

**THE PROBLEM** | Most 911 calls are for conditions that are not time-critical, inundating EMS systems with low acuity cases and compromising their ability to respond to life-threatening calls in a timely manner. Regardless, EMS systems must maintain a state of readiness and low response times to all calls — a significant expense to municipalities. Many EMS calls result in treatment on the scene without transport. These patients are helped during the moment but don't receive navigation support and formal follow-up. At the same time, EMS goes unpaid since no ambulance transport to an emergency department (ED) has occurred. In cases where patients are transported to the ED, patients and payors incur huge costs, even when the patient receives what is often later deemed unnecessary ED care. While this emergency response system has existed for 50 years, it lacks financial sustainability and patient-centeredness.

**THE INTERVENTION** | Tele911 takes a V1C approach to embedding telemedicine and patient navigation into the 911/EMS system. Tele911 integrates with 911 software and provides paramedics access to an emergency physician for telemedicine on the spot and patient support for follow-up. Tele911 physicians can disposition patients to remain at home or navigate them to an in-network ED or alternative destination, such as an in-network urgent care.

*Components:*



Synchronous and/or asynchronous virtual interactions between a clinical team and an individual



Care navigation support

**THE RESULTS** | For many patients, Tele911 enables treatment in place without requiring the expense, time, and hassle of an ED visit. For others, Tele911 supports navigation to an in-network facility, avoiding unnecessary ambulance transports to an ED. In this way, Tele911 is enhancing the efficiency of the EMS system. As a result, payors and patients alike report significant cost savings, and patients experience a much-enhanced experience of the healthcare system that is tailored to their needs.

**A CASE STUDY** | A 30-year-old male with a history of asthma calls 911 for shortness of breath. Paramedics respond and find the patient in mild distress. His respiratory rate is 24, with diffuse expiratory wheezes on auscultation. He has no accessory muscle use and is speaking in complete sentences. His oxygen saturation is 94% on room air, and the rest of his vitals are unremarkable. Paramedics administer an albuterol nebulizer, and the patient feels better. He has no accessory muscle use, and his lung sounds are clear. Instead of transporting the patient to the emergency department by ambulance, paramedics request a Tele911 consult. After using the app on their iPad, a Tele911 emergency physician performs a brief telehealth visit. The Tele911 physician determines that the patient does not require ambulance transport to the ED, so the paramedics are released. The Tele911 physician sends the patient Aftercare Instructions and routes a prescription for a short course of steroids and a refill of albuterol to the patient's preferred pharmacy. A Tele911 physician contacts the patient the next day for another telemedicine visit. The patient is doing well; they picked up their prescriptions and have not experienced further shortness of breath. The patient appreciates the follow-up care and the time and expense of avoiding an unnecessary ambulance trip to the ED.

**THE BENEFITS** | 💰 **Affordability** + 🌐 **Interconnectedness** + 😊 **Experience** + 👥 **Increased Reach** + ⚙️ **Efficiency**

Physicians are available to paramedics 24/7. The service is free to the patient or the EMS system, and payors avoid costly ED rates when more appropriate care options are available. When an ED visit is necessary, patients are directed to in-network providers. Call turnaround time is more efficient, allowing paramedics to spend the most time on clinical calls, saving money and lives.

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