ARIZONA TREAT AND REFER PROGRAM:

A monitored, community specific, and clinically grounded effort to enhance the healthcare continuum for Arizonans

EMS Council and MDC Approved: May 19, 2016; Rev 1/3/17

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INTRODUCTION

The purpose of the treat and refer program is to recognize EMS agencies that have demonstrated optimal patient safety and quality of care by matching treatment, transport, and care destination options to the needs of the patient. EMS agencies recognized under this program will have the opportunity to seek cost recovery in the form of billing AHCCCS plan administrators for treat and refer services.

The treat and refer program allows for great flexibility in the variety of diseases and conditions addressed. The focus of this manual is on establishing guidelines for the structure, not scope, of the treat and refer needs of a community.

A recognized treat and refer program will demonstrate executive level support, appropriate competency-based education with a minimum number of required hours, evidence-based protocols, a robust performance monitoring and improvement process, comprehensive data collection, and documentation of follow-up with the individuals served by the treat and refer program. The treat and refer recognition, which must be renewed annually, does not expand the scope of Emergency Medical Care Technicians (EMCT), but instead expands the role of EMCTs in the continuum of community health care.

The role of the Arizona Department of Health Services (ADHS) Bureau of Emergency Medical System and Trauma System (BEMSTS) is to manage and host the treat and refer program. This role is supportive and consists of two focal points:

- Providing a framework for Emergency Medical System (EMS) agencies to document and demonstrate competent, appropriate and high quality treat and refer services provided to beneficiaries;
- Developing and disseminating reports on the practice of the treat and refer program to assist agencies in enhancing service and to create public health reports; and providing the insurer with information sufficiently robust to ensure that beneficiaries receive high quality, cost-effective care.

For the purposes of this manual, a treat and refer interaction is defined as a healthcare event with an individual that has accessed 9-1-1 or a similar public emergency dispatch number, but whose illness or injury does not require ambulance transport to an emergency department

based on the clinical information available at that time. The interaction must include (1) documentation of an appropriate clinical and/or social evaluation, (2) a treatment/referral plan for accessing social, behavioral, and/or healthcare services that address the patient's immediate needs, and (3) evidence of efforts to follow-up with the patient to ascertain adherence with the treatment plan, and (4) documentation of efforts to assess customer satisfaction with the treat and refer visit.

A treat and refer program is defined as a clinical initiative actively managed by an agency's chief executive officer/fire chief and administrative medical director. The initiative must have, at a minimum, the following components:

- Demonstration of organizational support evidenced by attestation of compliance by the chief executive officer/fire chief and administrative medical director;
- Documentation of participating EMS personnel having completed specific education requirements and demonstration of competence pertaining to the locally adopted treat and refer algorithms;
- Documentation that the administrative medical director has undergone specific, supplemental training to provide medical oversight for treat and refer services.
- Standing orders for each complaint or disease process targeted by an agency's treat and refer program, including as a requirement, a standing order for behavioral health assessments and referrals;
- A performance monitoring and improvement plan that includes administrative review of a random sampling of treat and refer interactions to ensure protocol compliance, and the use of a performance measurement tool to monitor program quality;
- Active participation in the treat and refer data registry consistent with data quality and compliance requirements;

- Documentation of efforts to follow-up with each treat and refer patient, ensuring that 100% follow-up is attempted each quarter with a minimum success rate of 30% follow-up achieved.[I]

USING THIS DOCUMENT

This document combines theory, guidance, and documentation requirements. To facilitate the application process, all content describing application requirements are identified by the use of underline.

ACKNOWLEDGEMENTS

This manual is the product of a steering committee representing a broad sector of the Arizona emergency care community, including representatives from the Arizona Ambulance Association, the Arizona Chapter of the American College of Emergency Physicians, the Professional Firefighters of Arizona, the Arizona Fire Districts Association, and the Arizona Fire Chiefs

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[I] Individuals for whom there is no reliable method for re-contacting to conduct a follow-up evaluation are excluded from this measure

Association.

CHIEF EXECUTIVE OFFICER/FIRE CHIEF AND ADMINISTRATIVE MEDICAL DIRECTOR COMMITMENTS

As the treat and refer program chief executive officer/fire chief, it is incumbent on this individual to ensure compliance with all BEMSTS standards for treat and refer program provider status:

- Ensures participant training is at the required BEMST level and strives to complete recommended standards as well;
- Ensures patient care is delivered in consideration of optimal patient outcomes in safe and appropriate settings;
- Ensures that patient follow-up is completed according to agency plan specifics;
- Ensures data submission meets BEMSTS requirements;
- Provides for appropriate resources (personnel and materials) to ensure continued provider status;
- Incorporates strategies to educate the public and other stakeholders about treat and refer services;
- Documents how the treat and refer program will refer individuals to a network provider when that information is available;
- Participates in quarterly performance improvement meetings and works to actively resolve problems as well as recognize successes, both individual and collective;
- Meets and collaborates with regional peers to continually monitor and enhance local treat and refer programs;
- Meets and collaborates quarterly with the administrative medical director to continually monitor and enhance the agency's treat and refer program; and
- Notifies BEMSTS in a timely manner of inabilities to meet treat and refer standards.

