


Integration of Community Paramedicine in a Rural Environment



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CoMMP

- Nationwide organization of EMS leadership and other community stakeholders
- Advance the industry through:
 - Improved delivery models
 - Improved education 
 - Further integrating into the health care system.

Objectives

- Define the tradition Emergency Medical Services (EMS) model
- Understand Community Paramedicine concepts
- List the stakeholders of Community Paramedicine
- Explain how EMS can be a supplement to out of hospital care

Traditional EMS Model

Rural System Today

- Varies in rural setting
 - Volunteer, hybrid, career
- Skills and education varies
 - Basic EMT
 - Paramedic
- Agencies vary
 - “On-call” Volunteer
 - Staffed
 - High costs of readiness



Traditional EMS Model

Rural System Today

- “You call we haul”
 - Nationwide estimates indicate:
 - 50-55% of EMS encounters do not need an ER
 - 90% do not need an ambulance
 - Unnecessary ER encounters
 - Patient have a lack of “medical necessity”

Traditional EMS Model


Challenges

- Rural Ambulance Services Face:
 - Financial challenges
 - Staffing challenges
 - Recruitment/retention
 - Training challenges



Mobile Medicine

What is it??

- Existing models are prevalent in urban areas
 - Alternative destinations
 - Urgent care centers, mental health clinics
 - Readmission reduction 
- Not practical in rural environments.

Mobile Medicine

Creating a Sustainable Rural System

- Public Health model
 - Integrate with:
 - Local Public Health/ Home health agencies
 - Hospitals 
 - Clinics and physicians
 - Utilize tele-health platforms

Mobile Medicine

Goals

- Create a sustainable system which supplements existing stakeholders and creates a patient centric system, improves access to healthcare, reduces cost, and improves patient outcomes.



Mobile Medicine

The hurdles

- Regulatory
 - Under current regulations there needs to be a “request”
- Stakeholders
 - Pushback from NYSNA and other nursing advocacy groups.
 - Programs are not designed to replace existing programs, but to supplement.
- Payors
 - Reimbursement can be several months to years before realized.

Mobile Medicine

Pandemic Response

- Utilizing existing EMS resources during a pandemic can increase:
 - Testing
 - Screening
 - Inoculation
 - Triage of patients



Mobile Medicine


The Advantages

- Patient centric programs
- Improved access to healthcare
- Support and supplement existing services
- Improved financial stability
- Improved patient outcomes



Mobile Medicine

Conclusion

- Integration of mobile medicine into the existing health system can improve outcomes and reduce hospitalizations
- Utilization of existing EMS services can reduce the burden on the overwhelmed rural health system 
- Can increase the existing resources during a pandemic

Thank you for your time



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References

EMS Funding and Reimbursement. (2016, December 2). Retrieved September 8, 2020, from https://www.ems.gov/pdf/nemsac/NEMSAC_Advisory_EMS_System_Funding_Reimbursement.pdf