COVID-19 Relief Services

This is a service provided by CHHS and EMSA in partnership with Vituity to provide tele-critical care support to California hospitals. CHHS negotiated rates for a suite of services and is subsidizing this resource to provide direct access to hospitals.

Option 1: Telephonic Curbside Critical Care Consult

No Cost to the Hospital

In this model, a warm-line phone service is available 24/7 for episodic telephonic critical care consultations from attending physicians not requiring extensive consultation or longitudinal follow-up.

Scope of work includes:

- Telephonic consultation for episodic, high-level consults
- Adherence to latest critical care guidelines and care bundles, including but not limited to latest evidence and practice guidelines for:
  - Prevention of healthcare acquired conditions
  - COVID19 management
  - Ventilator management/ARDS
  - Corticosteroid use
  - Sepsis and septic shock
  - Hemodynamics management
  - Pain management
  - Neuromuscular blockade
  - Sedation

Option 2: Formal Clinical Advisory Critical Care Consult

Option 2 Cost: $275 per Consult

In this model, the tele-intensivists are formally consulted as a specialist to join the patient's care team. The service is available 24/7 for active consultation with attending physicians via a mutually agreed upon telemedicine modality.

Scope of work includes:

- The tele-intensivist providing the fullest level of consultation, including full case review and review of primary data, original H&P, original Assessment and Plan, ongoing follow up/longitudinal care, etc.
- Adherence to latest critical care guidelines and care bundles, including but not limited to latest evidence and practice guidelines as above in Option 1.

Option 3: Active Attending Physician Clinical Management

Option 3 Cost: $315 per MD hour $435 per Intensivist MD hour

In this model, physicians who have been trained in critical care management of the COVID patient are sent to the hospital to manage the patients at the bedside (most commonly emergency medicine). The bedside physician is the active Attending Physician of record in directing patient care. If the bedside physician is not an intensivist, he or she in addition would act as a proceduralist and would have oversight from a Vituity intensivist.

Scope of Work includes:

- The contract-based physician assuming responsibility for patient care as the attending physician and providing direction for the care team in patient evaluation and management, assessment, plan of care, and orders.
  - Performing rounds.
  - Providing adequate documentation via the agreed upon mechanism.
  - Providing on call evaluation and management as needed.
  - Adhering to preventive measures for healthcare acquired conditions.
  - Adhering to latest critical care guidelines and care bundles as above in options 1 and 2.
  - Assisting with ventilator management, adhering to latest available clinical guidelines, including considerations for alternate positioning, and proning. Providing direction for respiratory therapy.
  - Assisting with critical care fundamentals including volume status, fluid, and electrolyte management.
  - Assisting with hemodynamic/vasopressor management and evolving evidence-based corticosteroid management.
  - Assisting with obtaining and coordinating necessary consultative services and recommendations.
  - Assisting with obtaining and coordinating necessary radiologic interventions and findings.
  - Assisting with communicating with family, next of kin, legal representative about patient status and prognosis.
  - Providing continuity of care.

COVID-19 Relief Services

To obtain additional information regarding any of these COVID response services:

1. Complete the following form linked here:
   CA Hospital Interest in COVID Response Services Form
2. A Vituity staff member will reach out to the facility point of contact provided to answer questions and/or coordinate services

For general questions, email disasterresponse@vituity.com

APPENDIX

Option 1 Parameters:

- ✓ Clinical patient management remains the legal and clinical responsibility of the attending physician at the local hospital. The intensivists are available for a telephone consult as needed but are not legally the "attending physicians" for patients.
- ✓ The hospital requesting consultation is to provide the necessary clinical data for the consult.
- ✓ The tele-intensivists will not be formally credentialed at individual hospitals but are licensed intensive care providers.
- ✓ The tele-intensivists will maintain their own medical malpractice policies. However, medical decision-making is the responsibility of the attending physician and the tele-intensivists are providing episodic consultative services only.
- ✓ The hospital attending or his or her covering physician is responsible for documenting consultations with the tele-intensivist consultants as well as for provision and completion of any orders.

Option 2 Parameters:

- ✓ The intensivist provides the fullest level of consultation, including full case review and review of primary data, original H&P, original Assessment and Plan, ongoing follow up/longitudinal care, etc.
- ✓ Clinical patient management remains the legal and clinical responsibility of the attending physician at the local hospital. The tele-intensivists are available for consultation as needed but are not legally the "attending physicians" for patients.
- ✓ The hospital requesting consultation is to provide the necessary clinical data for the consult.
- ✓ The tele-intensivists will not be formally credentialed at individual hospitals but would be licensed intensive care providers.
- ✓ The tele-intensivists will maintain their own medical malpractice policies. However, medical decision-making is the responsibility of the attending physician and the tele-intensivists are providing clinical advisory consultative services only. The hospital attending or his or her covering physician is responsible for documenting consultations with the tele-intensivist consultants as well as for provision and completion of any orders.
- ✓ The tele-intensivist shall document and transmit the consult to the hospital requesting consultation through a mutually agreed upon mechanism, or document within the hospital's EMR if capability exists, for it to be included in the patient's medical record.

APPENDIX (continued)

Option 3 Parameters:

- ✓ In this model, the physician, as the attending physician, is primarily responsible for directing patient care and coordinating the care team.
- ✓ *Credentialing:* The in-person physician will need to be emergently credentialed by the medical staff structure at each contracting hospital in accordance with Title XXII, CMS, CDPH, etc., and will assume duties of verbal or written orders and documentation in the EMR.
- ✓ *Liability Coverage:* The physicians should be covered under active medical malpractice policies, ideally under those of the requesting hospital, and evidence of coverage should be part of the credentialing process.
- ✓ *Documentation:* The in-person physician or intensivist will document directly into the requesting hospital's EMR per standard operating procedure.
- ✓ *Communications / Care Team:* There should be very clear protocols regarding communication links among the on-site and virtual care team. Communication links among the on-site and virtual care team will be determined between the facility and Vituity.
- ✓ *Clinical Information & Flow:*
  - If an in-person resource is available, clinical information and flow will follow standard operating procedures.

How do the fees work?

The hospital indicates if the initial consult is tier 1 or 2 consultation (so isolated question vs longitudinal following). The hospital has the option to transition a patient transitions from tier 1 to tier 2 and request longitudinal follow up. Questions that arise within 4 hours of the initial tier 1 or 2 consult fall within the initial consult fee. For questions outside of the 4 hours from initial consultation, a tier one or two consult and fee could apply to a patient who was either an initial tier 1 or 2 consultation. For example, a quick question about electrolytes could be considered option 1, while a new finding of sepsis that substantially alters the plan of care requiring new or ongoing longitudinal follow up could warrant an option 2 fee.

QUESTIONS?

Email: disasterresponse@vituity.com
Website: www.vituity.com

About Vituity

Founded in 1975, in Escondido, CA, Vituity provides emergency medicine, hospital medicine, anesthesiology, critical care, acute psychiatry, neurology, telehealth, urgent care, and post-acute care services for 15 states and the District of Columbia, in more than 400 practice sites across the country. We currently serve 6.5 million patients nationwide. Our success is based on strong physician leadership and quality clinical practice. At the heart of our organization is the empowerment of healthcare providers—both the people and institutions—to deliver exceptional care to patients.

Unlike publicly held or privately backed enterprises, Vituity is democratically owned by our practicing physicians. All our physician Partners share a strong sense of accountability for their professional duties to deliver high-quality and compassionate patient care, and to ensure their service meets and exceeds our clients' goals and objectives.