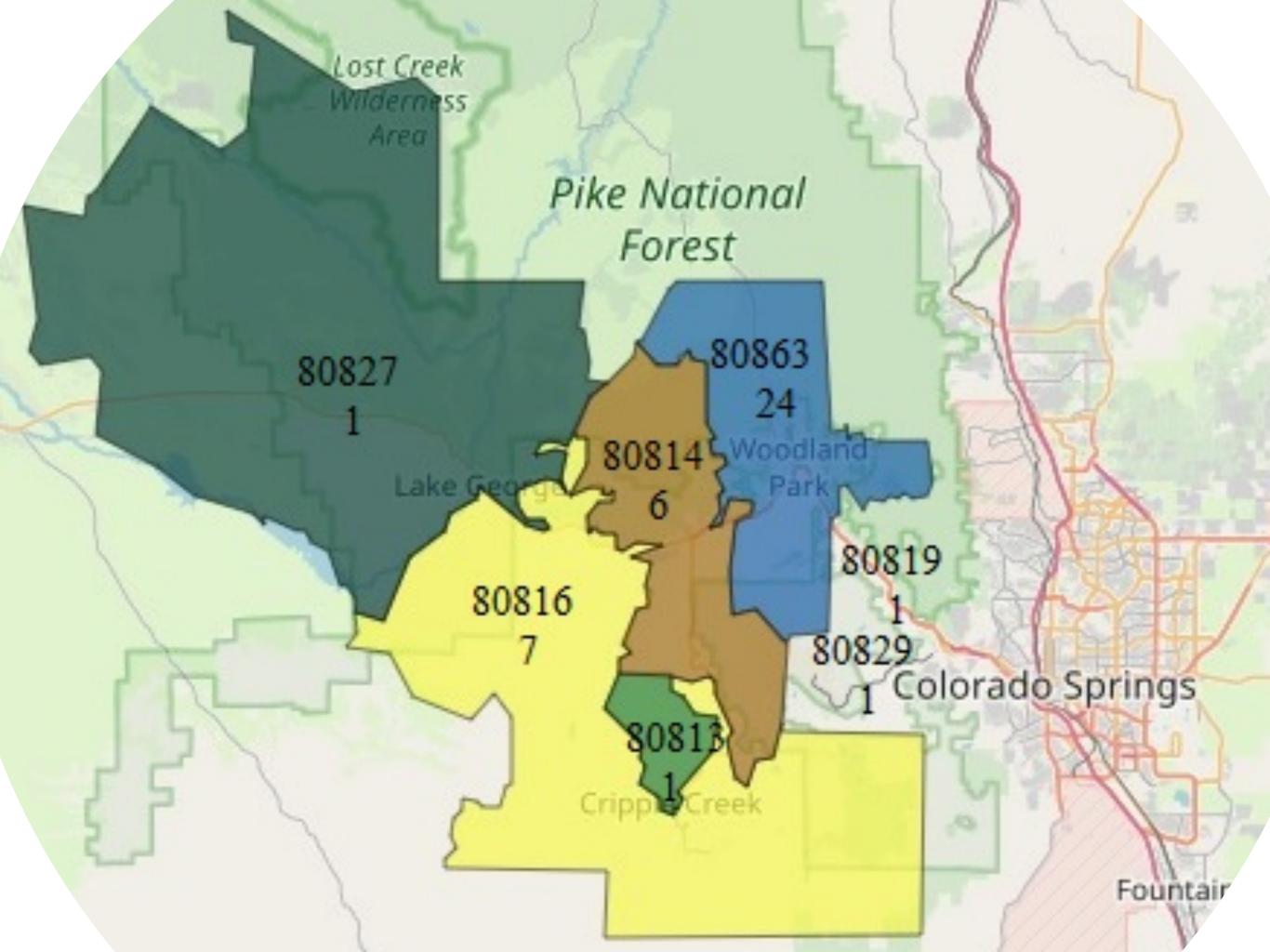
A specific video telemedicine platform will be heard in videos in this presentation. This platform is used within our system for connecting the telehealth program. Other platforms exist as well.

