

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

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Issue: 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). Some MIH-CP programs serve senior citizens and/or younger persons with debilitating chronic conditions who are at risk of needing long-term care (LTC). This report summarizes the findings of a landscape analysis and presents four examples of MIH-CP programs that serve these persons.

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. We identified MIH-CP programs from four states for the case studies: Pennsylvania, Minnesota, Texas, and New York. Three to five semi-structured, telephonic interviews were conducted for each program selected.

Findings: MIH-CP programs serving people at risk for needing LTC are housed in multiple types of emergency medical services (EMS) agencies and provide an array of interventions such as home visits, medication reconciliation, and linkage to health insurance, housing, social, and/or transportation services. CP roles range from delivering services over a series of prescheduled visits to providing acute care on an as-needed basis. Three out of four programs provided training in-house and all programs require new CPs to shadow experienced CPs before handling calls on their own. Sources of payment for MIH-CP services varied and included grants, reimbursement from insurers, and contracts with other health care providers. Cross-cutting themes across programs included the importance of developing strong partnerships, programmatic impact of the regulatory environment, securing sustainable sources of funding, the value of in-house training, and the importance of recruiting paramedics who are motivated to provide MIH-CP services. These programs have achieved improvements in a variety of outcomes including improvements in medication adherence and patient satisfaction and reductions in transports to EDs, ED visits and hospital admissions.

Discussion: There is a limited yet growing body of evidence that MIH-CP programs can contribute positively to the well-being of individuals receiving or at risk for needing LTC. As MIH-CP programs are established across the country, rigorous and reproducible research will be needed to provide the evidence that healthcare providers and policymakers require to make decisions about partnering with and funding these programs.

Key Words: Community paramedicine; patient care; community health services

HWRC Website Link:

http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/ABSTRACT_2016_Community_Paramedicine2.pdf