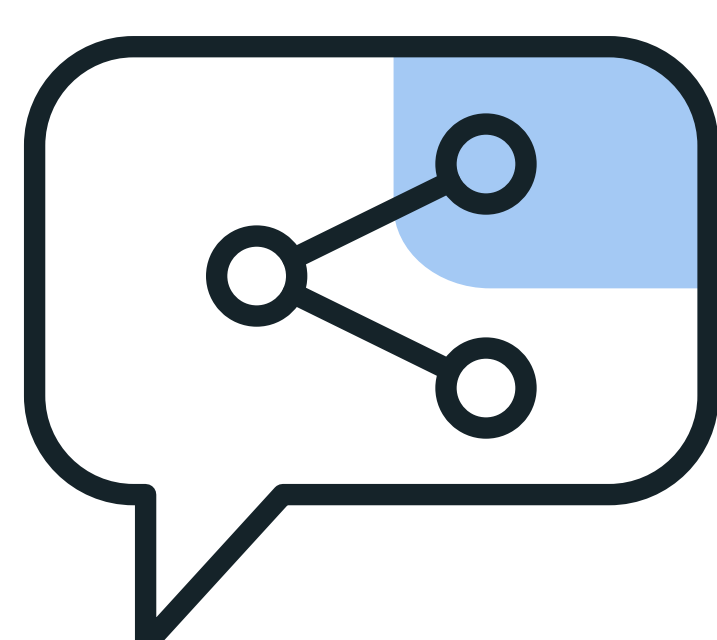


# COMMUNITY PARAMEDICINE

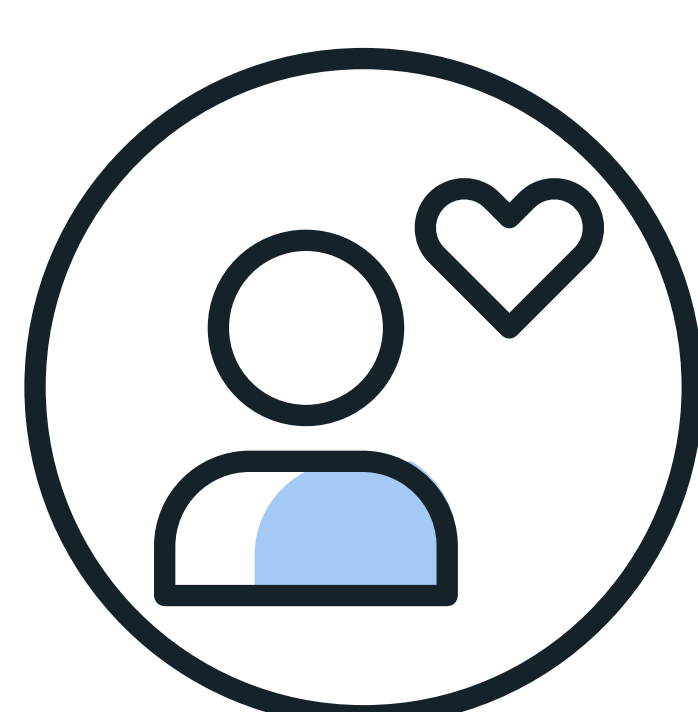
## WHAT ARE THE BENEFITS AND COSTS?

### BENEFITS FOR THE PATIENT

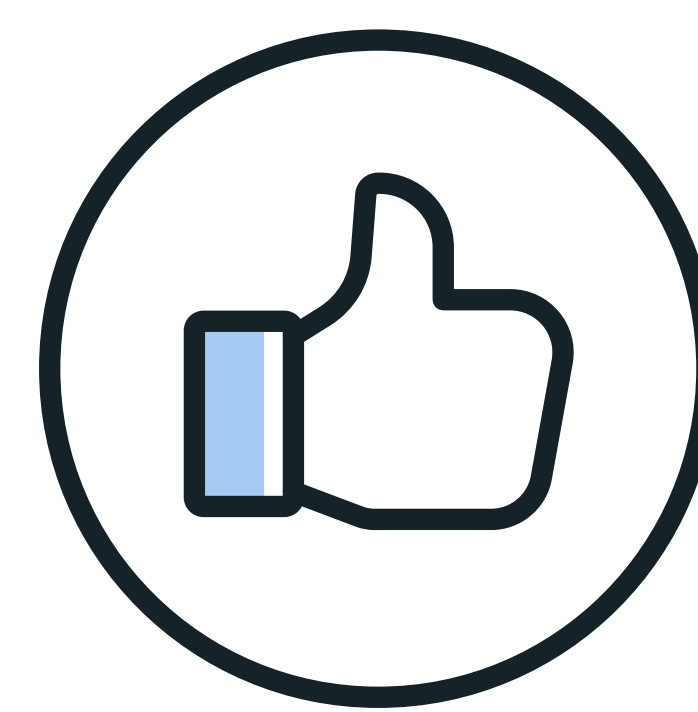
Community Paramedicine (CP) results in improved patient health and quality of life outcomes, and identification of at risk patients.