#### OBJECTIVES

 Discuss the role of EMS clinicians of all levels in providing home telehealth options

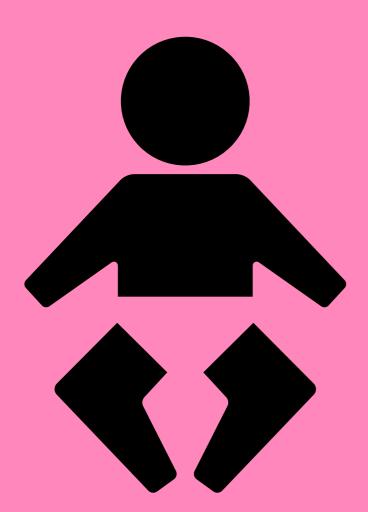
 Define the challenges and opportunities for extending emergency medicine care into the home

 Demonstrate the ability of EMS to breakdown healthcare disparity



# "ENABLING OUR EMS CLINICIANS TO PROVIDE THE BEST POSSIBLE CARE TO OUR CITIZENS AND VISITORS NO MATTER WHERE"







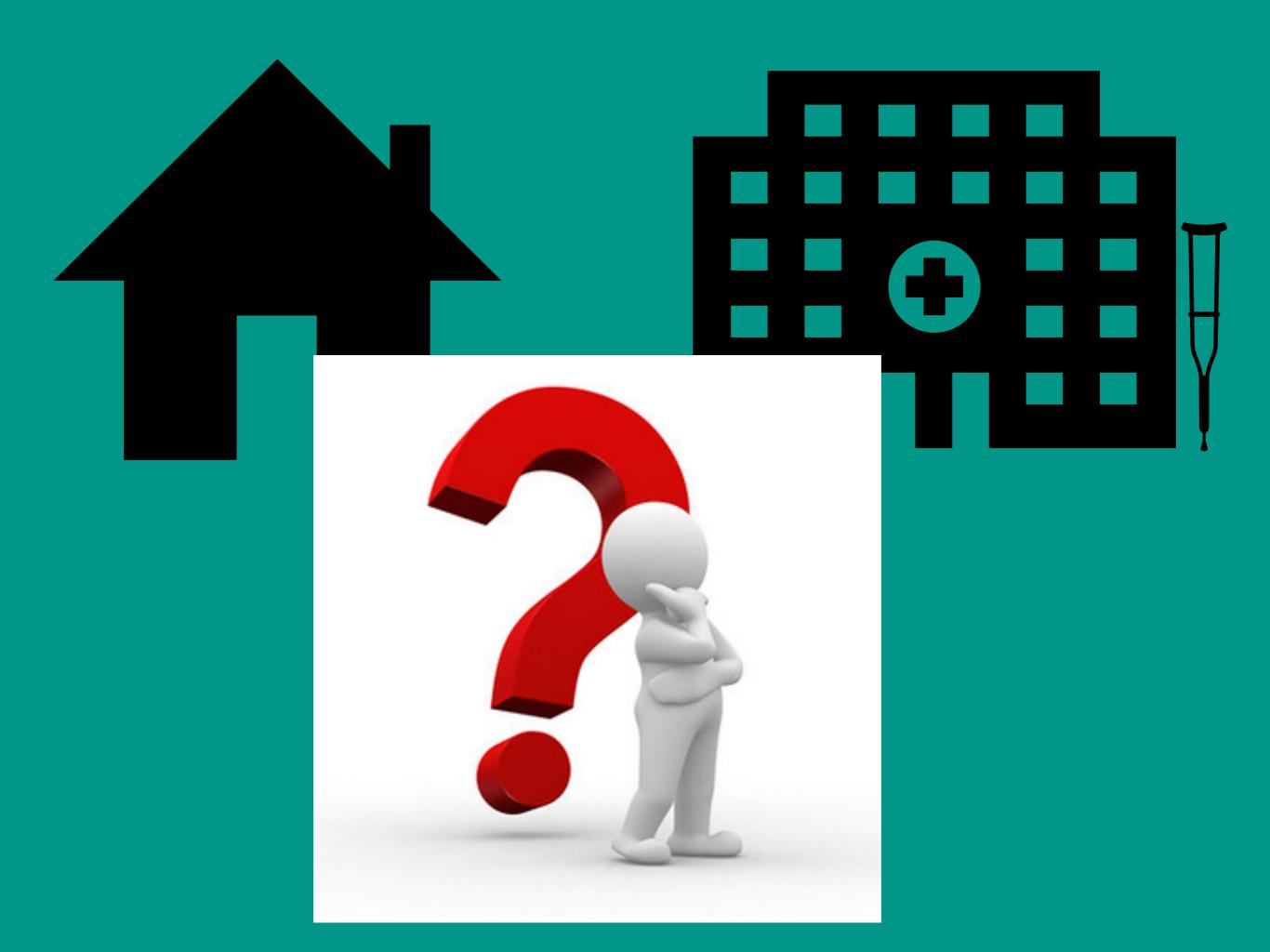


















#### CHALLENGES

- Can we do this?
- Should we do this?
- What do we need?
- Is it worth the time commitment on scene?
- Does this <u>REALLY</u> benefit our patients?

CAN WE?



COMMUNITY PARAMEDIC

