



COMMUNITY PARAMEDICINE IN RURAL COLORADO

THE CONNECTION MAKES ALL THE DIFFERENCE

WHY, WHO & HOW

- REGION 10 IS 9600 SQUARE MILES MOSTLY RURAL AND FRONTIER
- WE KNEW THAT HIGH RISK PEOPLE NEEDED OUR SERVICES, AND WE WEREN'T REACHING THEM
- 1 COUNTY HAS NO HOSPITAL 2 HAVE DAYTIME ED SERVICES ONLY
- 1 COMMUNITY IS A MINIMUM 1.75 HR DRIVE TO THE NEAREST HOSPITAL
- 3 COUNTIES AND 9 COMMUNITIES HAVE NO HOME HEALTH CARE
- THE PARAMEDICS CAN BE PART OF THE SOLUTION (IF THE COMMUNITIES CAN AFFORD THEM)
- WE HAD COVID FUNDING TO PILOT PARAMEDICINE IN SOME OF HIGHEST RISK AREAS AND WILLING PARTNERS WHO WANTED TO HELP US REACH THESE PEOPLE



WHAT ARE THE NEEDS?



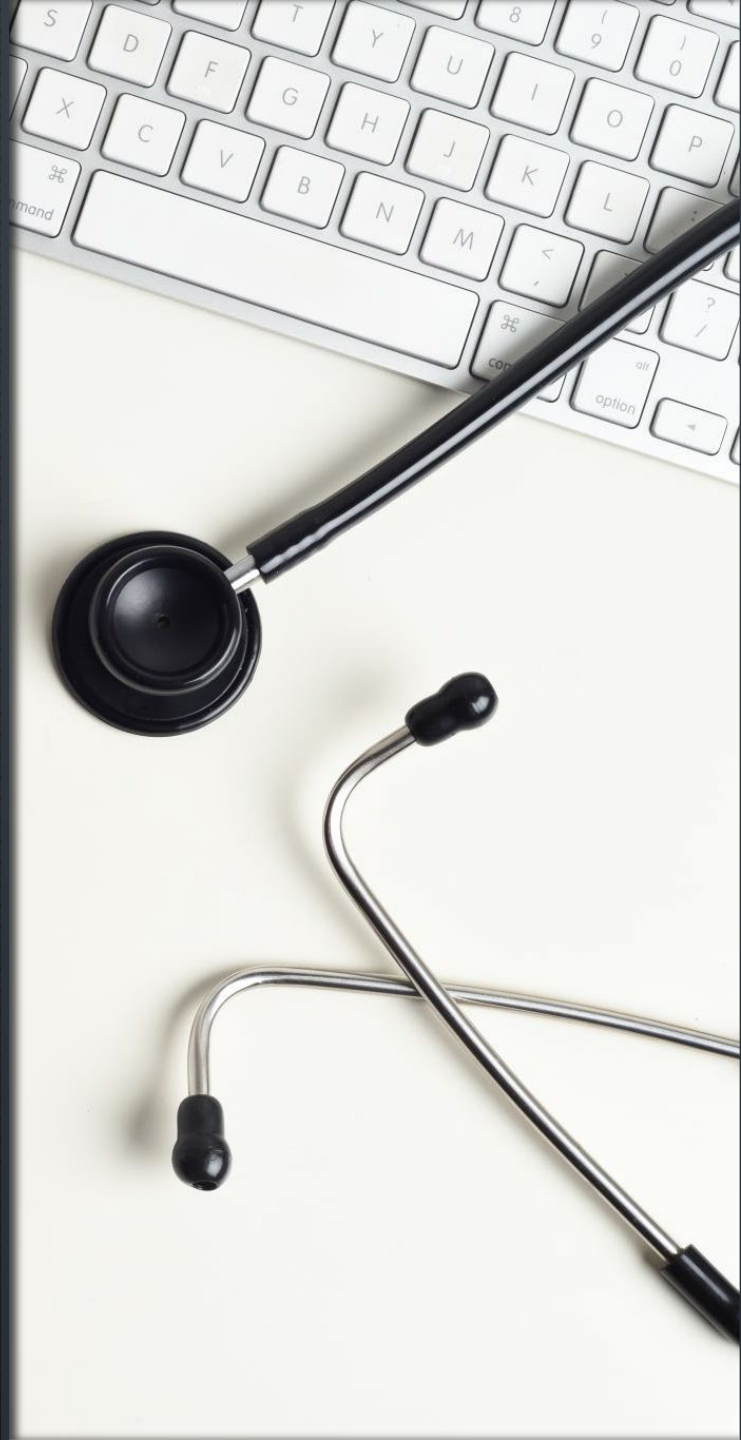
POST DISCHARGE MED RECONCILIATION, STABILIZATION,
WOUND CARE AND BASIC NEEDS LIKE ACCESS TO FOOD,
WATER & TOILET ONCE THEY ARE HOME

ED DIVERSIONS-FALLS, DEHYDRATION, COPD
EXACERBATION, PANIC ATTACKS AND OTHER THINGS THAT
CAN BE DEALT WITH IN THE HOME WITH PHYSICIAN ORDERS

IN-HOME VACCINES, ROUTINE BLOOD DRAWS

MONTHLY CHECK-IN FOR CHRONIC DISEASE MANAGEMENT

NON-EMERGENT AFTER-HOURS TRANSPORTATION (RETURN
FROM ED)



WHAT ARE THE BENEFITS?

