

Paramedics could help close state's health-care gaps

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In a new report, the UC Davis Institute for Population Health Improvement (IPHI) recommends that the state launch pilot programs to test a new model of community-based health care that would expand the role of paramedics under certain circumstances.

In "Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care," Kenneth W. Kizer, director of the IPHI and professor of [emergency medicine](#) in the UC Davis School of Medicine and Betty Irene Moore School of Nursing, and his colleagues explore a new model of community-based care in which paramedics, after undergoing additional training, would function outside of their usual [emergency](#) response and transport roles to facilitate more appropriate use of emergency departments and to increase access to [primary care](#) for medically underserved populations.

This feasibility study is the first of its kind in California and reflects the perspectives of stakeholders from nearly 40 different organizations, including [emergency medical services](#) (EMS) associations, health-care providers, health plans and payers.

"Expanding the role of paramedics is a very promising model of community-based care that uses existing health-care workers in new and innovative ways," said Kizer. "It is a model of care that several other states and countries have implemented to better leverage the skills of paramedics to meet specific community needs and to help ensure that emergency departments are more appropriately utilized."

Community paramedicine programs begin with a community health-needs assessment, during which local health-care service delivery gaps are identified. These programs then typically look at how locally developed collaborations among EMS and other health-care and social-service providers could fill the identified gaps in services.

The expanded roles of paramedics might include transporting patients with conditions not needing emergency care to care settings more appropriate than hospital emergency departments; releasing individuals at the scene of an emergency response rather than transporting them to hospital emergency departments if it is determined that emergency care is not needed; or helping frequent 9-1-1 callers access primary care or social services instead of emergency department care. The new roles of paramedics might also include making home visits to check on patients recently discharged from the hospital or emergency department, to check on individuals with certain types of chronic conditions, or even to provide immunizations or other disease prevention services.

Kizer notes that EMS data show that about a third of 9-1-1 medical emergency calls are not for true medical emergencies, but EMS providers are required by law to take all 9-1-1 patients to a hospital emergency department. In such cases, instead of transporting the person to a hospital [emergency department](#), it might be more appropriate to take these persons to a primary care or mental health clinic or their doctor's office.

"Community paramedicine could be an important part of the solution to California's growing health-care access problem," Kizer said. "There already are not enough health-care workers in California, especially in rural and other medically underserved areas, and the situation is likely to get considerably worse in the next few years as a result of the Affordable Care Act expanding health-insurance coverage to many previously uninsured persons, as well as continuing population growth and

increasing numbers of people having chronic diseases like diabetes."

The report recommends that 10 to 12 community paramedicine pilot or demonstration projects be launched to refine and evaluate details about the need for additional education and training, possible changes in the paramedic scope of practice, and how best to provide medical supervision of [paramedics](#), among other things.

More information: www.ucdmc.ucdavis.edu/iphi/publications/commparamed.html

Provided by UC Davis

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