



# City of Arlington, Texas Community Paramedic Program



## **City of Arlington, Texas Community Paramedic Program**

In 2014, Fire Chief Don Crowson directed the creation of an “*Emerging Issues*” committee to explore unrecognized or unaddressed issues that could impact the City of Arlington and our Fire/EMS service delivery. Based on known and anticipated realities associated with the passage of the Affordable Care Act, the committee identified the development of a *Community Paramedic Program* (CPP) as a key consideration for our department and city. As anticipated, EMS responses were increasing sharply and hospitals were facing financial penalties for patient readmissions, occurring within 30 days of treatment, for similar conditions at their facility.

In collaboration with community partners, we initiated a pilot *Community Paramedic Program* with the hypothesis that by providing more preventative and individualized care in the home, we could accomplish three goals: reduce or contain EMS system demand, generate cost savings for the City, avoid substantial costs for hospitals through a reduction in unnecessary emergency room visits and hospital readmissions, and, most importantly, improve the quality of life for our citizens through reduced healthcare costs and improved health and overall well-being.

Voluntary, no cost enrollment in the program allows specially selected, physician-trained paramedics to make proactive, preventive “house calls” to patients and provide a wide variety of services, including medication reconciliation and in-home lab testing. Care is coordinated with physicians who oversee case management of in-home services. Social needs are also assessed and addressed through social service agency connectivity.

Our primary challenges included identifying how to structure and finance our pilot program. There were many vastly varying “models” of CPP programs around the country with various methods of financing including grants, hospital funded, City financed, or a combination of options. We determined we would seek a financial partnership with our two hospitals to pay for the majority of personnel costs for the 90-day pilot.

Funding, equipment, and personnel for the initial 90-day pilot program was provided by the hospitals, along with American Medical Response, our contracted ambulance provider who supplied one full time paramedic, while the Fire Department operating budget paid for one of our two Paramedics utilizing a reallocation of existing personnel and vehicle.

The results of the first 90 days for the 25 enrolled patients included: a 911 utilization reduction of 158 responses (Fire First Response and Ambulance), a decrease in emergency room visits of 60% and in hospitalizations of 85%. These reductions resulted in a direct cost avoidance of \$361,035 for the hospitals, using standard Medicaid reimbursement figures, and a minimum cost savings to the City of approximately \$45,000 in fleet mileage costs alone. In addition to monetary savings, our program has increased the availability of critical fire department resources and those of our ambulance contractor for more urgent needs.

Patient 911 system utilization, emergency room visits, and hospital readmissions are determined by looking at usage for 90 days prior to program enrollment, the 90 day (or less) enrollment period, and 90

day post program enrollment. The majority of enrolled patients “graduate” within 90 days, having learned to properly manage their condition or having gained regular access to needed social and in-home medical services.

Based on the success of the 90-day pilot, we embarked on a yearlong, in-depth study beginning October 1, 2015, open to all types of patients the participating hospital identified as “High Risk” for readmission. The reality of these types of “fragile” patients is they also may be high utilizers of the 911 system.

Upon the completion of the yearlong study, the hospital expressed a keen interest in continuing our partnership over the next several years. As a part of this continued partnership, AMR continues to provide a full time Paramedic, while AFD provides the second Paramedic, who is paid for by the hospital. The only cost incurred by the City is fuel and maintenance for our existing vehicle.

Results of the one year in-depth study have once again proven the value of this program. For the first nine months: AFD first responder responses for program patients dropped 87.5%, ambulance responses dropped 80.9%, and police responses dropped 65.5% (a reduction of 230 responses). Direct cost avoidance for our partner hospital using Medicaid reimbursement figures for emergency room visits and standard readmissions amounted to \$1,044,981.00. Fourth quarter statistics will not be finalized and available until after March 30, the 90 day period following Q4 program “graduation.” As we begin to focus on all high utilizers of our 911 system and not just hospital referred patients, we anticipate greater reductions in EMS calls and even greater cost avoidance.

Because of our thorough research and planning, we have not experienced what most would refer to as “lessons learned” but instead, the following key predicted major “lessons” have been affirmed:

- Identifying which elements of health care you wish to address is critical. For example, is your primary goal to reduce 911 responses for “super users” and/or reducing hospital readmissions for high risk patients, or a combination of both?
- Achieving the support of key government officials, including the EMS system Medical Director to initiate a pilot program/study, must occur.
- In our case, we had to “sell” the pilot program to our 2 local EMS receiving hospitals. Upon completion of the 90-day pilot program, convincing one or both hospitals to financially support a one year in depth study was needed to cover our personnel costs.
- Identifying and seeking the necessary support (including financial) from community partners is critical.
- Social Service support is essential for supplying needed items to financially challenged program participants (walkers, ramps, wheel chairs, medication organizers, etc.).
- Having pre-established positive, working relationships with key government officials and community partners makes the gaining support for the program much easier. as you have already established credibility.
- Holding regular update meetings regarding program status between all stakeholders is essential.
- Selecting the right personnel is key. Paramedics who truly exhibit a passion for this type of “preventative/maintenance” medicine are critical to the program’s success.
- Selection of the most appropriate patients for enrollment in the program is vital. Identifying “super users” of the 911 system is easy. If your program involves reducing 30-day hospital readmissions for high risk patients, hospital selection of patients most likely to benefit from the program is critical. Some of these may also be “super users” of the 911 system.

- Limiting enrollment to manageable numbers is imperative. We have confirmed that 35-40 patients at one time are a reasonable maximum with 2 paramedics assigned to the program.
- Public/private partnerships pay big dividends to maximize the potential for your community
- Everyone has a role to play and benefits from efforts to support “affordable” health care for your community.

Beneficiaries of the program include the City, ambulance contractor, local hospital, and all of our citizens. Everyone benefits when we can reduce unnecessary 911 responses and keep critical resources available for true emergencies. In addition, cost containment and avoidance positively impacts the City budget, as well as all of our citizens who depend on the healthcare system in our city to provide high quality, cost efficient services. Program participants receive a more obvious benefit as their conditions are treated more efficiently and effectively in their home, with an increased quality of life as their conditions stabilize and/or improve.

In addition to local awareness, our program has been recognized with an award from the Texas Municipal League, and is also the recipient of the national *Mayors Livability Award*. In addition, Fire Chief Don Crowson recently received the prestigious *Dr. Nathan Davis Award* for government officials from the American Medical Association for his efforts in leading this successful public health initiative over the past year.

As evidenced by the locally, and now nationally, recognized success of our program in Arlington, Texas, *The American Dream City*, it is clear that our efforts are having a significant impact in our community, for both citizens and partners alike.

As a result of our success and recognition, the Arlington Fire Department now regularly fields queries from municipalities throughout the United States who recognize the contributions of our local government managers for the successful implementation and ongoing management of this beneficial program.

**To be recognized:**

**ICMA Member: City Manager, Trey Yelverton**