Fire Fighter Advocate
by Cecil Snodgrass
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There is growing recognition nationally of the cost of firefighter burnout and the short and long-term physical and mental consequences of such high stress occupations. There is a movement based on wellness programs both in medicine and the fire service attempting to deal with and mitigate this phenomenon. Wellness is more than point of need intervention. It entails a variety of actions, activities, and training spread over time and continued throughout the duration of the firefighter's career. I believe that the use of a physician-advocate to help establish a highly specific plan for medical intervention is a vital part of any wellness program.

I practiced medicine and worked with fire services for 35 years in my hometown of Puyallup, Washington. During that time a combined team of Puyallup Fire and Central Pierce County Fire and Rescue were national champions in extrication. This was accomplished by hard work and careful planning. Success came with dedication to identifying the need, applying resources, developing a plan, acquiring necessary tools and continual practice improvement. This is the same type of investment in time and resources that is necessary to build a successful wellness program.

An often-unidentified component of a global wellness program is a dedicated physician advocate. Service-related medical issues are best dealt with in an organized, collaborative basis by a specific, knowledgeable and involved physician. Best outcomes are not achieved by

random action. Your department needs and deserves directed, specialized health care. I do not believe this can be achieved utilizing random available resources. A team physician working with fire departments to identify needs, apply resources, collaboratively develop a plan, acquire necessary tools and practice continual practice improvement, are necessary for your global wellness program.

Many departments have a physician advisor who works on EMS issues and training as well as acting as an intermediary with the hospital and EMS community. It is just as important for individuals and departments to have a go to medical person for health issues particular to the demands of first responders. This will achieve better health outcomes as well as minimizing light duty, excessive overtime and lost resources.

Such a physician advocate must identify and develop a working relationship with a variety of community resources. They must identify, educate and continually communicate with various area medical specialties and department personnel to establish a competent referral network. Random referral patterns produce random outcomes. The physician advocate must choose individuals who provide quality care and recognize the special physical and mental needs of fire professionals. They must be a tireless advocate, working with insurance companies and state industrial as well as union representatives to insure prompt, appropriate imaging and treatment. They should, within reason, provide same-day service and be knowledgeable of the demands of a fire professional's career. Within the bounds of patient confidentiality, they must initiate and maintain communication with the department to facilitate treatment and rapid

return to work. They should be aware of the types and availability of light or modified duty. Their willingness to communicate clearly and personally with any needed referrals is vital. Typing a referral into a computer is not the end of the interaction - they should call and personally communicate with referral providers. Their staff must also adopt the mantle of advocate and personally contact and assist in prompt appropriate triage and referral. They will need a broad referral panel of varied providers including physicians, physical therapists, nutritionists, counselors and chiropractors based on skill and outcomes, not specific hospital affiliation.

Your department advocate should have an "injury panel" of specialists who deal with the most common injuries suffered by fire professionals, especially back, neck and shoulder injuries. My panel included several local orthopedists who agreed to make themselves available on short notice and provided the best care and advocacy for our patients.

Back and neck injuries are common, diverse and potentially career ending. They must be dealt with promptly and appropriately. Getting the initial imaging is crucial and yet often the most difficult aspect of care. If history and examination are consistent with a significant injury, it is imperative to get appropriate imaging soon. With insurance carrier pushback common with service-related injuries, your advocate must be willing to be appropriately creative and persistent. If the insurance provider would not listen to my concerns, I would often arrange for the patient to be seen the same day by a back specialist. This could be an orthopedist or physiatrist who is often able to deal more effectively with insurance pushback. Your union

should be able to assist proactively in dealing with insurance mandates that adversely affect prompt reasonable care.

If the back or neck injury would not or could not respond to intense conservative therapy, I had identified those surgeons most appropriate for the need. The qualifications for this-as with all specialty referral- were outcomes, involvement, ease of referral and personality. Your advocate needs to monitor progress, provide counseling on alternatives and outcomes as well as follow up and continuity of care.

I believe it is very important for the physician advocate to have an active rehabilitation panel which includes both a physiatrist (rehabilitation and interventional pain management) as well as physical therapists. Physical therapists should be chosen for their skill as well as the willingness to become familiar with specific demands of firefighting and EMS. I had a therapist who developed a screening program for back injury and developed individualized programs of stretching and strengthening for our local department.

Your physician advocate must be intimately familiar with sleep pathology and have a referral panel or person familiar with the needs of firefighters. The most common sleep-associated conditions I dealt with were sleep apnea and shift work sleep disorder, combined with the disruptive sleep patterns associated with fire duty. I believe that the majority of firefighters should be screened and counseled early and intermittently throughout a career on these issues. Home testing for apnea is widely available and is a great screen. Your advocate should know

the basics of treatment and have a selected provider for CPAP or Bi-PAP equipment. Education on sleep hygiene is mandatory.

Cardiology is an imperative resource for your physician advocate. I was blessed to have an excellent broad-spectrum cardiology group in my area that would provide not only immediate response to an acute situation but was active in developing appropriate screening for fire service personnel. Although cardiac disease is the leading cause of duty-related death for fire fighters, common screening methods do not provide adequate results in this rather special subset of lifelong physically fit individuals. Inexpensive cardiac CT calcium scoring should be utilized as a necessary adjunct in proactive care.

I have seen far too many occupation-associated cancers in my time with fire personnel. Your physician advocate must identify and utilize the best and brightest practitioners available regardless of location or affiliation. In my area, radiation therapy and standard oncology treatment were outstanding. With small subsets of cancer surgical treatment, I would often refer to specific practitioners throughout the area. Prostate cancer went to a specialist in robotic surgery at Swedish Medical Center in Seattle and thoracic issues to the excellent cardiothoracic group in Tacoma. Not all areas are so well covered, and the advocate must be familiar with out of area referrals as needed.

Mental health evaluation and counseling should be easily available and educated on the specific stressors of the fire service. Yearly testing with modified depression screening helps

with early intervention. Your department must have active HR personnel and foster a culture of support for both physical and mental wellness. Shift personnel are often the only ones aware of a change in a colleague's actions or emotions. If you see something, say something. Suicide is the leading cause of death of firefighters; often the endpoint of multiple stresses and challenges. Early intervention combined with an active wellness program must be our first line of defense.

Every department and/or individual fire professions should find, cultivate and utilize a physician advocate. Ask your favorite ER personnel who they would use. Ask local physical therapists which practitioners aggressively and appropriately follow their patients. Consider a practitioner with a subspecialty in sports medicine. Find someone who is willing to be involved and knowledgeable. If your pool of practitioners does not contain a candidate willing or able to adopt this role, consider larger neighboring areas and consider utilizing their resources. Talk to other departments and your state and local unions and associations.

Each of you will have the need of a physician advocate at some time in your career. Begin the search now.