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### Minn. community medics trade ambulances for sedans

New program has paramedics paying housecalls; part of an effort towards preventing emergencies by providing in-home care and monitoring

By Maura Lerner  
Star Tribune

MINNEAPOLIS — As a paramedic, Peter Carlson is used to racing to people's homes. But on his way to see 86-year-old Erika Bruvelis earlier this month, he stopped for coffee and parked outside her Minneapolis house for several minutes — reluctant to arrive too early.

In this case, no one had called 911, and with any luck, no one would go to the hospital.

Carlson, 28, is one in the first wave of "community paramedics" in Minnesota and the nation. Instead of responding to emergencies, his job is to try to prevent them.

Since October, Carlson has been paying house calls on dozens of patients as part of an innovative program to keep the frail and elderly out of the emergency room. Depending on what they need, he might do a blood test, call Meals on Wheels or help arrange for a wheelchair ramp. Over Christmas, he even baked cookies for one of his patients.

In the last two years, Minnesota has become the epicenter of the community paramedic movement, which advocates say could save a fortune in health care costs if it helps patients stay out of the hospital.

In 2011, the nation's first training program opened at Hennepin Technical College and Minnesota became the first state to adopt a formal certification program. The first graduates, including Carlson, were certified last summer.

"We are kind of inventing this," admits Carlson, one of nine community paramedics employed by North Memorial Medical Center in Robbinsdale.

After five years as a traditional paramedic, Carlson volunteered to get the extra training for his new role, which is more about chronic-illness issues than gunshot wounds and heart attacks. Now he rotates between the two roles: two days in an ambulance, one day as a community paramedic, driving his Honda Accord to scheduled appointments.

"The way that we're looking at it, it is a lot cheaper in the long run," said Barb Andrews, who coordinates North Memorial's community paramedic program.

As a paramedic herself, Andrews said she was struck by how many emergency calls seem eminently preventable — when an elderly patient mixes up his meds, for example, or slips and falls on a throw rug.

"So many times in my career I've said, 'If only ... ' " she said. "If only this patient had understood this better. If only somebody made sure they had their medications." That, she said, is the idea behind the community paramedic.

Putting on a game face

Carlson dropped his oversized backpack on the bed and greeted his patient, who was perched on a wicker chair in the corner of her bedroom.

"How are you feeling?" he said, raising his voice so she could hear him.

Bruvelis put on a game face. "Feeling OK today," she said softly. But she clearly was not.

"Today is kind of a low-energy day," explained her 44-year-old son, Paul Bruvelis. For the last three weeks, he said, his mother had been too weak to leave the second-floor bedroom of her century-old house. Normally she's a "very independent woman" who loves to cook and bake and garden, he said.

When he called her doctor's office several weeks back, a nurse suggested sending a community paramedic to check on her. "I'd never really heard of it," Paul Bruvelis said, but he was grateful — he dreaded having to take his mother to the clinic in this condition.

This was Carlson's third visit, and he chatted with mother and son like old friends.

"So how was New Years?" he asked.

He unzipped his backpack and took out a stethoscope and blood pressure cuff, and a couple of kits for blood and urine samples.

"Are you dizzy?" he asked. She nodded.

"What's going to make you feel better?" he said.

"That is a good question," she replied.

Carlson suspected a urinary tract infection, but he would have to send the samples to the lab for testing, just to be sure.

'Eyes and ears'

There's no calling 911 to get a community paramedic. All visits are scheduled by a doctor or clinic.

"The doctors really see the paramedic as an extension of their eyes and ears out into the community," said Dr. Mark Bixby, medical director for North Memorial's 12 primary care clinics.

#### Expert Analysis

##### The future is now for EMS

By Art Hsieh

In 1996, The EMS Agenda for the Future envisioned the concept of the community health advanced medical provider (CHAMP) as an evolutionary step in the EMS system development.

In a scenario, a CHAMP evaluates a non-English speaking patient experiencing what turns out to be ischemic chest pain.

Through technology and wireless communications, the CHAMP not only treats the patient appropriately but also performs a series of follow up care steps to ensure that the patient returns to a fuller state of health.

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Bixby said paramedics can be especially helpful when patients are struggling with chronic illness. As a doctor, he said, he might wonder why a patient with diabetes is having trouble controlling his blood pressure or blood sugar. By going into their home, the community paramedic may spot the trouble: Maybe the patient didn't fill a prescription. Or the refrigerator is empty. "They can figure out stuff that you can't do from an office."

Not all patients like the idea, Bixby said. "People are private," he said, and some "see this as an intrusion." But already, there's evidence that it's kept numerous patients out of the emergency room.

Carlson sees himself as a troubleshooter and he's armed with a long list of social services to refer to patients who need extra help.

"We don't look to be in somebody's life for a long time," he said. "I don't like the idea of forming dependency. We like to get in, figure out what needs to be done, and 'See you later.'"

For now, there's no charge for his visit — North Memorial is covering the cost for patients at its own clinics, said Andrews, the program coordinator. They expect insurers to cover it eventually and, by state law, Medical Assistance will pay \$60 an hour.

In the long run, as health reform changes the way hospitals are paid, they stand to share in the savings if they can reduce ER visits and ambulance runs.

For Bruvelis, the visit paid off quickly: Lab tests later that day confirmed that she had a bladder infection, and she got antibiotics right away.

"It has made a world of difference," said Paul Bruvelis. "I think this service has been a godsend."

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