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Category: Value-based care (Delivery of care where reimbursement is based on patient health outcomes)

Title: Community Paramedicine a Novel Approach to Reducing Readmission

ABSTRACT BODY

Community Paramedicine a Novel Approach to Reducing Readmission

Background. East Hospital, an affiliate hospital within an academic medical center, is partnering with Emergency Medical Services (EMS) in surrounding townships in a pilot program providing Community Paramedicine (CP) services for patients at increased risk of readmission. This program aims to closely follow patients with home visit(s) by a community paramedic post hospitalization with patient visit summary reported to the Advanced Practice Registered Nurse (APRN).

Methods. Patients enrolled are at high risk for readmission as identified by the readmission risk score. Patients are identified through report in the medical record with a diagnosis of heart failure or Acute Myocardial infarction and live within jurisdiction as determined by zip code. Written and verbal report of visit provided by paramedic to APRN. Patient visits, interventions, 30 day readmissions, and emergency department visits tracked by APRN.

Results. The Community Paramedicine Program is currently in pilot phase through 2019 with focus on heart failure. There has not been a 30 day readmission for heart failure to date. There have been two non-cardiac readmissions and one readmission for a cardiac cause. Twelve patients are currently enrolled in the program with a total of 20 paramedic visit encounters. Fifteen patient interventions have been performed. The partnership between the East Hospital APRN and community paramedic have allowed patients to receive referrals to community resources, education, medication titration and home modifications to ensure a safe environment.

Conclusion. CP aims to reduce healthcare costs while maintaining high-quality care in the transition phase by focusing on long-term disease management, coordination and prevention. Outcome data provides valuable insight to potentially impact patients, Bundled Payment for Care Improvements and Accountable Care Organizations. Continuation of the CP program would increase access to care and improve the value of care for patients as healthcare shifts away from fee-for-service reimbursement. Community Paramedicine Program continuation and expansion to include other diagnosis is anticipated through 2022.

Clinical Implications: explore novel approaches to decrease readmission rate and improve the quality of transition of care.