



**Atrium Health**

## Community Paramedicine

Mary Merlin MS CCC-SLP, CBIS  
 Kathryn Williams PT, DPT, CBIS  
 Kara Marie Noronha, PT, DPT, CBIS

---

---

---

---

---

---

---

---

### Learning Objectives

- Define the Community Paramedicine Program
- Describe the relationship between Carolinas Rehabilitation and Community Paramedicine
- Identify the benefits of the Program
- Identify which patients qualify for the Program
- Successfully use flowchart to determine need
- Recognize cost benefits




---

---

---

---

---

---

---

---

### What is Community Paramedicine?

- A program where a paramedic makes a home visit to identify necessary resources, equipment issues, and provide services outside of the typical scope of a traditional Emergency Medical Technicians (EMT)
- One aspect of "Mobile Integrated Healthcare" which is an emerging concept to integrate the larger spectrum of community healthcare with technology including telemedicine or telehealth
- Requires special education and training for a traditional EMT
- State to state variations




---

---

---

---

---

---

---

---

### How do therapists use this program?

- At Carolinas Rehabilitation, inpatient therapists use video communication with community paramedics to give the team live feedback of home set up while patient is still in rehab




---

---

---

---

---

---

---

---

### What is the purpose?

- Decrease readmission rates within 30 days of discharge
- Decrease cost of therapeutic outings
- Helps the therapy team to strategize for discharge home (equipment)
- Decrease patient/caregiver anxiety
- Post-discharge visits increase safety as it would supplement home health or other services




---

---

---

---

---

---

---

---

### Who is appropriate?

**Home visit (inpatient):**

**When to use:**

- Delayed discharge or potential for delay in discharge due to home setting issues
- Team has concerns regarding home safety
- Referred by Challenging Discharge team or Administration
- Specialty patient

**How:**

- Submit form to justify to Challenging Discharge Committee/Admin for approval
- List home address, requester name, reason
- CR/PIR staff call with Paramedicine

**Reasons:**

- Family unable to provide necessary measurements information
- Required to plan for safe discharge
- Medication review- reconcile what the patient is currently on vs. what is in the home
- Evaluate DME in home
- Accessibility in home
- General home safety- access to water, elect, facilities




---

---

---

---

---

---

---

---

## Who is appropriate?

**Post-rehab:**

**When to use Post-rehab:**

High to very high risk and deemed necessary by rehab team  
 Crisis situation (patient calls post-discharge)  
 Need for trouble shooting issues with patient/family

**How:**

Submit form to Admin -List home address, requester name, reason, and contact information for who to report back to with issues.

**Reasons:**

- Medication check
- Medical complexity, new diagnosis, ventilation
- Disease specific education
- Transition
- Delay in services
- Health literacy/limited resources
- Patient/Caregiver ability (physical/cog)
- Self pay/Medicaid pending – unable to afford HH visit
- Lab draw




---

---

---

---

---

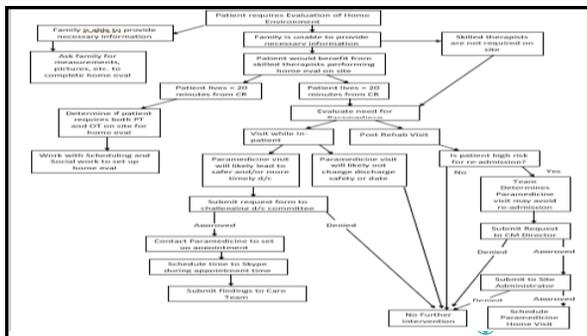
---

---

---

---

---




---

---

---

---

---

---

---

---

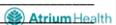
---

---

## Referral Form

**Community Paramedicine Referral**

Patient name: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 Team/site referring: \_\_\_\_\_  
 Date of referral: \_\_\_\_\_  
 Team contact name/number: \_\_\_\_\_  
 Family contact name/number: \_\_\_\_\_  
 Preferred date/time of visit: \_\_\_\_\_  
 Type of visit: \_\_\_\_\_ (post-rehab discharge or inpatient home visit).  
 Family must be home to let CP in the home.  
 Specific needs or goals of home visit: \_\_\_\_\_




---

---

---

---

---

---

---

---

---

---

### Cost

- Every state varies on how Community Paramedicine is funded
- 50\$ per hour plus \$1.06 per mile
  - Since rolling out the program, visits ranged from \$48 to \$275
  - Average 78\$
- This is a partnership between Atrium Health Community Paramedicine and CR
- They do have service line contracts established



---

---

---

---

---

---

---

---

### Hx at Carolinas Rehab

- We began the program in February 2018
- Since then, we have had 27 consults only 2 refusals



---

---

---

---

---

---

---

---

### Quick Case Study

- 81 y/o male with Anoxic BI status post cardiac arrest with high readmission score
- Lives at home with wife who is unable to assist physically and son with TBI
- Family reported first floor bedroom set up with bathroom on first floor
- Paramedicine visit revealed: wife had set up air mattress on floor of den, ½ bath on first floor with narrow door that did not accommodate walker
- NO 30 day re-admission



---

---

---

---

---

---

---

---

## References

- Patterson DG, Coulthard C, Garberson LA, Wingrove G, Larson EH. What Is the Potential of Community Paramedicine to Fill Rural Health Care Gaps? *J Health Care Poor Underserved*. 2016;27(4A):144-158.
- Pearson KB, Gale JA, Shaler G. Community Paramedicine in Rural Areas: State and Local Findings and the Role of the State Flex Program. 2014; Policy Brief 35. Accessed April 1, 2019. <http://www.flexmonitoring.org/wp-content/uploads/2014/03/pb35.pdf>
- Rural Health Information Hub. Accessed April 1, 2019 at [www.rurahhealthinfo.org/topics/community-paramedicine](http://www.rurahhealthinfo.org/topics/community-paramedicine)



---

---

---

---

---

---

---

---