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It's My Turn

"Did Anybody Here Call a Community Paramedic?"

By Vince Flood

"EMS is not an emergency service: it is a social service that deals in emergencies." One of my first mentors, Ray Fogarty, shared these words of wisdom with me more than 25 years ago. Almost three decades of EMS experience later, I find these words to be as relevant as ever. With most emergency departments overwhelmed with non-emergent patients, the emergency department has been transformed into a health access point, and the ambulance into simply a means of transportation. This is not only expensive and inefficient, but it also puts increasing financial strain on the healthcare system. New healthcare models must evolve, and quickly. One new model is the community paramedic.

What Is A Community Paramedic?

At its core, a community paramedic is an experienced paramedic who has received additional training in social services and community outreach. That training strengthens the skills that he or she already has, such as patient advocacy and health education. They then serve as community health workers who visit patients in the community. By addressing the non-emergent minor and chronic healthcare problems of these patients, thereby meeting their medical social, and psychological needs, community paramedics can prevent the unnecessary transportation of stable patients to emergency departments, while remaining fully equipped and ready to handle a true emergency.

What Does a Community Paramedic Do?

The community paramedic performs several vital services: Health instruction/Disease management (e.g., DM, CHF, HTN) Immunizations Wound Care Health Screenings Wellness Checks Recognition of and referral for mental health issues

There are a number of real-world examples of this concept. Since 2009, MedStar, the ambulance provider for Fort Worth, Texas, has served 390 patients in what they call mobile health care."These 390 people went to the emergency department 50 percent less frequently while in the program and 80 percent less frequently in the following 12 months." MedStar's Community Health Program "has saved more than $7.4 million in emergency room charges and reduced 911 use by these patients by 86.2 percent in 12 months post-enrollment, saving $1.6 million in EMS charges." 1

In the first decade of this century, San Francisco, San Diego, and Washington, D.C. began sending paramedics into homeless populations, aiming to reducing 9-1-1 calls. The San Francisco Fire Department reduced emergency call volume by about 75 percent in just 18 months among homeless users of the system, saving an estimated $12 million.

Hennepin Technical College in Minnesota offers the only college–based community paramedic program. The college offers such classes as "Role Advocacy and Outreach," "Community Assessment," and "Care and Prevention Development Strategies." If this program were to be brought to the New York City area, not only would it relieve stress on overburdened emergency departments and EMS systems, but it could present a career alternative to seasoned paramedics who have suffered the wear and tear of the streets, would like to stay in the patient care practice, but have no interest in taking a supervisor or instructor role.

How often has an EMS worker asked, or heard his or her partner ask, "They called 9-1-1 for this?!" Yet the non-emergency work of the paramedic need not be seen as an abuse of the 9-1-1 system. It can instead be viewed as potential contribution of the community paramedic.

For more information, visit NYCommunityParamedicine.org or contact Paramedic Vince Flood at slowmedic @aol.com.

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