

# Paramedic- Supported Virtual Primary Care

Meeting Patients Where They Are

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# Disclosure & Learning Objectives

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### Disclosure

- I have an affiliation with the Muskoka Almaguin Ontario Health Team (MAOHT)
- This presentation contains no commercial sponsorship
- No off-label therapeutic recommendations will be made

### Learning Objectives

- Identify patients who may benefit from paramedic-supported virtual primary care.
- Describe the role of in-home assessment in supporting safe clinical decision-making.
- Apply risk-mitigation strategies when caring for medically complex or palliative patients at home.

# Paramedic-Supported Virtual Primary Care

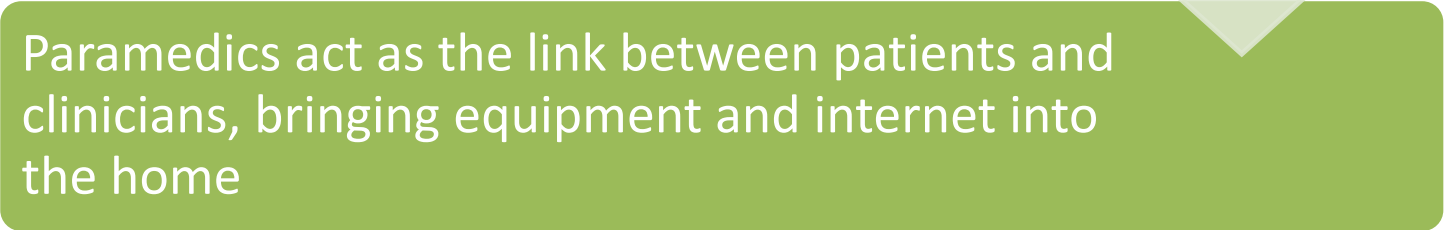
Part of the Community Paramedicine Program in Parry Sound and Muskoka



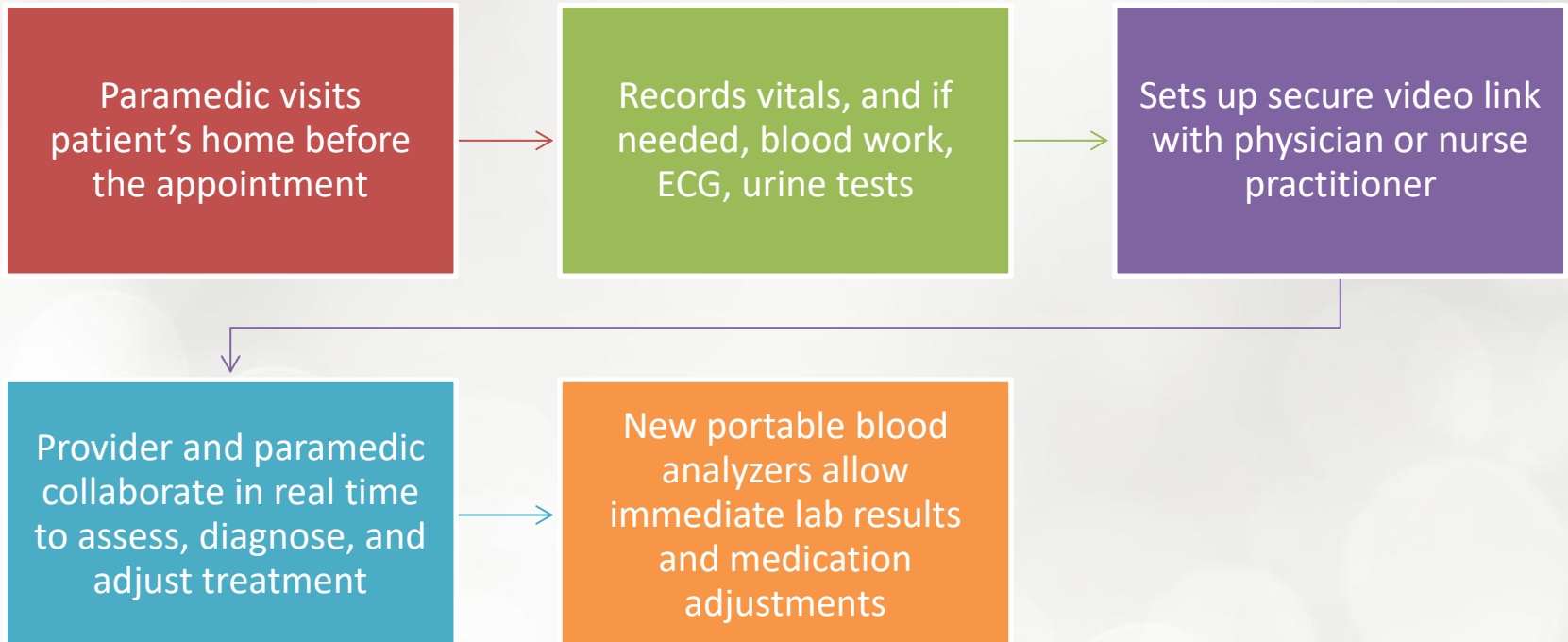
Enables homebound and rural patients to access virtual medical appointments



