

Mobile telehealth for readmission and ED avoidance

THE CHALLENGE

Readmission levels following hospital and ED discharge

Readmissions following discharge from hospital or Emergency Department (ED) can be costly for healthcare providers, and frustrating for patients. Recovery at home is often preferable, but without close monitoring, some patients end up bouncing back to the hospital or ED. This leads to a more prolonged, uncomfortable, and expensive rehabilitation process.

THE SOLUTION

Home visits with TytoCare to provide remote post-discharge care

In early 2019 specific units within Henry Ford Hospital partnered with contracted medics who visited patients at home within 1–2 days of their discharge. Due to low numbers the program completed a total redesign and in Spring of 2020 launched Henry Ford's Mobile Integrated Health service. The Mobile Integrated Health team of paramedics visit patients at home based on referrals from system EDs, clinics, and hospital discharges. These paramedic interventions include "advanced treatments" that resulted in an avoided ED visit, as well as "clinical decision support" visits where the paramedic can complete a diagnostic activity such as ECG, lab draw, audio only consultation or conduct a device-enabled visit using TytoCare. The physician examines the patient live, giving the physician more information and enabling them to enhance the treatment decisions.



Background



Location:

Henry Ford Hospital

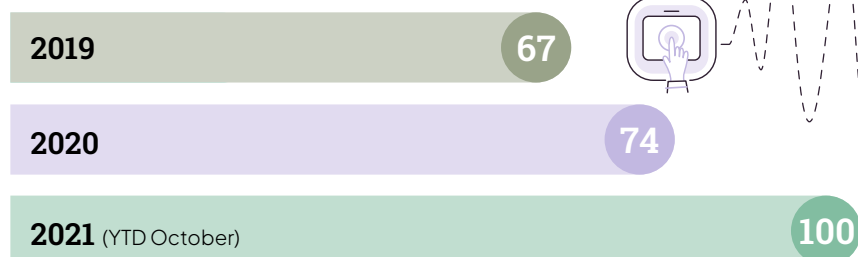
Specialty/focus

Hospitalists/Primary Care

Outcomes

Initial launch June 2019, re-launched April 2020

TytoCare patient visit



Of the 4,149 Mobile Integrated Health paramedic visits:



27.31% of visits were "advanced treatment"



53.28% of the visits were for "clinical decision support"



29.5% included a paramedic/physician interaction

(Includes audio-only consultations and TytoCare device-enabled video visits)

Preliminary data shows program has a **45.8%** ED avoidance rate

In addition, facilitating the paramedic presence in the home helped triage and escalate patients in serious distress appropriately to the ED



Next steps

Based on program success this model is being expanded to additional resources and patient populations.



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“Our family has had the opportunity to use this service for my 100-year-old father-in-law over the weekend... First – my husband was just blown away with this technology. We have worked hard to keep our parents out of the ED and hospital this year. The fact that he could be evaluated and through the Tyto device, Dr Drake could address the fluid in his lungs was pretty amazing, let alone get the IV Lasix treatment he needed in his kitchen!”

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**Mobile Integrated Health
Patient Caregiver**