The administrative medical director of a treat and refer program is responsible for approving and overseeing the educational and clinical components of patient care including:

- Development of specific training modules for treat and refer program providers;

- Training of treat and refer program providers on initial and ongoing required training standards and strives for completion of recommended standards or designates a qualified alternate for this purpose;
- Development of standing orders (e.g., social, behavioral and physical assessment, plan of care, behavioral health, mode of transport, discharge status, and patient follow-up) for community specific diseases/ disorders;
- Development of documentation standards for care provided, mode of transport, and destination;
- Ensuring that the agency is either (1) successfully submitting to AZ-PIERS V3 using the currently acceptable NEMSIS V3 standard, or (2) able to successfully submit a selected test record via their chosen ePCR software to AZ-PIERS V3. Successful submittal is defined as correctly sending all required data points.
- Demonstrating a Performance Improvement plan and have an active Performance Improvement program;
- Meeting and collaborating with regional peers to continually monitor and enhance local treat and refer programs;
- Counseling care providers about performance in the treat and refer program; and
- Providing remedial training and performance expectations when needed.

The chief executive officer/fire chief and administrative medical director must ensure that BEMSTS application and follow-up documentation provides:

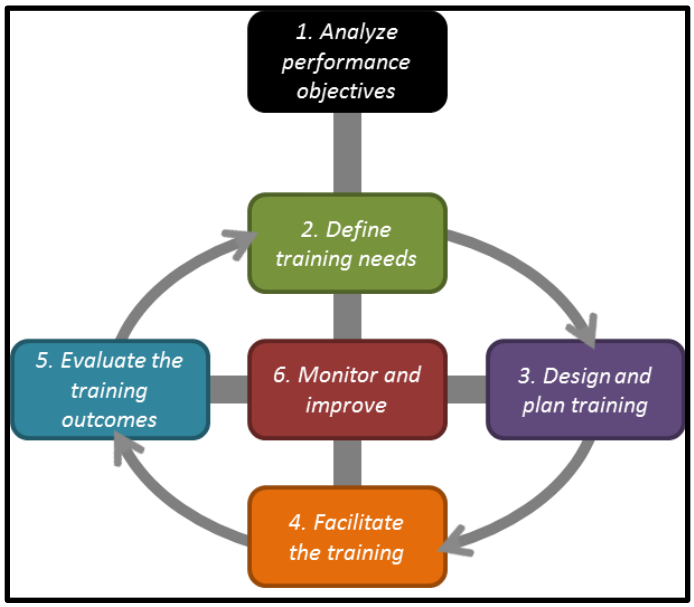
- Attestation of core training of all personnel;
- Scope of program purpose definition;
- How each of the program components will be addressed;
- Performance Improvement management;
- A summary of system resources and full time equivalent (FTE) personnel assigned to the treat and refer program;
- Situational analysis; and

- Community demographics, including information about facilities included in the list of referral choices.

EMCT EDUCATION REQUIREMENTS

To become a recognized treat and refer program, the applicant must document that staff have completed the required initial treat and refer education requirements. Each applicant must also demonstrate completion of additional training and/or competence assessment consistent with the scope of the proposed treat and refer initiative.

While each agency has flexibility to develop and implement a unique program addressing the needs of its community, all applicants must complete 12 hours of initial education (in person, or computer-based) and the program's administrative medical director must ensure that the student has achieved competency of the material. Every year, each student must complete an additional 4 hours of continuing education. This required training can be obtained as part of the EMCT's normal training processes or as a stand-alone training. See **Exhibit 1** for specific requirements. All applicants must also include as a component of their treat and refer initiative, a behavioral health assessment protocol. The behavioral health education is to enable an effective screening of behavioral needs and to facilitate appropriate referral for treatment.



As the treat and refer program is developed, the implementing agency will recognize new skills and behavior needs. The implementing agency can facilitate the learning of these skills through carefully planned program reviews and training sessions. Following a 6-step process will ensure that the new skills and behaviors are engrained under an appropriate scope of practice.

Each treat and refer education protocol should address the domains of Training Goal, Learning Objectives, Learning Methods, Documentation/Evidence of Learning, and Evaluation **Exhibit 1**.

ADMINISTRATIVE MEDICAL DIRECTOR EDUCATION REQUIREMENTS

Because a recognized treat and refer program will operate in a manner distinct from traditional EMS, the steering committee was unanimous in their belief that the administrative medical director should have specific supplemental training addressing treat and refer (aka provider-initiated non-transport) services or community paramedicine practices. All administrative medical directors who are not board certified in emergency medicine or who have not completed an emergency medicine fellowship and that intend to oversee a treat and refer programs should obtain specific education offered by national professional organizations and participate in targeted continuing education on a yearly basis.

