



WESTERN EAGLE COUNTY

AMBULANCE DISTRICT

Emergency Medical Service

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Problem Statement:

In Colorado and nationally, access to healthcare and particularly primary care services is a growing concern. Primary care providers are in short supply, and the uninsured population is on the rise. Uninsured patients are less likely to seek out preventive care services, and are more likely to go to the Emergency Room for non-urgent care, increasing the cost of healthcare. In rural areas the problem is exacerbated because of a higher uninsured rate compared to urban settings, and due to a higher shortage of healthcare providers.

Opportunity:

To address the decrease in access to primary care services in urban and rural areas, it is necessary to evaluate current resources within communities and explore innovative access to care solutions. The Community Paramedic model is a proven solution that provides access to essential healthcare services for vulnerable populations. Paramedics have the training, expertise and scope of practice to provide care services such as assessments, blood draws, wound care, diagnostic cardiac monitoring, medication administration, and have proven the ability to take health care into the home. International Community Paramedic models have provided Emergency Medical Service (EMS) personnel with additional training to enhance their skills within their scope to provide expanded community services such as post-op follow up, hospital discharge follow up, fall prevention within the home, medication reconciliation, and wound care.

EMS personnel are integrated throughout the healthcare system, allowing them to easily provide services within their scope of practice to improve access to primary healthcare services that often overwhelm the system and increase healthcare cost. Throughout the world, the Community Paramedic program has demonstrated increased health outcomes and cost savings.

Important information about our healthcare system in the United States, Colorado, and Eagle County:

- Primary care shortage
 - In the graduating medical classes of 2008 only 5% of graduating physicians were going into primary care ¹
 - In Colorado, 52 of the 64 counties (81%) are either fully or partially designated as Health Professional Shortage areas ¹
- Uninsured/Underinsured rates
 - In 2007 13.7% (485,000) of Coloradoans could not see a physician due to cost ²

- 26% of Eagle County Residents are uninsured³
- 68% of Latino households don't have medical insurance³
- Access to care statistics
 - 38% of Households had trouble accessing care in 2005³
 - Colorado population is projected to grow 16% between 2000 and 2020, while the population 65 and over is projected to grow 113% during the same period
 - Increase cost of private insurance
 - In 2005, 43% of Eagle County residents were having problems accessing dental services³
- Readmission rates
 - 50.2% of patients who were readmitted had no follow-up care with primary care physician from time of discharge to time of readmission¹
 - Cost to Medicare of unplanned re-hospitalizations in 2004 was \$17.4 billion¹
- Cost of healthcare in ER
 - ER costs per-visit are generally three times higher than comparable care in an outpatient clinic¹
 - In Colorado in 2008, 80% of ER visits are not true emergencies¹
- Preventive services
 - 56% of Eagle County Households are affected by chronic health issues³
 - 32% of Eagle County residents are overweight and 13.6% are obese³
 - Vaccination is proven to be the number one way to prevent disease, disability, death⁴

1 Source: Colorado Rural Health Center

2 Source: <http://www.statehealthfacts.org/profileind.jsp?ind=747&cat=8&rgn=7> Colorado

3 Source: Healthy Eagle County 2010, Health Assessment 2005

4 Source: Center for Disease Control

What Community Paramedic Is:

- Utilization of healthcare resources using current scope of practice for EMS Personnel
- Decreases workload and increases efficiency of managing patients in a primary care setting by utilizing EMS Personnel through non-traditional methods.
- Coordinated and integrated care with medical providers including public health, physician's offices, hospitals, home health and long term care facilities

Community Paramedic model will NOT:

- Replace current healthcare systems

- Change the current defined scope of practice of the EMS Personnel
- Removing patient populations from healthcare providers
- Decrease the level of care provided

5-Year Pilot Measurable Results:

1. Reduce rehospitalizations for by 50% or to 25.1% for patients seen post discharge within the program.
2. Ensure all patients in the program have a medical home
3. Calculate the cost savings of Community Paramedic Program versus cost of on-going care/hospital care
4. Injury prevention completed versus potential costs associated with no prevention
5. Number of Vaccinations and Public Health visits given