

Whalen Symposium 2018 Abstract to be Considered for an Award

Title: Community Paramedicine – Saving the Country from Disease

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Background

Chronic disease is drowning America's health, healthcare system, economy, and quality of life. As of 2014, sixty-percent of American adults had at least one chronic disease (Buttorff et al, 2017). Seventy-five-percent of all healthcare costs are contributed to chronic disease ("Why Public Health," n.d.). Caregiving costs U.S. businesses from \$17 billion to \$34 billion annually in lost productivity, absenteeism, and higher medical expenses for stressed-out caregivers (Fisher, 2014). An increase in accessibility to treatment and follow-up care and the implementation of effective prevention and education programs are needed to change these statistics.

Community paramedicine is the delivery tool for efficacious disease management, as it provides 24/7 access to at-home care for patients battling chronic diseases (Community Paramedicine, 2017). Highly-trained paramedics provide necessary treatments in the patient's home and use close connections with the community and down time to create and implement educational prevention programs. The ability to treat chronic disease in a convenient and accessible manner and to prevent future incidences, makes community paramedicine the optimal chronic disease management tool.

Methods

This qualitative policy research was completed as the basis for a mock congressional testimony to the Senate Health, Education, Labor and Pensions Committee (HELP) to recommend how the Department of Health and Human Services (HHS) should spend \$500 million on public health initiatives.

Extensive literature review and analysis on chronic disease and the legal and policy framework surrounding disease management was completed to take community paramedicine from a concept, to fully executed organizations. This included considering data on the burden of chronic disease in terms of medical and administrative costs, productivity losses, and hospital infrastructure. Additionally, federal policies, particularly the Affordable Care Act (ACA) and Title IV-Prevention of Chronic Disease and Improving Public Health, were reviewed to determine the legal

feasibility of community paramedicine. Ultimately, the review identified the optimal strategy for implementing the organizations on a national level, barriers that could arise, and the effect of community paramedicine on patients, hospitals, and community paramedics. Alternatives to community paramedicine, such as expanding urgent care clinics, were considered. However, the alternatives do not address the accessibility to care, a primary barrier to treatment, at the level community paramedicine does. Each area of review was crucial in determining that community paramedicine is the best solution to chronic disease management.

Results

There are three recommendations to establish successful community paramedicine organizations. The first is to launch community paramedicine stations in the country's five most populated and five least populated areas. Rural and urban communities have different chronic disease needs and it is important to identify such needs and alter stations accordingly. Second, community paramedicine organizations should be strategically integrated into communities by operating in conjunction with emergency medicine organizations, allowing infrastructure, equipment, and human resources to be shared. Finally, a portion of the funding should be used to create and implement educational prevention initiatives, such as: blood pressure checks, dental hygiene classes, and nutrition workshops.

There is risk associated with these organizations. The competence of community paramedicine relies on the strength of relationships with communities and health professionals. Additionally, establishing standing orders and creating a curriculum for community paramedics poses a challenge. However, the establishment of policies and education will be less challenging if strong relationships with physicians, healthcare facilities, and governing bodies exist.

Discussion and Conclusion

The current model of patients seeking disease management in medical facilities is failing. Bringing disease management and prevention tools to the consumer in their homes is a better solution, as exemplified by the success in the community paramedicine programs of several states, including California, Colorado, Minnesota, Massachusetts, and Maine (“California’s Community”, 2017; Neuhauser, 2014; Karen & Shaler, 2015; Schulman, 2017). While the success of community paramedicine is contingent upon strong community relationships, these concerns are far outweighed by the potential benefits that community paramedicine brings to the chronic disease

issues in America. Community paramedicine will reduce the annual \$1.3 trillion spent on preventable chronic diseases and save the 1.1 million lives lost each year to such diseases (“What is the Impact”, n.d.).

References

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