THE ACTION PROGRAM:
Connecting Patients with Appropriate Care through Medical & Social Services

Paige Parish, LICSW
Bob McKinney, PhD, LICSW
Since its creation, Emergency Medical Services (EMS) have largely been considered and funded as a transportation system for people suffering from medical and trauma conditions.

**Problem:**
Potential patients, citizens of the community do not always use Emergency Services (911) for true emergency situations.

**Need:**
- Appropriate, accessible treatment for citizens
- Affordable care services
- Linkage to services to assist with community deficits
- Strengthen current social services

**Tuscaloosa’s Response**
- Appropriate Response (AR) Units in 2014
- Emergency Medical Services Prevention (EMSP) Program in 2015
- Community Prevention and Education Programs in 2016
- ACTION Program in 2017
Chief Randy Smith
Tuscaloosa Fire & Rescue Services

Dean Ricky Friend
University of Alabama, College of Community Health Sciences; University Medical Center

JOINT STEERING COMMITTEE

TFRS
Chief Randy Smith
Dr. Elwin Crawford, Regional EMS Director
Chief Chris Williamson, Deputy Chief of Logistics
Chief Chris Holloway, EMS Chief & Program Manager
Lt. Blake Squires, QA/QI & EMS Prevention
Glenda Webb, JD; City Attorney

UMC
Dean Ricky Friend, MD
Dr. John Higginbotham, PhD; Senior Associate Vice President Research
Dr. Martha Crowther, PhD; Associate Dean of Research Health Policy
Dr. Thomas Weida, MD; CMO
Dr. Bob McKinney, PhD, LICSW
Paige Parish, LICSW, Program Coordinator

Program Coordinator
Paige Parish, LICSW

EMS Prevention
+ MSW
+ Social Work Interns

Follow Up Services
+ Nurse Practitioner
+ MSW

Mental Health Response
+ Clinical Psych GRAs (4)
+ Clinical Supervisor

Social Work Hub
+ ACTION Team
+ Additional Community Organizations
+ TFRS Shifts

Medical Response
+ TFRS/City Dispatch

Research Lead
Dr. Abbey Gregg, MPH, PhD

TUSCALOOSA FIRE & RESCUE ACTION
in partnership with
THE UNIVERSITY OF ALABAMA

Medical Response
+ TFRS/City Dispatch
QUESTIONS
YEAR ONE

Tuscaloosa Fire & Rescue Services

Chief Alan Martin

University of Alabama, University Medical Center

Dr. Ricky Friend

Joint Steering Committee

TRFS:
- Chief Alan Martin
- Dr. Elwin Crawford
- Chief Chris Williamson
- Chief Chris Holloway
- Lt. Blake Squires
- Glenda Webb, JD

Northstar Emergency Medical Services

UMC:
- Dr. Ricky Friend
- Paige Parish, LICSW
- Dr. Martha Crowther
- Bob McKinney, LICSW, PIP
- Dr. Thomas Wadla
- Dr. John Higginbothem

Program Coordinator
Paige Parish, LICSW

EMSP Team & Social Work Interns
Lt. Blake Squires

Nurse Practitioner
Reid Galyon, MSN, FNP-BC, RN, CCRN, EMT

Clinical Psychology Graduate Students

Medical Doctor
Fire Fighter
Private Ambulance Company
Social Work
MPH
Student Worker/Intern
Lawyer
Nursing

Research Lead
Dr. Abbey Gregg
| Medical Response | Mental Health Response | Action

### YEAR ONE

| - 32 hours per week | - 40 hours per week; typical business hours |
| - 4 Clinical Psych GRAs | - Documented 6 eligible patients per shift; 2 runs per day and 1 patient per week |
| - Clinical Oversight | - Average of 4-6 patients per month |

Provide alternative mental health services in conjunction with TFRS Alternative Response Unit (AR) which includes one paramedic and a basic EMT.

Goal: Link patient to alternate, appropriate mental health services. Divert from ED if possible.

| - Odd hours, didn’t capture the peak mental health crisis hours | - 40 hours per week |
| - Strict inclusion/rule-out criteria | - Team of one Social Worker (MSW) + Social Work Interns (both BSW & MSW) |
| - Students | - Work closely with TFRS to identify patients |
| - Hours of clinical supervision available | Provide short term case management services to identified, consenting patients. |
| - Paperwork | Goal: Provide patients with case management services in an effort to decrease low-acuity or multiple emergency calls. |
| - Documentation access | + Estimated payment savings of $2500 per patient |
| - Fire department culture, specifically gender | + As the program progressed, frustration built and patient response and numbers decreased |
| - Lack of TFRS training or buy-in | + Qualitative Report |

+ 2 patients per month
+ Estimated payment savings of $2500 per patient
+ Research & Student Opportunities

+ 40 hours per week; typical business hours
+ Documented 6 eligible patients per shift; 2 runs per day and 1 patient per week
+ Average of 4-6 patients per month
+ Provider experience
+ Lack of TFRS training/buy-in
+ Lack of access to patients, specifically via dispatch

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+ Estimated payment savings of $2500 per patient
+ As the program progressed, frustration built and patient response and numbers decreased
YEAR ONE

