

**IRCP
Community Integrated
Paramedicine**

Les P. Caid – Rio Rico Fire Dist.

**A Paradigm
Shift for the US
Fire Service**



Rio Rico, Arizona

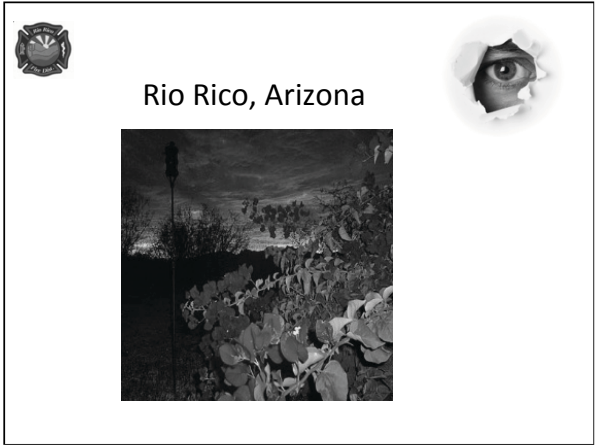
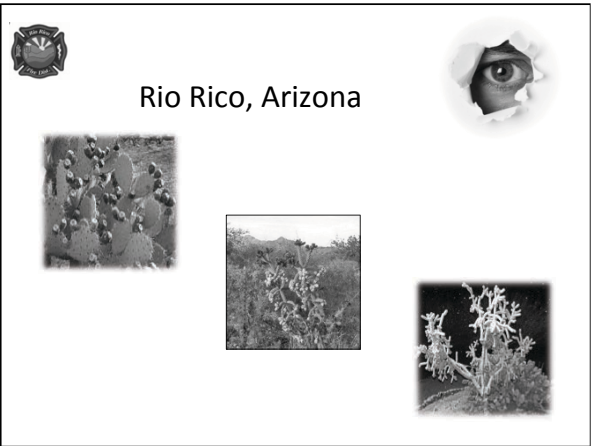
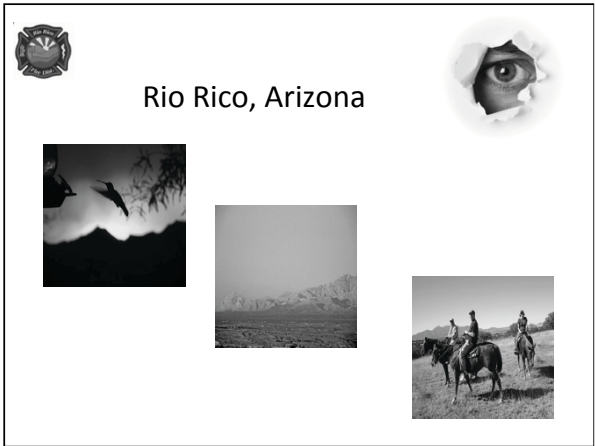



Rio Rico is a Southeastern Arizona community of approximately 22,000 residents. With an elevation of 3500 feet the community enjoys sunshine almost every day, making Rio Rico a great place to live and work.



Rio Rico, Arizona










Rio Rico, Arizona

Access to healthcare is very limited.










Rio Rico, AZ.

Barriers to Healthcare

- Under resourced
- Fragmented & Uncoordinated deliver systems
- Geographically isolated

Rural populations tend to be older and sicker then in urban areas⁵ (in Al. Promoting High Performance in Rural Health Care)

What are we doing?

- U S Fire Service !!!

Community Paramedic -

Community Healthcare Paramedic

Community Integrated Paramedic




BREAK GLASS IN CASE OF FIRE

HOSE

- Dig
- Re
- wi



Change Is Constant

The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails. - William Arthur Ward



U. S. TREND - OVER USE OF EMERGENCY DEPARTMENTS TO ADDRESS PRIMARY CARE NEEDS!

BACK IN 1966 A GROUP OF PEOPLE WHO ESTABLISHED MEDICARE , DECIDED IT WOULD ONLY REIMBURSE AN AMBULANCE SERVICE IF THEY TRANSPORTED SOMEONE TO THE HOSPITAL.

For almost 5 decades we've transported people to the hospital regardless of their illness or injury.



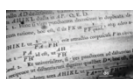
Fire Service Mission is Acute Care



Some ideas are REALLY not good!



- Community Paramedicine is a good idea!



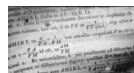
Look inside



The original intent of EMS SYSTEMS:

- Acute care
- Emergency care

Studies show 10-40% of EMS are non-emergent!!



- National Fire Protection Association.

