

INNOVATIONS: WHAT IS COMMUNITY PARAMEDICINE?

According to the U.S. Department of Health and Human Services, community paramedicine is an organized system of services, based on local need, provided by emergency medical technicians and paramedics, which is integrated into the local or regional health care system and overseen by emergency and primary care physicians.

Paramedicine has been gaining additional momentum as the effects of healthcare reform have crystallized, such as penalties imposed on hospitals for patients who are readmitted within 30 days of discharge. Movement is away from the “emergency” aspect of EMS, toward more general medical services that address specific community needs, such as managing high-frequency system users, helping hospitals reduce 30-day readmission rates and offering appropriate alternative destinations for complaints that don’t require transport to a hospital emergency department.

Community paramedicine is a supplement to the traditional EMS response model and bridges both community health service and EMS coverage gaps. Many different organizations and groups are working on projects to further explore and develop the concept of community paramedicine.

Community paramedicine is a relatively new field with local programs emerging as a response to the health care crisis. It is well known that once an EMS call goes out, an expensive form of transportation leads to an expensive and sometimes unnecessary emergency department evaluation. What if EMS could say no to the transport request, treat and release on scene or even prevent the EMS call entirely?

Instead of responding to numerous 911 calls and costly emergencies, community paramedics (CM) are taking extra steps to prevent them. Instead of transporting patients to the emergency room, the community paramedics bring their services to the patient's home. Paramedics will provide patient assessments, blood draws, immunizations, medication administration, wound care and the like, as well as create a vital communication link between primary care physicians and their patients.

Instead of waiting for a call, CMs are proactively going to a patient's house *before* they have to call 911. They do more than check on patients; they get a look inside their home life.

The term community paramedicine was first described in the U.S. in 2001, as a means of improving rural EMS and community healthcare.¹ It is not a new concept in practice. In 1996, a National Highway Traffic Safety Administration report described an EMS of the future with the

ability not only to provide acute care, but also identify health risks, provide follow-up care, treat chronic conditions and monitor community health.²

The American Academy of Family Physicians (AAFP) states a health system that focuses on primary care is more effective, more efficient, and more equitable among patient populations. These benefits are demonstrated by reduced mortality rates, less frequent use of ERs and hospitals, better preventive care, higher patient satisfaction, and a reduction in health disparities.³

Provider shortages throughout the country are reducing access to this basic level of care. The AAFP reports that the number of medical school students entering primary care has dropped 51.8% since 1997. Demand for primary care physicians is only going to increase with the 2010 passage of health care reform that will vastly extend insurance coverage.⁴

CMs see patients who are frequent users of the 911 system, preventing unnecessary trips to the emergency department. They are also checking on patients recently discharged from the emergency room, along with those referred to the program by authorities.

It is unknown how much money this program will save for patients, emergency responders and hospitals.

The goals of CMs are to improve health outcomes among medically vulnerable populations; and to save healthcare dollars by preventing unnecessary ambulance transports, emergency department visits, and hospital readmissions. There are three models: 1) primary care services, ordered by a physician and conducted in a patient's home; 2) community-based prevention services planned and provided in concert with the local public health department and 3) Treat and street.

Primary Care Services Model

As a way to increase availability and continuity of health care for vulnerable populations, specially-trained paramedics provide specific primary care services in the patient's home, working through a physician's order. The services are within the paramedic's legal scope of practice, and the paramedics have been trained and evaluated on their ability to provide such care. This type of care is not of an ongoing nature, such as that of a home health agency, but rather each visit necessitates a discreet order with instructions for that one visit.

The CM takes a patient history, does a brief physical and then confers with the treating provider on next steps. The CM may also conduct a home safety check and assess the need for referral to a social service agency or other community resource. This in-home type of care is perfect for many vulnerable populations including:

1. The chronically ill who have a hard time getting to their medical provider's office and frequently cancel appointments.
2. Patients recently hospitalized that would benefit from a few in-home monitoring sessions to prevent complications and readmissions.
3. Patients in need of social supports who frequently call 9-1-1.
4. Patients who are non-compliant with medications and treatment.

Community-Based Prevention Services Model

Community Paramedics also assist the local public health department with community-based services such as immunizations, disease investigations, blood draws at health fairs, mass vaccination clinics, and fluoride varnish applications to children. In this two-way partnership, public health personnel also play a role in linking uninsured patients to a primary care provider, thus assisting with the physician order process described above.

Treat and Street Model

There are many EMS calls for minor problems. Do all hypoglycemic patients need to come to the hospital? Could medics effectively use Ottawa Ankle rules to prevent ER visits? Minor lacerations and wound could be treated on scene. Medics will be able to treat on scene and make the decision to not transport. The use of advanced technology and on-board video and audio communications could be used.

Multiple organizations and players will have to work together to make community paramedicine a success. Local, state and federal officials are exploring the implications of this new provider role as well as to how to reimburse for services. EMS medical directors must be engaged with their crewmembers, local referring physicians, local hospitals and public health services when establishing a community paramedic program. Hospital administrators will need to consider directly reimbursing CM programs to avoid costly and unreimbursed emergency visits and re-admissions.

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References

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