



# STEPHENVILLE FIRE DEPARTMENT

May 10, 2022

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## FRONT LINE MOBILE HEALTH

a veteran-owned company

members of



AMERICAN  
COLLEGE of  
CARDIOLOGY



Captain Scott Brinkley  
Stephenville Fire Department  
1301 Pecan Hill Drive  
Stephenville, TX 76446

May 10, 2022

Dear Captain Brinkley,

We thank you for your time and your interest in partnering with Front Line Mobile Health to evaluate and improve the health and wellness of the members of the Stephenville Fire Department.

Caring for people is not a vocation for us; it is a sacred calling we take very seriously.

Our Offer is to reduce suffering, prevent disease and be a catalyst for meaningful change. *We are a data-centric organization that uses data at speed and scale for the operational advantage and increased efficiency of our public safety partners.* We are not interested in checking a box or giving warm hugs. We are interested in partnering with progressive leaders and organizations that are committed to leaving the public safety sector better than they found it.

The intent of our proposal is to demonstrate:

- Experience with highly specialized occupations
- Proven track record with Police, Fire, EMS, and other public safety departments in the local area
- Specialists who are trained in forensic, occupational, and human performance psychology
- Dynamic and flexible organizational structure that allows for de-centralized and mobile solutions to meet the operational requirements of your department
- Vast knowledge of Texas Workman's Compensation and how it correlates with the public safety
- Decision science application for all physical, performance and operational metrics

Over the last 20 years, my team and I have spent much of our lives separated from our families, deployed overseas or away in extended training rotations - providing good medicine in bad places. These shared experiences have helped us create a relationship of trust and understanding with our public safety brethren because we understand what it means to serve.

We believe in being a good steward of the taxpayer dollars. We have developed an age-based program that focuses a significant amount of cost where it belongs: with members who are older and have been in the service longer. We certainly do not negate the younger generation, but we acknowledge, and the data would support, that cardiovascular disease, and cancer increase with age and exposure. Behavioral health issues can affect anyone which is why we offer annual assessments to everybody regardless of age.

Pricing and components of the Partnership tier of service and the options for candidate medical evaluations is found on pages 6-12 of this proposal.

Once again, thank you for the opportunity to serve.

Very Respectfully,

Russ Burnham, APA-C  
Chief Revenue Officer  
Front Line Mobile Health, PLLC

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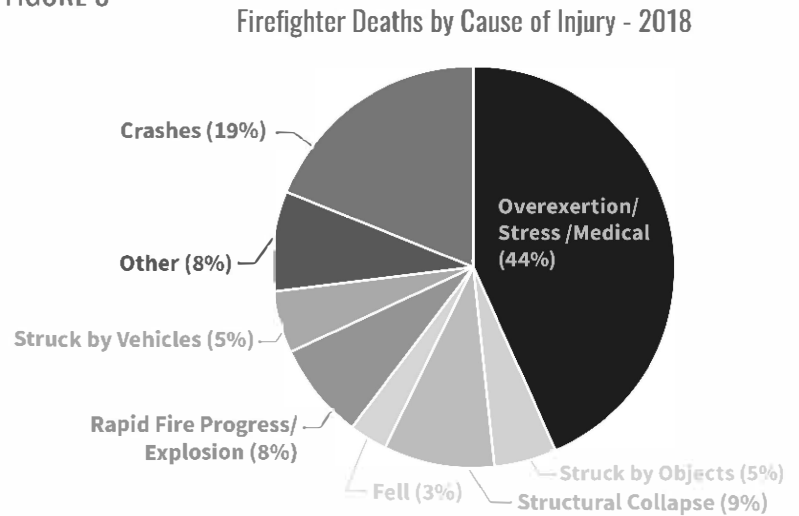
**BACKGROUND INFORMATION**

According to the National Fire Protection Association’s report Firefighter Fatalities in the United States 2018, the most common cause of fire fighter deaths in the line of duty would include:

