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Community paramedicine is prescription for saving costs

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A report released last week by the Massachusetts Health Care Policy Commission found millions of dollars of all health care spending in the state was wasted on unnecessary hospital readmissions and emergency room visits.

But that could change with a new type of house call on the horizon called community paramedicine. It is aimed at reducing patient readmissions and unnecessary emergency room visits, while increasing patient-centered care and patient satisfaction.

Community paramedicine, also called mobile integrated health care, is being discussed among fire departments and EMS providers, and has been flagged by the State Department of Public Health as an area of interest, local EMS officials said.

"The evolution of mobile integrated health care has been long in coming," said Matt Zavadsky, chairman of the Community Paramedicine Committee at the National Association of Emergency Medical Technicians, as well as director of public affairs for MedStar Mobile Health Care in Fort Worth, Texas. "Rather than seeing a patient in (distress), it is better to partner with them before they reach that point. It's applying the same philosophy with building sprinklers. You are trying to prevent fires. We are doing the same thing here by preventing unnecessary hospital visits and patient readmissions."

While no community paramedicine programs are in place in Massachusetts, local communities have been practicing its principles all along.

"In a sense, we are doing this now. We know our community. We know the patients we are now serving in our community," said Auburn Fire Chief Stephen M. Coleman Jr. "It seems like it would be a natural progression."

Community paramedicine bridges the gap between a medical issue and an emergency medical issue, providing the patient the immediate medical attention they request in their home rather than bogging down emergency rooms with non-emergency issues.

"You might have someone who has leg pain, there is no obvious fracture and it is not something that warrants an ambulance run to the emergency room," said Northboro Fire Chief David M. Durgin. "This is a subject that everyone is talking about and when you think about it, it makes perfect sense."

The basic principle behind community paramedicine is to use a trained EMT in partnership with others in the health care field aimed at increasing patient access to primary and preventive care, according to NAEMT.

Community paramedic programs decrease the use of emergency departments, decrease health care costs and improve patient outcomes.

"With the Affordable Heath Care Act beginning to be implemented, the payers, the hospitals, the insurance companies all have to look at EMS in different ways, not just 'You call, we haul,' but we should respond, assess and refer to an appropriate setting," said Mr. Zavadsky.

With hospitals getting penalized for high readmission rates, changes are needed — from hospital practices all the way down to local EMS providers, Mr. Zavadsky said.

"Financial incentives were not aligned previously to do that. As health care providers, we only got paid if we did something to you. If you are an ambulance, you want to raise more money through transport," Mr. Zavadsky said. "When you are a carpenter with a hammer in your hand, everything looks like a nail."

In Fort Worth, Mr. Zavadsky said, EMTs have partnered with hospitals and are paid to go out, see patients and educate them on things such as their disease process, what kind of primary care is available to them in their community, and other things to help them manage their own care at home.

However, while community paramedicine looks good on paper, many questions need to be answered first.

"It is a paradigm shift that will have to happen for it to work well," said Dr. Marc C. Restuccia, medical director of LifeFlight/EMS at UMass Memorial Medical Center.

"EMS agencies are paid to transport. Now we would have to figure out a way for them to be paid for their skills and cognitive abilities if they aren't transporting. The biggest role it will play is to keep our ERs empty and patient satisfaction high."

Michael Hunter, deputy chief of EMS at UMass Memorial, added, "We like to help people, and we are in the business of taking care of people and we would like to stay in business."

The fee structure is an issue for local fire departments as well, which rely on ambulance receipts to offset their budgets.

"We will most likely see a reduction in the number of ambulance calls, which will directly affect our revenues," Chief Coleman of Auburn said.

Chief Coleman is chairman of District 7 and brought the topic forward at a recent meeting with the district's member fire departments.

Chief Coleman is also a member of the Fire Chiefs Association of Massachusetts, which has an EMS subcommittee researching community paramedicine and how this program will roll out in Massachusetts.

"One fear of fire chiefs is that this is moving faster than we are ready to tackle it," Chief Coleman said. "There are a lot of unanswered questions, but it is moving quickly."

Deputy Chief Hunter added that community paramedics would not replace or compete with visiting nurse associations, but rather would cater to those patients who do not qualify for VNA services.

To implement a program, there would be additional overhead costs. Additional training would be needed, and the program would need medical oversight. That cost is still among the unknowns.

"This is going to happen, sooner rather than later," Dr. Restuccia said. "The jury is still out. Like many things happening in medicine, on the face of it, it sounds like an incredibly good idea to extend resources into the community to deliver the care that in the past you would have been sent to the hospital for. We are going to offer the right level of care at the right spot at the right time. In the long run, this will be better for the patient and it will save the system money, but you won't know until it is implemented."

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