**Paramedicine Policy Change**

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The town of Bartlett, Texas was founded in 1881 as a hub for the cotton railway industry (Odintz, n.d). A rural community, it lies between Bell and Williamson counties, split by highway 95, about fifty-five minutes by car from Austin to the North and thirty-five minutes from Temple to the South. Only 1.23 square miles, this small town contains mostly farmland, a few churches, a gas station, post office, and miscellaneous local businesses (Data USA, n.d.). Many of the houses and buildings still have the same infrastructure, plumbing, and electricity, and require upgrades and maintenance to promote safety as well as raise property values.

There is a lack of primary care, public health, and preventative services within the community borders, which contributes to the impoverished and underserved status of the community. Residents are forced to call volunteer emergency services or travel close to 35 miles to receive emergent and routine healthcare. The purpose of this paper is to promote the adoption of a state-wide policy that will expand Medicaid managed care and provide beneficiaries access to paramedicine services. The proposed policy will not only provide access to needed care for the community of Bartlett, but rural communities and underserved populations across Texas.

**Description of Current Issue**

The issue of scarce primary care, public health, and preventative services within Bartlett has led to declined health autonomy of community members and exhaustion of volunteer emergency response services. Insufficient industry within the town contributes to the impoverished status of community members, making it difficult for them to pay for services (Data USA, n.d.). Additionally, the town struggles to compete with nearby bigger cities to receive adequate state and federal funding, including grants, to implement necessary changes and improve healthcare options. According to the mayor, this is majorly due to the fact that Bartlett lies between both Williamson and Bell counties. The dual county township forces community officials to work twice as hard when trying to implement changes and add services that will benefit all Bartlett residents.

Most Medicaid recipients in Bartlett, and in Texas overall, currently receive coverage through the STAR managed care program. Benefit options vary based on plans chosen but can include things like routine doctor and dentist check-ups, prescription drugs, lab tests and X-rays, hospital care, and vaccines (Texas Health and Human Services, n.d.). These options all require beneficiaries to travel or be transported to the location where the service is provided. Many Bartlett community members are not able to drive or can’t afford transportation for routine health maintenance, filling prescriptions, or diagnostic testing. Due to the far location of basic health resources, increased aging population in Bartlett, and impoverished status of many residents, current Medicaid state policies require additional amendments to adequately service rural populations and meet the needs of the people where they are.

If the issues described above are not addressed, the community members of Bartlett will continue to rely on and exhaust volunteer emergency services for controllable symptoms of chronic diseases such as hypertension and diabetes. Early detection and prevention of illness, effective maintenance of health, and management of chronic diseases will continue to be a struggle for this community whose members do not have convenient access to care. Without improved access to healthcare, the overall health status of Bartlett will continue to be poor.

**Description of Policy Solution**

The residents of Bartlett, TX need improved access to basic healthcare services. A policy that would enable current Medicaid beneficiaries to receive expanded paramedic services including primary and preventative services would benefit the community by bringing quality healthcare services to them. Current Texas legislative action is being taken by Republican Senator Lois Kolkhorst who proposed Senate Bill 2028 in March of 2021. The bill includes legislation that would provide flexibility for emergency medical providers and response teams to provide care to Medicaid recipients following service calls (S.B. 2028, 2021). This would reduce the number of avoidable transports and unnecessary hospitalization of community members for basic primary care needs. Additionally, local volunteer EMS responders would not be overwhelmed with minor calls and be able to promptly respond to major calls if needed.

The recommended policy change is aimed at increasing the availability of paramedics and paramedicine services to Medicaid beneficiaries within the town so that more trained medical professionals can go out to the community and provide adequate primary and preventative healthcare services. Paramedicine has the unique advantage of bringing mobile providers to deliver high quality healthcare to communities (Myers et al., 2020). Passage of Senate Bill 2028 would be especially beneficial in rural communities such as Bartlett. Similar programs have been implemented in Canada, and the flexible extension of primary care was noted to be a cost-effective tool in care provision. A dramatic decrease in utilization of hospital emergency departments and avoidable inpatient care admissions was noted when their community paramedicine program was implemented (Nolan et al., 2018).

Similar findings and a decrease in the number of non-emergent 9-1-1 calls after implementation of this policy are expected. This will be measured by comparing the number of non-emergent 9-1-1 calls within the first year of using paramedicine to the previous year where there was no paramedicine. Evidence of a decrease in the number of non-emergent calls with the new policy implemented is the goal.

A similar policy was introduced as a pilot program in Dallas, Texas in 2014 which involved firefighter-paramedics making house calls in an effort to reduce the amount of 9-1-1 calls for non-emergencies. The pilot program, known as the Mobile Community Healthcare Program, has helped to fill gaps in healthcare access in the Dallas area. Since its implementation, 9-1-1 calls by patients in the Mobile Community Healthcare Program have been reduced by 82 percent. The program also reduced the number of patients utilizing emergency departments for primary care (Jeter, 2016).

To measure the proposed solution, one goal is to see a significant reduction in 9-1-1 calls used for non-emergencies within the first year of implementation. The amount of reduction would need to be statistically significant in comparison to the number of 9-1-1 calls for non-emergencies in the entire year prior to implementation. This should be attainable if there is high awareness about the new policy among community residents, which could be achieved through advertising throughout locations in the community where there is a high flow of residential traffic, such as the local grocery store or post office.

**Conclusion**

In conclusion, insufficient access to primary care, public health, and preventative services within Bartlett, TX is reflected in the community’s lack of individual health autonomy and overuse of local emergency medical personnel for minor injuries or issues. The town needs access to these services in order to promote and preserve the health status of its community members. Adoption of the proposed Texas Senate Bill 2028 would provide opportunity for Medicaid beneficiaries to receive more primary healthcare services through the use of community paramedicine. Other communities in Texas have benefited from similar programs and initiation in the rural town of Bartlett could reduce the incidence of unnecessary 9-1-1 calls and prevent avoidable hospital transports for things that can be addressed within the community.

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