This steering committee did not identify a specific qualification requirement beyond what is currently required for Administrative Medical Directors (A.A.C. R-9-25-201).[1]

STANDING ORDER AND PROTOCOL GUIDELINES

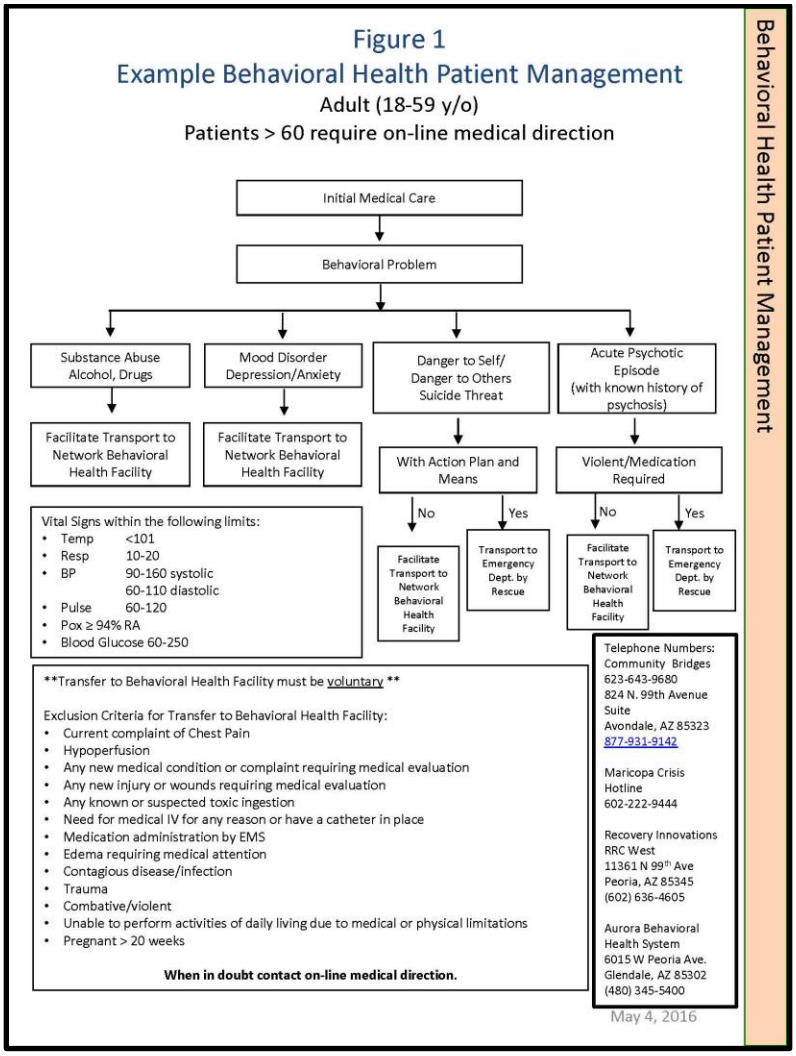
Treat and refer standing orders that guide alternate transport and destination decisions should be consistent with medical necessity and consider patient preference and network provider when the clinical condition allows. Standing orders should strive for regional consistency; however, some variability is expected due to differences in patient demographics, community needs, and the latitude granted by an agency's administrative medical director.

Standing order and protocol design should be flexible and dynamic such that they can evolve and adapt with the changing needs of the community. Standing orders should be evidence-based and address patient complaints or conditions that have significant impact on the community. They must take into account the availability and willingness of alternate clinical services to receive referred patients.

A treat and refer program should incorporate community input and address needs identified in county and community health assessments.[2]

If possible, treat and refer standing orders should be regional in scope, and developed by a collaborative group of healthcare providers and consumers under the direction of the local Administrative Medical Director(s). Offline or standing orders must be conservative in nature and designed to support retrospective performance monitoring. All recognized treat and refer programs must have a standing order for the assessment of individuals suffering from behavioral health emergencies. The purpose of a behavioral health standing order is to guide providers as they screen individuals and consider the most appropriate referral for treatment. See **Figure 1:** Behavioral Health Assessment Protocol, as an example of what the steering committee believes should be included in a protocol.

Figure 1, Example Behavioral Health Patient Management Protocol



PERFORMANCE MONITORING AND IMPROVEMENT PLAN

Today's healthcare environment demands objective, comparative information about the performance of healthcare providers. This demand has created a need for data-driven evaluation processes. The following definition of a performance measurement tool describes the role and value of performance monitoring and improvement in EMS in general and for a treat and refer program in particular.

> *"A performance measurement tool is necessary to allow agencies to (1) determine where they are and establish a baseline performance level according to the indicators; (2) establish goals based on current performance; (3) determine the gap between desired goals and current performance levels; (4) track progress toward achieving goals; (5) benchmark and compare performance between types of system providers; (6) identify problems and causes; and (7) plan for the future.*[3(chap8)]

Each application for recognition as a treat and refer program must contain a performance monitoring and improvement plan. Treat and refer performance should be measured according to indicators of quality, safety and effectiveness that have been established for each protocol used by the treat and refer agency.