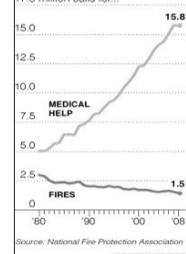
NATIONWIDE FIRE SERVICE


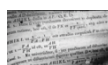
Improved building codes, sprinkler systems and other fire-prevention innovations.

Fire Departments As First Responders

In 2008, fire departments nationwide responded to more than three times as many calls for medical help as they did in 1980.

Number of calls U.S. fire departments responded to
17.5 million calls for...






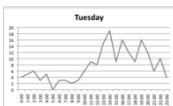
2012 Total Fire Service Calls

- * 21.7 million EMS calls.
- * 7.6% (2.4million) false alarms.
- * 4.6% (1.4 million) actual fires.

•

• Source: *Fire Loss in the United States during 2012*, Michael J Karter, Jr. NFPA, 1 Batterymarch Park, Quincy, MA 02169:www.nfpa.org

• Urbina, Ian (2009-09-03), "Firefighters Become Medics to the Poor", New York Times. Retrieved 2013-10-10

Organizational Knowledge

What & How many calls ?

- *Fire Calls 2.3%
- *Haz Mat 0.9%
- *Tech Rescue 1.1%
- *other 8.8%

EMS	86.9%
Advanced Care Paramedic	6.6%
Primary Care Paramedic	93.4%

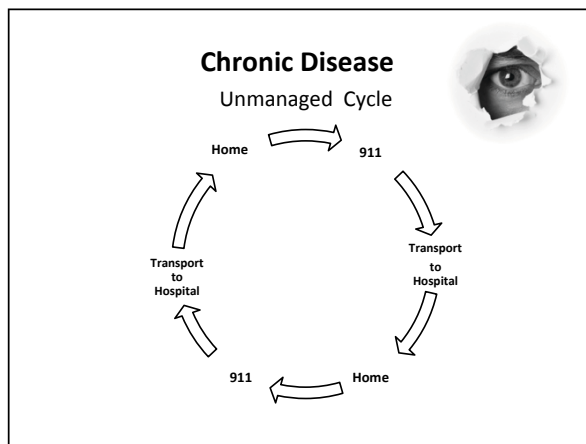
The Fire Service must know who we are and what we do?

EMS Core Service



For over 50 years the U.S. Fire Service has been providing Emergency Medical Services (EMS) !!!





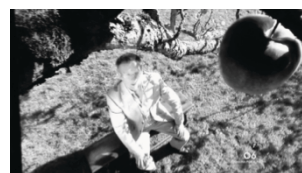
U.S. Fire Service already does this "prevention thing"!



Prevention!

We are very good at pulling people out of the river.

But now we are going to move upstream and keep them from falling in!



*Instead of responding to a costly 911 call -
Why not PROACTIVELY go to a patient's home before they
have an emergency?*

Bridge the gaps in community health and healthcare education.

Helping

BUILD A CULTURE OF HEALTH!!



Today- Two Changes

from the

Affordable Care Act

- T
- he affordable care act
 - ✓ Emphasis on patient outcomes and bundled care
 - ✓ The best care the first time
 - ✓ Reducing hospital re-admissions
 - ✓ Emphasizes on primary care
 - ✓ Increase insured population = increased PCP demand
- Fire Based EMS as a source of social services



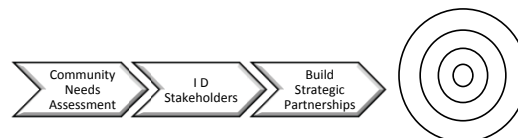
Affordable Care Act



- ✓ Created New Incentives for Hospitals and created Accountable Care Organizations (ACO's)
- ✓ FIRE/EMS –Is already geographically and strategically positioned throughout our communities!
- ✓ FIRE/EMS - A Force – Multiplier for public health and healthcare providers in our service area!



Improving Healthcare in your Community



* In April , 2011

* Arizona Department of Health Services

*Base Hospital Medical Director!

* Must be In-Service for 911!

*Stay within the EMT-P Scoop of Practice
(Tittle 9, Chapter 25, Article 5, R9-25-502)

*Collect good meaningful Data




Start Date 1/3/2014

Expanding role not scope of practice!

A model of care whereby paramedics apply their training and skills in "non-traditional" community-based environment.

BUILDING A CULTURE OF HEALTH !!





Premise


The RRFD Community Healthcare Paramedic Project: a solution to help end this cycle.

"community paramedics" are given the necessary knowledge and training to provide preventive care services -health education- and resource lists to connect participants to healthcare resources and improve outcomes


BUILDING A CULTURE OF HEALTH!!


