
City, UA team up on new medical aid program, aiming to cut health costs

By Jason Morton / Staff Writer

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An ambitious new medical program aimed at reducing costs while improving patient care is set to be launched later this year by the city of Tuscaloosa and University of Alabama.

The city and UA's College of Community Health Sciences are gearing up to launch a paramedicine program -- the first of its kind in Alabama -- with the intent of treating certain patients in their homes.

Tuscaloosa Fire and Rescue Chief Alan J. Martin said the program is aimed at "low acuity" patients, like those who call 911 over a nose bleed, stomach ache or flulike symptoms, for example.

Nurse practitioners and, possibly, physician assistants will ride with fire department first-responders on these calls and offer treatment at the patient's residence.

This will eliminate the need for an ambulance ride and emergency room visit, "which is the most costly way of treating these type of patients," Martin said.

"I think once the other insurers see the cost savings, I think they'll be interested in expanding the program a little bit," Martin said.

Funded with a \$500,000 allocation through Medicaid by the Alabama Legislature, the program will use employees through the Department of Family and Internal Rural Medicine, a division of UA's College of Community Health Sciences, to provide the care.

The Tuscaloosa City Council is expected to approve a memorandum-of-understanding with UA during Tuesday's meeting. This will allow preliminary work to get under way before Oct. 1, when the state funding is expected to be available.

Martin said he hopes that the city and UA can provide some initial funding before then in order to generate as much data as possible before the Alabama Legislature convenes in February.

He anticipates the city and UA will again seek funding to continue the program next year.

The paramedicine program is being modeled on a similar program in Arizona. A key difference, though, is that the Arizona example does not have a university as a partner.

But based on the preliminary findings from the Arizona model, the medical cost savings could be \$6 for every \$1 that's invested, said Richard D. Friend, chair of the Department of Family and Internal Rural Medicine.

Friend is serving as the co-director of the paramedicine program alongside John Higginbotham, chair of the UA's Department of Community Rural Medicine. He said the program also will use a full-time social worker and clinical psychologist to study the results and offer assistance on managing the nearly 30 percent of low acuity calls that are related to mental health.

"We feel like putting a licensed provider on the low acuity Tuscaloosa Fire and Rescue unit will allow us to intervene and treat many of these patients on the scene," Friend said. "We really want to have an impact on the community."

This isn't the first time UA and the city have teamed up to improve patient care in Tuscaloosa.

Last year, the University of Alabama School of Social Work and the city of Tuscaloosa partnered on an EMS Prevention Program, which helps residents identify and use the proper community resources in order to lessen the frequency of non-emergency calls to 911.

Of the estimated 11,000 to 12,000 medical calls into 911 each year, at least 25 percent of those are considered low-level emergencies, such as toothaches or sinus infections.

It's not uncommon for these calls to come from those who don't have easy access to primary care, so they use the 911 system for care.

The EMS Prevention Program was an expansion of the Tuscaloosa Fire and Rescue Service's efforts in 2014 to address these calls with its own program, which resulted in a reduction of non-emergency calls by about 50 percent.

That year, the fire department also rolled out an alternative response unit, an SUV staffed by one firefighter-paramedic who responds to calls that aren't life-threatening.

This also serves to free up fire crews for critical calls, such as fires and cardiac arrests.

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