Leveraging innovative partnerships based on local resources can provide new workforce opportunities. Hospital 3,486 Emergency department Telephonic Primary care provider Year 2 2,754 Year 4 EMS can be a valuable partner given they are a ubiquitous service, are adaptable, and often already know the needs of the local community. Engage stakeholders.

**Project Aim:** Repurpose EMS resources to expand in-home services in conjunction with home-based primary care

**Project Design**

Evaluation and selection of community resources to scale the program:

- **Define your problem:** Homebound population (~2 million dwelling Medicare population) - yet only 11.9% of homebound individuals receive primary care in the home.
- **Identify local resources - Utilize and train non-traditional providers to expand capacity in the marketplace - EMS identified as a high touch program while maintaining our clinical outcomes, we developed a unique relationship with our emergency medical services (EMS) agency to help extend services in the home.
- **Outline approach - In person vs. telephonic model -** Ability to identify local resources - High reliability call answering with escalation to on call provider.
- **Engage stakeholders -** Primary care has long faced a workforce shortage, and the same is true for home-based primary care. As we recognized a need to grow our highly responsive, high-touch program while maintaining our clinical outcomes, we developed a unique relationship with our emergency medical services (EMS) agency to help extend services in the home.

**Background**

Currently, two out of three older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country’s healthcare spending. Importantly, most older adults prefer to age in place, avoiding unnecessary hospitalizations and institutional long-term care. An estimated 5.6% of the community-dwelling Medicare population (~2 million individuals) are homebound. Home-based primary care can reduce unnecessary hospital utilization and improve quality of life at a lower cost than routine care, yet only 11.9% of homebound individuals receive primary care in the home.

Our home-based primary care program, located in downstate NY consists of nine primary care providers (physicians and nurse practitioners), nurse and social work care managers, and medical coordinators. Our service area in Queens and Long Island, NY is home to an estimated 70,000 individuals with functional impairment and multiple chronic conditions and the number is rising.

Primary care has long faced a workforce shortage, and the same is true for home-based primary care. As we recognized a need to grow our highly responsive, high-touch program while maintaining our clinical outcomes, we developed a unique relationship with our emergency medical services (EMS) agency to help extend services in the home.

**Outcomes**

In 2011 a collaboration between our home-based primary care program and our EMS agency was launched. Four innovative programs were implemented between 2011 and 2019 (Figure 2), and have allowed our home-based primary care program to grow while maintaining best-in-nation performance (Figures 4, 5, 6, 7).

**Conclusions and Next Steps**

- Leveraging innovative partnerships based on local resources can provide new workforce streams and allow for program growth.
- EMS can be a valuable partner given they are a ubiquitous service, are adaptable, and often know the needs of the local community.
- Developing, tracking and acting on key performance indicators around process and outcomes allowed us to maintain the highest quality care.
- Disseminating results and advocating for value-based payment models to allow for model growth will be paramount to sustainability.

**References**


**Acknowledgements**

The authors would like to acknowledge and thank all House Calls and Center for Emergency Medical Services team members. Without your ongoing dedication to our mutual patients these programs would not be possible.