

# Colo. county considers new prehospital care model

[The Eagle Valley Enterprise](#)

EAGLE, Colo. — People in small towns such as Eagle step up and take care of one another when illness strikes.

But what if fleshing out that simple idea and carrying it through to medical professionals could actually provide a workable model for health care reform?

That's what the Western Eagle County Ambulance District, Eagle County Public Health and Colorado Rural Health Center are about to find out with an innovative, yet simple, care model called Community Paramedics.

The programs goal is straightforward — take a resource that is already available in the community, link it with existing health care services and provide expanded patient care including treatment delivered directly to patients in their homes. The existing resource is the paramedic corps at Western Eagle County Ambulance District.

Paramedics are, by job description, emergency medical providers. But what if they became involved in patient care before an accident happens?

"Paramedics have the training, expertise and scope of practice to provide care services such as assessments, blood draws, wound care, diagnostic cardiac monitoring and medical administration. And they have the proven ability to take health care into the home," said Chris Montera, WECAD chief.

The idea of expanding the role of paramedics in community health care dawned on Montera during a conference last year while medical professionals were bemoaning an alarming and growing statistic — more and more Americans who live in rural areas are medically under-served. When combined with the growing population of uninsured Americans, the picture looks especially bleak. As the director of an ambulance district, Montera started thinking about how resources he oversees could provide part of a solution.

From there, it was only natural for Montera to look to Eagle County Public Health as a partner. Anne Robinson, acting public health director, was hooked by the idea of Community Paramedics and what it could mean for public health's mission of preventative health care.

"If you step back, this is a very simple concept," said Robinson. "With everything going on with health care reform, something needs to change. But how?"

Their answer, in part, is to more effectively link existing services for total patient care. (See accompanying examples)

## **Linking services**

As WECAD figures out what their Community Paramedic program will look like, WECAD and county public health can't really look to another jurisdiction in the United States for a model. The two agencies are writing the book. But they do have several of co-authors.

Linking emergency services resources with public health and primary care doctors is a key component of the model. By working together, the Community Paramedic program aims to provide strengthened health care that's delivered directly to the patient.

"The cool thing is we are already mobile," said Montera. "This is an example of thinking outside of the box. In this case, literally the box that's an ambulance."

The program has support from primary care physicians in the area as well as local politicians. Both Vail Valley Medical Center and Valley View Hospital in Glenwood Springs are also on board to test the model. Dr. Benji Kitagawa, an emergency room physician from VVMC and Dr. Drew Werner, a primary care physician from the Eagle Valley Healthcare Center, have signed on as the program's medical directors.

"I am absolutely, definitely convinced this is something that will work," said Dr. Werner. "The Community Paramedic model is total designed to work with primary care providers to provide patients with a medical home."

As the nation debates health care reform, Dr. Werner noted that a perfect storm scenario is on the horizon. With universal coverage, millions of new patients will come into the system at the same time when the corps of primary care doctors is being depleted.

"Health care is in so much distress and we are not training people as quickly as we are going to need them," he noted. But with the Community Paramedic model, doctors can utilize services already available in the community to extend their reach. From checking blood pressures to wound care, Dr. Werner said he could think of dozens of ways to utilize a Community Paramedic.

"The paramedics will not be acting outside of their current set of abilities," said Dr. Werner. "We are just using them in a much better way."

And, he added, there is the extra bonus of providing health care services where the patient lives. That works better for everyone.

## **What's next?**

The current proposal is for a five-year pilot with the education component beginning this winter.

WECAD will require Community Paramedics to complete 100 hours of classroom instruction, through Colorado Mountain College. Another 100 hours of clinical time will be chalked up in local doctors' offices, hospitals and public health clinics. Those requirements will take a few months to complete but Community Paramedics should be in service by June or July of 2010. As the program develops, there has been increased cooperation between public health and WECAD. For instance, paramedics are helping public health nurses staff local flu vaccination clinics.

By year three, Montera and Robinson hope to have accumulated enough cost-saving evidence to present the model to insurers. Up until then, they hope to fund their program with grant money. But regardless of whether the grant money comes, Montera noted the WECAD board and the county have signed on to pilot the program because of its potential to actually improve patient care and reduce medical costs.

And even though the program proposal is timely as the nation debates health care reform, Montera believes Community Paramedics is simply a good idea that should transcend politics.

"Whatever your political view on national health care reform is, in my mind, that's not what this is about. This is about people," said Montera. "This program is about patients. It's about linking medical care throughout the community."

#### **Mrs. Jones — expanded care with a \$0 bill**

In Montera's hypothetical case, Mrs. Jones is a 70-year-old woman in generally good health who lives alone. Her primary care physician recently noticed her blood pressure increasing, so he wrote her a new prescription. Because the doctor knows Mrs. Jones lives on her own, after a couple of days, he asks the Community Paramedic program to schedule a visit to her home to check her blood pressure and see how she is tolerating the medicine.

When the Community Paramedic arrives, he checks Mrs. Jones and finds her blood pressure is still elevated and her ankles are swelling. When he asks her about the prescriptions, she responds that she stopped taking the pills because she couldn't tolerate their side effects. The Community Paramedic then calls the doctor, reports what is going on and requests a different medication. Because the paramedic drove to Mrs. Jones' home, he can also drive by the pharmacy to pick up the new prescription.

Also, during his visit, the Community Paramedic notices some uneven floor surfaces in her home. He also notes that she could use a safety bar in her bathroom to help her get in and out of the bathtub. The Community Paramedic offers to send over some local firefighters to address these home safety issues because falls are one of the biggest medical issues for the elderly.

The bill for Mrs. Jones Community Paramedic visit is \$0.

"That was a seemingly simple call, but we may have saved the patient an emergency room visit and an ambulance call," said Montera.

#### **One sick baby — \$17,000 bill**

This example actually happened last June. Local parents brought their sick 9-month-old to the emergency room. The baby displayed influenza-like symptoms and after examining the infant, the emergency room staff advised the parents on what to do at home and to schedule a doctor's appointment.

The next day, the parents took the baby to the office, but later that night they were back at the emergency room. After an examination, the child was again released. Day four the baby was back at the doctors office. Day five marked another trip to the emergency room. At that point, the ER staff opted to admit the infant for observation. Three days later, the child was discharged.

The family had no medical insurance and the total bill for the nine day event topped \$17,000.

"If we had a Community Paramedics, what would the case have looked like?" said Robinson.

She noted the scared parents could have turned to a resource within their town for help. Community Paramedics could have visited the home and seen if there were any factors at the residence contributing to the baby's illness. There would have been increased opportunities to educate the parents in health care practices. The Community Paramedic could have communicated with the primary care physician to address concerns.

And ultimately, that \$17,000 bill would have been slashed. Robinson figures, conservatively, the family would have experienced a \$16,000 savings.

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