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

**POPULATION OF RURAL AMERICANS 25%**

**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
NOVA SCOTIA
QUEENSLAND, AUSTRALIA
Nova Scotia Community Paramedic Model

Serves Long and Brier Island

• Population: 1,240
• >50% age 65+
• 2 hours + to nearest hospital
• No local health care provider
Nova Scotia Community Paramedic Model

Program Development

1. Hired project manager
2. Assigned medical oversight physician
3. Expanded paramedics’ skill set
4. Explained program to community
Nova Scotia Community Paramedic Model

Reaching the Community
• Health clinics
• Home health assessments
• Adopt-a-patient
Nova Scotia Community Paramedic Model

Impressive Results

40% 28%

Reduction in Emergency Room Visits
Reduction in Clinic 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

Flexible

Resourceful

Gap-filling

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

Charles Lamb