

# Memorandum



DATE May 1, 2017

TO Honorable Members of the Public Safety Committee:  
Adam Medrano (Chair), B. Adam McGough (Vice Chair), Sandy Greyson, Tiffinni A. Young,  
Jennifer S. Gates, Philip T. Kingston

SUBJECT **Mobile Community Healthcare Program (MCHP)**

On Monday, May 8, 2017, you will be provided with an update on the Dallas Fire-Rescue Department's MCHP by Deputy Chief George Gamez and Medical Director S. Marshal Isaacs, MD. The briefing materials are attached for your review.

Please contact me if you have any questions or need additional information.



Eric D. Campbell  
Assistant City Manager

[Attachment]

cc: Honorable Mayor and Members of the City Council  
T.C. Broadnax, City Manager  
Larry Casto, City Attorney  
Craig D. Kinton, City Auditor  
Rosa A. Rios, City Secretary  
Daniel F. Solis, Administrative Judge  
Kimberly Bizzor Tolbert, Chief of Staff to the City Manager  
Majed A. Al-Ghafry, Assistant City Manager

Raquel Favela, Chief of Economic Development & Neighborhood Services  
Jo M. (Jody) Puckett, P.E., Interim Assistant City Manager  
Jill A. Jordan, P.E., Assistant City Manager  
Joey Zapata, Assistant City Manager  
M. Elizabeth Reich, Chief Financial Officer  
Alan E. Sims, Interim Chief of Community Services  
Theresa O'Donnell, Chief of Resilience  
Directors and Assistant Directors

# **Mobile Community Healthcare Program (MCHP)**

**Public Safety Committee  
May 8, 2017**

**George Gamez, Deputy Chief  
S. Marshal Isaacs, MD, Medical Director  
Dallas Fire-Rescue Department  
City of Dallas**



# Objectives

- Provide an overview of Dallas Fire-Rescue's Mobile Community Healthcare Program (MCHP)
- Give an update on the program's accomplishments to date
- Discuss the program's future

# Why Develop A Mobile Community Paramedic Program?

- To benefit patients, the City of Dallas and Dallas Fire-Rescue
- Principles of healthcare reform (Triple Aim Initiative)
- Improving the patient experience (quality and satisfaction)
- Improving the health of populations and reducing the per capita cost of health care

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# History & Current Status

- First Client Contact: March 19, 2014
- First Client Enrollment: March 24, 2014
- 10 Mobile Community Health Paramedics (MCHP)
- 4 Programs to date



# Phase I

- Focus on 'High Frequency Patients' (HFP)
- Provide patient navigation, advocacy and education services and assess clients' medical and psychosocial needs
- Empower clients to better manage their own health/support needs and bridge the gap between social services agencies, mental health agencies, hospital programs and the patient

# Phase I, Cont.

- Reduce the clients' need to access 9-1-1 services and hospital emergency services to avoid the most expensive form of transportation to the most expensive place to receive medical care
- To decrease episodic care for a monitored care through a primary care physician
- Increase independence on healthcare management

# Phase I, Cont.

Since the inception of the program:

- Demonstrated a significant (>70%) reduction in 911 calls for carefully selected high frequency patients
- Less success for patients with severe behavioral health issues and non compliant alcohol and substance use disorders
- Our hospital partners recognized the potential benefits to their patients and reducing penalties for readmission

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# Phase II - Programs

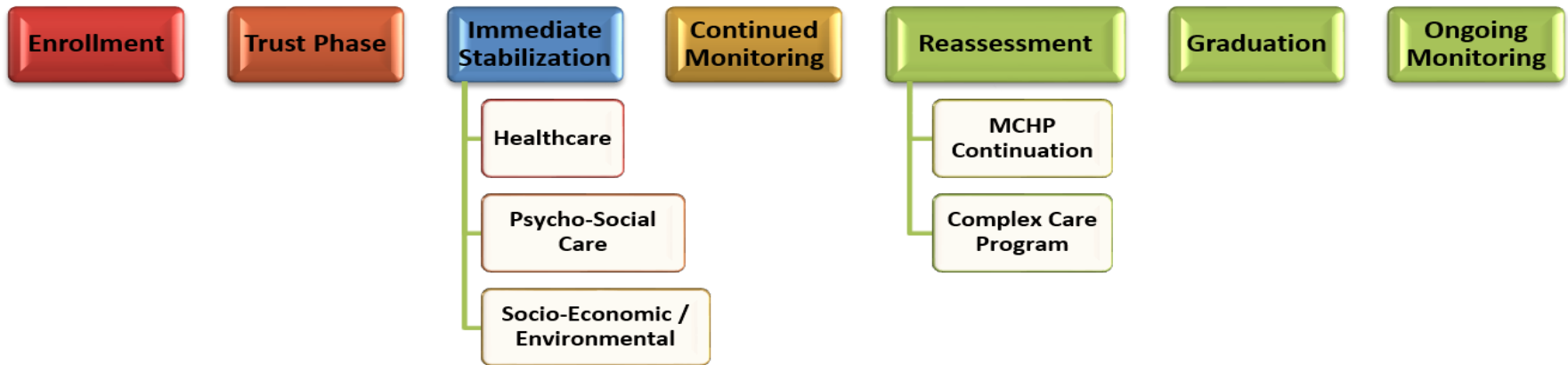
- High Frequency Program (HFP)
- Texas Health Resource (THR) Presbyterian: COPD
- Clements University Hospital-HFP
- Network Access Improvement Program (NAIP)

# Who are our patients?

- First client contact: March 19, 2014
- Average age: 57
- Racially and geographically diverse
- Multiple medical conditions and medication issues
- Mental health and substance abuse issues



# What do MCP's do?



# Program Benefits

- Improves the health and lives of the individuals
- Proactive rather than reactive
- Develops partnerships and bridges gap between various community agencies
- Demonstrates leadership in healthcare advocacy by Dallas Fire-Rescue and the City of Dallas



# Benefits to the City

- Improves the health and access to healthcare for underserved populations in Dallas
- Improves the relationship between the City of Dallas, Dallas Fire-Rescue, the citizens and other community agencies of Dallas

# Benefits to the City, Cont.

- Decreases the utilization of fire department resources in responding to high frequency patients and others enrolled in hospital programs
- Improves the morale of firefighters and paramedics who see a benefit from the program

# Next Steps

- Data analysis
- Community education
- Expand hospital programs
- Continue run reduction
- RIGHT Care Program



# Thank you to our community partners



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