Collect Data to validate



- ***Reduce re-admissions**
- * Lower the rate use of 911 by high utilization users**
- * Measure medication management**
- *Prevent falls**
- *Identify environmental issues in homes of those who have chronic diseases:**
 - Diabetes
 - Asthma
 - CHF
 - COPD
 - Medication Management
 - Home Environmental/Safety Scans



Where are the Participants coming from?



- *High Utilization Users of 911**
- * Holy Cross Hospital Pre-Discharge meeting to set Post Discharge follow-up**
- *Primary Care Physicians**



Rio Rico, Arizona






Rio Rico – AFCA - AFDA,
Community Integrated Paramedic
Pilot Study

It's about
working
together !

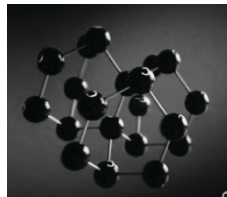


Formed a Partnership
to collect data
to prove CIP's value!

City of Sierra Vista/Fry Fire	City of Chandler Fire	City of Nogales Fire
Green Valley FD	Golder Ranch FD	Avra Vally FD
Rincon Valley FD	Drexel FD	Northwest FD
Tubac FD	Rio Rico Fire District	
The U of A Center for Rural Health & MEZCOPH	Arizona Poison and Drug Information Center	AZ Department of Health Services
		AZ Fire Chief Association & AZ Fire Districts Association
		U of A Medical Center

Common Framework

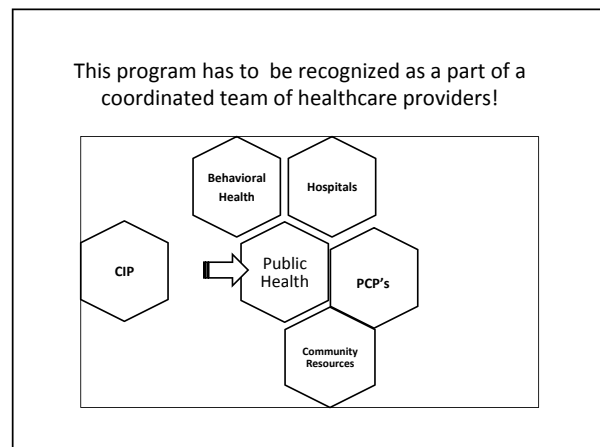
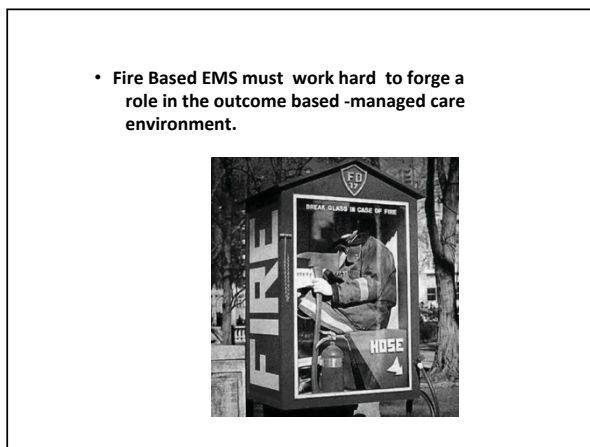
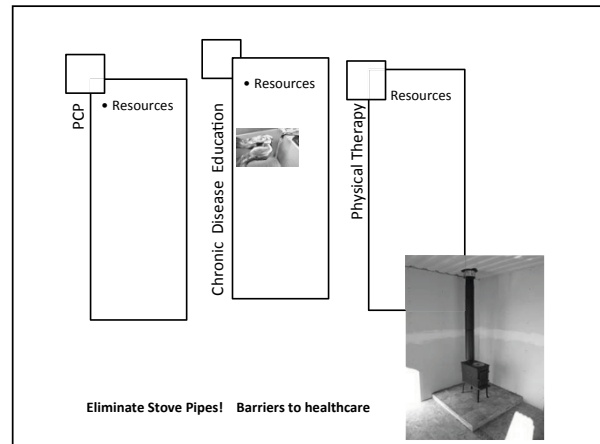
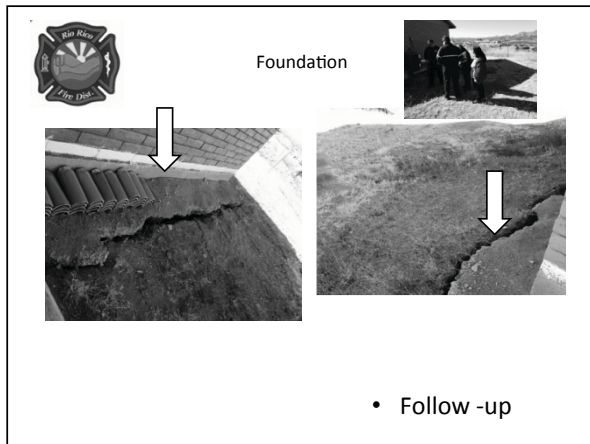
- Identify Common Data
- Collect Data
- Aggregate the Data
- Analyze the Data
- Report the Data