The Steering Committee was unanimous in its belief that an organization's Performance Monitoring and Improvement Plan should include a tool to measure general documentation and patient outcome quality. Additionally, each agency should have an audit mechanism in place to identify the percentage of patients that were treated in accordance with protocol and whose plan of care was appropriately delineated. Exception reports and action plans should be generated for all interactions where a patient had a subsequent episode of unplanned acute care within 72-hours of assessment, all episodes of unjustified protocol non-compliance, and all sentinel events.

Using appropriate benchmarks to assess performance will provide continuous measurement of quality in the system; identify areas of excellence; highlight sentinel events; verify effectiveness of a corrective action; and allow comparison of the program to established standards.

Valid and reliable measures will assist the chief executive officer/fire chief and administrative medical director in assessing program capability and efficient and effective use of resources, and ensure quality patient care. Several resources are available for administrative medical directors to develop a performance monitoring and improvement plan, including a recent Office of Rural Health publication.[4–6]

The steering committee recommends that all treat and refer programs critically evaluate structure, process, and outcome measures in their performance-monitoring plan. Measurement should be continuous, practical, non-punitive and should be led by the administrative medical director. The administrative medical director and chief executive officer/fire chief should develop and regularly review a performance-monitoring dashboard.

DATA COLLECTION AND SUBMISSION REQUIREMENTS

The goals for the treat and refer data collection requirements are meant to be reasonable and attainable. Capturing this data will enable development of quality reports for the contributing treat and refer organization to use in their performance monitoring and improvement activities. Creation of aggregate public health reports describing the nature and frequency of treat and refer activities will enable treat and refer organizations, AHCCCS and ADHS to ensure that beneficiaries receive high quality, safe, and cost-effective care.

All recognized treat and refer programs must collect and submit data to the Bureau of EMS and Trauma System following the AZ-PIERS v3 data standard.[7] Data must be submitted quarterly and must meet data quality and completeness standards developed by the Trauma and EMS Performance Improvement Standing Committee. Timely and continuous data submission that meets established standards of quality and completeness is a requirement for maintenance of program recognition. The AZ-PIERS data dictionary is available on the BEMSTS website.

To be successful, each agency must ensure that sufficient data are collected to properly monitor the performance of the various treat and refer protocols and the providers who operate under them. See **Table 1** for an example of data elements.

PATIENT FOLLOW-UP REQUIREMENTS

The Steering Committee defines a treat and refer interaction in the introduction section of this document. The interaction must include documentation of (1) an approved medical and/or behavioral evaluation, (2) a treatment and/or referral plan for accessing any services that might appropriately address the patient's needs, and (3) follow-up (attempted or actual) with the patient to ascertain adherence with the treatment plan and final outcome, and (4) evidence of efforts to assess customer satisfaction with the treat and refer service.

The Steering Committee believes that patient follow-up is one method to determine the effectiveness of treat and refer programs and interactions. A patient follow-up protocol, used in combination with a performance-monitoring tool and improvement plan is required to adequately understand the impact of a treat and refer program.

To be effective, the methodology used in the follow-up activity must be targeted and strategic. It must synthesize objective information related to the patient assessment as well as the communication and utilization of information provided by the EMCT to the patient. A follow-up process that simply assesses patient satisfaction may offer limited information

Table 1. Example Data Elements

Element ID	Element Description
eRocord.01	Patient Care Report Number
eResponse.01	EMS Agency Number (Not the National Provider
eResponse.02	EMS Agency Name
eResponse.03	Incident Number
eResponse.04	EMS Response Number
eResponse.05	Type of Service Requested
eResponse.07	Primary Role of the Unit
eResponse.15	Level of Care of this Unit
eResponse.23	Response Mode to Scene
eDispatch.01	Complaint Reported by Dispatch
eDispatch.02	EMD Performed
eCrew.02	Crew Member Level
eTimes.01	PSAP Call Date/Time
eTimes.02	Dispatch Notified Date/Time
eTimes.03	Unit Notified by Dispatch Date/Time
eTimes.05	Unit En Route Date/Time
eTimes.06	Unit Arrived on Scene Date/Time
eTimes.07	Arrived at Patient Date/Time
eTimes.08	Transfer of MES Patient Date Date/Time
eTimes.09	Unit Left Scene Date/Time
eTimes.11	Patient Arrived at Destination Date/Time
eTimes.12	Destination Patient Transfer of Care Date/Time
eTimes.13	Unit Back in Service Date/Time
ePatient.13	Gender
ePatient.14	Race
ePatient.15	Age
ePatient.16	Age Units
ePatient.17	Date of Birth
ePayment.01	Primary Method of Payment
eScene.01	First EMS Unit on Scene
eScene.09	Incident Location Type
eScene.15	Incident Street Address
eScene.17	Incident City
eScene.18	Incident State
eScene.19	Incident ZIP Code
eSituation.02	Possible Injury
eSituation.04	Complaint
eSituation.05	Duration of Complaint
eSituation.06	Time Units of Duration of Complaint
eSituation.09	Primary Symptom
eSituation.10	Other Associated Symptoms

for the agency, but does little to inform the administrative medical director as to the medical appropriateness of the treat and refer program. See Table 2 for example follow-up questions related to a behavioral health assessment.

