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Mobile Integrated Health Care - Community Paramedicine: A Resource for Community-dwelling People at Risk for Needing Long-Term Care

Janet Coffman, MPP, PhD and Alicia LaFrance, MSW, MPH

I. Introduction/Background

Mobile integrated healthcare-community paramedicine (MIH-CP) is a new model of care that trains paramedics to deliver a broader range of services than traditional emergency response and transport of people to emergency departments (ED). By 2014, more than 100 emergency medical services (EMS) agencies in 33 states and the District of Columbia had implemented one or more MIH-CP initiatives. Some MIH-CP initiatives have potential to reduce demand for long-term care (LTC) by focusing on senior citizens and/or younger persons with debilitating chronic conditions. This report summarizes the findings of a landscape analysis on MIH-CP programs that serve persons who currently need or who are at risk for receiving LTC and presents four examples of MIH-CP programs that serve these persons.

II. Methods

For our landscape analysis, we conducted targeted searches of databases of peer-reviewed studies and searched the web for grey literature to identify US-based MIH-CP programs that serve people at risk for needing LTC. From this list and consultations with experts in the field, we identified programs from four states for the case studies: Pennsylvania, Minnesota, Texas, and New York.

III. Findings

Our literature search identified very few peer-reviewed studies of MIH-CP programs that provide care to persons at risk for needing long-term care.

Findings from the landscape analysis and case studies revealed that MIH-CP programs serving people at risk for needing LTC are housed in three types of agencies: fire departments, hospitals, and privately owned EMS providers.

Training for community paramedics (CPs) is typically a combination of didactic courses, often developed in-house, and clinical supervision by physicians and experienced CPs.

CP roles range from delivering services over a series of prescheduled visits to providing acute care on an as-needed basis.

Conclusions and Policy Implications

1) MIH-CP programs are a promising model for improving the well-being of persons who are receiving or are at risk for needing LTC.

2) Organizations interested in establishing MIH-CP programs need to be attentive to their regulatory environments and develop plans for recruiting motivated paramedics, providing effective training, maintaining strong partnerships, and securing sustainable funding.

3) As MIH-CP programs are established across the country, rigorous and reproducible research will be needed to provide the evidence healthcare providers and policymakers need to make decisions about partnering with and funding these programs.

Specific services vary with the program's mission and may include clinical assessment, medication reconciliation, and linkages to health insurance, housing, social, and community services.

Target populations of people at risk for needing LTC included patients diagnosed with chronic conditions, frequent users of ambulance or ED, patients recently discharged from a hospital, hospice and home health patients, and frail patients who have difficulty leaving their homes.

Programs partner with a variety of organizations to deliver services, such as hospices, home health agencies, hospitals, and social services organizations.

Sources of payment for services varied and included grants, contracts with health plans, insurance reimbursement, reimbursement from hospital departments and hospital's proprietary insurance plan, and the agency's own resources.

Programs have achieved improvements in a variety of outcomes including increases in medication adherence and patient satisfaction, reductions in transports to EDs, ED visits and hospital admissions, successful linkage to social services, and cost savings.

IV. Conclusion

There is a limited, yet growing body of evidence suggesting that MIH-CP programs can contribute positively to the well-being of individuals receiving or at risk for needing LTC. The four sites studied for this project revealed wide variation in approaches and services offered. All four MIH-CP programs fill important gaps in a fragmented healthcare delivery system for patients who need long-term care.

Overwhelmingly, key informants were positive about CP programmatic endeavors. Our findings suggest that organizations that are interested in establishing MIH-CP programs need to be attentive to their regulatory environment, and develop plans for recruiting paramedics who are motivated to provide MIH-CP services, provide effective training, maintain strong partnerships, and secure sustainable sources of funding.

V. Policy Implications

As MIH-CP programs are established across the country, research will be needed to assess outcomes. Our literature search identified very few peer-reviewed studies of MIH-CP programs that provide care to persons at risk for needing long-term care. Rigorous and reproducible research on MIH-CP programs will develop the evidence that healthcare providers and policymakers need to make decisions about partnering with and funding these programs.

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