

Alternate Destination – Medical Care



Illustration by Ruben DeLuna

In response to a 911 call, community paramedics offer patients with low-acuity medical conditions transport to an urgent care center instead of to an emergency department (ED).

- ▶ The projects yielded modest savings; savings were realized because insurers pay less for treatment provided in urgent care centers than in EDs for the same illnesses and injuries.
- ▶ To operate safely and efficiently, these projects need to closely match field screening protocols with the capabilities of urgent care centers.

How It Works

Three pilot sites offer patients with minor injuries or medical conditions transport to an urgent care center instead of an ED. Urgent care centers are walk-in clinics that serve patients with illnesses or injuries that need timely evaluation and treatment but do not require the level of services of an ED. Urgent care centers are typically staffed by physicians and other health professionals, such as physician assistants, nurse practitioners, and registered nurses. Some urgent care centers are independent, and others are operated by or affiliated with hospital systems or medical groups. California does not license these centers as a distinct category of

health care provider; they operate under the licenses of hospitals or of the physicians who operate them. This means that there are no requirements for operating hours, equipment, or types of urgent care service.

All three pilot projects enroll patients with any of the following conditions: isolated closed extremity injury, laceration with controlled bleeding, soft tissue injury, isolated fever or cough, and other minor injury. One site, Carlsbad, also enrolls patients who have generalized weakness. Patients are assessed by 911 response crew paramedics who were trained to use a screening protocol that was developed by EMS. If the paramedic concludes that a patient could be treated safely at an urgent care center, the paramedic offers transport to an urgent care center approved by the jurisdiction's local emergency medical services agency (LEMSA). Patients who decline are transported to an ED.

All urgent care centers involved in the pilot projects were approved by LEMSAs following site visits to determine whether they provided the following basic services: respiratory therapy treatments, x-rays, point-of-care laboratory testing for blood and urine, and an automated external defibrillator. In addition, paramedics must call the urgent care center, give a brief report on a patient's condition, and receive confirmation that the urgent care center is willing to accept the patient before transporting the patient to that facility.

Results (as of September 30, 2016)

- ▶ More data are needed to make firm conclusions about this model due to the limited number of patients enrolled.
- ▶ Of the patients deemed eligible for transport to an urgent care center, less than 20% were enrolled in one of the pilot programs. Barriers to enrollment included identification of patients at times when urgent care facilities were not open, insufficient numbers of paramedics trained for the program, and restrictive protocols and a lengthy consent process.

Partners

LOCAL EMS AGENCY	LEAD AGENCY	HEALTH CARE SYSTEM PARTNERS	EMS PROVIDER PARTNERS	LOCATIONS
Los Angeles	UCLA Center for Prehospital Care	Glendale Adventist Urgent Care Centers	Glendale and Santa Monica Fire Departments	City of Glendale
Orange County	Orange County Fire Chiefs Association	Coastal Family Medicine Covenant Health Network Hoag Hospitals in Irvine and Newport Beach Memorial Care Health Systems	Fountain Valley, Huntington Beach, and Newport Beach Fire Departments	Orange County cities of Fountain Valley, Huntington Beach, Newport Beach, and Santa Monica
San Diego	Carlsbad Fire Department	Kaiser Permanente	Carlsbad Fire Department	City of Carlsbad



For more information on community paramedicine programs operating today in California, visit www.emsa.ca.gov/community_paramedicine.