Patients experienced improved social participation and connectedness, and felt reassured.<sup>1-5</sup>



Patient received new health information to better manage their disease and greater access to care.<sup>3,6</sup>



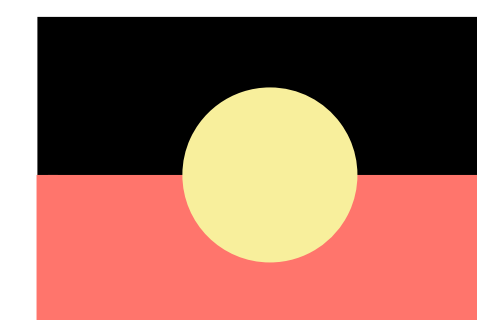
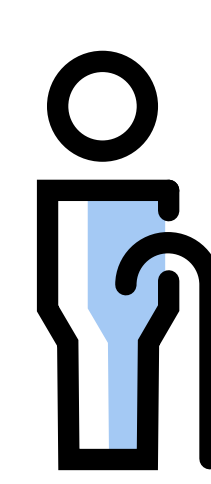
Patients and caregivers reported high levels of satisfaction.<sup>3,4,7-9</sup>



Patients experienced reduced blood pressure and reduced risk of diabetes<sup>1-4</sup>

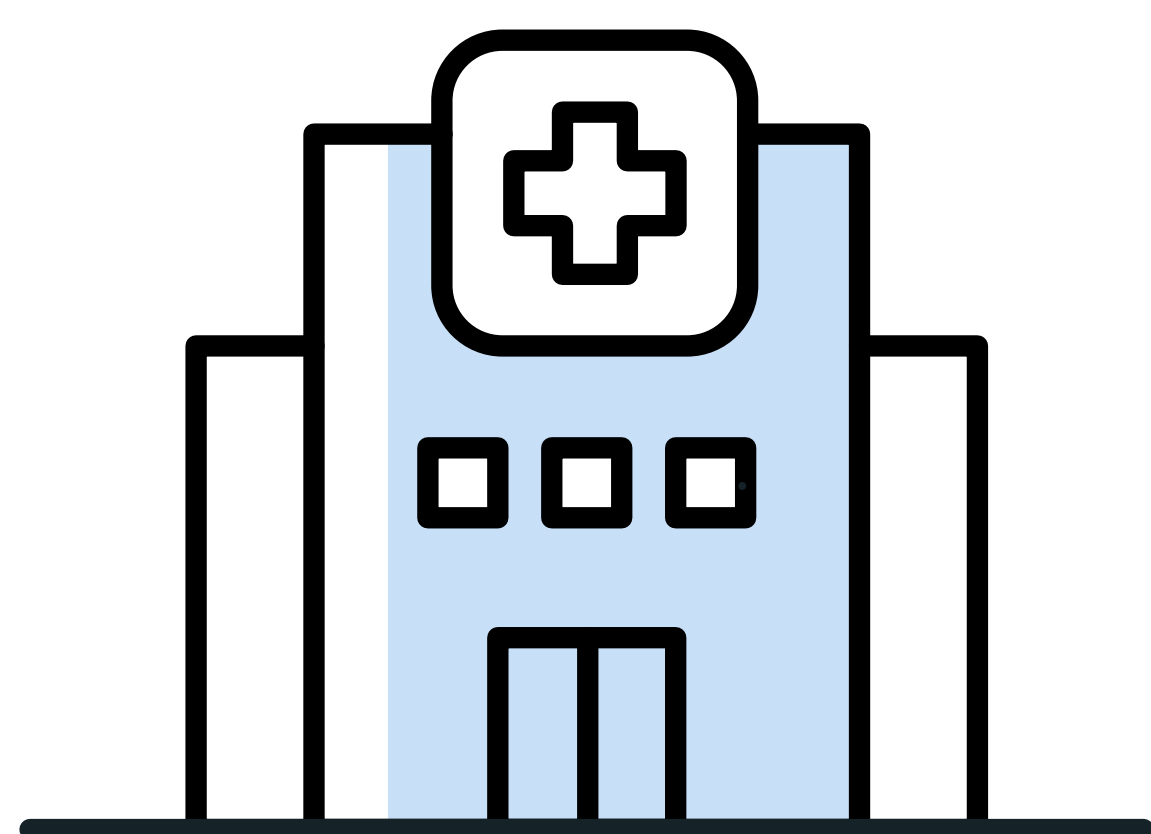


Patients experienced a significant gain in Quality-Adjusted Life Year (QALYs) ranging from 0.05 – 0.15<sup>1,2</sup>

