Rural Healthcare Initiatives in Texas

The Texas State Office of Rural Health (SORH), using the dedicated rural carve-out portion of the CDC OT21-2103 COVID Health Disparities grant, spearheaded a Community Paramedic Pilot program to address unique healthcare challenges faced by rural communities. Community paramedicine is a model in which paramedics can deliver primary and preventive care to community members, especially those who may lack access to a routine healthcare provider or face other accessibility challenges. The Texas pilot program created a resilient, seamless community paramedicine referral and deployment process through collaboration with community leaders and partnerships with hospitals and clinics.

Texas Community Paramedicine Pilot Program Overview

CDC granted the Texas Department of State Health Services nearly $39 million in 2103 funds, with a dedicated rural carve-out portion of over $4 million intended to reduce comorbidities related to COVID-19 within rural communities. SORH, which sits within the Texas Department of Agriculture, secured a portion of the rural carve-out funds to finance and implement the Texas Community Paramedicine Pilot Program. The Texas SORH was uniquely positioned to conceptualize and implement this pilot due to their connections to rural hospitals through programs like the Medicaid Rural Hospital Flexibility Program and Small Rural Hospital Improvement Program grants. Ultimately, this pilot showcases how the Texas SORH collaborated across state agencies, including with emergency medical services (EMS), and community leaders, to improve healthcare accessibility, reduce hospital admissions, and empower rural residents to actively manage their health.

The pilot spans five counties in the Texas panhandle: Hartley, Deaf Smith, Collingsworth, Lipscomb, and Lynn. The 2103 rural carve-out funded education to the community about how to access this program, hired a contractor to train current EMS/paramedics with the necessary knowledge and skills essential for effective community paramedicine (e.g., clinical skills, reporting, and data collection), and acquired supplies (e.g., necessary laptops and cell phones). The community paramedics also enhance community knowledge about the COVID-19 vaccine to boost vaccination rates, foster trust in the vaccine, and reduce hospital visits resulting from COVID-19. Furthermore, the pilot has helped patients manage chronic conditions, such as high blood pressure and diabetes, that can worsen COVID-19 outcomes.

Program Impact and Recommendations for Implementation

When patients are well-informed and equipped with the resources to manage chronic conditions, they are better equipped to recognize early warning signs, adhere to treatment plans, and engage in preventive measures, ultimately minimizing recurrent hospitalizations. For example, a hospital-based program in Hereford observed a 14% reduction in emergency department admissions (see Appendix). By equipping patients—especially seniors—with resources such as glucometers and blood pressure cuffs, the program empowers individuals to take an active role in managing their health and can help reduce the severity of or complications arising from chronic conditions. The program has become a beacon of community support and acceptance; the overwhelmingly positive response from the communities highlights the program’s role in fostering health, resilience, and a sense of well-being. The success of the pilot program stems from robust community and provider collaboration, as well as several key practices.
Coordination through Established Networks and Referral Processes

The Texas SORH strategically partnered with hospitals and clinics to avoid the program being misunderstood as a direct-to-community emergency service. The pilot program coordinated with hospital chief financial officers, case managers, clinics, primary care providers, and EMS personnel to develop a clear patient referral process. This includes standardized protocols for community paramedicine visits, referral processes, and communication between different healthcare entities, which creates a more seamless experience for both patients and providers and ensures that providers are informed of the actions taken during community paramedicine visits. The pilot fosters a community-integrated model that can streamline referrals, enhance program efficiency, and ensure consistency in patient care regardless of the location or community served.

Monthly Case Review Meetings and the ECHO Model

Community paramedicine teams, healthcare providers, and administrators use the ECHO model to discuss cases, share insights, identify areas for improvement, and foster ongoing collaboration. The model is administered by urban academic medical centers, known as hubs, to bring together interdisciplinary teams of specialists like physicians, behavioral health experts, social workers, nurses, and clinical pharmacists. Through videoconferencing, these hubs connect with rural primary care providers and healthcare workers, known as spokes, to share best practices and treatment protocols for complex diseases prevalent in their communities. This approach can allow community paramedics to discuss cases and receive consultation.

Avoiding Emergency Service Disruptions by Utilizing Non-Emergency Vehicles

Texas quickly recognized the importance of utilizing non-ambulance vehicles, especially in small, rural communities with limited ambulance resources. In setting up this pilot, the Texas SORH incorporated supplemental funds from the Community Development Block Grant Program, specifically through Texas’ Fire, Ambulance, and Services Truck (FAST) Fund. This facilitated the acquisition of eight SUVs for community outreach, serving as practical alternatives to ambulances and avoiding disruptions to emergency services.

Sustainability Planning and Conclusion

The Texas SORH navigated through pilot implementation challenges, such as staff turnover, reporting requirements, and adding an evaluation component. In addition to these implementation considerations, the single SORH staffer managing this pilot has simultaneously explored options for program sustainability. The pilot program has received attention from the state legislature but has not yet received state general funds. Medicaid reimbursement for community paramedicine could also offer a possible pathway for sustainability. Community paramedics are currently ineligible for Medicaid reimbursement in Texas; however, several states (e.g., Arizona, Georgia, Minnesota, Nevada, and Wyoming) do reimburse for these services. Ultimately, the 2103 grant will support the pilot until 2026, at which point the program may transition to the Texas Department of State Health Services.

The Texas SORH demonstrated an unwavering commitment to community engagement and collaboration across agencies on policy and health equity. This community paramedicine pilot offers a model to reduce rural health disparities and enhance overall access to healthcare services. Other states looking to develop similar programs may benefit from standardized care delivery, integrated telehealth modalities, and regular case review meetings to foster continuous quality improvement.
Appendix

Snapshot of a Hospital-Based Community Paramedicine Program in Action

The community paramedicine program in Hereford, TX, within Deaf Smith County, serves a primarily older population battling diseases such as COPD and other chronic conditions, as well as a significant Hispanic population. This unique blend of demographics highlights the diverse healthcare needs within the community, particularly amid the challenges posed by the COVID-19 pandemic. Operated by a dedicated team—comprising an EMS director and a hospital social worker—the program strategically allocates funds to provide essential monitoring tools and comprehensive educational resources, such as enhancing community understanding of the COVID-19 vaccine to boost vaccination rates. Understanding the heightened susceptibility of older adults to COVID-19 and the exacerbated risks faced by those with underlying chronic conditions, the program focuses on the management of chronic diseases, ensuring that patients understand how to take care of their health conditions properly. The EMS director and hospital social worker collaborate closely to ensure thorough discharge planning and immediate follow-up care, ensuring that older patients fully comprehend discharge instructions and are equipped with the knowledge and tools to manage their health effectively. Additionally, their proactive approach includes conducting home assessments to identify and address potential hazards such as fall risks. The program promotes continuity of care and effective collaboration, such as through transparent documentation and seamless communication with healthcare providers. By addressing the unique healthcare needs of their community, the program exemplifies a commitment to health equity and community resilience.

About the National Organization of State Offices of Rural Health (NOSORH)

The National Organization of State Offices of Rural Health (NOSORH) was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, healthcare for nearly 61 million rural Americans. NOSORH enhances the capacity of SORH to do this by supporting the development of state and community rural health leaders; creating and facilitating state, regional, and national partnerships that foster information sharing and spur rural health-related programs and activities; and enhancing access to quality healthcare services in rural communities.

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