

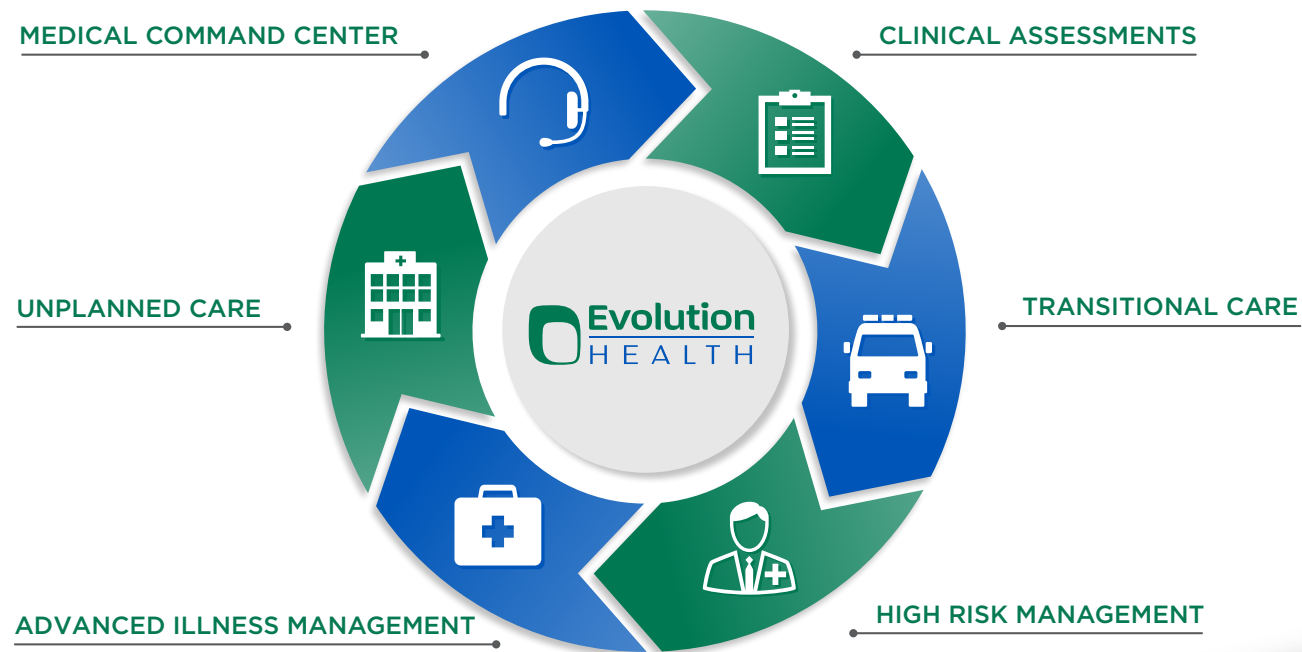
# MOBILE INTEGRATED HEALTHCARE

Evolution Health's fully integrated medical practice specializes in providing the highest quality care in the home and alternative settings, whether it's for one patient or a population of thousands. With a focus on the high-risk, medically complex, chronically ill, frail elderly, mobility impaired and other vulnerable patients, Evolution Health reduces the cost of care to risk-bearing entities by understanding that population health requires both planned and unplanned care.

Evolution Health's comprehensive Mobile Integrated Healthcare team enables effective, efficient and personalized assessment of patients. Evolution Health's state-of-the-art Medical Command Centers provide immediate access to licensed medical professionals capable of evaluating the patient's current condition, then matching and deploying appropriate resources to meet the patient's needs.

Learn more about Evolution Health by calling 855.476.4352, or visiting us at [evolution.net](http://evolution.net).

## EVOLUTION HEALTH SERVICES



# CASE STUDY:

## *Clinical Accessibility Prevents Illness and Readmission*



### SITUATION



#### *Patient*

- 79-year-old female with a past medical history of chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and hypertension (HTN) lacking family support, financial resources and follow-up care.



#### *Condition*

- Released from the hospital for the second time in one month for pneumonia and COPD exacerbation.



#### *Call*

- One week after discharge, the patient called the Medical Command Center (MCC) with complaints of respiratory distress.



### CARE PLAN



#### *Initial Triage*

- The MCC immediately dispatched a specially credentialed local Mobile Integrated Healthcare (MIH) paramedic. The paramedic completed an assessment. The paramedic connected with the MCC and the on-duty MIH PA was conferenced via telemedicine to perform a real-time comprehensive assessment.



#### *Diagnosis*

- The patient's COPD was exacerbated causing respiratory distress. Additionally, during the in-home assessment, the paramedic identified the patient had not filled her antibiotics.



#### *Actionable Treatment*

- The paramedic gave the patient a required nebulizer and connected with the on-duty MIH Physician Assistant (PA) at the MCC via telemedicine to perform a real-time comprehensive assessment. The PA and on-duty clinical pharmacists coordinated a lower cost antibiotic prescription with a local pharmacy, where the paramedic was able to obtain and deliver the antibiotics to the patient.



### OUTCOMES



#### *Results*

- The patient's vital signs normalized and was able to properly manage medications. The MIH team's coordination prevented the patient from readmission for more than 60 days.



#### *Cost & Time Savings*

- The MIH team's intervention reduced unnecessary utilization of high cost hospitalization
- Collaboration among clinicians enabled the patient to obtain a lower cost prescription