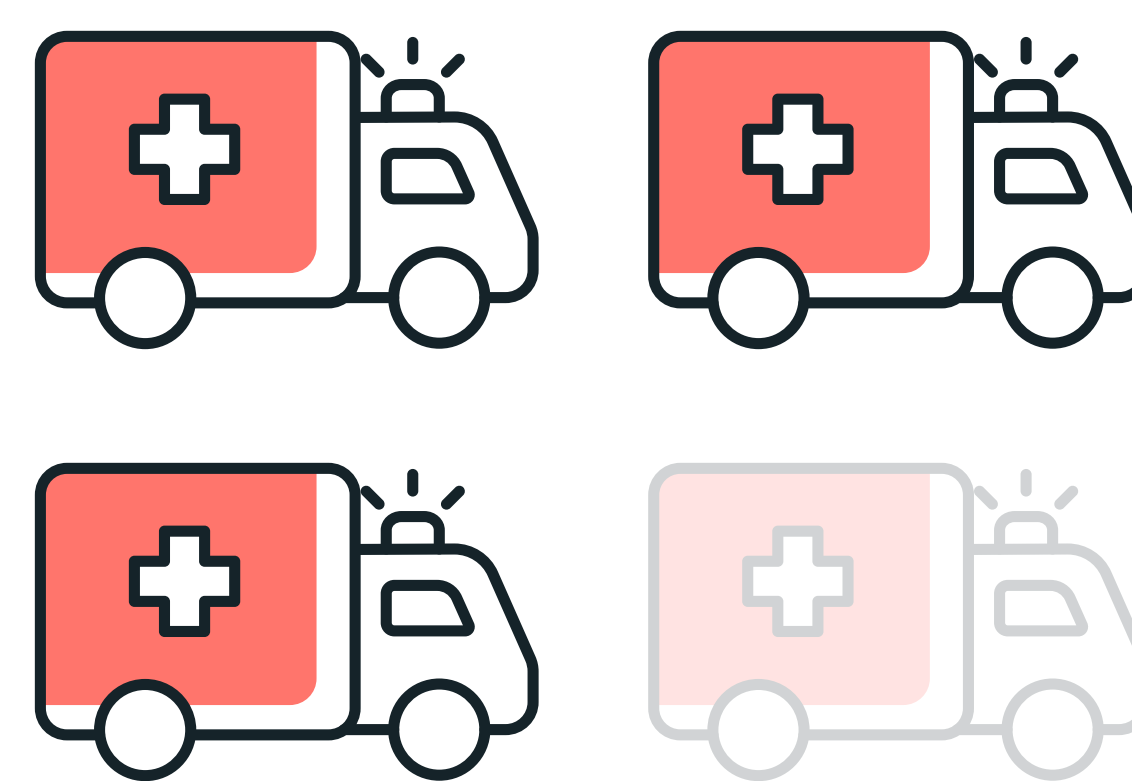


CP provided access to good healthcare for vulnerable and elderly populations<sup>1-4,8,9</sup>

### IMPACT ON HEALTHCARE SYSTEM



Reduction in transport to Emergency Department (ED), ED visits, or hospitalisation.<sup>3,5,7-9</sup>