NEGATIVE

1. Lack of Planning
2. Lack of Leadership
3. Little to no TFRS buy-in
4. Staff experience
5. Procedure confusion
6. Interdisciplinary team communication
7. Agency leadership transition
8. Allocation time restrictions
9. Allocation requirements

POSITIVE

1. TFRS Focus Groups
2. Community Focus Groups
3. Qualitative Medical and Mental Health information
4. Presentation opportunities
5. Prepared for ET3 Roll-Out
6. Identified infrastructure barriers
7. Assisted TFRS in software and training to eliminate barriers
8. Provided City and TFRS with data and information
9. Improved delivery of services through ACTION and TFRS
10. Prepared for future agreements
QUESTIONS
YEAR TWO
CURRENT YEAR
Medical Response

Identified Problems
1. High Acuity Patients
2. Lack of Leadership
3. EMS Prevention
4. Uncaptured Services
5. TFRS Buy-In
6. Timeline for EMD Services
7. Community Education & Program Recognition

Proposed Solutions
1. Set Up Leadership
2. Begin partnering with hospital on post-discharge planning
3. Qualitative Records
4. TFRS involvement
5. Put Medical Response on hold
6. Get into the community more

Mental Health Response
<table>
<thead>
<tr>
<th>Mental Health Response</th>
<th>Follow Up Services</th>
<th>EMS Prevention</th>
<th>Social Work Hub</th>
<th>Medical Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 32 hours per week</td>
<td>- 40 hours per week</td>
<td>- 40 hours per week</td>
<td>- Approximately once a month for a half day</td>
<td>- Currently ongoing</td>
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<tr>
<td>- 4 Clinical Psych GRAs</td>
<td>- One Nurse Practitioner + Social Worker (MSW) team</td>
<td>- Team of one Social Worker (MSW) + Social Work Interns (both BSW &amp; MSW)</td>
<td>- ACTION Team + TFRS Firefighters</td>
<td>- Tuscaloosa City and County Dispatch Center + Northstar EMS + ACTION JSC</td>
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<td>- Clinical Oversight</td>
<td>- Work in conjunction with the hospital</td>
<td>- Work closely with TFRS to identify patients</td>
<td>- Additional Community Service Organizations as appropriate</td>
<td>Currently in progress as Tuscaloosa Dispatch works to install and implement validated Emergency Medical Dispatch system. “Go Live” date is estimated at July 27, 2019.</td>
</tr>
<tr>
<td>Provide alternative mental health services in conjunction with TFRS Alternative Response Unit (AR) which includes one paramedic and a basic EMT.</td>
<td>Provide post-discharge follow up services to high risk/high needs patients.</td>
<td>Provide short term case management services to identified, consenting patients.</td>
<td>Pop-up, on the spot social service referrals as requested by community members.</td>
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<td>Goal: Link patient to alternate, appropriate mental health services. Divert from ED if possible.</td>
<td>Goal: Provide patients with appropriate services in an effort to keep them from preventable readmissions, specifically readmissions caused by social barriers.</td>
<td>Goal: Provide patients with case management services in an effort to decrease low-acuity or multiple emergency calls.</td>
<td>Goal: Link and educate high-risk/high-need communities with local social services.</td>
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| - Provide a services at 80% of mental health responses/evaluations  
- TFRS Buy-In  
- Innovative in program development and advocacy  
- Chance to present on program at NACCHO; Gerontological Society of America; American Public Health Association | - In approximately five months, over two hundred patient referred and 60 opened  
- Many who are underinsured or uninsured  
- Home based services  
- Attempt to resolve and remove barriers to care  
- Patient education  
- 40 complete “successfully” (more than 30 days post-discharge with no readmit) | - Since January 2019-present: Grew from 4-35 active patients.  
- Open 4 new patient per week.  
- Served approximately 70 people.  
- Two Social Work students per semester  
- TFRS buy-In and open communication | - One per month (5 total in 2019)  
- Served approximately 200 community members with an average of 2 referrals per person per Hub  
- Common Referrals: food, clothing, housing  
- “One stop shop” referrals: no follow up, no referrals that require a follow up or second party  
- Partner with TFRS at every Hub  
- Community Recognition of ACTION  
- Partner with other community organizations as needed | - Paved the way for ET3 discussions  
- Opened doors for partnerships between UMC and TFRS beyond two year funding  
- Encourages TFRS to be innovative and creative in problem solving and service provision in the future. |
QUESTIONS
The Future of ACTION
1. Funding
2. Transition of services
3. Future Partnerships between TFRS and The University
4. Opportunities for Partnerships
   1. Medicare Primary (52%)
   2. Self Pay Secondary (26%)
   3. Increased opportunities for care
   4. Patient education
   5. Patient Advocacy
      - Health Department
      - Hospitals
      - ET3
1. University Medical Center has practices in three counties:
   1. Tuscaloosa (15/67)
   2. Pickens (42/67)
   3. Marengo (50/67)
2. UMC is responsible for the 3rd and 4th year education of University of Alabama School of Medicine Students
3. UMC has the nation’s 3rd largest Family Medicine Residency Program
4. Chronic Illness + Social Barriers to Care
QUESTIONS

Paige Parish
Bob McKinney

sppparish@ua.edu
rmckinney@ua.edu