



# Community Paramedicine & Mobile Integrated Health

Some of the most daunting challenges facing the US unduly and disproportionately fall upon our local communities: escalating chronic disease, aging population, surging mental health and substance abuse, rising immigration, growing homelessness, and increasing uninsured and underinsured.

The field of paramedicine continues to expand beyond emergency care as a way to address and close the gap that exists in rural and underserved urban communities where inordinate numbers of elderly citizens, immigrants, and impoverished families often struggle to receive even the most basic care. These programs are often referred to as Community Paramedicine or Mobile Integrated Health (CP-MIH).

Due to the nature of these challenges, community paramedicine and mobile integrated health programs are incredibly diverse and require a high degree of flexibility to adapt to the specific needs of partners and available resources within the community.

Enabling Community Paramedicine and Mobile Integrated Health (CP-MIH) and beyond, the HealthCall Care Delivery platform empowers multidisciplinary care uniting community services and empowering critical initiatives like Mental Health and Law Enforcement Co-Responders, Emergency Triage, Treatment, and Transport (ET3), Law Enforcement Assisted Diversion (LEAD), and Crisis Intervention Teams (CIT).

**HealthCall supports a nearly unlimited number of Programs, Care Plans, Assessments and data elements including:**

- ✓ 911 call volume (high utilizers)
- ✓ Fall risk
- ✓ Substance abuse disorder
- ✓ Mental health related recidivism
- ✓ Chronic care management and reducing readmissions
- ✓ On-scene occupational healthcare
- ✓ Emergency interventions

# Beyond Emergency Care

The screenshot displays the HealthCall software interface for a patient named Miller, George. The interface is divided into several sections: Patient Information, Account Information, Personal Information, Contact Information, Programs, SMART Charts, Groups, Care Team, Episodes of Care, Patient Notes, and an Add Custom Task window. The Care Team section lists Dr. Samson and John Williams. The Add Custom Task window shows a task named 'Start Food Delivery' scheduled for 08/31/2022 at 8:00 AM, assigned to John Williams. A blue callout box with white text says 'Create Custom Tasks for members of the patient's Care Team.' with arrows pointing to the task name and assignment details in the 'Add Custom Task' window.

Bay Area Paramedicine

Patient Information: Miller, George

Account Information  
Patient ID: PT-BE4071  
PIN Number: 1943

Personal Information  
Date of Birth: 08/11/1943  
Age: 79  
Sex (at birth): Male  
Gender Identity  
Language: English

Contact Information  
Primary Phone: (219) 555-1234  
Secondary Phone: (219) 555-9865  
Homeless: No  
Address: Home  
1349 W. Main Street  
Crown Point, IN 46307  
g.miller@email.com

Dr. Samson  
Types: Physician  
Role: Primary Care  
Primary Phone: N/A  
Email: N/A  
Data Shared: ✓ Yes  
+ Users: 1 User

John Williams  
Types: Social Worker  
Primary Phone: N/A  
Email: John@MealsOnWheels.com  
Data Shared: No  
Users: 0 Users

Patient Notes  
+ Add Narrative Note Exports  
Show Only Narrative Notes  
Show Notes From: Any User  
Show Topics: Any Topic

Note	Topic	User
Call before arrival. Patient needs time to answer the door. Fall risk.	Safety Concern Alert	Sue Jones
Care team member assigned: Dr. Samson		Sue Jones
Care team member assigned: John Williams		Sue Jones
Care team member removed: Dr. Samson		Sue Jones
Patient data for Miller, George is now being shared with care team member Dr. Samson.		Sue Jones
Care team member assigned: Dr. Samson		Sue Jones
Added to monitoring group: CP / MIH - East		Sue Jones
Removed from monitoring groups: ETS Triage		Sue Jones

Add Custom Task

Task Details

Patient: Miller, George  
Change Remove

Task Name: Start Food Delivery

Scheduled Date: 08/31/2022

Scheduled Time: 8:00 AM

Group Visibility: No Monitoring Group  
Users in the selected monitoring group will be able to view/modify this task.

Priority: High

Instructions: Patient has frequent falls. Call before arrival.

Assignment Details

User Assignment:  Unassigned  Myself  Care Network Member / Other User

Name/Email: John Williams, John@MealsOnWheels.com  
This person will receive an email request.

Create Custom Tasks for members of the patient's Care Team.

## Providing Better Care

The Patient-Centric Architecture enabled by the HealthCall Care Delivery platform is specifically designed for providing highly diversified care in the most challenging environments. Unlike other products which are based on an episode of care, HealthCall is built on a patient-centric data model (Continuum of care vs. Episodic).

Ongoing patient interactions and encounters are documented within one longitudinal record vs. separate incident reports. By relating all of the data directly to the patient, paramedics and care team members can make better more informed decisions at the point of care as well as proactively identify critical changes in key signs and symptoms over time. HealthCall enables this continuum of care in several ways.

Prior answers to specific types of assessment questions are displayed in realtime, for example, all blood pressure readings. Each answer is date-stamped along with relevant notes.

## Connecting Your Community

The HealthCall Community Care Network enables public, private, charitable, and faith-based organizations to work more efficiently together while keeping the patient at the center of the care model.

Paramedics, healthcare practitioners, behavioral health, social services, and law enforcement can quickly and easily create security-compliant care teams to collaborate on tasks and share patient information in real-time. Simply select the relevant patient information to share and choose from limited to full access.

Connecting community-wide services and resource within patient-centric care teams enables the delivery of more efficient and appropriate care in less time with better outcomes.

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