COMMUNITY EMS

WEST VALLEY FIRE DISTRICT

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Goal

The goal of Community EMS is to coordinate with other health care organizations to improve the quality of life of our community members through focused one on one health care that will provide resources to promote healthier lifestyles.

Continuum of Care

Connecting with other health care organizations to provide quality care to our community.

Background

West Valley Fire District is located in the West Willamette Valley in the foothills of the Oregon coastal range. Our ambulance service area covers approximately 340 square miles, which includes the rural communities of Willamina and Grand Ronde. The District also serves members of the Confederated Tribes of Grand Ronde (CTGR).

As first responders, we see the needs of our community on a daily basis. Due to the limited access to primary health care providers and services, the members of our community will call 911 or stop by the fire station for non-emergent needs. This may include: minor cuts, blood pressure checks, questions about their medications or medical equipment and assessments for a variety of medical issues.

Due to a predominance of lower income families and longer distances to resources, these dynamics have created service gaps that are currently being filled by our 911 system. West Valley Fire District is exploring options to create a health care network that will do the following:

- Improve health outcomes among medically vulnerable populations
- Provide access to preventative care programs in rural areas
- Decrease the cost of health care by providing effective and less expensive alternatives to emergency room visits, reducing hospital readmissions & ambulance transports.
- Network with local resources to provide appropriate care for the public.

The Community Based EMS model will include patient education, routine primary care services outside the clinic or hospital environment, post discharge care and chronic disease monitoring.[i]

The Benefit of Community EMS

The term "community paramedicine" was first used in the United States in 2001 as a potential model of improving rural community health care. [ii] Major programs have been established in Colorado, Texas and Minnesota in the last 4 years and other states are now following in their footsteps, including Oregon, Arizona, Nebraska and Maine. Canada also has several rural and urban programs. Minnesota has been the front-runner for the community paramedic program by changing the state Medicaid rules to allow for reimbursement for these services. Programs in Oregon are starting in Veneta, Redmond and the Portland Metro Area. Kaiser Permanente has hired their own community paramedic to care for their insured. Providence St Vincent has established a program with Tualatin Valley Fire to follow-up with discharged patients with CHF.

Health care services provided through these affordable programs have successfully improved patient access to care in areas previously not served or underserved.

While there is little published peer reviewed research on the outcome of community paramedicine programs, there is a growing body of outcome data from North America. In a recent filing to Parliament, the Emergency Medical Services Chiefs of Canada reported the following results[iii]:

- Nova Scotia's island nurse practitioner/Community Paramedic-run clinic: Reduction in Doctor visits by 28% and a decrease in trips to the Emergency Department by 40%. Direct annual health care costs decreased from $2380 to $1375 per person over the three years of the study.
- The Community Referrals by Emergency Medical Services program in Toronto reduced emergency medical calls by 73.8% in the target population.
- The nurse practitioner/Community Paramedic Health Bus in Saskatoon saw nearly 6,000 visits, with 43% being repeat clients over a 2-year period.
- MedStar in Fort Worth (Texas) accomplished a $13.5 million reduction in costs and charges over a 2-year period, reduced 911 call volumes in a target population by 58%, and reduced emergency department bed occupancy by 14,334 hours.

In August 2013, West Valley Fire District collected data from running a medical tent at the Douglas Complex Fire in Glendale, Oregon. West Valley Fire District ran a medical clinic inside the fire camp and treated 2,132 people. Working with local physicians and Asante Three Rivers Medical Center, 97% of patients seen within the fire camp were treated on site. Only 22 people were transported to the local clinic or ER for further evaluation.

The benefits of treating and monitoring the people within the fire camp were the decreased burden on the local emergency room and decreased the health care costs for workers compensation and Oregon Department of Forestry.

We believe a similar system can benefit the people who live in Yamhill County.

Procedure for Patient Referral

Please submit the following information to the WVFD Community EMS office via e-mail at cbems@westvalleyfd.org. This will allow the Paramedic to obtain necessary medical information, schedule the appointment and provide the follow-up report to the Provider.

