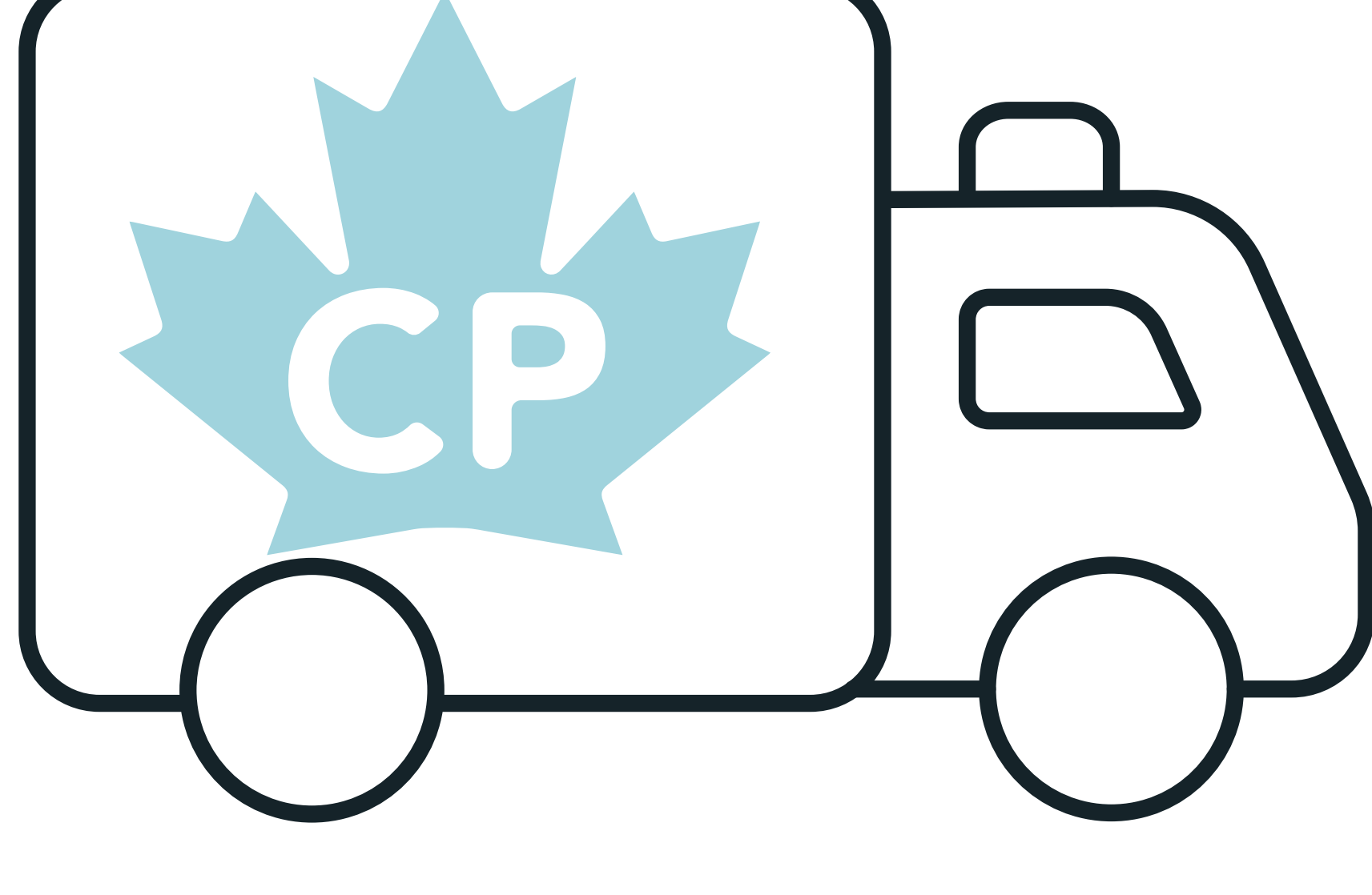


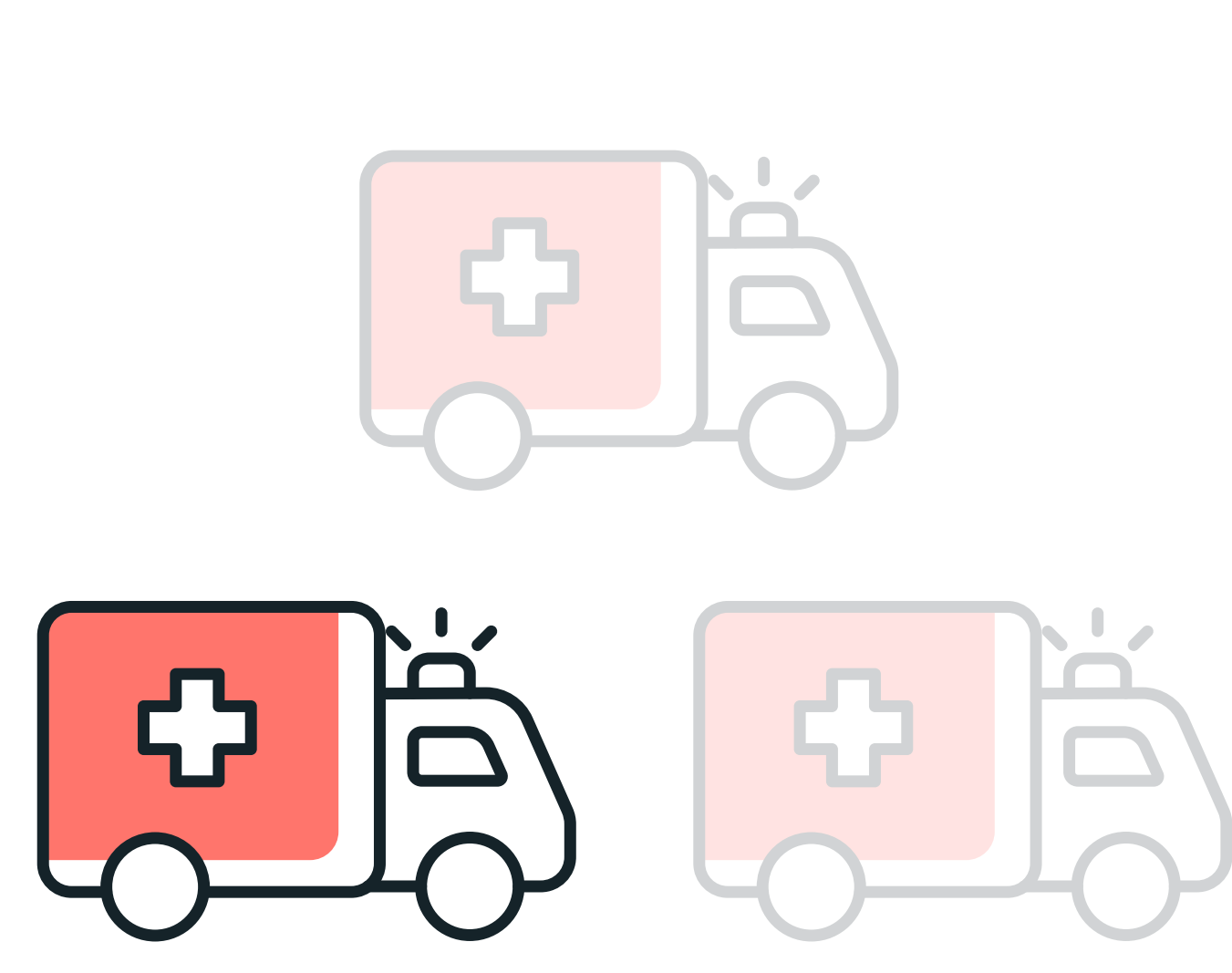
# COMMUNITY PARAMEDICINE CP@CLINIC

## CP@CLINIC

CP@Clinic (Community Paramedicine@Clinic) is a successful, robustly researched and replicable CP wellness program, developed by the McMaster Community Paramedicine Research Team, Department of Family Medicine, McMaster University, in Canada.<sup>1,2</sup>