# FEBRUARY 2021 S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

**EMT** 

#### REALDPYDRIUMES SHOULD WE?

**COVID-19 Dehydration** 

**Shortness of breath** 

**VIRAL SYNDROME** 

**Nausea and vomiting** 

**Asthma exacerbation ACUTE** 

**COVID-19** 

**UTI IS RESOLVED** Anxiety

pain

**Dehydration** 

**ANTERIOR EPISTAXIS** 

MAB INFUSION

Hypoxia RENAL

**Alcohol Chest pain** 

prescription medication

urinary retention dehydration/seizure

Low SpO2 VIRAL SYNDROME CHF

pneumonia

COVID NONE weakness tract infection

**Dehydration** 

**Urinary tract HYPOXIA** 

MAB INFUSION

**Urinary** 

**CRITERIA** hypotension

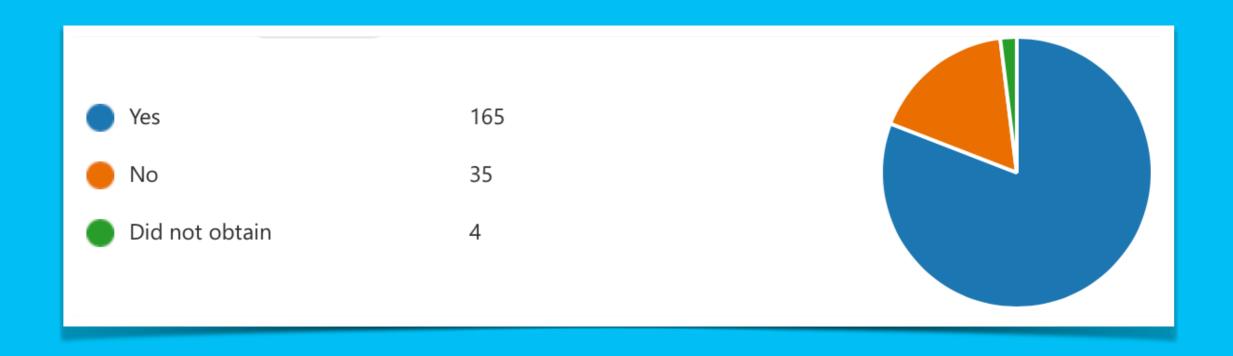
**ACUTE CHF** 

abd infection

CHF EXACERBATION

# REAL OPPORTUNITES SHOULD WE?

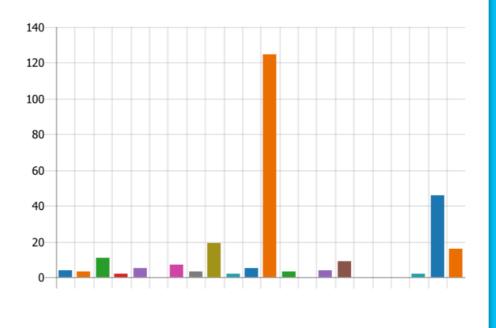
#### DOES THE PATIENT HAVE A PRIMARY CARE PHYSICIAN?



