MINUTES, ARIVACA FIRE DISTRICT

October 21, 2019

The Arivaca Fire District Governing Board met in Regular Session Monday October 21, 2019 at the Arivaca Fire District Station, 16091 West Universal Ranch Road, Arivaca, Arizona.

1. CALL TO ORDER/ROLL CALL

Shannon Bloom called the meeting to order at 9:00 AM

ROLL CALL OF BOARD MEMBERS

Present: Mark Wiley
Beth Lusby
Justin Gibson
Shannon Bloom
Tangye Beckham

2. REGULAR BUSINESS MEETING

A. PLEDGE OF ALLEGIANCE – MOMENT OF SILENCE
All present joined in.

B. Consent Agenda – Discussion/Possible action on approving the minutes from the following meetings
1. September 16, 2019 – Regular Board Meeting
Beth made a motion to accept the minutes and Mark seconded. Shannon called for a vote; motion carried 5-0.

3. CALL TO THE PUBLIC

Patti commented on Omar being in Hospice in Tucson.

4. BUSINESS

A. Fire Chiefs Report for September 2019
Chief Austin gave an oral and written report.

B. Fire Board Chairperson Report –No report.

C. Discussion/Possible Action/Review and approval of September 2019 Finances. Financial Report, banking statements, check registers, balance statements, warrant account; confirm all board members received and reviewed all financial data.

All board members confirmed they had received and reviewed the September 2019 finances. Justin made a motion to approve the financial reports and Beth seconded. Shannon called for a vote. Motion carried 5-0.

D. Cash flow presented by Chief Austin up to October 15, 2019.

5. COMMITTEE MEETINGS – REPORTS ONLY NO DISCUSSION

A. Report from Finance Committee – No Report

B. Report from Pension Board – No Report.

C. Report from Fire Wise Committee – No Report

D. Report from Strategic Planning Committee – Tangye read the minutes from the Strategic Planning Committee meeting on October 4, 2019.
Roger Beal commented he wanted to benchmark so we would know if we were meeting our goals; and to look forward into what we might accomplish in the next five years. He also understands the chief might retire someday and that would be something to be mentioned as to how to go about replacing him. He would encourage investigation into the ET3 program. The key element is we don't have paramedics but if we do have paramedics, we would be obligated to use them.

6. OLD BUSINESS

A. Public Discussion/possible action/motion on the ET3 program (Medicare) and the Community Integrated Paramedicine Program (Medicaid).

Tangye Beckham presented a Power point presentation on MIH: The Future is Here. (A copy of this presentation is available in full at the fire district). She explained that MIH was Mobile Integrated Health care. Only 4.6% of calls are actual fires while over 90% of calls are EMS in the country. Emergency Medical care is expensive and it is not designed to be primary care. The ED does not have access to outside records; if you are in a crisis you are not able to tell the provider what is going on. The testing can be redundant. Medicare was formed in 1966 and it was only decided to reimburse an ambulance if they transported. So, 50 years later they are still doing the same thing. Community Paramedic Programs are popping up all over the country. Community Integrated paramedicine is a piece of MIH. ET3 is also a piece of MIH. You don't have to do all the programs; you can decide if you want to do one or all. Where I work, we do Community paramedicine.

Shannon asked Tangye why Rio Rico Fire District has decided not to do the ET3 program. Tangye commented that only 40 applications would be approved in the country. We decided to let the big fish go after it; it would not be worth it for us to do it. There is a lot of work that goes into it. You have to be linked to a telemedicine provided and that costs money.

The goal of the EMS system is to the right patient to the right treatment at the right time. The goal of community integrated paramedicine is to get the patient to the right care, delivered by the right provider, at the right time, resulting in the best outcomes and most efficient use of health care resources. Arivaca is a rural community and that is what these programs were designed for and work best in rural areas. It works if paramedics are paid or volunteer; training is the same.

The expanded role, community paramedicine does follow up visits in the home. They can go out the same day the patient is discharged from the hospital. They found most frequently the number one reason most people go back to the hospital is pain control. They did not understand how to keep on top of their pain. Community paramedicine provides also preventative care, (your diabetic does not understand how to check glucose on a daily basis; your COPD patient who does not understand how to check their SPO2 levels; what to be aware of). A community paramedic can come in and provide the necessary education. Provide support linkage to the community-based services. A lot of what I do is case management. Senior citizens that live alone; their children live back east; I link them to other agencies that can help them.

Roger Beal asked about transport to proper facilities, could that include Urgent Care. Is that something we can do now? Tangye commented that now we could not do that because to

transport by ambulance to Urgent care you have to be part of the Treat and Refer (T&R) program. The T&R says you can transport to the most appropriate facility. Roger commented that he was about lowering the cost to the patient. He commented that if the patient only needed 3 stitches he could go to Urgent Care. Tangye commented that if that was the case, and if we had a vehicle available, the patient could be driven to Urgent care and we would get reimbursed if we were under the T&R program. We would be treating them and providing that referral.