Applicants for recognition must provide evidence of how they will conduct a random sampling of treat and refer encounters each calendar month, collecting data to describe changes, if any, in the patient's clinical presentation because of the treat and refer event. This data must be included in the data submission to the AZ-PIERS database.

Table 2. EXAMPLE Follow-Up Questions for Behavioral Health Assessment Calls	
1	At the time of your 9-1-1 call, would you describe your mental health as poor, moderate, or good?
2	Do you feel that the EMS personnel had sufficient knowledge to help you?
3	Do you feel that the EMS personnel helped you?
4	Did the EMS personnel provide you with advice on receiving help?
5	If yes, to Question 4, did you follow that advice?
6	By the time the EMS personnel left, would you describe your mental health as poor, moderate, or good?

ESTABLISHING TREAT AND REFER RECOGNITION

Application Process - Applicants for recognition as a treat and refer Program must complete and submit the application (**Exhibit 2**) along with all required supporting material. The Bureau of EMS and Trauma System will be responsible for evaluating applications to ensure that they meet required standards and for providing the applicant with clear information about what standards were not met for applications that were not approved.

Maintaining Status

Initial recognition is for 1 year from date of recognition. No sooner than 45 days before the end of the recognition period, and no later than 15 days before the end of the recognition period, an agency seeking to maintain recognition status must submit the following information:

- A letter from the chief executive officer/fire chief and administrative medical director attesting to compliance with the education requirements, data collection and submission requirements, performance monitoring requirements, and patient follow-up requirements,
- Evidence that each EMCT and administrative medical director have completed the required continuing education,

- A copy of current treat and refer protocols.

The Bureau of EMS and Trauma System will review the materials to assess whether the agency continues to meet the data quality, completeness, and timeliness requirements. If the Bureau finds that the applicant meets the recognition requirements, they will be recognized for one year.

Provisional Status

Events beyond the control of an agency, such as failure of its e-PCR system or the loss of a key individual, could cause that agency to become non-compliant with recognition status.

The Steering Committee recognized that offering a temporary, provisional status to an organization that had otherwise been compliant with the recognition standards would best serve the needs of the affected community and the state.

If an agency fails to meet recognition requirements for a quarter, a certified letter will be sent to the chief executive officer/fire chief and the administrative medical director notifying them that they have been placed in provisional status. The Steering Committee agreed that provisional status cannot exceed 6-months, is reserved for agencies that had previously established and maintained recognition for one year, and would require that the organization correct any deficiencies and make a good-faith effort to submit any incomplete data.

As a requirement of provisional status, the chief executive officer/fire chief and administrative medical director must submit a letter describing the nature of the event that caused the organization to lose compliance with recognition status. The letter must also describe the efforts being undertaken by the organization to correct the issue and resolve any incomplete data submission. The Bureau of EMS and Trauma System will consider the application for provisional status and respond in writing to the organization once a decision is made.

Loss of Status

An agency that fails to meet recognition standards at the conclusion of the provisional status period will lose recognition. An agency must wait one year from the date when recognition status is lost to re-apply for recognition.

A loss of recognition does not disqualify an agency from applying for treat and refer recognition again in the future. To apply, the agency must follow the same application process outlined above.

Definitions

Abbreviations

ADHS - Arizona Department of Health Services.

ADLs - Activities of daily living.

ALS - Advanced life support.

AZ-PIERS - Arizona Prehospital Information and EMS Registry System .

BCP- Behavioral care provider.

BEMSTS - Bureau of Emergency Medical Services and Transportation Systems (ADHS).

BLS - Basic life support.

COPD - Chronic obstructive pulmonary disease.

CHF - Congestive heart failure.

CIP - Community integrated paramedic.

ED - Emergency department.

EMCT – Emergency Medical Care Technician.

EMS - Emergency Medical Services.

Encounter – A face-to-face meeting between a member of a recognized treat and refer organization and a member of the public who has accessed services via the 9-1-1 system.

ePCR - Electronic patient care report.

Guidance Document - Administrative guidance is non-binding advice given by an administrative agency to the public regarding how best to comply with a particular law or regulation.

HIE - Health information exchange.

HIPAA - Health Insurance Portability and Accountability Act.

IHI - Institute for Healthcare Improvement.

IHI Triple Aim - A framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance .

by:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

MIHP - Mobile integrated healthcare programs.

PCP - Primary care provider.

Protocol - A set of rules followed by providers such as EMTs or nurses. Often considered to be stricter than a guideline, and to carry more weight with the law.