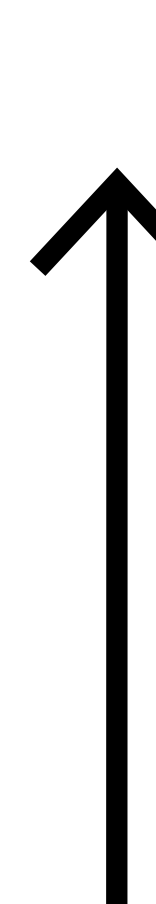
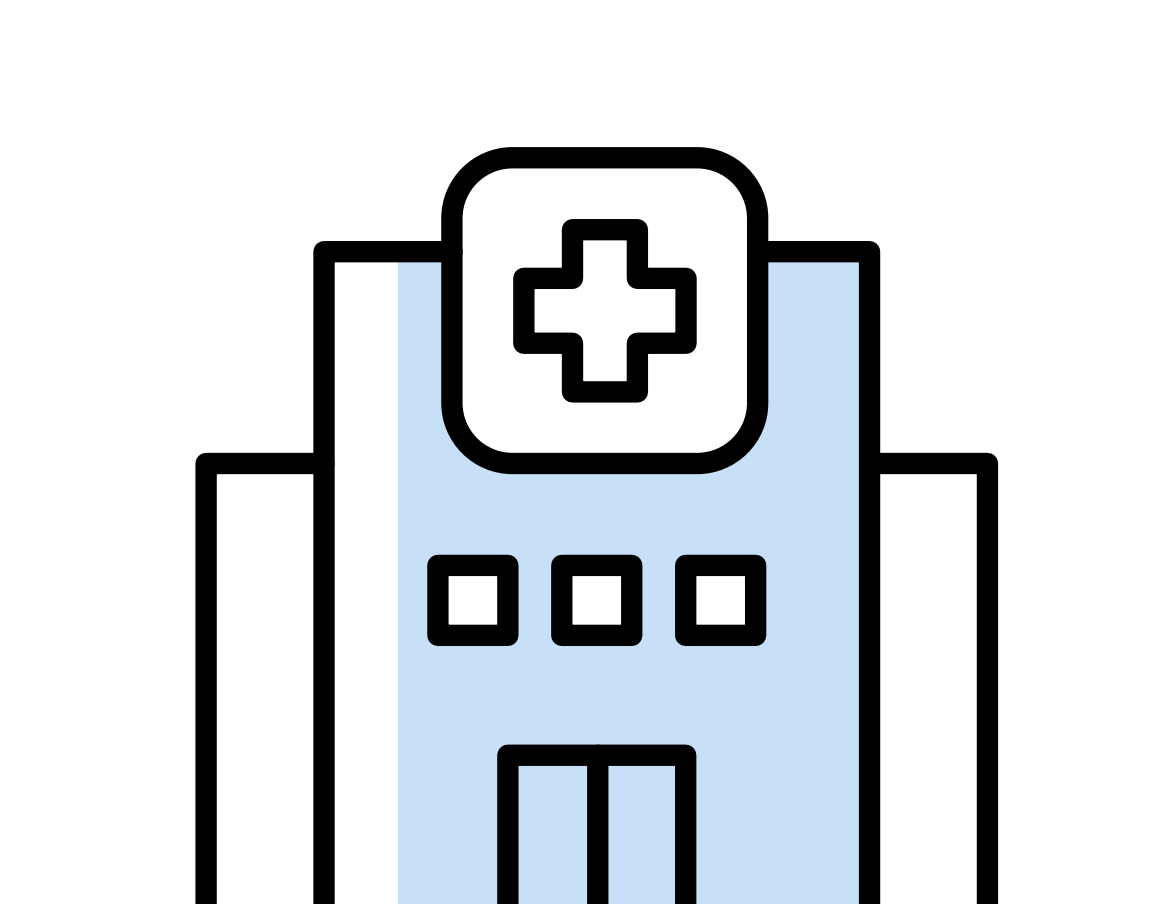
## WHY WAS CP@CLINIC DEVELOPED?



In Canada, 1/3 of all EMS calls are older adults.



Older adults with chronic illnesses have increased healthcare utilization. Older adults living in social housing report poorer health.



Older adults at risk of cardiovascular disease, diabetes, and falls living in social housing results in higher emergency calls and ED visits and high incidence of complications, causing high healthcare costs. CP@Clinic was developed to address this issue.