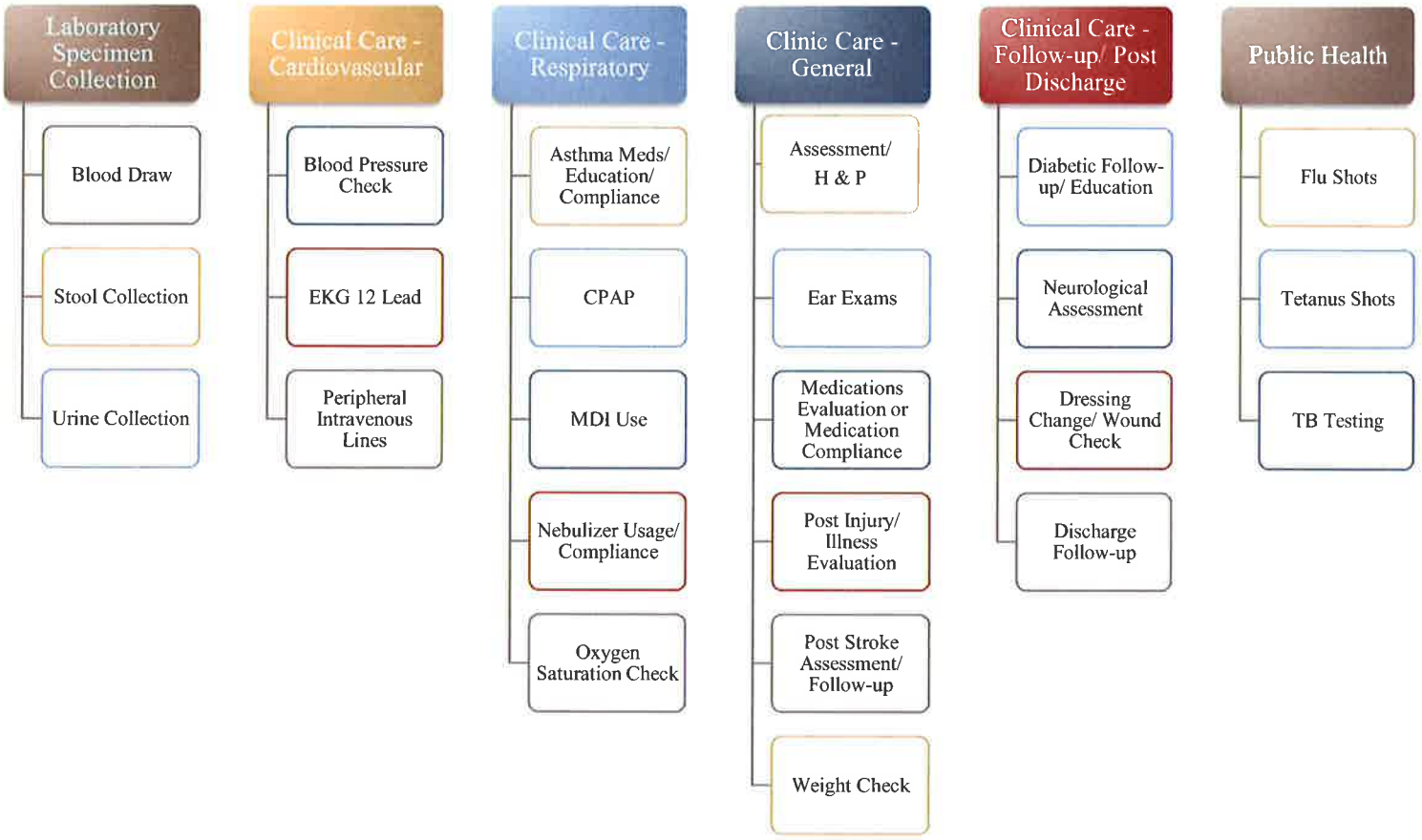
1. **Request for Services** form
2. **Consent/Authorization to Release Health Information** form
3. Patient records, including: history, medications, discharge orders, lab records, immunization records and any other information applicable to the visit.

The appointment will be made **within 48 hours** of the referral unless otherwise requested by the provider noted on the **Request for Services** form. The Paramedic will then contact the patient to schedule the appointment and will notify the Provider of the time and date.

When the appointment is completed, a copy of the **Patient Care Report** will be sent to the Provider.

LIST OF SERVICES

Services provided will be done on a referral basis. Additional services needed, will be referred to the appropriate agency.



[i] White, Ryan and Wingrove, Gary; *Principles for Community Paramedicine Programs*; National Rural Health Association Policy Brief; September 2012

[ii] White, Ryan and Wingrove, Gary; *Principles for Community Paramedicine Programs*; National Rural Health Association Policy Brief; September 2012.

[iii] White, Ryan and Wingrove, Gary; *Principles for Community Paramedicine Programs*; National Rural Health Association Policy Brief; September 2012