

Arizona Implements Emergency Medical Services-Managed Treat and Refer Program to Address Local Community Health Needs and Generate State Savings

The state of Arizona is helping paramedics move beyond their traditional role of emergency response and into primary care and community health services.

The Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (the state Medicaid program) are working with state emergency medical services (EMS) agency leadership and medical directors to implement EMS-managed “treat and refer” programs, particularly for underserved populations. Arizona’s treat and refer programs are an emerging type of community paramedicine that expand the role of paramedics beyond traditional emergency response to encompass primary care and community health services. They are a locally designed, community-driven, and hopefully cost-effective way to realign existing health workers and resources to address gaps in the healthcare system and address health disparities.

Within Arizona, treat and refer programs are being used as a tool for behavioral health crisis interventions, preventative care service delivery, and follow-up care for those recently discharged from hospitals. These services, provided by emergency medical personnel, can help prevent medical crises and also redirect patients away from unnecessary utilization of emergency department resources. To be successful, treat and refer programs require close collaboration between EMS agency leadership, medical directors, public and private payers, hospital and primary care providers, emergency response and fire departments, and – importantly – the community served.

Steps Taken:

- In 2013, Arizona public health officials learned that local fire departments were independently implementing community paramedicine initiatives, such as treat and refer programs that provided health assessments, patient education, or prescription medication compliance services. ADHS began reviewing existing community paramedicine models, funding, and key characteristics.
- ADHS [conducted a survey](#) in January-March 2015 to track the implementation of community paramedicine activities among EMS and fire departments. Of the 58 responding local fire and EMS agencies, 67 percent indicated that they were pursuing community paramedicine activities, ranging from programs in early planning and development stages to those that were fully operational. As a result of the survey, ADHS developed an interactive [Crosswalk Tool](#) to facilitate

- Arizona’s treat and refer program requires close collaboration between the Arizona Department of Health Services (ADHS), emergency medical services stakeholders, and the Arizona Health Care Cost Containment System.
- ADHS developed an interactive tool to track community paramedicine programs and measure how they align with community health priorities.

inter-agency collaboration by comparing where major health priorities align between the local fire and EMS departments and Arizona county health departments.

- In late 2015, the Arizona Health Care Cost Containment System reached out to ADHS to look at the potential for system-level cost-savings, such as those generated by lowering hospital readmissions and delivering preventative healthcare through treat and refer programs. Medicaid officials began initial discussions on potential reimbursement and conducted outreach to fire departments to discuss the scope of activities and liabilities involved in treat and refer operations.
- State health officials developed a comprehensive framework and manual, which establishes the required education competency for EMS providers, clinical protocols, and data set for benchmarking reports and performance monitoring. This manual was approved by a statutory committee in May 2016, and ADHS will now be able to receive and review applications so it can begin awarding provider numbers for EMS treat and refer programs.

Results:

- ADHS' Bureau of Tobacco & Chronic Disease [contracted](#) with the University of Arizona College of Pharmacy for medication management services for a treat and refer program targeting rural Arizonans with diabetes and hypertension. EMS providers on scene are instructed to call the university pharmacist to relay information about patient medication and receive real-time reconciliation. The University of Arizona partners are able to provide logistical support, clinical expertise, and central care coordination.
- The Bureau of Tobacco & Chronic Disease is also working with Mariposa Health Center to tailor treat and refer work for Arizona's southernmost county, which borders Mexico and is entirely rural. The health center will identify patients with hypertension, diabetes, or related risk factors and work with community health workers to provide managed care, with a goal to reduce 911 calls.
- The City of Mesa Fire and Medical Department has received a Centers for Medicare & Medicaid Services [innovation grant](#), which will address behavioral health crises and chronic disease using treat and refer. Units staffed by paramedics, emergency medical technicians, and licensed clinical social workers will be dispatched to provide pre-hospital interventions. The City of Mesa will also partner with the local hospital to have a nurse practitioner vehicle that can provide immunizations, suturing, and referrals to local physician offices, thereby reducing preventable hospital admissions.

Lessons Learned:

- Arizona's treat and refer initiatives have been embraced by the community, state and federal health agencies, and local fire jurisdictions. ADHS leaders have characterized the discussions and collaborations as forward-thinking.
- Involving the EMS physician community early in the process has ensured that ADHS support and tools meet both the logistical needs of providers as well as the health needs of the communities. EMS involvement is also critical to ensure efficacy and monitor outcomes.
- Fire departments do not have the financial resources to absorb the full costs of treat and refer projects, so a top priority is to explore possibilities for issuing reimbursement from public

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payers. Private payers are likely to consider involvement down the road, once policies have been more fully established and as higher penalties for hospital readmissions are implemented.

- Arizona's experiences highlight the benefits that can be achieved with state-level coordination and information sharing. The treat and refer projects were born by fire departments in response to local needs, and ADHS involvement has been critical to spearhead inter-county communication and collaboration, as well as to develop means for reimbursement and payment to fire departments.

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