



Position Statement (Policy)

Fire-Based Community Healthcare Provider Programs

(AKA: Community-Based EMS or Community Paramedic Programs)

The IAFF 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) 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 innovation opportunity lies in tying the attributes of fire-based EMS systems and Advanced Life Support services – mobile, reliable, universally accessed, broadly trained for multi-condition recognition and treatment ---to 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) Become self-sustaining, and 3) 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 the following services.

- FBCHP programs should be immediately available to respond to a scene. Upon scene arrival and patient assessment, responders may arrange appointments and/or transportation of patients to alternate destinations.
 - 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.

- For patients without primary healthcare access or insurance who frequently access the 9-1-1 EMS system, FBCHP programs may assist them to enroll in appropriate public, private or Accountable Care Organization programs and facilitate entrance into a Medical Home for any patients encountered.