**SHOULD WE?** 

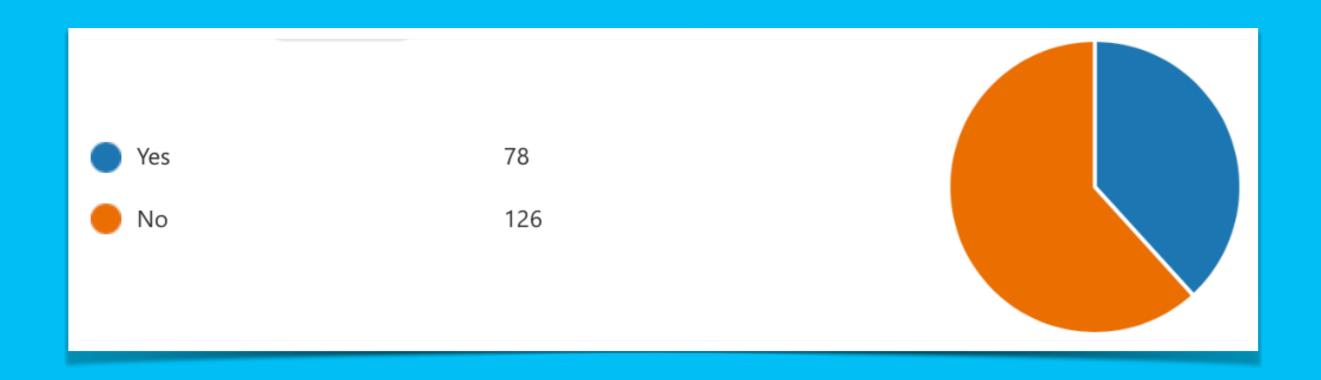
#### REFERRALS PROVIDED





# REAL OPPORTUNITES SHOULD WE?

#### **DID THE PATIENT RECEIVE A PRESCRIPTION?**



## REALUPURIUM ES SHOULD WE?

Tessalon pearls lasix

**PHENERGAN** Oxygen

**Albuterol** 

**Hydroxyzine** Flexeril

**Augmentin** 

SPRAY/LEVAGE IV Infusion SALINE NASAL

Prednisone DOXYCYCLINE PEPCID

Zofran Keflex DECADRON
Tessalon Regian

**ALBUTEROL INHALER** 

WHAT is needed?



