Community Paramedic

There exist limitless opportunities in every industry. Where there is an open mind, there will always be a frontier.

Charles F. Kettering

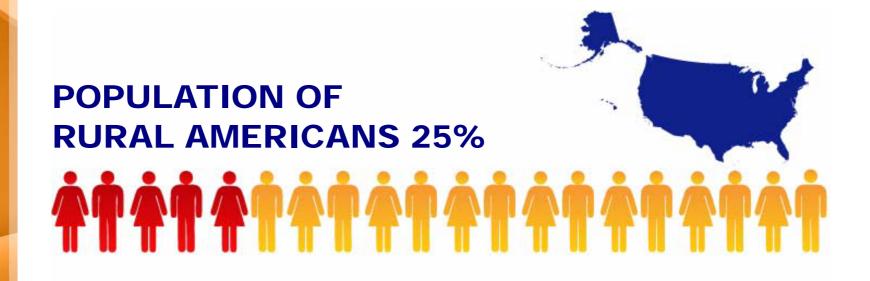


The Rural and Remote Dilemma

- ¼ of Americans live in rural and remote areas
- Only 10% of America's doctors practice there
- 4 times as many rural and remote residents traveled >30 miles for health care, compared to urban residents



The Rural and Remote Dilemma



PRACTICING DOCTORS 10%



Rural and Remote Demographics

- More elderly
- More immigrants
- More poverty
- Poorer health











HEALTHY PEOPLE 2010

Goals:

- . Have a source of ongoing care
- · Have a usual primary care provider (PCP)
- Increase the number of under-represented ethnic and racial groups with degrees in health professions
- Reduce avoidable hospitalizations

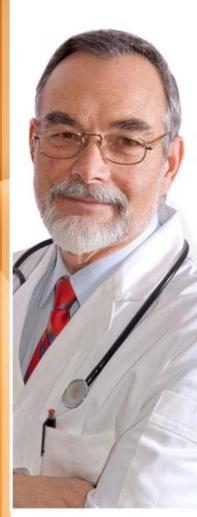
www.healthypeople.gov





















Filling an Unmet Need with Untapped Resources







Filling an Unmet Need with Untapped Resources





Volunteer and Paid Paramedics

- EMTs/Paramedics already know how to deliver care locally
- Know how to assess resources and make decisions
- They could fill gaps in care with enhanced skills through targeted training





Seizing the Opportunity

- Built on the Rural and Frontier EMS Agenda of the Future
- Community Healthcare and Emergency Cooperative (CHEC) developed the curriculum
- The curriculum supports the work of the International Roundtable on Community Paramedicine supports (IRCP)
- Spearheading a movement



The Community Healthcare and Emergency Collaborative





The Community Paramedic Program

- Expand role, *not* scope
- Assess and identify gaps between community needs and services
- Improve quality of life/health





The Community Paramedic Program

- Level 1 Non-paramedic filling some roles of the Community Paramedic
- Level 2 -- Certificate or Associate degree
- Level 3 Bachelor's degree
- Level 4 Master's degree





Expanded Services

- Primary care
- Emergency care
- Public health
- Disease management
- Prevention
- Wellness
- Mental health
- Dental care



Building on Experience



- Not entirely new
- Similar successes around the world

Building on Experience

ALASKA

35

NOVA SCOTIA

OUEENSLAND, AUSTRALIA



Serves Long and Brier Island

- Population: 1,240
- >50% age 65+
- 2 hours + to nearest hospital
- No local health care provider





Program Development

- 1. Hired project manager
- 2. Assigned medical oversight physician
- 3. Expanded paramedics' skill set
- 4. Explained program to community





Reaching the Community

- Health clinics
- Home health assessments
- Adopt-a-patient



Impressive Results





REDUCTION IN CLINIC VISITS

REDUCTION IN EMERGENCY ROOM VISITS

OVER 5 YEARS



Queensland, Australia Rural and Remote Paramedic Program

- Australia's second largest state
- Rapidly increasing/aging population
- Needed sustainable health care model





Queensland, Australia Rural and Remote Paramedic Program

- Expanded duties
- Wound dressing with local anesthetics
- Suturing/minor surgical procedures
- Chronic pain management
- X-rays
- Mental health assessment/treatment





Queensland, Australia Rural and Remote Paramedic Program

- Expanded activities
- CPR/indigenous first aid
- Road accident prevention
- Community presentations







Alaska Community Health Aide/Practitioner (CHA/P)

- > 550 CHA/Ps
- 180 villages
- > 300,000 patient encounters





Alaska Community Health Aide/Practitioner (CHA/P)

- 24-hour emergency care
- Acute, non-emergent and urgent care
- Prenatal, emergency childbirth and newborn care
- Preventive care
- Chronic care





The List Goes On

- Red River Project, New Mexico
- Independent Practice Medic, military
- Guanajuato, Mexico





Community Paramedic Training Program

- Where is the pilot based?
- Which communities will be served?
- Who is involved? Colleges? County? Town? Hospitals?
- When will it start?









Community Paramedic Program



BRINGING THE BEST TOGETHER



Keys to Community Paramedic Program

Resourceful **Flexible** COMMUNITY PARAME **Gap-filling Rural and Remote Centric**



Flexible

- Identify specific needs in community health care
- Standardized curriculum, modified for communities



Rural & Remote Centric

(but not exclusive)

- Target sparsely populated areas
- Address special population issues
 - Rising immigrant demographic
 - Aging in place
 - Decreasing availability of medical professionals



Resourceful

- Identifies what is available
- And what is missing



Gap-filling

- Creates "health home" for citizens
- Eyes, ears, and voice of community



Community Paramedic Guidelines

- Essential oversight by community care providers
- Practice where designated underserved
- Approved and welcomed
- Funding specific to each locale





Major Benefits of Community Paramedic Program

- Keeps rural and remote health issues on the radar of policymakers and community leaders
- Measures and addresses health issues specific to rural and remote populations



Making the Program a Reality

- Community/citizen support
- Driven by local needs and resources
- Current
 EMS/paramedics





Making the Program a Reality

- University/community college participation
- Establish international registry of student graduates





Curriculum Ready to Go

- Standardized multi-module delivery model
- Applicable across America and internationally
- Certificate, associate, bachelor's, master's programs





Curriculum—Phase I

Foundational Skills @100 hours

- Role, advocacy, outreach and public health
- Community assessments
- Developing community strategies for care and prevention



Curriculum—Phase II

Clinical Skills @15-146 hours



Filling the Gaps Together

Filling the Gaps Together

COMMUNITY PARAMEDIC

Community Paramedic Program

The Mill Har Man Martin

Not many sounds in life, and I include all urban and rural sounds, exceed in interest a knock at the door.

Charles Lamb