SSP - Social services provider.

Standing Order - An order that remains in force until specifically changed or withdrawn.

Exhibit 1: Initial and Recertification Education Framework for Paramedics

Patient Transportation	
Training Goal	*Educate the provider of various transportation modalities to ensure the most appropriate method of transport is identified and can be recommended to the treat and refer patient.*
Learning Objectives	**Required for Initial Education (0.5hrs)** • Define and discuss the various patient transport modalities • Identify and discuss the abilities and limitations of each modality • Identify and discuss the medical qualifications for each • Discuss the importance and impact of referring to an in-network provider when that information is available **Recommended for Continued Education (0.5hrs)** • Discuss reimbursement considerations • Demonstrate patient teaching of most appropriate transport method
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Student ride-alongs • Identify and become familiar with transportation resources in the Provider response area. • Limitations and capabilities of each.
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

Transport Destinations	
Training Goal	*Educate the provider of transport destinations to include the emergency department, urgent care, primary care provider, detox centers, dialysis centers, in-patient psych treatment centers, community health centers and treatment at home with follow up from community paramedic.*
Learning Objectives	**Required for Initial Education (1hrs)** • Define and discuss the various transport destinations • Identify and discuss the abilities and limitations of each **Recommended for Continued Education (1hr)** • Demonstrate patient teaching of most appropriate destination for various conditions • Demonstrate use of Physician Finder resources for patients with no PCP or BCP (if available)
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Clinical rotations • Identify and become familiar and patient destination options. • Become familiar with the capabilities and limitations of each.
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area

Patient Risk Assessment	
Training Goal	*Educate the provider to assess the patients living environment for immediate risks to patient's health, safety and well-being.*
Learning Objectives	**Required for Initial Education, (1hr)** **Required for Continued Education (1hr)** • Demonstrate the knowledge and skills required to properly assess a patient's home environment for safety hazards. • Identify and describe community resources and referral processes available to patient
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies • Clinical rotations
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative Medical Director and peer review feedback will evaluate the providers competence in this area

Medical Training & Education	
Training Goal	*Strengthen the providers existing knowledge base of various disease processes and pathologies to better recognize, correctly treat, and recommend the most appropriate transport disposition and modality through online, offline or telemedicine medical direction.*
Learning Objectives	**Required for Initial Education (3hrs)** • Demonstrate differential diagnosis for illnesses covered under treat and refer algorithms • Successful completion of a behavioral health training to facilitate effective screening and referral • Review of Diabetes, COPD/CHF and the dialysis patient • Broadened review of pharmacology consistent with the treat and refer targets • Demonstrate enhanced patient assessment and communication techniques for explaining transport & disposition menu items to the patient • Demonstrate techniques in motivational interviewing • Demonstrate the "Teach-back" method • Explore techniques in patient activation and engagement • Identify, define and describe BLS and ALS provider roles within treat and refer **Required for Continued Education (1hr)** • Review the history & origin of treat and refer within EMS, to include a broad overview of the treat and refer process for new providers • Review strategies for team-based care principles • Demonstrate understanding of social and economic determinants of health
Learning Methods/Activities	• Didactic instruction, classroom discussions • Oral presentations, role-play scenarios in learning lab simulations • Case studies, clinical rotations, skills lab instruction
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation • Clinical evaluation • Return demonstrations within skills lab
Evaluation	Written, clinical, skills lab and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the provider's competence in this area.

Special Patient Populations	
Training Goal	*Strengthen the providers existing knowledge base of patients of special populations, their specific disease processes, and correctly treat and recommend most appropriate means of transportation for the patient through online, offline protocols and telemedicine medical direction.*
Learning Objectives	**Required for Initial Education (2hrs)** • Assessment of special patient populations and corresponding pathologies • Assessment of the developmentally disabled patient and those requiring chronic-care and their corresponding pathologies • Review of medical technologies: chronic care patients, in-home treatment technologies **Required for Continued Education (1hr)** • Assessment of special patient populations and corresponding pathologies • Assessment of patients suffering from abuse and assault and their corresponding pathologies
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies • Clinical rotations • Skills lab instruction
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation • Clinical evaluation • Return demonstration within skills lab
Evaluation	Written, clinical, skills lab and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers' competence in this area.