## WHAT IS CP@CLINIC?

A free weekly community paramedic-led chronic disease prevention and health promotion program, offered to social housing residents, which includes:



Risk assessment



Referral to resources



Education



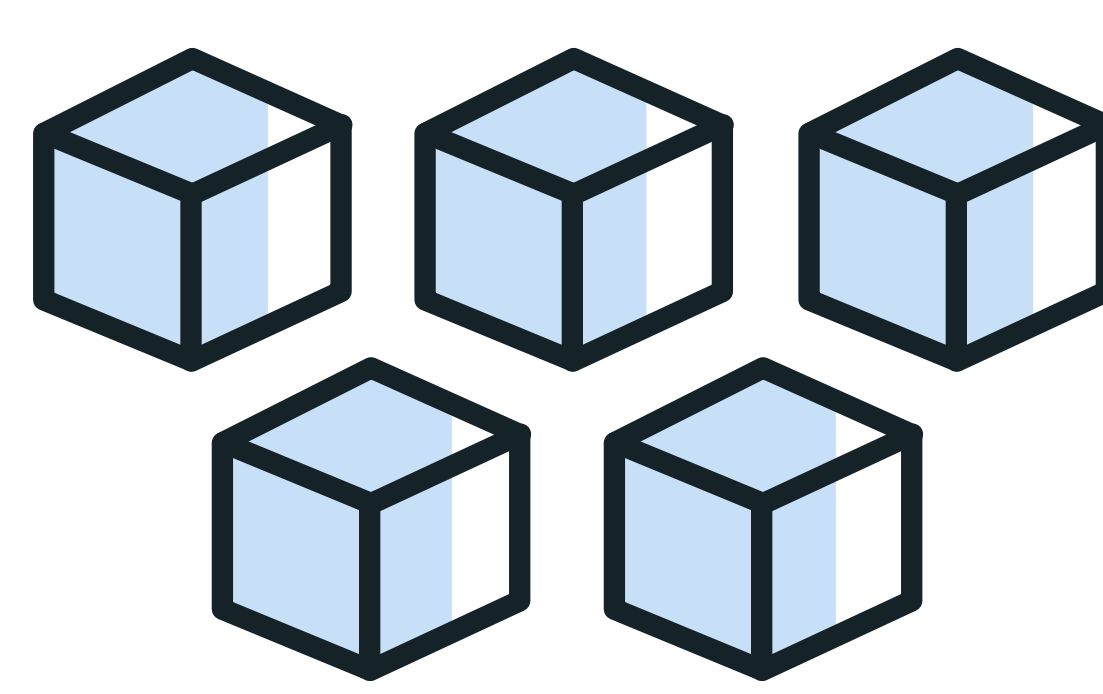
Reports back to GPs

## CP@CLINIC STUDY OUTCOMES

### Patient benefits



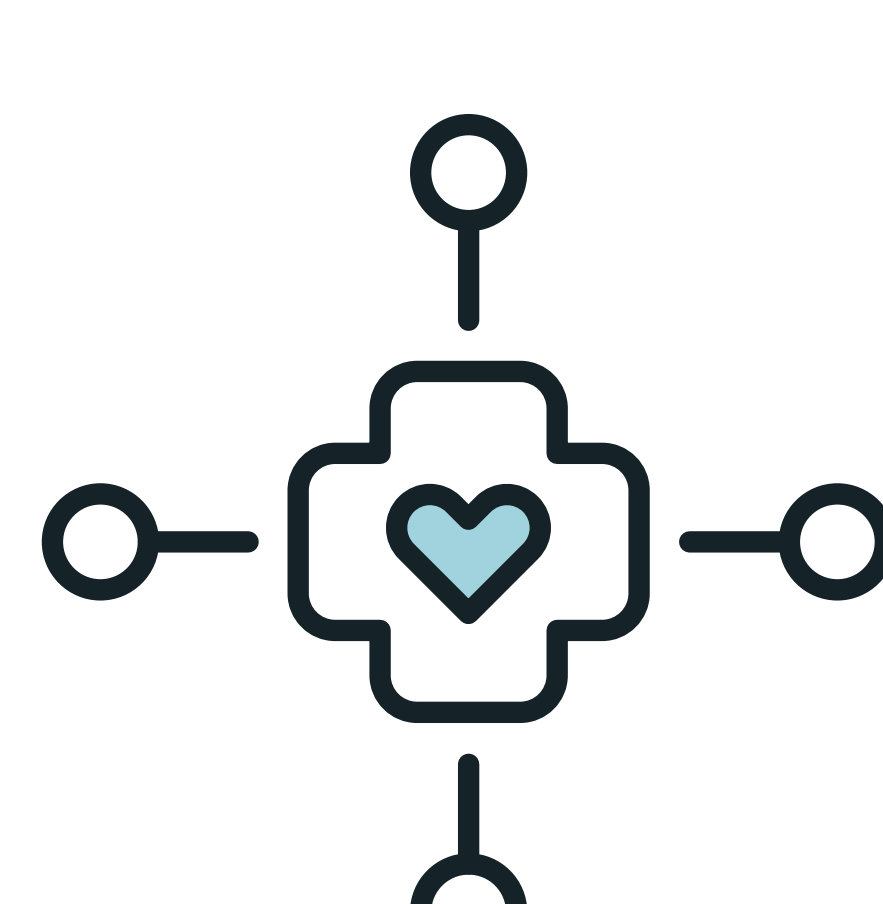
Improved Quality-Adjusted Life Year (QALYs) and positive changes in lifestyle risks.<sup>1,2</sup>