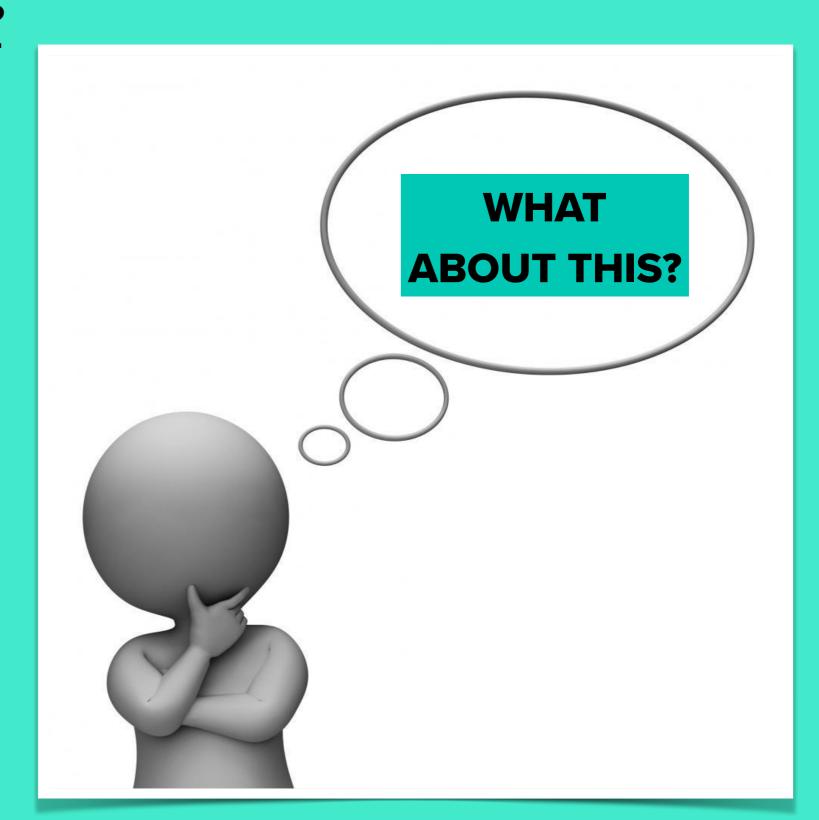




WHAT is needed?



Is it worth our time?

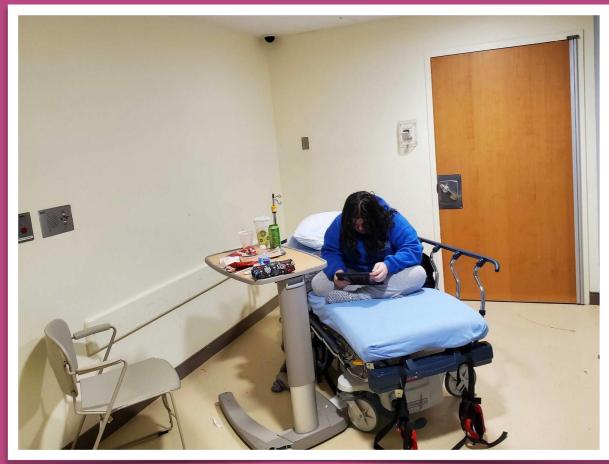
















#### Does this REALLY benefit our patients?

"Very efficient, very thoughtful. Excellent job" "They helped point me in the right direction...I was just

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

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

available."

pleased that they had it

"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

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

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

"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 were awesome. Nice people."

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

#### Does this **REALLY** benefit our patients?



Does this **REALLY** benefit our patients?





