

Paramedic-led intervention cuts ambulance calls

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(HealthDay)—For low-income older adults who live in subsidized

housing, the Community Paramedicine at Clinic (CP@clinic), a paramedic-led, community-based health promotion program to prevent diabetes, cardiovascular disease, and falls for residents 55 years of age and older, lowers the number of ambulance calls and improves quality-adjusted life-years (QALYs), according to a study recently published in *CMAJ*, the journal of the Canadian Medical Association.

Gina Agarwal, Ph.D., from McMaster University in Hamilton, Canada, and colleagues conducted an open-label pragmatic cluster-randomized controlled trial in subsidized apartment buildings for [older adults](#). Six buildings were randomized to either intervention (CP@clinic; three buildings) for one year or control (usual health care; three buildings). The intervention and control buildings had 455 and 637 residents, respectively.

The researchers found that, compared with the control buildings, the three intervention buildings had significantly lower mean monthly ambulance calls (3.11 versus 3.99 calls per 100 units/month; mean difference, -0.88) when adjusted for baseline calls and [building](#) pairs. Significant improvement was seen in QALYs (mean difference, 0.09) and ability to perform usual activities (odds ratio, 2.6) for residents living in the intervention buildings versus the control buildings. A significant decrease was seen in [diastolic blood pressure](#) for those who received the [intervention](#) (mean change, 4.8 mm Hg).

"In the coming decades, the growing population of older adults will affect the Canadian health system inevitably, and the CP@clinic program has great potential to reduce the impending burden created by this evolving demographic," the authors write.

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