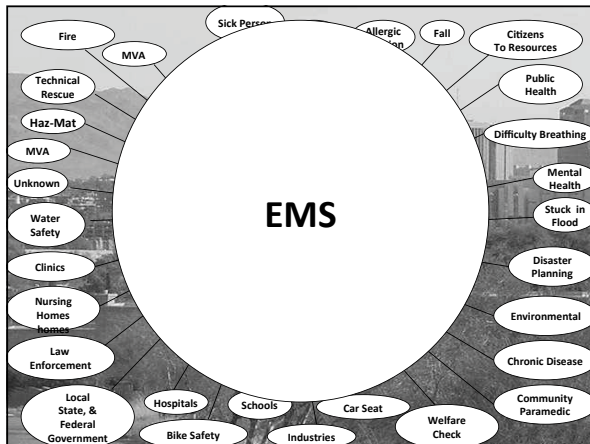
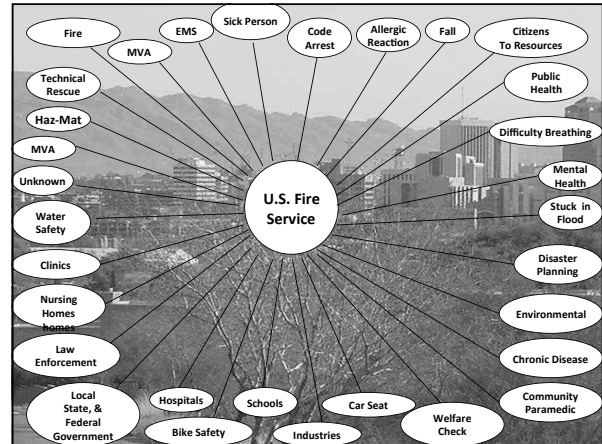
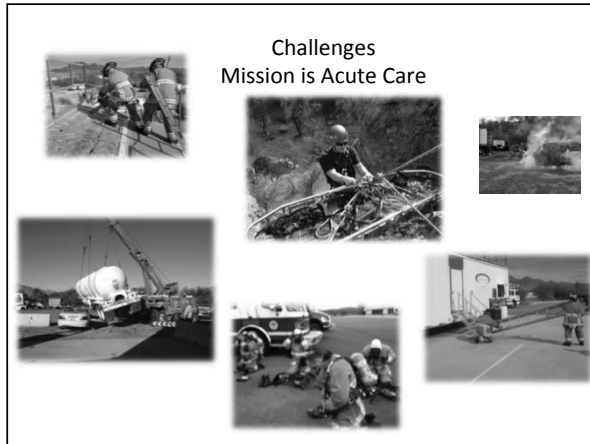



- SOG Development - Josh Gaither MD

**Surprises
&
Challenges**







 **Measurable Results/Outcomes**

- We must come together as the Arizona Fire Service (labor /management) and share a vision of what CIP is !
- Chronic Disease Model!
- Gather strong meaningful data! 1 year ALL Treat and Release!
- Calculate cost savings of Community Paramedic Program versus cost of on-going care/hospital care.
- Injury prevention potential vs. cost associated with no prevention
- I.D. Future Roles - short term – long term .
- Foster a Holistic Approach to Patient Care

**Collaborate on a Fundamental Paradigm Shift
in Fire-Based EMS!**



Systems Thinking — Promote dynamic interrelationship of all components of the local public health system.

Dialogue — Create a win/win partnership.

Shared Vision — Can form the foundation for building a CIP and healthy future.

Data — Measure outcomes to inform each step of the process.

Partnerships and Collaboration — To optimize performance through shared resources.

Strategic Thinking — To foster a proactive response to the issues and opportunities facing the fire service and our mission.

Share Stories of Successes — Contributions are recognized and to sustain excitement for the process in the Fire Service.



**U.S. Fire Service
A RESOURCE TO HELP !**



Fire Stations are strategically placed throughout communities with a standing army.

This is our future!



“The task of medicine:
Cure sometimes, Relieve often,
Care always.” Ambrose Pare’ (1517-1590)

• **Making a Difference!**



The key to success is building trust & strong partnerships.

Thank you !

Questions ??

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