- THE PATIENTS DON'T SUFFER THE ANXIETY OR POTENTIAL RISK OF INFECTION CAUSED BY GOING TO THE ED
- THEY ARE TREATED IMMEDIATELY NOT FORCED TO WAIT THEIR TURN
- TREATMENT IS STILL ORDERED BY A PHYSICIAN AND PROVIDED IN THE COMFORT AND PRIVACY OF THEIR HOME
- OFTEN, REASSURANCE IS ALL THAT IS NEEDED
- FOR THOSE WHO ARE HOMEBOUND OR AT HIGH RISK FOR INFECTION THIS IS IDEAL
- THE COST IS \$1000'S LESS
- THE PARAMEDICS MAKE REFERRALS TO OTHER AGENCIES AS NEEDED

WHY NON-EMERGENT TRANSPORTATION?



- SEVERAL COMMUNITIES ARE 30-100+ MILES FROM THE NEAREST ED IF THEY ARE TRANSPORTED AND RELEASED, THEY OFTEN HAVE NO WAY TO GET HOME AFTER HOURS.
- OUR TRANSPORTATION PROVIDER RUNS M-F 7-4 WITH LESS SERVICE IN THE MORE RURAL AREAS
- THERE IS NO TAXI SERVICE
- THE MORBIDLY OBESE CANNOT BE TRANSPORTED BY OTHER MEANS
- BECAUSE WE COST SHARE THIS SERVICE; ITS CHEAPER THAN OUR STANDARD TRANSPORTATION

JACKIE



- 61-YEAR-OLD PARAPLEGIC
- RECENTLY DIVORCED AND LIVES ALONE IN A TINY RURAL TOWN
- RECENTLY LOST HER JOB (EXPLORING ADA VIOLATIONS)
- HAS NOT BEEN ABLE TO QUALIFY FOR SSDI OR LTC MEDICAID YET (RED TAPE ISSUES)
- LIVING ON LESS THAN \$400 MONTH FROM EX HUSBAND (WE PROVIDE HDM & HM)
- RECOVERING FROM A MAJOR BACK SURGERY SEVERAL MONTHS AGO THAT CREATED A LARGE WOUND REQUIRING DRESSING CHANGES SEVERAL TIMES A WEEK
- COMMUNITY PARAMEDICINE HAS KEPT HER OUT OF THE NURSING HOME!
- WE WOULD NOT HAVE CONNECTED WITH HER WITHOUT THIS PROGRAM.....

JANET

- 81-YEAR-OLD WITH LYMPHEDEMA
- LIVES ALONE IN A REMOTE AREA AND IS IN A POWERCHAIR 24/7
- FIERCELY INDEPENDENT, STILL GARDENS, COOKS AND DOES HER OWN IDAL'S
- SHE DOES PAY PRIVATELY FOR ASSISTANCE WITH HM R10 HAS ASSISTED WITH PC, TRANSPORTATION & MOMS MEALS
- NEEDS ASSISTANCE WITH LEG WRAPS AND FREQUENT WOUND CARE, FALLS OFTEN DURING TRANSFERS
- PARAMEDICINE HAS KEPT HER AT HOME AND CONNECTED HER WITH US SO WE CAN ASSIST AND HELP SUPPORT HER INDEPENDENCE



OTHER MOTIVES



- GET MEDICARE AND OTHER INSURANCE PROVIDERS TO PAY FOR PARAMEDICINE
- WE HAVE 2 DIFFERENT PROGRAMS-1 FULL PARAMEDICINE AT A COST OF \$150 PER VISIT (HIGHER LEVEL OF CERTIFICATION ABLE TO TREAT)
- ED DIVERSION SAVINGS PER PATIENT OVER \$6100 PER OCCURRENCE
- 1 COMMUNITY CARE-EMS (ABLE TO PROVIDE MANY SERVICES BUT NOT ALWAYS ABLE TO DIVERT ED) COST IS SHARED BY ANOTHER GRANT AT AN AVERAGE COST TO R10 OF \$66 PER VISIT
- NURSING HOME CARE AVERAGE DAILY CHARGE IN R10 \$250
- IN RURAL AREAS ACCESS TO EMERGENCY CARE OR CHRONIC DISEASE/WOUND MANAGEMENT MEANS LEAVING YOUR COMMUNITY. THIS IS NOT WHAT PEOPLE WANT.

LESSONS LEARNED



- ONLY 1 COUNTY AGREED TO PARTICIPATE EVEN THOUGH WE OFFERED TO PAY FOR ALL CERTIFICATION TRAINING COSTS FOR 6 COUNTIES
 - REASONS-NOT ENOUGH QUALIFIED STAFF
 - SKEPTICISM ABOUT THE PROGRAM
 - FEAR OF ON-GOING COST
- DATA COLLECTION HAS BEEN A CHALLENGE THEREFORE SELLING THIS TO INSURANCE COMPANIES AND OTHER COUNTIES WILL BE MORE DIFFICULT
- GETTING THE HOSPITAL TO FINANCIALLY SUPPORT THIS EFFORT HAS BEEN A CHALLENGE
- THE PHYSICIANS AND PATIENTS LOVE THE MODEL
- CONCERNED ABOUT SUSTAINABILITY
- THIS IS A GREAT MODEL IF YOU HAVE THE RIGHT PARTNERS AND FUNDING STREAMS



OUR PARTNERS

- EVA VEITCH REGION 10 970-765-3127
- EVEITCH@REGION10.NET
- DELTA COUNTY AMBULANCE DISTRICT
- REUBEN FARNSWORTH B.S. 970-874-7001
- RFARNSWORTH@DCADEMS.COM
- NORTH FORK EMS NRP, CP-C
- KATHY STECKEL 970-872-9111
- KSTECKEL@NFEMS.COM

