

Wis. Study Looks at Community Paramedicine to Lower ER Visits

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A new pilot program in Baraboo will examine whether paramedics trained specifically to perform in-home health care can lower the number of people coming into the emergency room and also reduce re-admissions to the hospital.

The five-year pilot study involves the Baraboo District Ambulance Service, St. Clare Hospital and the University of Wisconsin School of Medicine and Public Health and other partners in Sauk County to create a community paramedics program.

Dr. Marv Birnbaum, emeritus professor of medicine and physiology at UW-Madison, said grant and foundation funds already are being sought for the program. He said the program could cost about \$1.3 million, which will go to pay instructors and the paramedics while they're in school training for six months. He said funds also will be put aside to study and evaluate the program.

"Eventually, this program will become self-supporting," he said. "We are really looking to get this started."

Sandy Anderson, president of St. Clare Hospital, said the pilot program is aimed at people not sick enough to go to a nursing home or have home health care.

Baraboo District Ambulance Service Chief Dana Sechler said the program is designed to fill in the gaps sometimes associated with follow-up care.

"We are simply adding another member to the team to help when a person comes home from the hospital to make sure the person is doing all the right things to get healthy," Sechler said.

Birnbaum said after paramedics are trained on primary health care such as in-home evaluations and assessments of people with asthma or pulmonary disease, they can then operate on referrals from the patient's primary physician or practitioner to check on the patient.

Birnbaum said the aim of the community paramedic program is to improve the health of the patient who comes home from the hospital, and to keep them from going back to emergency rooms that are sometimes already overloaded with patients.

Baraboo District Ambulance Service Capt. Lori Spencer said currently the safety net for most people is their local hospital's emergency room.

Sechler said once a patient is discharged from the hospital and gets a referral from a doctor, the community paramedics will make contact with that patient within 24 hours.

Medicare payments for unplanned readmissions in 2004 totaled \$17.4 billion, according to a study completed by the The New England Journal of Medicine. The same study concluded that one in five Medicare patients who were discharged from a hospital between 2003 and 2004 were rehospitalized within 30 days; and one and three patients were back in the hospital within 90 days.

"This program can help mitigate those numbers, save money and keep people healthy," Spencer said.