

# Addressing health-related quality of life for persons with non-communicable diseases through Emergency Medical Services delivery of Mobile Integrated Healthcare John R. Ash, MHA, PhD, FACHE

## 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 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 selfperceived 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.

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