Reduced diabetes risk.<sup>1,2</sup>



Sustained reduction in blood pressure.<sup>1,2</sup>



Patients had better access to health resources.<sup>1,2</sup>



Patients were less socially isolated / had increased social connectedness.<sup>1,2</sup>



The program provided a peace of mind, comfort and is supported by the family physician.<sup>1,2</sup>

### Health system benefits



25% drop in emergency calls<sup>1,2</sup>



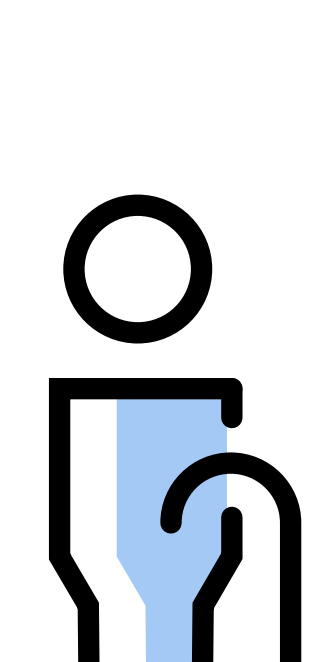
Very adaptable (e.g. Indigenous communities, rural settings, elderly, homeless, international settings)<sup>1,2</sup>



Reduced healthcare costs<sup>1,2</sup>

## CAN CP@CLINIC WORK IN AUSTRALIA?

### Australia is facing similar issues.



50% of ambulance calls are from people aged 65+ and elderly population is growing.<sup>3</sup>

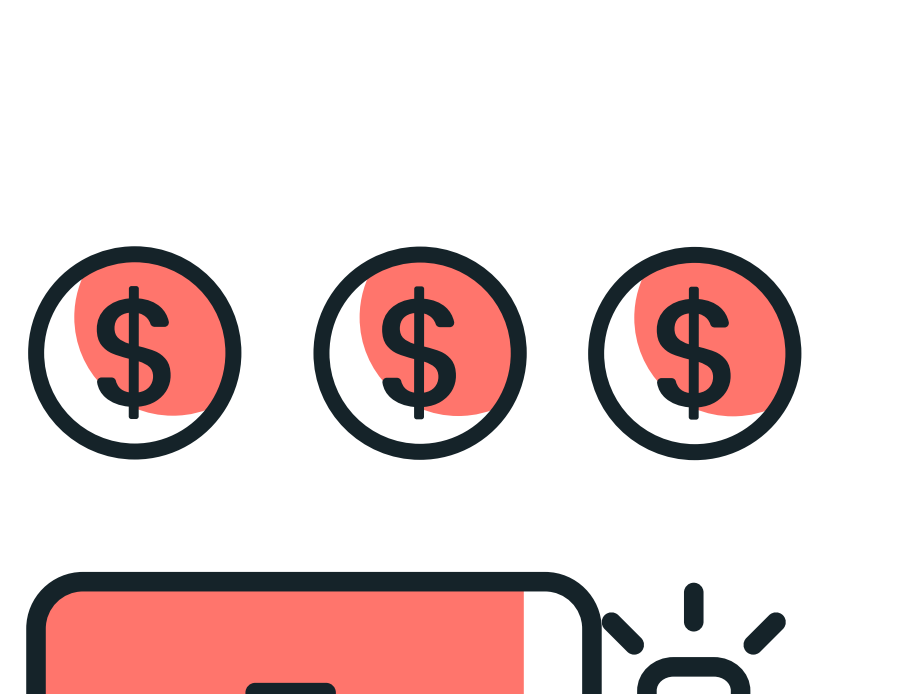


People with chronic health conditions or in low SES areas more likely to visit ED.<sup>4</sup>

