Addressing health-related quality of life for persons with non-communicable diseases through Emergency Medical Services delivery of Mobile Integrated Healthcare

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INTRODUCTION

Chronic or non-communicable diseases (NCDs) are global killers. NCDs result in premature death and disability and present a clear and present danger to global and local economies.

Using the Mobile Integrated Healthcare-Community Paramedicine (MIH-CP) intervention, this study explored the relationship between NCDs, reduced quality of life, and hospital readmission for the same condition.

SIGNIFICANCE

In the U.S., NCDs are responsible for seven out of ten deaths each year and accounts for 86% of healthcare costs. Globally, CDs account for 41 million deaths annually. Approximately 15 million of those deaths are premature and occur in people between the ages of 30-69 years.

With CDs being the world’s leading causes of death and disability, urgent action is required.

PROBLEM STATEMENT

Premature death is a global epidemic that the World Health Organization aims to reduce by 25% by 2025. Worldwide economic disruption associated with NCDs could be as devastating as the diseases alone because the projected global economic burden is estimated to reach $47 trillion by 2030.

METHODS

A pretest/posttest design was utilized for this study using secondary data from a research partner who administered the intervention. The EQ-SD-3L was developed to assess self-perceived QOL and uses a five-dimension descriptive system of measuring mobility, self-care, usual activities, pain/discomfort, and anxiety/depression and included a vertical analog scale (VAS) for the patient's to self-rate their quality of life from the worst imaginable state to the best imaginable state (0-100 scale).

CONCLUSIONS

There was a statistically significant relationship between NCD type (p = .036) and days in MIH-CP (p = .000) pretest EQ-SD-3L scores. NCD type (p = .049) and days in MIH-CP (p = .002) were found to be related to calculated pretest-posttest EQ-SD-3L score differences at statistically significant levels. A 20-point increase in self-reported, perceived QOL and an 86% reduction in hospital readmissions was also reported.

REFERENCES