



Emergency Medicine Makes a House Call

When the EMed Health program was initiated eight years ago through the Center for Emergency Medicine of Western Pennsylvania, Prehospital Care at UPMC, and the Pennsylvania Emergency Medicine Foundation, its charge was to retrain underutilized EMTs so they could begin to conduct home visits as part of widespread injury prevention and disease management programs for those in need.

To say the program's aim was grand in scope is an understatement. In short, EMed Health's founders were rethinking the way a large percentage of health care services could be provided to consumers. The program was profiled in the Summer 2004 FACETS article, "Redefining Emergency Response," and, by all accounts, was well on its way to securing the funding needed to become a permanent, viable health care service.

Since then, the EMed Health program has remained committed to its mission of providing high quality, in-home medical services to people in southwestern Pennsylvania. However, the program has undergone some modifications.

Explains Dr. Kelly Close, executive director, EMed Health, "The program currently has primary and secondary prevention programs that address influenza vaccinations, childhood lead screening, elderly fall prevention, and biometric health screenings. But we envision the greatest impact of EMed Health to be in helping empower patients with serious diseases like diabetes, asthma, or congestive heart failure to take control of their conditions. A significant focus of the program is offering the support, education, and selfmanagement tools patients need to live active, healthy, and high-functioning lives."

"Our vision for training EMS providers to conduct in-home visits as part of a continuing health management plan remains the same as at the inception of EMed Health," adds Deb Lejeune, instructor, Emergency Medicine program. "But as it has developed, we've made adjustments in our outreach efforts to maximize the benefits to those in need of service. Insurance companies – and grantgiving organizations – provide less support for preventive treatments, so we've also chosen to put an emphasis on chronic disease management, an area that accounts for roughly 80 percent of U.S. health care costs."

Outreach for the Everyman

One example of the disease management work being championed by EMed Health involves asthma sufferers. Beginning in 2005, EMed Health clinicians – all trained

EMS providers – began working with a group of 44 patients who had visited the emergency department on more than one occasion because of asthma-related conditions.

“The goal of an asthma disease management program is for the patients to have the medications and knowledge necessary to treat their conditions at home and to visit their primary care physicians (PCPs) if problems persist,” notes Lejeune. “The fact that some patients with asthma routinely go to the emergency department with asthma complaints indicates they’re not receiving the education and treatment necessary to adequately deal with their disease. It’s a breakdown that leads to increased health care costs and less than adequate health care management for people in need in our communities.”

EMed Health EMS advocates are working with the patients in this program to identify reasons why they do not have control of their asthma. “We have conducted detailed reviews and assessments of triggers and the medications that the patients use,” Lejeune explains. “We’ve also educated them on the importance of routinely monitoring their asthma so that they know when they are beginning to have problems.”

In addition, clinicians administered surveys to participants before and after the program to determine their level of competence based on the information and training they received. The surveys are also intended to help assess the impact the program has had on patients’ overall health.

EMed Health is now working to develop similar programs for other chronic disease conditions, including congestive heart failure, diabetes in children and adults, coronary artery disease, chronic obstructive pulmonary disease, and secondary fall prevention.

As the Program Evolves, So Does the Profession

While the results of the program have yet to be analyzed, Lejeune and others believe the project has the potential to make a tremendous impact. “Large health care issues can often be affected by taking small steps. Anecdotal evidence and preliminary findings suggest EMT in-home outreach can have a marked impact on community health.”

Most of the outreach efforts for the EMed Health program have been provided by contracted EMS providers, says Lejeune, but SHRS students are also becoming increasingly involved. “We’ve opened the program to students who want to use it to complete an independent study. One of our students is interested in studying congestive heart failure, and she has used the experience to gain knowledge about the management of this condition in the field.”

Lejeune also envisions the program as having implications on the future careers of present and aspiring EMS providers. “As our program expands and takes root on a national level over the next decade, EMS providers – those right out of school and those with 20 years on the job – will have an alternative path. Providing chronic disease management services for people in their homes presents EMS workers with a different career route than responding to 9-1-1 calls and working around-the-clock shifts. The

work we're doing with the EMed Health program has the potential to open up a whole new category in the emergency medicine field."