



Opportunity Statement

- **Severe Primary Care Shortage** currently exists and is on the rise
- **Vulnerable populations with new health insurance plans will not have access to a provider** because of the increase in demand
- **Cost of healthcare continues to rise** with Emergency Rooms being the most available alternative
- **Access to care problems are exacerbated in rural areas** due to higher healthcare provider shortages, a larger elderly population than urban, and transportation barriers

Community Paramedic Solution

The Community Paramedic (CP) model is an innovative, proven solution to provide high quality primary care and preventative services by employing a currently available and often underutilized healthcare resource.

How Does it Work?

A primary care partner refers a patient to Emergency Medical Services (EMS) personnel to provide services in the home that are within their current scope of practice including: hospital discharge follow-up, fall prevention in the home, blood draws, medication reconciliation or wound care. The CP provides care and communicates health records back to the referring physician to ensure quality of care and appropriate oversight. In addition works with Public Health to provide preventative services throughout the community.

The goals of Eagle County's Community Paramedicine program are twofold: 1) To improve health outcomes among medically vulnerable populations, and 2) save healthcare dollars by preventing unnecessary ambulance transports, emergency department visits, and hospital readmissions.

Advantages

- Decreases workload and increases quality and efficiency of managing patients in a primary care and public health settings by utilizing EMS Personnel through non-traditional methods
- EMS personnel are integrated throughout the healthcare system, improving access and decreasing healthcare cost
- CP certification provides a job opportunity where EMS volunteer work is often the only sustainable model in rural areas
- EMS personnel currently have the training, expertise and scope of practice to provide essential primary care services
- The program has a proven track record locally and internationally

Frequently Asked Questions

Q: Does a CP replace current healthcare systems like home health care or primary care physicians?

A: No. CP is an extension of the primary care provider to provide care to patients without access, and does not replace the specialized services available in a home health care model or physician office.

Q: Does a CP have the right training to provide primary care?

A: Additional education is provided to CP specific to providing preventive care in the home within their current scope. However, services provided do not fall out of the currently defined scope of practice for EMS personnel.

Q: Is the quality of care compromised by using a CP vs. a primary care provider?

A: No. A CP provides care under the supervision of a physician, so the quality of care is consistent with care provided in a clinic setting.





Programmatic Statistics Western Eagle County Ambulance District

Patient Profile June 27, 2011 – December 31, 2011:

- 22 were patients served, 65 visits were provided
- Each patient was seen between 1 and 4 times (with the exception of one outlier)
- The median age of patients was 70. Only three patients were ages 20 or younger
- Gender, 41% male and 59% female

Diagnosis (Patients may have more than one diagnosis):

- 68% cardiac, 36% diabetes, 32% respiratory issues, 23% neurological issues, 18% psychiatric issues

Co-Morbidities and Risk Factors:

All patients were considered medically vulnerable due to co-morbidities and risk factors:

- 60% of patients had more than one health issue (e.g., diabetes, hypertension, asthma)
- 60% of patients were over age 65 and had underlying health conditions
- 14% of patients were recently discharged from the hospital, and had an unrelated, underlying medical condition or risk factor (such as hypertension or being elderly)

Services Ordered:

- In 65% of visits, medication compliance and reconciliation was ordered
- In 46% of visits, a blood pressure check was ordered
- In 29% of visits, a blood glucose test was ordered
- In 22% of visits, an oxygen saturation test was ordered
- In 9% of visits, a home safety inspection was ordered
- In 6% of visits, a social and/or adult protection evaluation/assessment of alcohol usage ordered

Higher Level of Service Utilization Prevented:

- Prevented an average 2.5 doctor visits per patient, an ambulance transport in 36% of patients, an emergency room visit in 36% of patients, a hospital admission/readmission in 5% of patients, and kept one client out of skilled nursing for 26 weeks

Initial Cost Savings:

- \$1,507 average savings per visit
- \$4,451 average savings per client/patient

Health Care Statistics

Primary care shortage:

- In July 2011, 52 of CO's 64 counties (81%) were either fully or partially designated as a Health Professional Shortage Area

Uninsured/Underinsured rates:

- In 2010, 14.7% (342,122) of CO residents reportedly did not see a doctor in the previous 12 months, due to costs.
- During 2009, 29% of Eagle County residents were reportedly uninsured, compared to CO at 15.4%

Access to care statistics:

- Colorado's overall population is projected to grow by 20% between 2010 and 2020, while the population ages 65+ is projected to grow at nearly twice that rate (37%) during the same time period.
- In 2005, 38% of Eagle County households reportedly had trouble accessing health care
- In 2005, 43% of Eagle County residents reportedly were unable to access dental care

Legislative Efforts

- Working with Sen. Nelson (NE) in coordination with Sen. Udall (CO)
- A bill has been drafted for Congress for Community Paramedic provider status and reimbursement