Tangye commented that in this community we have the opportunity to drive someone to facilities. Lack of transportation is an issue.

Roger asked if this was 100% commitment. For example, if one day we were staffed with paramedics and the next day we only had EMT's. Tangye commented that if you are to provide this service it is all the time. You have to have ALS on every day/night. Otherwise it would be perceived that you are picking and choosing which you are not, you simply do not have the resources.

Mark Wiley asked who reimbursed. Tangye commented that Medicare would reimburse for the ET3 program and Medicaid would reimburse for community paramedicine program.

Nathan Lewis commented that now AHCCS and most Medicaid agencies have joined the ET3. Other payers are jumping on board. So, it is no longer just Medicare that reimburses. However, we missed the deadline. The ET3 program wants 30% of basically all CON's across the country. The ET3 will be the payment method. So now you have a payment method for most patients. So now you can take patient to other destinations. One could be here at the station. The intent is to reduce emergency visits. That can be through a Community Paramedic, an in-station clinic which would probably be the most effective here, to a clinic or other destinations. This is a big concept of MIH.

Tangye commented that there is a cost associated with participating in those programs. Nathan agreed.

Tangye continued with her presentation. So, 64% of the programs are not generating revenue. She suspects this will change with other payers coming on board. The other issue is legally. So, Paramedics are not recognized as non-emergency providers in Arizona. So that presents an issue when trying to bill insurance companies as there is no code for Community Paramedics and Community Paramedicine is non-emergency. So, there has to be changes at the state level. So, this is how you start a Community Paramedic program. First you establish a need which Arivaca has. Foster partnerships with clinics, hospitals and other agencies, target your program and training and collect consistent data. I would encourage Arivaca Fire to look into your data and see what are the majority of the calls you are running and would they fit into this program because there are 5 for Community Paramedicine; COPD/Asthma, Diabetics, heart attacks, Congestive Heart Failure and High Blood pressure. So, if you are consistently running high calls on these then you would qualify. And finally start talking to other agencies and find out what they are doing.

Tangye talked about the goals of Rio Rico Fire.

Tangye commented the Community Paramedic program costs about $750.00 for the patient to be enrolled in a program.

Tangye commented the challenge part was to convivence the primary care providers that this is a good idea. You might hear this is more paperwork; more communication and other items. It is having conversations with the local clinic that this is a good idea. Transportation is another item. Transportation of patients is huge across the country. We don't have Urber or Lift; no transit system, so if you are trying to educate these patients then you need to be able to provide some sort of transportation for them. There is an opportunity here.

Roger asked if the LT4 cell phone service would support the program. Nathan commented yes. You cannot be in a dead zone. Nathan commented that he supported the Community Paramedicine program. You have to be able to sustain the program.

Tangye commented there is a cost associated with implementing all of these programs. If Arivaca Fire was to implement any program there is a cost. It is 12 hours of training for treat and refer and 48 hours for community paramedic. She did not know the cost.

Tangye commented to start with one program and then go from there.

Justin commented that we could start with one and then continue to meet the ET3 program.

Tangye commented Community Paramedics are two year.

Justin commented that we would continue to work towards the goals of the ET3 program. This has not been put to bed, just that we cannot do it right now.

Shannon asked if this could be put on the Strategic Plan committee. Tangye commented yes.

7. NEW BUSINESS

A. Election of Board Officers to take effect at the Regular Board meeting in November 2019. As per Board policies and procedures Board officers are elected every year.

Shannon asked Mark if he would like to be Chair and he replied yes. Shannon made a motion to nominate Mark and Tangye seconded. Shannon called for a vote; motion carried 5-0.

B. Public Discussion/possible motion/action on Capital Improvement Plan for measure to determine potential capital improvements for capital improvements for strategic plan. The board will decide, take action and possible motion on having a committee for this or have the strategic plan committee determine this. If the board makes a motion and approves the motion, the plan will be submitted to board for approval prior to use in the Strategic plan.

Mark made a motion to have the Strategic Plan Committee do the Capital Improvement plan and Tangye seconded. Shannon called for a vote. Motion carried 5-0.

C. Public Discussion/Possible Motion/Action on allowing Chief Austin and Mechanic Judith Lawson to go inspect an ambulance prior to purchase under the CDBG grant to allow for airline tickets, motel room, meals, rental car, etc. The board will decide if they agree to expenditures do, they want to put a maximum amount and how many places he can go.

Justin made a motion to allow a maximum amount of $5,000 and Beth seconded.

Shannon called for a vote; motion carried 5-0.

8, CALL TO PUBLIC

Nathan Lewis commented that they would be starting an EMR program and would be starting an EMT program as well as a paramedic program.

8. ADJOURMENT

Beth made a motion to adjourn and Tangye seconded.

Shannon called for a vote. Motion carried 5-0

Shannon adjourned the meeting at 10:07 AM

The Next Meeting will be November 18, 2019 at 9:00 AM

November 18, 2019

Mark Wiley, Chair

Tangye Beckham, Clerk