HealthCall®

Case Study
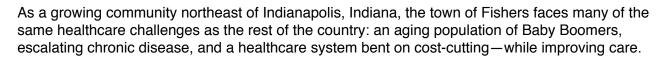## Healthier Patients at Home

PROVIDER:
Fishers Fire and Emergency Services Department

Firefighters, EMTs, and paramedics providing emergency medical services to more than 80,000 residents in Fishers, Indiana

CHALLENGE:
Promoting Prevention and Post-Discharge Care

As a growing community northeast of Indianapolis, Indiana, the town of Fishers faces many of the same healthcare challenges as the rest of the country: an aging population of Baby Boomers, escalating chronic disease, and a healthcare system bent on cost-cutting—while improving care.

It's a challenge for every community, but it's also an opportunity for emergency service providers like Fishers Fire and Emergency. Their WeCare Community Paramedicine program, now in its third year, is focused on providing in-home patient assessments as well as resources and preventive services to residents of Fishers—especially those at greatest risk of needing emergency care.

EMS Chief Steve Davison, who heads WeCare, sees it as yet another way the department can provide value in the community. "Our role is going to be to catch those people that are not covered by normal home health care," he said.

SOLUTION:
HealthCall for Post-Discharge Patients

A big part of the WeCare program is its focus on post-discharge hospital patients. Fishers residents who have been discharged from the hospital for congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD) are eligible to receive post-discharge care, as are patients determined to be at increased risk for falls.

Managing each patient's history, medication, and care plan looked like a big challenge. Lt. Josh Mehling, who manages the technical side of the WeCare program, considered several software solutions but found nothing that would provide all the necessary features. "I was almost at the point of using an Excel spreadsheet with a security system over it," Mehling said. "Then I spoke to a colleague who was using HealthCall."

HealthCall has ready-to-use protocols for patient care that are structured around the type of patient follow-up WeCare wanted to provide. Mehling also liked the data-capture and analytics features, the way the platform helped organize the patients for WeCare, and the fact that follow-ups were built around simple, but effective, automated calls.

Patients who opt for the WeCare program are contacted to set up an initial home visit, usually within 24 hours of discharge from the hospital. WeCare staff meet with the patient, check vitals, and do an assessment, a medication reconciliation, and a home safety check. They review the doctor's orders

and the patient's dietary plan, as well as educational materials about beneficial lifestyle changes. And they prep the patient for the follow-up calls they'll be receiving—primarily from HealthCall's automated system.

"We can customize the calls with the hospital based on the patient's care plan and their disease process," Mehling said. CHF patients typically receive eight to 10 contacts over the 30-day period of their care plan, but Mehling said most patients opt for a service, set up through HealthCall, to receive a live follow-up call once a month after that period. He said patients and hospitals see great value in the program.

"What we've done with HealthCall is provide quality patient education in a comfortable zone for them, inside their own home, where they're able to concentrate and truly learn how to manage their disease," Mehling said.

RESULTS:
Improved Patient Adherence and Well Being

An initial analysis of patients within their high-risk post-discharge program showed a significant reduction in readmission rates.

- 7.14% were readmitted within thirty days, a reduction of 59.2% compared to the national all-cause readmission rate of 17.5%. The population was comprised of both male and female (57.1%, 42.9%) with multiple comorbidities.

According to Mehling, the HealthCall platform has allowed them to improve patient adherence and catch problems early, before patients need emergency care. It has also allowed them to catch medication errors and exacerbations of CHF that patients could manage through simple behavioral adjustments, rather than visiting the emergency room.

For more information please contact HealthCall at 219-476-3459 or visit our website, www.HealthCall.com.