Patient Follow-up	
Training Goal	*Educate the provider to the various methods of patient follow-up, its importance, and the specific components required for being a treat and refer provider*
Learning Objectives	**Required for Initial Education (1hrs)** **Recommended for Continued Education (1hrs)** • Patient follow-up thresholds required for treat and refer • Specific data to collect when performing patient following up • Who can perform follow-up within the specific agency participating in treat and refer • How to utilize patient follow-up information to improve the treat and refer program
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

Medical-Legal Considerations, Definitions & Documentation	
Training Goal	*Educate the provider to the legal considerations of treat and refer, clearly define all associated terms and concepts, and review of methods for legally sound documentation practices.*
Learning Objectives	**Required for Initial Education (2hrs)** **Required for Continued Education (1hrs)** • Legal considerations of referring a patient to an alternative destination other than the ED • Legal considerations of transporting a patient in an vehicle other than an ambulance • How treat and refer is one cog of the CIP wheel • Define treat and refer • Review scope of practice and how it pertains to treat and refer patient interactions • Define Treat and Release • Review medical/legal considerations in EMS • Review components of legally sound and accurate patient care reports and charting within the HIE program as it becomes available • Considerations when patients refuse treat and refer plans of care
Learning Methods/Activities	• Didactic instruction, Classroom discussions • Oral presentations, Role-play scenarios in learning lab simulations, Case studies
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

Information Exchange & Collaboration	
Training Goal	*Educate the provider to the necessity of accurate and timely exchange of information for data collection. Educate the provider to accessibility options for information sharing with collaborative partners within the patient's healthcare team while ensuring adherence to HIPPA and other patient centered regulations.*
Learning Objectives	**Required for Initial Education (1hr)** **Recommended for Continued Education (1hr)** • Data collection parameters for treat and refer through ePCR/AZ-PIERS and other data systems (when available) • Overview of Health Information Exchange program (when available) • Importance of collaborating with partners within the patient's healthcare team • HIPAA legislation
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies • Review of ePCR/AZ-PIERS and Health Exchange programs/software
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation • Demonstrated competence in use of ePCR/AZ-PIERS and Health Exchange programs/software
Evaluation	Written and scenario assessment, supervisor, administrative medical director and peer review feedback will evaluate the providers competence in this area.

Public Education	
Training Goal	*Educate the provider to maintain a dialogue with the public of how treat and refer meets the IHI's Triple Aim.*
Learning Objectives	**Required for Initial Education & Recommended for Continued Education (0.5hr)** • Patient education and teaching of various transportation options based on patient condition • Patient education and teaching of various treatment facilities based on patient condition **Recommended for Continued Education (1hr)** • Educating the public on the importance of increased efficiency of patient transports to meet the IHI Triple Aim • State/region wide training packets for physician groups, receiving agencies
Learning Methods/Activities	• Didactic instruction • Classroom discussions • Oral presentations • Role-play scenarios in learning lab simulations • Case studies
Documentation / Evidence of Learning	• Written assessments • Scenario evaluation
Evaluation	Written and scenario assessment, supervisor, administrative Medical Director and peer review feedback will evaluate the providers competence in this area.

Recommended Education Framework for Administrative Medical Directors	
Training Goal	Educate the administrative medical director of the need for increased involvement and oversight of agencies providing treat and refer services. Explore online medical direction, offline protocols, and telemedicine opportunities as they become available.
Learning Objectives	Supplement current medical direction knowledge base with special focus on the following topics: • Healthcare Equity • Improving Patient Activation and Engagement • Medical research on alternate destination selection, safety, and economics • Healthcare literacy • Team-Based care principles • Social and economic determinants of health • Characteristics of frequent users of the healthcare system Attend one (1) NAEMSP Medical Directors course for new Medical Directors
Learning Methods/Activities	Recommended: • Synchronous and asynchronous accreditation courses • NAEMSP Medical Direction course Alternatives: • Suggested readings • FEMA USFA Medical Directors Handbook
Documentation / Evidence of Learning	Documentation of EMS Board Certification or of Emergency Medicine Fellowship; Statement of attestation on file with AZDHS/BEMSTSS

Exhibit 2: Application

To apply for Bureau recognition, please complete and email this application to hardend@azdhs.gov or mail to:

Bureau of EMS and Trauma System (Bureau)
150 N. 18th Ave. Suite 540
Phoenix, AZ, 85007
Attn: Dr. David Harden, JD, NREMT

Please provide ALL requested information. Applications will not be considered unless all required information is included.

ARIZONA DEPARTMENT OF HEALTH SERVICES PREPAREDNESS	**BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM TREAT & REFER RECOGNITION PROGRAM AGENCY APPLICATION**

SECTION I. AGENCY INFORMATION							
1	Agency Name						
2	Business Address						
3	Phone Number						
4	Agency URL						
SECTION II. AGENCY SERVICE							
1	Service Level (Select One)	ALS	☐	BLS	☐	ALS & BLS	☐
SECTION III. AGENCY EMS-RELATED ACTIVITY DATA							
The EMS-Related Activity data being requested are for use as baseline data for performance improvement purposes							
1	Year		Number of Medical Dispatches		Number of Medical Transports		
			Number of Medical Cancelations		Number of Medical Refusals		
SECTION IV. AGENCY ADMINISTRATION							
III.A. Chief Executive Officer (CEO)/Fire Chief							
1	CEO/Fire Chief Name						
2	Phone Number						
3	E-Mail Address						
III.B. Administrative Medical Director (AMD)							
1	AMD Name						
2	Phone Number						
3	E-Mail Address						
4	AMD Relationship to Agency	Paid FT, employed locally by agency	☐	Paid PT, employed locally by agency	☐		
		Paid PT via contract with base hospital	☐	Volunteer	☐		
III.C. Agency ePCR Data Manager							
1	Data Manager Name						
2	Phone Number						
3	E-Mail Address						
IV.D. Base Hospital Coordinator							
1	Base Hosp. Coordinator Name						
2	Phone Number						
3	E-Mail Address						
V.E. Performance Improvement (PI) Manager							
1	PI Manager Name						
2	Phone Number						
3	E-Mail Address						

