Community Paramedicine to Combat the Opioid Crisis

Jeffrey Kalczynski OMS-II, Justin Canakis OMS-II, Novneet Sahu MD

Introduction

- Community paramedicine is a service designed to address the specific needs of patients who over-utilize emergency services.
- The service is flexible and has the reach necessary to serve a wide range of demographics.
- Perfect for patients with chronic illnesses that are life threatening when acute exacerbations arise.

Methods

- Vital sign assessment
- ECG monitoring
- Blood chemistry / labs
- 911 co-response
- Medication administration
- Medical assessment
- Safety education
- Healthy lifestyle support
- Medical education
- Connection with resources

Proposal

- New Castle County, DE’s county executive reached out to speak about utilizing Community Paramedicine.
- Cooperation with Doctors for Emergency Services (DFES) and Christiana Care Family Medicine is critical to a program.
- Patient population would be enrolled after being successfully resuscitated from an overdose while still in the ED.
- Thirty days of service would be provided and success would be quantitatively and qualitatively measured with the same variables as were used by MedStar EMS.
- Team consists of one paramedic, one social worker, and a family physician.
- Program focused in the city of Wilmington (See Map 11).
- Naloxone would be administered.
- Social worker serves to ensure the patient is connected with all necessary community resources available.

Results

- No diagnosis code represented greater than 5% of all claims analysed.
- The top codes represented illnesses such as chest pain, abdominal pain, pregnancy complications, trauma, acute infection, and asthma.
- Initially, asthma (J45.99) was selected as a target for a pilot protocol because of it’s ease of treatment, low utilization of resources, and ability to coordinate care with primary care physicians.
- The other diagnoses were determined to be poor targets due to acuity and complexity of care.

Conclusion

- There is both quantitative and qualitative evidence to suggest that Mobile Integrated Healthcare can increase efficiency and patient satisfaction while decreasing cost.
- There is quantitative and qualitative evidence to suggest that a Mobile Integrated Healthcare Program may benefit New Castle County, Delaware.
- Approximately 15% of high utilizers going into the ER complain of abdominal pain of some type (See table 16-8).
- 2% of overall users account for 14% of county costs.
- Meeting the needs of these 2% can have a significant impact on the overall cost of healthcare in New Castle County. (Hall-Long et al.)

Acknowledgements

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Top 15 ICD-9 diagnosis codes were isolated.
Isolated codes were further analyzed to determine a disease to focus on for a Community Paramedicine Pilot Protocol.
Additional information regarding the gender, age and race were analyzed to determine an ideal population to focus on for the pilot protocol.

The Triple Aim

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<thead>
<tr>
<th>Health of a Population</th>
<th>Experience of Care</th>
<th>Per Capita Cost</th>
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