



Post-Telehealth Mobile Integrated Care (MIC) Follow-Up Visit for CYSHCN and CMC

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Background

- Telehealth benefits to CYSHCN and CMC.
- Occasionally a telehealth visit is converted to an in-person visit.
- Our Virtual-First Multi-Disciplinary Comprehensive Care program deploys the MIC team (in eligible regions) to patients' homes when needed.

Methods

We provide longitudinal care, monitor for risk, interact via omnichannel communications including phone calls, digital in-app chat messages, and video.

Patients scheduled for virtual video visit or directly for MIC visit based on need.

MIC pediatric-trained paramedics travel to the home; pediatric providers supervise visits virtually.

Providers complete H&P via telehealth.

Paramedics collect VS, stethoscope audio, otoscope photo; transmit to provider.

Providers order lab/diagnostic testing and meds.

Paramedics/providers ensure safe disposition, schedule F/U prn, and/or recommend ED.

Results

MIC VISIT DIAGNOSTIC TESTING AND THERAPIES

All Distinct Payor Members	<ul style="list-style-type: none"> • Nasopharyngeal swab for COVID-19, Influenza A/B, and RSV • Rapid streptococcal antigen pharyngeal swab • Fingerprick glucose and HCG
Laboratory Specimen Collection and Delivery	<ul style="list-style-type: none"> • Nasopharyngeal swab for respiratory viral panel (RVP) • Complete blood count with differential • Basic (BMP) or comprehensive (CMP) metabolic profile • Liver function tests • Peripheral blood culture • Wound culture
Orthopedic Care	<ul style="list-style-type: none"> • Sling • Swathe • Splint
Medication Administration Routes	<ul style="list-style-type: none"> • Enteral (GT) • Intramuscular (IM) • Intravenous (IV) • Nebulized
Other	<ul style="list-style-type: none"> • Parental reassurance • Parental education

PROCESS MEASURES

All distinct payor members	22308
Total digital secure messages	82806
Total video visits	34146

Most Common MIC Visit Diagnoses	<ul style="list-style-type: none"> • Acute upper respiratory infection • Fever • Asthma • Acute suppurative otitis media • Cough • Allergic rhinitis • Acute pharyngitis • Vomiting • Wheezing • Constipation
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OUTCOME MEASURES

Most Common Performed Laboratory Studies	<ul style="list-style-type: none"> • Nasopharyngeal swab for influenza • Nasopharyngeal swab for COVID-19 • Urine dipstick/culture • Tracheal aspirate culture • Nasopharyngeal swab for RSV • Rapid streptococcal antigen pharyngeal swab • RVP • CBC with differential • CMP • Blood culture
Most Common Administered Medications	<ul style="list-style-type: none"> • Respiratory Medications <ul style="list-style-type: none"> • Albuterol nebulized • Dexamethasone IM injection • Ipratropium-Albuterol nebulized • Ipratropium nebulized • Prednisone PO solution • Antibiotics <ul style="list-style-type: none"> • Amoxicillin PO suspension • Azithromycin PO suspension • Ceftriaxone IM injection • Analgesics/Antipyretics <ul style="list-style-type: none"> • Acetaminophen PO suspension
Length of MIC visit (mean)	01:06:13
Avoided UC/ED Visits	~51% of MIC visits avoided UC/ED visit vs focusing on other patient needs

Conclusion

The in-person MIC follow-up to virtual video visits conducted via our VFMDCC program are feasible, minimize family burden, and demonstrate tremendous potential to decrease health care utilization.