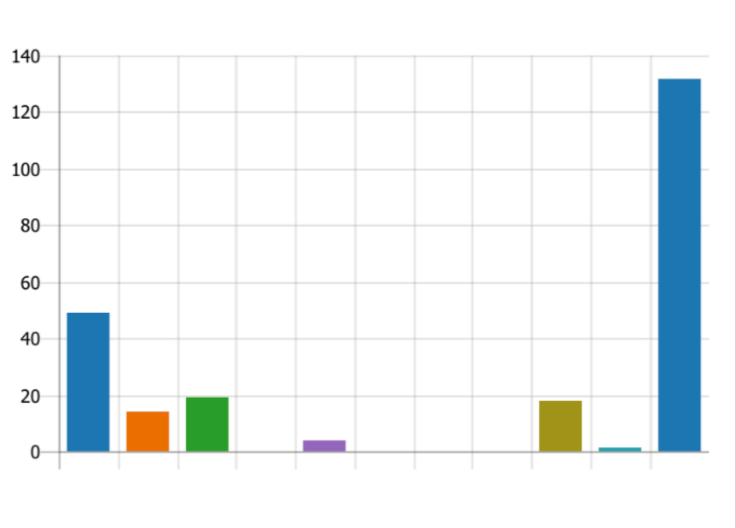
28%

65%

## ADDITIONAL CARE

#### **PREHOSPITAL LABS**

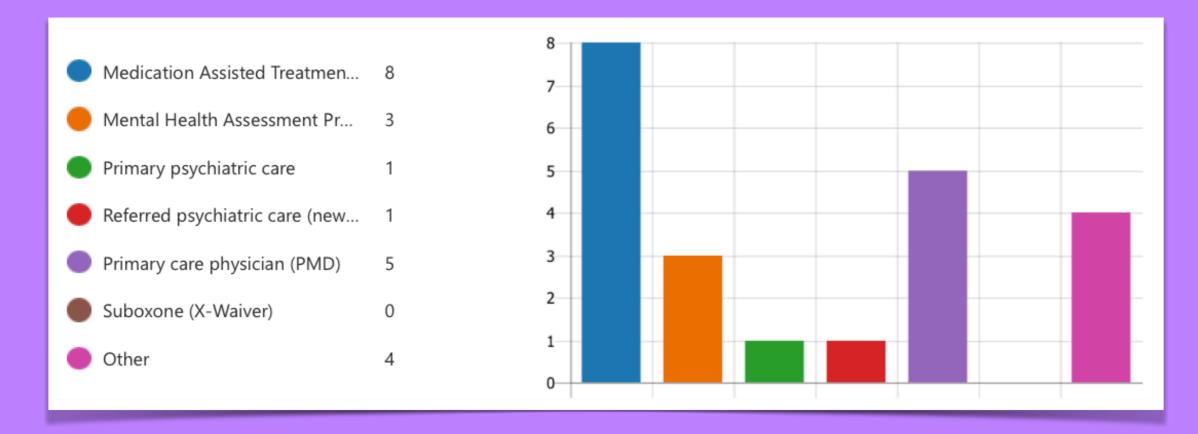
PICCALO CMP	49	
H&H blood draw	14	140
Urine analysis (medical)	19	120
Urine pregnancy	0	100
Breathalyzer	4	80
Toxicology screening (blood)	0	60
Urine toxicology	0	40
Strep Test	0	20
COVID-19 sample	18	(
Other oral or nasal secretions	1	
None	132	



#### ADDITIONAL CARE

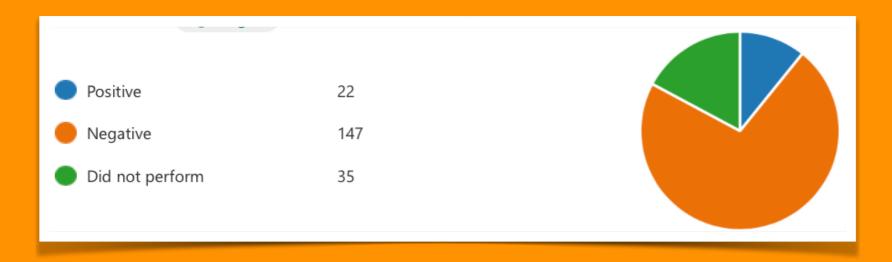
#### **SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT**





