OXFORD INSTITUTE FOR VETERINARY MEDICINE

FIRST YEAR OUTCOMES OF THE MOHLTC FUNDED COMMUNITY PARAMEDICINE DEMONSTRATION PROJECTS

INTRODUCTION AND BACKGROUND

Older adults account for the highest usage of emergency and ambulance services in Canada. However, only a small proportion of these older adults account for the majority of health care usage. This subset of individuals are often characterized by poly-morbidity, functional impairments, and social frailty and can be managed by improved connection to primary, home and community support services.

Given the comorbidities apparent across the high user population there exists a growing need to determine what strategies are personalized to support and enable them to age at home independently.

In November 2014, the MOHLTC invested $6 million into 30 Community Paramedicine Demonstration Projects across Ontario to engage paramedics outside of their traditional emergency response roles with the aim of helping frequent users of 911 services to live at home longer and reduce their need for emergency services, including ED visits and emergency response roles with the aim of helping frequent users of 911 services to live at home longer and reduce their need for emergency services, including ED visits and hospitalizations.

Utilized to support elders in the community:

1. Assessment and Referral (CAR) Models (30 projects – 57%)
2. Home Visits Model (5/30 projects – 30%)
3. Wellness Clinic Model (12/30 projects – 40%)

Of the 30 Community Paramedicine Projects, there were 3 categories of activities utilized to support elders in the community:

- Assessment and Referral (CAR) Models (30 projects – 57%)
  - Designed to facilitate the rapid assessment and referral of vulnerable EMS users at the time of a 911 call to local primary, home and community care services in the community that could better enable them to stay healthy and independent in the community.

- Home Visits Model (5/30 projects – 30%)
  - Designed to provide, proactive and non-urgent home visits to high-risk patients who need to be historically high-risk users of EMS services, to help them better access the care and supports they may need to stay healthy and independent at home.

- Wellness Clinic Model (12/30 projects – 40%)
  - A model of prevention that aims to engage and educate patients about chronic disease management, preventing falls, and other ways to stay independent and healthy.

It is anticipated that these community paramedicine programs will help older adults and other patients live longer and reduce emergency room visits and hospital admissions.

STUDY OBJECTIVE AND METHODS

This study was conducted to understand the types of older adults being served through the community paramedicine programs as well as the types and volumes of activities that the community paramedics were engaged in the programs’ overall impact on future 911 calls and ED visits were also measured.

Each of the programs were required to submit standardized data on a quarterly basis. Consistency and Volume among Survivors and Decedents.

RESULTS

Within the first 12-months of implementation, there was a total of 10,877 patients enrolled, with 1,000 paramedics and 1,000 individual health and social care providers becoming involved. There were also a total of 303 partnerships established with community and health organizations across all 30 projects at this time.

- The proportion of referrals and reduction in 911 calls has further implications for the organization of traditional models of community care. Arguably, embedding community paramedicine into these models is a place where one can embed an effective and cost-effective strategy to improve system integration for older adults.

CONCLUSION AND NEXT STEPS

Community Paramedicine Models have the potential to improve patient and system outcomes by effectively connecting mostly older and vulnerable individuals with primary, home and community care support services.

While an overall 13.8% reduction in future 911 calls was achieved further analysis needs to occur in order to determine what types of programs may be more effective at achieving improved patient and system outcomes. A more rigorous evaluation will be implemented to determine the impact of these programs on system-wide outcomes.

REFERENCES


7. Submission to Dr. Sinha, Sept 21, 2012.