# Assessing the readiness of stakeholders to adopt community paramedic programs in Tennessee Roger L. Ritchie, PhD

## **Objective**

 To explore the readiness of stakeholders to adopt community paramedicine programs in Tennessee

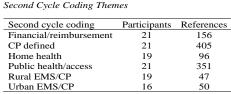
# **Background**

- Plans for statewide community paramedicine program began in June 2014, and rules became effective on March 15, 2020.
- Programs are not mandated, and reimbursement not guaranteed
- More research is needed to explore the readiness of leaders to adopt programs in the absence of concise relative advantage.

## Methodology

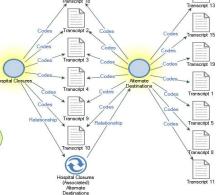
- Everette Rogers' theory of diffusion of innovations
- Qualitative case study.
- Purposeful sampling was used to ensure information-rich cases., with a sum of 21 participants
- NVIVO software analysis.

## Figures/Tables



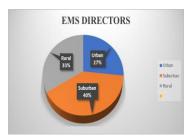


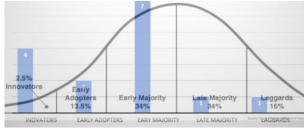




Five Attributes

Attribute	Yes	No
Relative advantage	1, 10, 12, 17, 18, 19, 4, 7, 8, 9	14, 15, 5
Compatibility	1, 10, 12, 15, 17, 18, 19, 4, 5, 8, 9	7, 14
Complexity	1, 12, 14, 15, 18, 5, 8	10, 17, 19, 4, 7, 9
Trialability	1, 10, 12, 14, 15, 17, 18, 19, 4, 5, 7, 8	9
Observability	1, 10, 12, 14, 15, 17, 18, 19, 4, 5, 7, 8, 9	















#### Results

- Included were 13 EMS directors, two county mayors, two ER physicians, three EMS medical directors, and other stakeholders
- Six major themes emerged from the data.
- A pro-innovation bias was identified.
- Sample topics discussed by participants:
- 1. 100% financial considerations
- 2. 81% CP models
- 3. 75% patient access to care
- 4. 72% public perception of CP
- 5. 62% pilot programs
- 6. 62% alternative destinations/hospital closing
- 7. 57% stakeholder relations
- 8. 57% program implementation
- 9. 53% low acuity patients.

#### Conclusion

- Issues of relative advantage, compatibility, and complexity may affect future decisions to adopt CP programs.
- The study provided a narrow, but specific glimpse into the current landscape of healthcare in Tennessee.
- Successful diffusion likely depends on sustainable pathways to reimbursement, proper community needs assessments, and the ability to modify and expand upon original concepts of the innovation.