

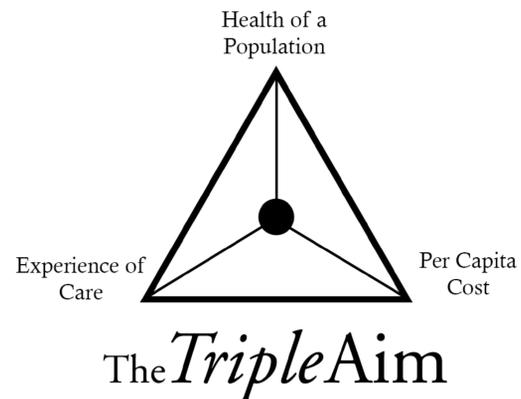


# Community Paramedicine to Combat the Opioid Crisis

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## 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
- **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**



## Methods

- 56,296 Medicaid claims of ED patients ranging in age from newborn to 89 in New Castle County, DE were analyzed from the 2013 and 2014 fiscal years
- 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 analysed to determine an ideal population to focus on for the pilot protocol

## 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 its 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

## 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

## 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.)

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