Paramedics act as the link between patients and clinicians, bringing equipment and internet into the home



# How It Works



# Why Our Current Default Fails Some Patients

Homebound ≠ clinically stable

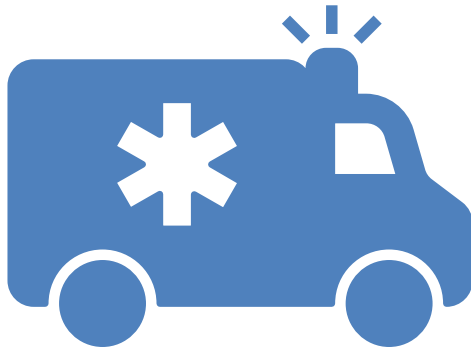
ED visits may increase delirium and deconditioning

Virtual-only care lacks physical assessment

Post-discharge patients are especially vulnerable

Many of our rural patients don't have access to technology

# What This Model Is (and Isn't)



This IS:

- Risk mitigation
- Post-discharge support
- Continuity-based care

This is NOT:

- Emergency medicine replacement
- Virtual care alone
- For every patient

**Case 1:  
Wally (77)  
Complex  
Medical  
Monitoring**

Multiple chronic diseases

Frequent hospital admissions

Homebound since hip fracture

Medication-sensitive and delirium-prone

20+ medications

# Wally – EMS Video Visit



Serial blood pressures



Neurological assessment



Review of carotid imaging and labs



Specialist coordination



Medication decisions at home

# Wally – Clinical Impact



ED visit avoided



Reduced delirium  
risk



Earlier  
intervention



Continuity  
preserved

# Case 2: Sally (62)

## Neurologic Vulnerability

CADASIL, MS, seizure disorder

Dementia (2025)

Opioids and benzodiazepines

Falls and post-discharge risk

# Sally – Post-Discharge EMS Video Visit

Fever, cough,  
borderline  
hypoxia

In-home exam  
by paramedic

Antibiotics  
started

Planned  
monitoring  
and follow-up

## **Case 3: Lara (92) – Frailty & Oncology**

Single kidney with CKD

Pulmonary hypertension

History of delirium

Esophageal cancer

# Lara – Palliative Video + Home Visit



GOALS-OF-CARE  
DISCUSSION AT  
HOME



DEPRESCRIBING  
NON-BENEFICIAL  
MEDICATIONS



HOME VISIT FOR  
COMFORT  
REASSESSMENT



NO ESCALATION  
REQUIRED

# What These Patients Teach Us

Post-discharge  
vulnerability

Cognitive  
impairment

Polypharmacy

Frailty and  
end-of-life  
care

# When This Model Works Best

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Recent hospital discharge

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High ED utilization

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Dementia or neurologic disease

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Advanced illness

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Medication-sensitive patients

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Homebound patients

# Impacts and Benefits

Reduces hospital visits and 911 calls by treating issues early at home

Allows for safer clinical decision making

Supports aging in place and eases pressure on the healthcare system

Patients and caregivers report high satisfaction and peace of mind

Improves dignity and trust

Preserves continuity of care

189 Virtual Visits - unattached patient clinic, diabetes, palliative care, specialists, RT, SDMC (51)

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# Questions?

Thanks for listening!

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