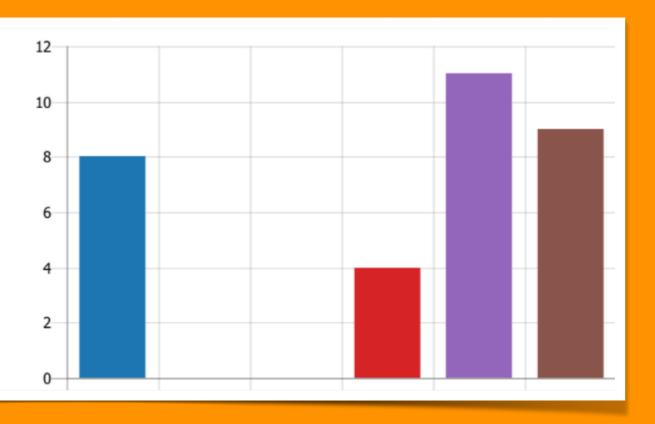
### ADDITIONAL CARE

#### **FALL RISK ASSESSMENT & MITIGATION**





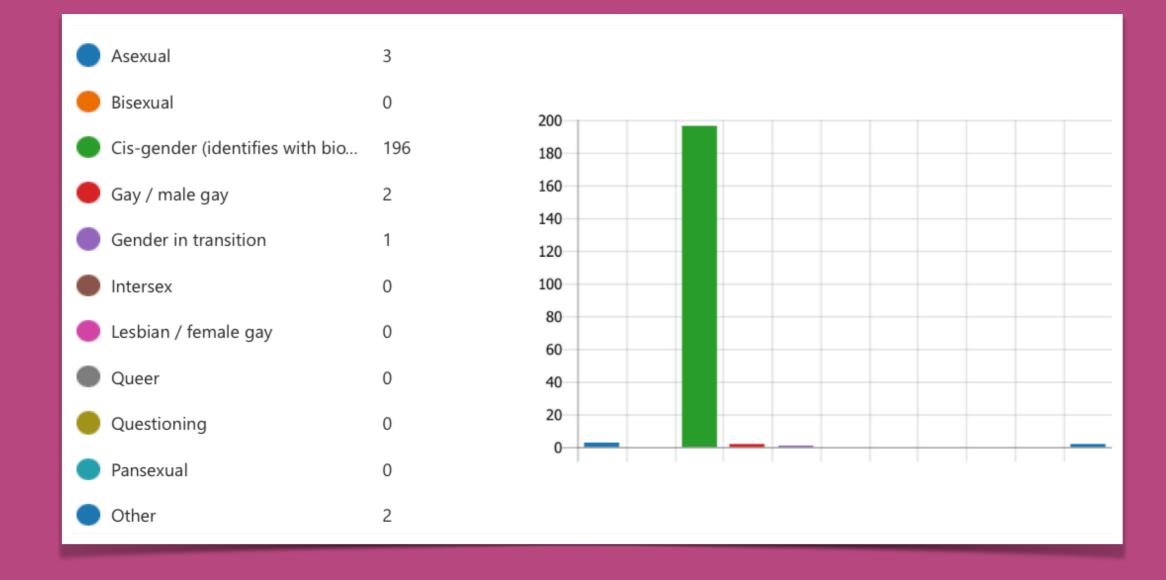
- Mitigated on scene with Fire ...
- Mitigated on scene with Law a... 0
- Referred to local agency on a... 4
- Patient & family have effective... 11
- Referred to Step-Up program