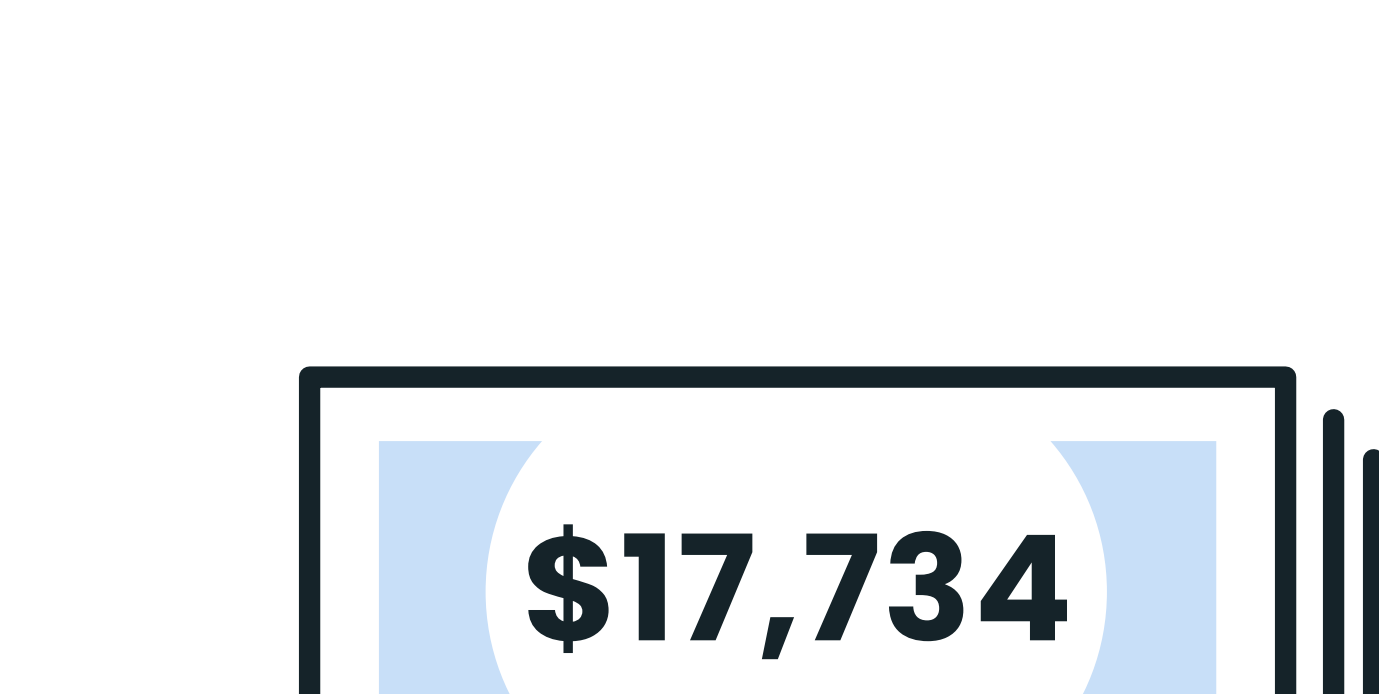
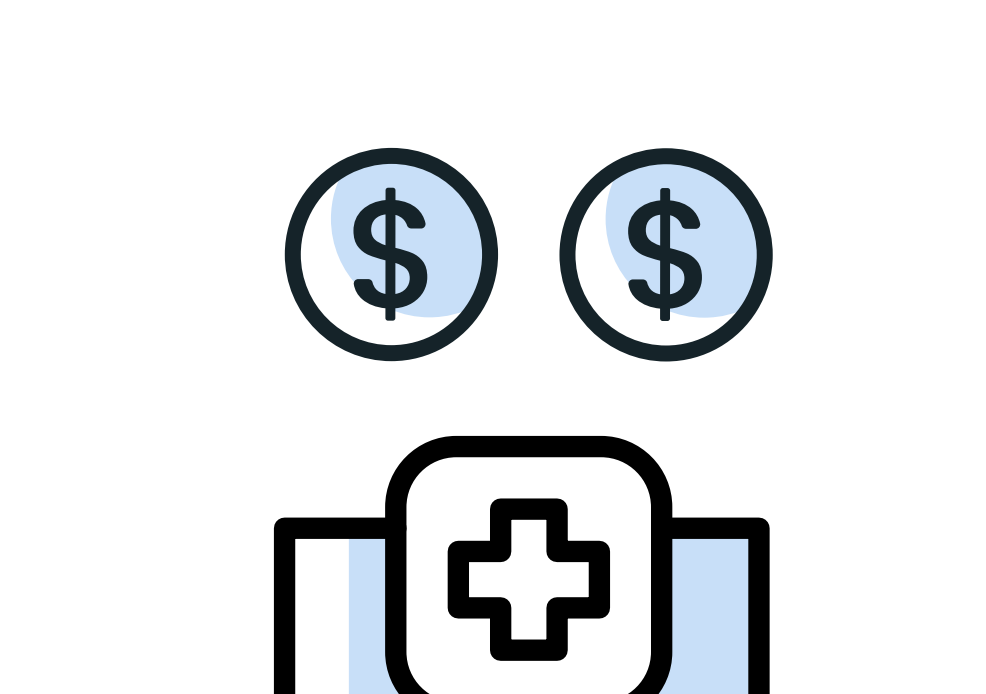


