

North Mason Fire launches mobile program to change rural health care standards

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BELFAIR — When Adam Boyd left his hometown of Bremerton to pursue a Physician Associate degree at the University of Washington, the last thing he would have expected was leaving a job in his chosen field.

But when he realized an opportunity to collaborate directly with one of his patients would offer far more impact than family practice, he joined a local initiative that may help reform a system in a broader way.

Boyd, now 35, spent over three years working at Peninsula Community Health Services in Belfair. Here, short, 15-minute appointment times and the lack of immediate health care accessibility at the clinic undermined the quality of care he believed his community deserved, a pattern that seemed to reflect the state of health care in Mason County.

The solution: conversations with North Mason Regional Fire Authority (NMFRA) Chief Beau Bakken, who happened to be Boyd's patient. Those led to a collaborative plan that hopes to change rural health care delivery.

Three years ago, Chief Bakken said he would visit Boyd to check on his health, but also to devise a plan for the future.

“What I found was Adam was finishing my sentences, and he was finishing mine,” Chief Bakken said. “You got to start with the vision, and we both saw it.”

The result: NMFRA's Mobile Integrated Health Program.

Under Boyd's expertise and Chief Bakken's administrative guidance, the pair launched the new program on January 1, with a primary mission to improve the lives of those in the North Mason community.

The program allows individuals in health situations that do not merit a long, expensive trip to the emergency room — but do require attention — to access care.

Chief Bakken used a hypothetical respiratory issue to exemplify the concept:

“Let's say right now, I had a sore throat, or I was having some difficulty breathing. I call my medical provider, they might see me in 10 weeks if I'm lucky,” he explained. “Accessing the health care system has become very, very difficult. But, I'm having difficulty breathing, I need medical treatment right now, and so, what that can parlay into is utilization of the 911 system.”

Last week, Boyd saw a 100-year-old patient. This week, he saw a 10-year-old patient, Blake Hicks, who needed a toenail removal. Before young Blake arrived, Boyd, dressed in a navy polo and slacks, set up his small exam room located in NMFRA's Station 21. The room is equipped with a blue exam table, a picture of Mickey Mouse holding a firefighter's hand hung above it, a metal tray to hold Boyd's tools and a patient chair.

Soon, Blake arrived in a black crew neck, an orange t-shirt peeking out from the bottom. Black Reebok slides and socks covered his problem toe. He tried to hide his nervousness about what was to come. While taking Blake's blood pressure, Boyd attempted to ease the boy's uneasiness by explaining the procedure.

“It’s going to feel like a tiny little bee sting,” Boyd said, before injecting the lidocaine shot into Blake’s toe. Boyd then sprayed his own arm with numbing spray, reassuring Blake that the spray would not cause any pain.

The boy then climbed atop the exam table, propping his feet up. “I’ve never got stung by a bee,” he told Boyd.



Throughout the process, Blake laid back on the exam table, facing away from the scene at his feet. He focused on his phone. TikTok, of course. He occasionally covered his eyes and grunted in pain or curiously peeked at the needle in his foot.

Boyd explained each step to Blake and coached the boy’s breathing. He never rushed during a process that ultimately lasted an hour, allowing Blake’s toe to go completely numb before removing the toenail.

Finished, Blake asked to see what was causing his toe to turn black and blue.

“All that for that little thing,” Boyd said, his gloved hand holding up the piece of toenail he removed.

If Blake visited a nearby emergency room to relieve his pain, his parents likely would’ve been left with a large bill.

According to a 2019 UnitedHealth Group study, the average cost of a non-emergency visit to the ER is \$2,032 (before insurance coverage), 1,000% more, from the study's calculated average cost, than visit to a physician's office.

“If we kept 182 people out of the hospital, just in the emergency room alone, that's three-quarters of a million dollars,” Boyd explained.

To better serve North Mason and eliminate some of those costly ER visits for residents, NMFRA’s Mobile Integrated Health Program does not currently charge for home or office visits with PA-C Adam Boyd. The fire district plans to begin assessing a small charge for such services in the next six to nine months.

“The beauty of this program is it is not a profit-driven model,” Chief Bakken said. “There (will be) a nominal charge for services, (but) this will not even come close to being profitable, nor is it intended to.”

The program primarily runs on a tax-funded model. The Mason County Public Hospital District 2 provides NMFRA with \$150,000 annually from property taxes collected by the hospital district.

Through this funding, Boyd and NMFRA aim to create something that has never been done before. Although mobile integrated health programs exist, this one is unique, making it the only of its kind in Washington State and one of only approximately three in the country, Chief Bakken said.

“Because Adam (Boyd) is a certified Physician Associate, he has the ability to refer and to prescribe,” said Katie Musgrave, NMFRA’s executive assistant. “That’s a huge difference from community paramedicine.”

This is particularly helpful in cases where patients run out of critical medications and need a prescription. Often such patients cannot get an appointment with their physician, who can write the prescription, before their condition becomes severe. Rather than spend hours in the ER racking up charges, patients can call NMFRA for a visit with Boyd and get a prescription without the stress of the ER.

Boyd and Bakken intend to go beyond traditional medical care services and advocate for their community and patients as well.

“We want a 360 approach. We want a full roundabout way to treat the patient,” Boyd said. “We know that it's not just providing medical services, people need access to resources.”

Through such advocacy, Boyd was introduced to Kristina, a North Mason resident since 2014. Kristina is a patient with Postural Orthostatic Tachycardia Syndrome, more commonly known as POTS. Her condition, in combination with a spinal fluid leak, forces

her to be bed-bound and lie flat on her back at all times of the day to prevent her from losing consciousness.

Kristina, in need of a dental procedure at the time, struggled to get to appointments due to her condition. NMFRA had a solution: a surplus ambulance. With it, Boyd and Chief Bakken saw an opportunity to help Kristina get around easier.

Surplus ambulances are typically sold to smaller fire stations or mobile businesses for anywhere between five and 15 thousand dollars, Chief Bakken said. In Kristina's case, \$1 was the colossal price tag for the vehicle.

"There's no better home for this ambulance. Again, it's not about money," Chief Bakken said. "And so, when we have the opportunity to hopefully give her some semblance of normalcy, ... this was an instrument to do it. It was a no-brainer."

Kristina expressed extreme gratitude for NMFRA's efforts.

"I never imagined that I would ever own an ambulance or need to own an ambulance but here I am with a bright red ambulance in the driveway," she said. "It might not be the vehicle of my dreams, but I'm so grateful to have it because it means I can participate in life again ... because being homebound and bed-bound can be really isolating."

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