Early next month, delegates from around the world will be sharing ideas and best practices on the integration of emergency medical services into rural and urban health care delivery systems at the Tenth Annual International Roundtable on Community Paramedicine being held in Reno.

This conference will also explore the growing body evidence surrounding a paradigm shift in EMS service delivery – community paramedicine – and its role in achieving health care’s triple aim.

Health policy expert Donald Berwick argues that improving the performance of our nation’s health care system requires the simultaneous pursuit of three aims: enhancing the individual experience of care, improving the health of populations, and, most critically, reducing the per capita costs of health care. In other words, the key health policy challenge facing our fragmented, wasteful, and underperforming US health system is achieving the difficult, yet attainable, “triple aim” of better health and better care at a lower cost.

Community paramedicine is a model of care whereby paramedics apply their training and skills in “non-traditional” community-based environments outside of the typical emergency response model. Community paramedics may practice within an “expanded scope,” applying specialized skills and protocols beyond that which they were originally trained for as paramedics – or – they may practice within an “expanded role,” performing non-traditional tasks using existing skills, expertise, and training.

In 2011, Humboldt General Hospital, a Critical Access Hospital in Winnemucca, implemented Nevada’s first comprehensive community paramedicine program. The cutting-edge work of the Humboldt model integrates community paramedics into a number of the hospital’s inpatient and outpatient clinical care departments, including new roles in primary care and prevention, radiology and other diagnostic services, and cardiopulmonary care and rehabilitation.

Community paramedics based at Humboldt General Hospital are no longer just answering traditional EMS calls. Instead, they are working to improve the overall health of the community by helping Humboldt County residents manage chronic diseases and risk factors, such as diabetes, high blood pressure and cholesterol.

Community paramedics are also being utilized to help rural residents prevent illness and disease through immunizations, health education, in-home risk assessments, and preventive
screenings. Lastly, community paramedics at Humboldt are extending the capabilities of hospital physicians by providing in-home care under physician’s orders and follow-ups to patients after being discharged from the hospital.

In addition to improving the coordination and timeliness of patient care for rural residents, the Humboldt program is beginning to yield cost savings as the inappropriate use of emergency services and unnecessary admissions (and re-admissions) to the hospital’s ER are reduced by the utilization of community paramedics across the continuum of care.

In other words, a paradigm shift in the delivery of rural emergency medical services and health care in Winnemucca, as well as other standout models of community paramedicine to be showcased at next month’s IRCP conference, may just be taking us one step closer to achieving the elusive triple aim in health care.

Additional information on the upcoming 2014 International Roundtable on Community Paramedicine on September 2-5, 2014 at the Atlantis Casino Spa in Reno can be found at www.ircp.info.

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