Reduced access to (culturally) appropriate care for indigenous and rural communities.

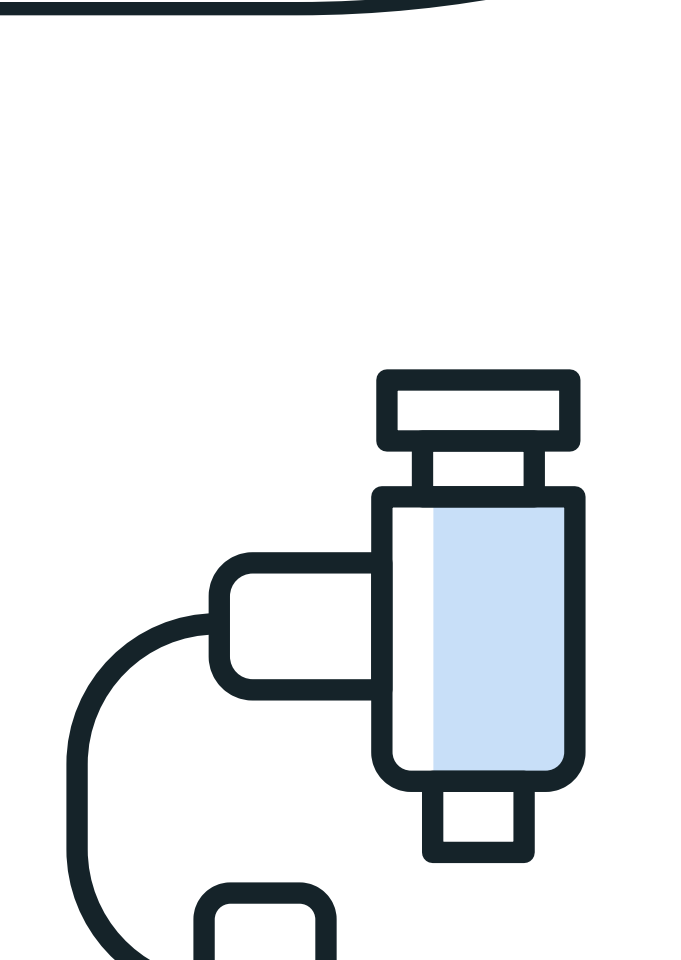
### CP@Clinic could be the solution



In Australia, ambulance cost are high: \$976 per response<sup>5</sup> and \$666 for ED presentation, not including cost of ward hospitalisation.



By implementing CP@Clinic, \$17,734 per 100 seniors per year could be saved nationally.



CP@Clinic is based on robust evidence and has a flexible model, so could make a significant impact in Australia.

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 2. Agarwal G, Angeles R, Pirrie M, McLeod B, Marzaneck F, Parascandalo J. (2019). 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. Lowthian JA, Curtis AJ, Cameron PA, Stoelwinder JU, Cooke MW, McNeil JJ. Systematic review of trends in emergency department attendances: an Australian perspective. *Emergency Medicine Journal*. 2011 May 128(5):373-7.  
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 6. Independent Hospital Pricing Authority. National Hospital Cost Data Collection Report, Public Sector, Round 21 (Financial year 2016-17). March 2019. Accessible via: <https://www.ihpa.gov.au/publications/national-hospital-cost-data-collection-report-public-sector-round-21-financial-year>

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