Hello Larry, I had the opportunity to speak with Carolyn Vining on Saturday regarding the upcoming lecture that you have asked me to do regarding recommended CME. She was able to give me some very good information. Here is my proposal in conceptual form:

Certainly most every Community para medicine program is going to be different, through my discussions with various players in this arena there are different ways to start these programs. For example, Will Mueller at Colrain Township has done an excellent job of constructing a standalone program that does not rely on any outside funding from other healthcare entities. It is his plan to grow his program starting with Falls prevention and addiction services outward, thereby assuring hits future viability regardless of the whims of any commercial entity. The Dallas method concentrates on reduction of 30-day re-hospitalization and reduction of “super users”, as envisioned by local government and the local healthcare systems. Based on things such as interaction with the local boards of health, community assessments, partnering with various hospital Systems, primary care provider offices, nursing homes, etc. each program will have different needs. Each of these needs will likely result in vastly different for various community paramedicine programs and subsequently significantly different training requirements. The notion regarding community care medicine programs being constructed from the top down, from the bottom up, and from the middle outward is well-documented. I think there are a few themes that will be common to all programs that lend themselves well to fairly universal continuing education.

I believe that a cornerstone of each program should be how to effectively provide patient education. This is something that is not covered in the core curriculum for paramedics, very little time was spent with this during my training as a physician as well, but is likely to have the largest impact with virtually any disease process that a community paramedicine program could address. Basically, every paramedic that does this will need to become a very effective teacher of sorts, needs to know how and why people learn and retain knowledge. Another cornerstone would have to be mental health, regardless of weather or not mental health is a disease process which a specific program should address is also of the utmost importance, as this it is closely related to any patient’s ability to comply with their therapy. Thirdly would it be how to obtain and maintain relationships with various support organizations able to provide resources to your patients. Everything from the Council on aging, to local Beauty salons willing to provide free at home services to our patients. Obtaining resources will be skill in and of itself.
Beyond that, future community para medicine programs will almost certainly be focused on what I like to think as each patient’s Health as a “product”. This is where things get really interesting. Hospital systems are now being charged with the responsibility of maintaining someone’s health after discharge from the hospital. There are many ways to try and facilitate this. The most simplistic way is to simply work toward reducing 30-day readmission to hospital, this is something we all hear about a lot. Be very aware that this is simply a stopgap approach. Currently there are several disease processes under scrutiny by Medicare such as congestive heart failure, acute coronary syndrome, COPD, total hip and total knee replacements, Etc. It is easy for us all to wrap our minds around the concept of decreasing the 30-day readmission rate. Medicare doesn’t really care in principle what 30-day readmission rates are, they care about what it costs to care for people. Reframing this concept into the notion of healthcare as a “product” is where community para-medicine will make its mark. So initially I can foresee that most Community parent medicine programs Will require their providers have a very good understanding of the non-acute care of chronic conditions such as those mentioned above, and will subsequently expand exponentially from there.

Since formalized medicine began in this country we developed an increasingly fragmented System. While many of us like to think that we are concerned about a patient as a “whole” this is simply not how it has evolved. Patients come into my emergency room with an acute complaint, they are stabilized and admitted to the hospital and then receive what frequently is inadequate teaching regarding her condition. Subsequently they may be discharged to a skilled nursing facility where they will be given further inadequate teaching that typically does not correspond or agree with that given to them at the hospital. They are then discharged to home, not infrequently without resources in order to obtain medications they need, and without the social support to function on a basic level. Subsequently they return to the hospital in a newly decompensated state only to begin the cycle over again. Only when we are able to reframe the notion of patient care into a more comprehensive model will we be able to solve this problem. I believe that community paramedicine will be one of the key modalities in order to obtain this goal.

Let me know what you think.

Best regards,

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