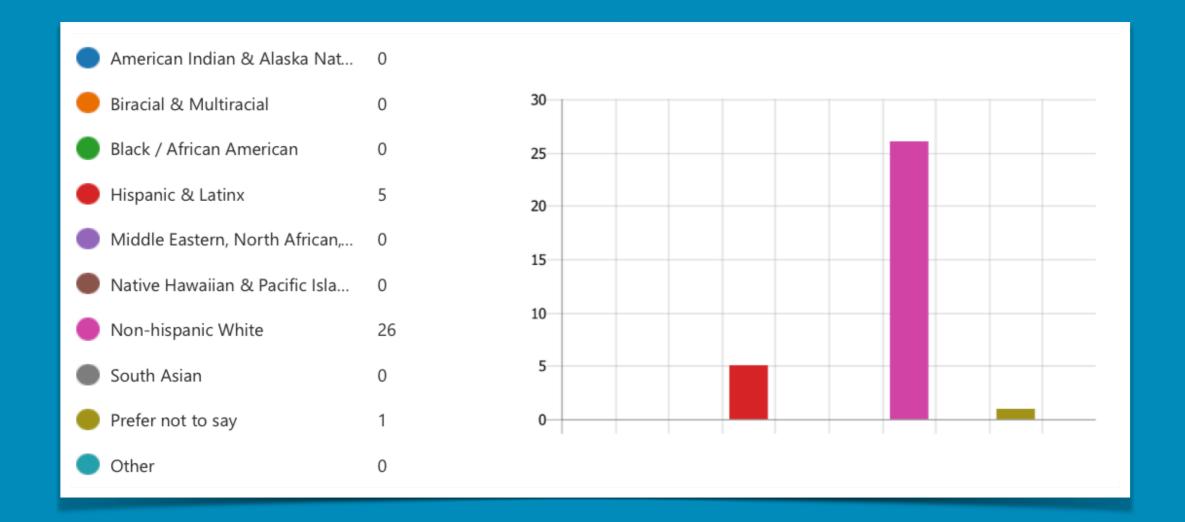


# "OF ALL FORMS OF INEQUALITY, INJUSTICE IN HEALTH CARE IS THE MOST SHOCKING AND INHUMANE"

**DR. MARTIN LUTHER KING** 

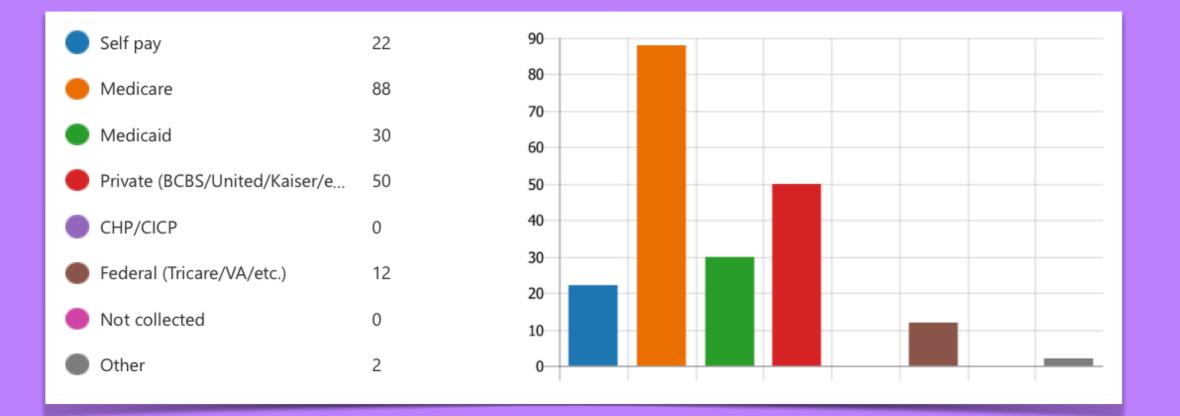
Male	92	
Female	112	
Turner syndrome	0	
Ambigious	0	
Unknown	0	

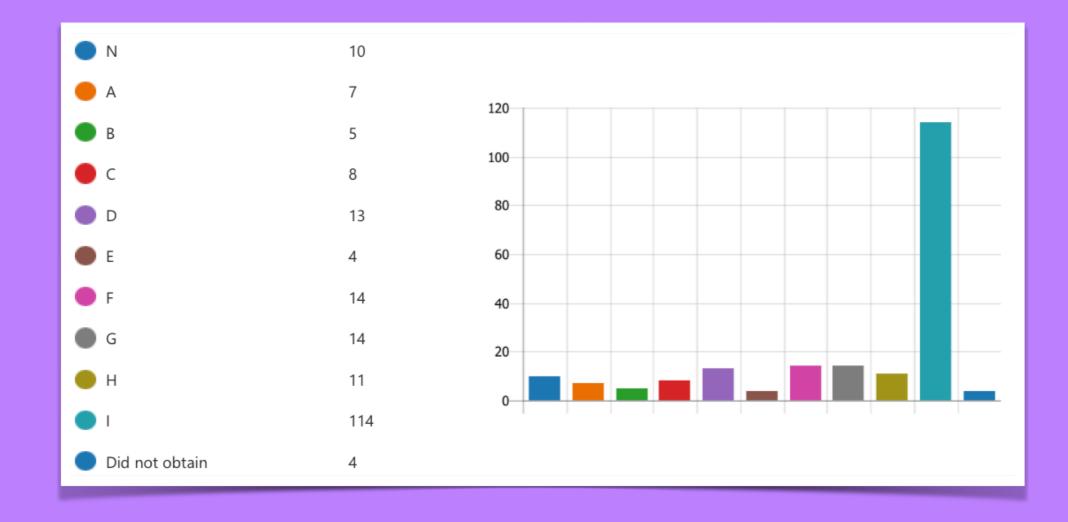




# "THE WELFARE OF EACH IS BOUND UP IN THE WELFARE OF ALL"

**HELEN KELLER** 





#### TAKE HOME POINTS

Any level EMS clinician can provide emergency telehealth in the home\*

 Challenges quickly transform in to opportunities for EMS clinicians, patients, and communities with emergency telehealth

 EMS can work directly with board-certified emergency medicine physicians to breakdown barriers to healthcare **JEREMY DEWALL, MD, FAEMS, NRP** 

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FURTHER DISCUSSIONS: JEREMY.DEWALL@UCHEALTH.ORG