SECTION V. SENIOR MANAGEMENT ATTESTATION		INITIALS	
A. The senior management's initials for each statement signifies attestation		CEO/FC	AMD
1	The Agency's Treat and Refer (T&R) program EMCTs have completed the Bureau-required training courses. **Please attach documentation that all treat and refer staff have completed these courses. Please include brief course descriptions, names and titles of individuals completing the courses, and duration (hours) of each course.**		
2	The Agency's AMD completed the Bureau-recommended and/or locally adopted initial and ongoing education framework demonstrating competencies. **Please attach course descriptions and the duration (hours) of the each course.**		
3	The Agency's AMD has standing orders for each illness or disease process targeted by the agency's locally adopted T&R program, including as a requirement, a standing order for behavioral health assessments. **Please attach copies of the standing orders**.		
4	The Agency currently has PI or quality assurance (QA) program standards that include AMD review of locally adopted T&R calls as defined in the Bureau T&R Manual. **Please attach copies of the PI or QA standard operating guidelines and/or process flow charts.**		
5	The Agency actively participates in the T&R Data Registry consistent with data quality and compliance requirements defined by the Data and Quality Assurance Section.. **Please attach a letter from the Data and Quality Assurance Section acknowledging current status as NEMSIS Version 3 compliant, or documentation of having completed the AZ-PIERS test submittal.**		
6	The Agency documents follow-up efforts with each locally T&R program patient, ensuring that the Bureau-required minimum follow-up percentage is achieved each quarter. **Please attach the follow-up process and documentation of the results.**		
Document 7 is Only for Re-Applications After the First Year as a T&R Recognized Agency			
7	The Agency's T&R program is required to ensure that all staff complete required continuing education content. **Please attach documentation that all treat and refer staff have completed these continuing education courses. Please include brief descriptions and duration (hours) of each course listed in the education framework**.		
By signing below, I attest that this agency is committed to supporting the tenets and requirements of Maintaining the agency's Provider Status for the Treat and Refer Program. I further attest that if the agency is not able to continue to meet those requirements, I will notify the Bureau.			

B. Authorized Agency Service		
1. CEO/Fire Chief Signature		**Date:**
2. AMD Signature		**Date:**

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION
IV.A.1. Course Descriptions, Duration of Courses (Hours), Names & Titles of Individuals Completing Courses
IV.A.2. Course Descriptions & Duration (Hours) of Courses Listed in EMCT Education Framework
IV.A.3. Course Descriptions & Duration (Hours) of Courses in AMD Education Framework
IV.A.4. Standing Orders (Including for Behavioral Health Assessments)
IV.A.5 Copies of PI or QA Standard Operating Guidelines and/or Process Flow Charts
IV.A.6. DQA Letter Acknowledging Current AZ-PIERS & NEMSIS Version 3 Compliance or Test Submittal
IV.A.7. T&R Program Patient Follow-Up Process & Documentation of Results
Only if this is a Re-Application After the First Year as a T&R Recognized Agency
IV.A.8. Documentation of T&R Staff Having Completed Continuing Education Courses

References

1. Statutes and Rules, January 1, 2015. 2015. http://azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/statutes-rule-book.pdf.

2. Harden D. *County Health Assessment /Improvement Plan & Community Paramedicine Health Priorities Crosswalk*. Phoenix Arizona; 2015. http://azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/community-paramedicine/community-paramedicine-crosswalk.pdf.

3. National Assoc of Emergency Physicians, ed. *EVALUATING AND IMPROVING QUALITY IN EMS, VOLUME 3 SUBPAK (Emergency Medical Services)*. Vol 1st Editio. Kendall Hunt Publishing; 2009.

4. Community Paramedicine Evaluation Tool. 2012. http://www.hrsa.gov/ruralhealth/pdf/paramedicevaltool.pdf.

5. Community Paramedicine - Community Integrated Paramedicine Assessment & Management Toolkit. *Arizona Dep Heal Serv Bur EMS Trauma Syst*. 2016. http://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#integrated-paramedicine. Accessed March 3, 2016.

6. National Fire Academy. *US Fire Adm*. 2015. http://www.usfa.fema.gov/training/nfa/. Accessed November 22, 2015.

7. Data & Quality Assurance - Arizona Prehospital Information & EMS Registry System (AZ-PIERS). *Arizona Dep Heal Serv Bur EMS Trauma Syst*. 2016. http://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#data-quality-assurance-az-piers. Accessed March 3, 2016.