



Position Statement on Fire-Based Community Healthcare Provider Programs

(AKA: Mobile Integrated Healthcare (MIH) or Community Paramedic Programs)

The Urban Fire Forum supports Community Healthcare Provider programs necessary to protect and/or enhance fire-based EMS systems. Inasmuch, as the provisions of the Patient Protection and Affordable Care Act (ACA) and the associated regulations are driving change in traditional fire-based EMS systems, firefighter/EMTs and Paramedics should be included in community healthcare programs.

A Fire-Based Community Healthcare Provider (FBCHP), mobile integrated healthcare (MIH) provider or Community Paramedic (CP) is a licensed or certified EMT or paramedic who provides service through a local fire department and who may have additional training in physiology, disease processes, injury and illness prevention, and medical system navigation.

By design, a Fire-Based Community Healthcare Provider Program is intended to provide public health services to the elderly, underserved, and chronic condition-patient populations by providing primary care as an extension of a physician, while acting as the patient's advocate to connect them to a variety of beneficial social services outside the emergency department or hospital. FBCHP Programs may provide health assessment, chronic disease monitoring, education, medical care and prescription regime compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures approved by the system medical director or patient's primary care physician.

This opportunity to add value to the services provided to a local community is in combining the attributes of fire-based EMS systems and Advanced Life Support services with the broader medical and public health community.

A FBCHP Program should seek to establish a sustainable model for improving the use of existing EMS providers through scope of practice flexibility and coordination with other health providers. A FBCHP program has the potential to: 1) Reduce health system expenditures; 2) Reduce the frequency of repetitive callers in the emergency response system; 3) Become self-sustaining; and 4) Enhance public health and safety by meaningfully supporting the health and social welfare needs of the community.

Based on state or provincial law and community need, Fire-Based Community Healthcare Provider programs may include but are not limited to the following services:

- FBCHP program resources available to respond as needed. Upon scene arrival and patient assessment, responders may arrange appointments and/or transportation of patients to destinations other than hospital emergency departments.
 - Local community established alternative destinations may include walk-in clinics, mental health triage, social detox facilities, shelters and homeless services, and in-home assistance services among others.
- FBCHP programs may conduct 'frequent caller' education and assist high risk patients (who have healthcare access and insurance) to better learn about their condition and

ways to manage it better so that they can eliminate unnecessary hospitalizations and transports.

- FBCHP programs may schedule in-home evaluation of high-risk patients following hospital discharge.
 - With the advantages of high clinical judgment and mobility, seasoned paramedics can provide in-home assessment and reports to the referring physicians using standard field tools including EKG, blood glucose, pulse oximetry, venous lactate, end-tidal carbon dioxide, along with the standard vital signs, and optional blood draws or on-scene labs.
 - Assigned crews may also provide immediate transport and treatment if the system design allows for it.

Given that there are collective bargaining agreements in place in many jurisdictions and understanding that the differences in delivering FBCHP compared to typical fire-based EMS, chief officers should work jointly with labor groups to determine community need, type of services to be provided, and how both mobile and personnel resources will be deployed.

As FBCHP are implemented, chief officers will share information to educate and assist other chief officers to implement successful FBCHP in their departments.