

Wauconda Fire Protection District
Patrick Kane, Fire Chief/Erik Christensen, Medical Officer
109 W. Liberty Street
(847) 526-2821

Kane@waucondafire.org/echristensen@waucondafire.org

“The Mission of the Wauconda Fire District is to Faithfully Serve our Community through Emergency Response, Education, Prevention, and Social Interaction.”

Wauconda Fire Protection District, in direct partnership and collaboration with our regional partners has performed needs assessments based on repeat patient population data and populations who are at highest risk for deteriorating quality of life due to chronic health conditions. We have identified these populations served who are underserved or most at risk for detrimental effects due to chronic and declining health. These needs assessments have been performed in coordination with local area hospitals as well as public health departments to identify patients who are chronically ill who also rely on the 911 system and hospital emergency departments to provide their only level of primary care.

Presently, our at-risk population are patients who are Medicare age (age 65), or soon-to-be Medicare age which is 60 years or older. Based on the data collected from our fire department partners, approximately 50% of all emergency medical service calls are for patients over the age of 60. These patients typically begin to experience chronic health conditions or these chronic health conditions begin to take a toll on the patient’s quality of life. The impact on the quality of life is detrimental and often include frequent trips to emergency departments and impacts on physical independence and the ability to live within their own home. This demographic continues to expand and thus creates a greater demand on existing services. Importantly, there is a projected shortage of 150,000 physicians by the year 2027 (Global

Healthcare Staffing Market (2020 to 2027) - Size, Share & Trends Analysis Report, APNews). This is substantial, considering that the last baby boomer will be turning 65 in the year 2030. This is just one example of how the current healthcare gap is anticipated to get worse. How will this healthcare gap be filled when the demand for service is projected to rise?

Equally as important is that the current 911 system and emergency departments are not adequately designed to treat patients in the long-term for chronic care conditions. The immediate focus is acute stabilization and appropriate discharge from the hospital. Depressingly, these patients are discharged with minimal long-term mitigation approaches for their chronic health problems. It is not uncommon that in the weeks, days, or sometimes hours after discharge, patients find themselves calling 911 and are admitted in the emergency department again. They are then discharged and the cycle repeats itself and no one is any better for it.

Up until the last 4 ½ years, the fire service as a whole has taken a wait-and-see, reactive approach. Starting in 2018 into present day, the fire service has understood the toll of chronic health ailments on our patient population and the effects it has on demand for emergency services. Most importantly, it has become a community service and value proposition assessment. What has become increasingly understood is the demand on emergency services for patients who are chronically ill and the glaring lack of longitudinal care for these patients in the prehospital setting. As a result of this gap, more and more patients are relying on 911 services to provide even the most basic levels of care in conjunction with hospital emergency departments.

Because these patients are stabilized or treated acutely, patients are then discharged home only to find themselves back into the hospital, hours, days, or weeks later for the same or similar problem. Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) has the

capability of identifying these vulnerable populations through 911 data and care coordination from hospitals, skilled nursing facilities, and primary care physicians and intervene in a proactive and preventative manner. We do this by turning the traditional 911 model upside down by identifying at-risk populations, providing early intervention through care coordination, and providing other available community resources to provide an encompassing level of resources and outreach for the long-term that allows patients to maintain appropriate levels of independence and improved standards in their quality of life.

Our strategies for identifying need and community input is a multi-faceted approach. First, we use our 911 data that is available only for 911 agencies to identify trends as well as patient populations most at risk. Then we identify the co-morbidities that effect this patient population. Secondly, we have partnered with many public, non-profit, and charitable agencies who specifically work with our at-risk populations to identify and target their needs. For instance, a charitable organization Elderwerks, specifically provides targeted social services for our senior population. We are directly partnered with them, as well as others to expand our community outreach and gather input on this service.

Our partnerships are at the public, private, non-profit, and not-for-profit levels. We are directly partnered with 5 other fire departments, the Lake County Health Department, 3 area hospitals, as well as primary care physician groups. Our five fire department partners include: The Greater Round Lake Fire Protection District, The First Fire Protection District of Antioch, Libertyville Fire Department, Mundelein Fire Department, and Countryside Fire Protection District. Additionally, we have identified skilled nursing facilities and primary care physicians who may be able to refer patients to the program when appropriate. Furthermore, we have

expanded conversations with health insurance providers to help identify at-risk populations as well as discuss reimbursement over the long-term.

Our community-oriented approach comes from multiple sources. First and foremost, the fire service and 911 agencies by their design are community-oriented organizations. We provide critical infrastructure services in every community large or small and are available 24 hours a day, 7 days a week, 365 days a year and respond to any literal or perceived emergency. Mobile Integrated Healthcare-Community Paramedicine is a slightly different approach to community interaction because these visits would be on a scheduled, non-emergent basis and is directly a care coordination effort amongst several parties related to that specific patients care.

Because this program is relatively new in the state of Illinois, funding for our program is 100% grant based. To date, 100% of our funds have come from both public and private grant funds primarily from Lake County, Illinois based organizations. We have attempted to receive public funding from different government organizations but have so far have had limited success due to the small amount of funds available in relation to the number of applicants. Additionally, we have ongoing discussions with health insurance providers as well as local legislators to establish long-term sustainability through billing mechanisms. These conversations have been productive but are generally slow moving and can become stagnant during election cycles or the current political climate and legislative changes that occur. Because we are an emergency organization, our budget is geared towards providing emergency service and thus no money has been appropriated for this service due to financial constraints. However, we now have established contractual obligations for the dedication of funds towards MIH-CP programs once certain implementation criteria are met.

We are graciously requesting funds for this implementation from the Washington Square Health Foundation so we can implement this desperately needed program. For 4 ½ years, our belief and vision has remained consistent. The demand for 911 services for patients who are chronically ill continues to grow year after year with no signs of slowing down. We continue to anticipate 5-10% growth in call volume in the coming years due to dwindling healthcare resources and an aging population with chronic health problems. In an effort to leverage resources in the prehospital healthcare space, we believe MIH-CP will play a crucial role in minimizing the gaps in coverage for those who are most at risk. We believe that our long-standing relationships and institutional trust with the community, the partnerships we have formed, and the belief and vision in what we are implementing will allow for a successful program that will positively impact the patients who need it most.

Link: <https://waucondafire.org/public-education/>