Up to **25%** drop in emergency calls<sup>4</sup>

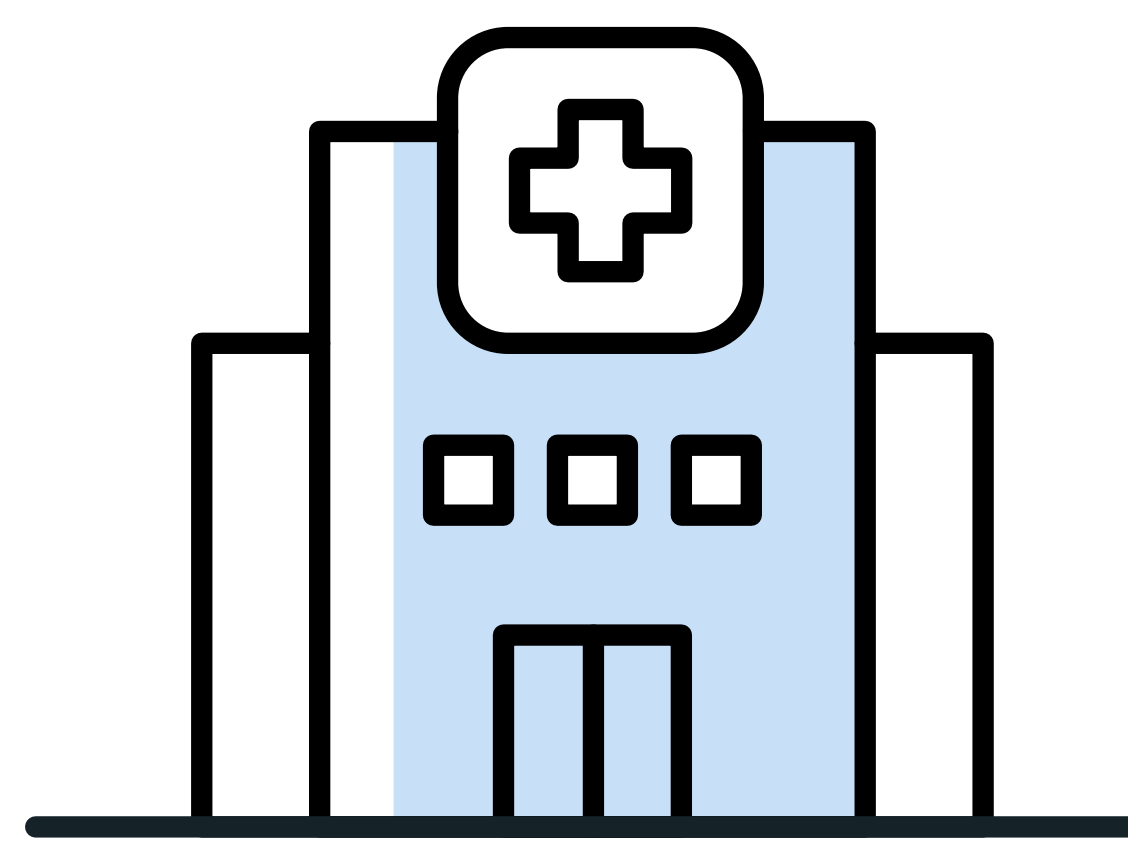
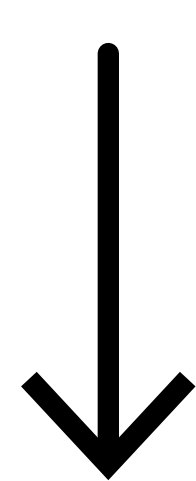


CPs are able to identify the sickest individuals who need and want inpatient treatment, and to provide safe at-home care.<sup>10</sup>



Up to **78%** of patients could be treated in their own home.<sup>5,8,9</sup>

### ECONOMIC BENEFIT



The reduction of emergency calls, visits to the ED and hospitalisation make the service substantially cheaper than usual care.<sup>1-3,5,7-9</sup>



And although there are some costs in setting up the service...



...a large Canadian study showed that CP programs offered \$176 resource gain per senior patient!<sup>1-2</sup>

#### References

1. Agarwal G, Angeles R, Pirrie M, McLeod B, Marzanek F, Parascandalo J, Thabane L. (2019). Reducing 9-1-1 emergency medical service calls by implementing a community paramedicine program for vulnerable older adults in public housing in Canada: A multi-site cluster randomized controlled trial. *Prehospital Emergency Care*. 23(5): 718-729.
2. Agarwal G, Angeles R, Pirrie M, McLeod B, Marzanek F, Parascandalo J. (2018). Evaluation of a Community Paramedicine Health Promotion and Lifestyle Risk Assessment Program in Seniors Living in Social Housing Buildings: A Cluster Randomized Trial. *CMAJ*. 190(21): E638-E647
3. Brydges, M., M. Denton, and G. Agarwal, The CHAP-EMS health promotion program: a qualitative study on participants' views of the role of paramedics. *BMC Health Services Research*, 2016. 16(1): p. 435.
4. Agarwal G, Angeles R, Pirrie M, Marzanek F, McLeod B, Parascandalo J, Dolovich L. (2017). Effectiveness of a community paramedic-led health assessment and education initiative in a seniors' residence building: the Community Health Assessment Program through Emergency Medical Services (CHAP-EMS). *BMC Emergency Medicine*. 17(8)
5. Kant, R., et al., Outcomes and provider perspectives on geriatric care by a nurse practitioner-led community paramedicine program. *Geriatric Nursing*, 2018. 39(5)
6. Dainty, K., et al., Home visit-based community paramedicine and its potential role in improving patient-centered primary care: a grounded theory study and framework. *Health Services Research*, 2018. 53(5): p. 3455-3470.
7. Bennett, K., M. Yuen, and M. Merrell, Community paramedicine applied in a rural community. *The Journal of Rural Health*, 2018. 34: p. s39-s47.
8. Abrashkin, K., et al., Community paramedics treat high acuity conditions in the home: a prospective observational study. *BMJ Supportive & Palliative Care*, 2019: p. bmjspcare-2018-001746.
9. Abrashkin, K., et al., Providing acute care at home: community paramedics enhance an advanced illness management program—preliminary data. *Journal of the American Geriatrics Society*, 2016. 64(12): p. 2572-2576.
10. Mason, S., et al., Safety of paramedics with extended skills. *Academic Emergency Medicine*, 2008. 15(7): p. 607-612.