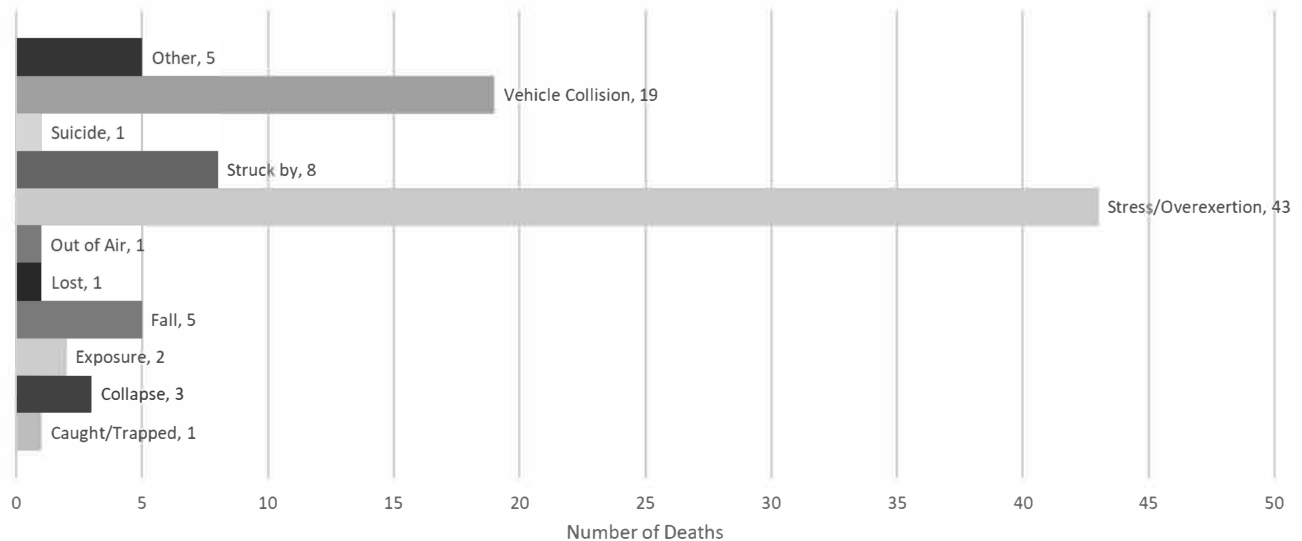
overexertion/stress/medical, crashes, structural collapse, rapid fire progress, struck by vehicle, fell, exposure, lost inside, caught underwater, and assault.

This would also be consistent with the Federal Emergency Management Agency’s Line of Duty Death analysis for 2016.

FIGURE 3



**FIREFIGHTER LINE OF DUTY FATALITIES BY CAUSE OF FATAL INJURY (FEMA -2016)**



Suicide, while the tenth leading cause of death nationwide for all age groups, is the second leading cause of death after unintentional injuries for those in the 25-44 age group, which is also the age group that most fire fighters in metropolitan fire departments fall into. In addition, there is an increasing body of data that tells us that cancer among firefighters is dramatically on the rise, especially hitting those that have had a substantial length of exposure to chemicals encountered in fires and other circumstances. The other piece of the current reality is this: there is not enough money available to test every firefighter for everything. It is against this backdrop that Front Line has created a solution that is focused on early detection of disease while maximizing taxpayer ROI.

### OPERATIONAL PRIORITIES OF THE FRONT LINE MODEL

Based on our analysis of the current state of firefighter health and wellness, as well as our professional and military experience, we have identified six of the largest challenges and opportunities that can be focused on to improve the physical and behavioral health of the firefighters, thereby increasing their effectiveness and longevity. Front Line Mobile Health's Operational Priorities and proposed comprehensive health and wellness program will prioritize early identification, education and analysis of the following:

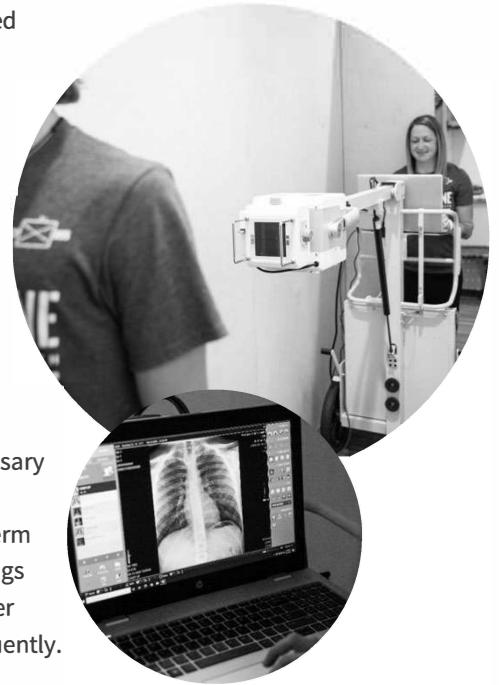
- Cardiovascular Disease
- Metabolic Disease
- Cancer
- Orthopedic Injuries
- Suicide, behavioral health and human performance
- Data analytics and health surveillance



**CARDIOVASCULAR DISEASE:** Diseases of the heart and vascular system are by far the most well-known and most preventable cause of death that we will aggressively attack in the health and wellness program. For those firefighters getting a LONG physical we will accomplish this through laboratory analysis, physical examinations, and periodic chest x-rays, as well as cardiopulmonary exercise stress testing (CPET). However, testing is only half the battle. Counselling, education, and more importantly taking the time to appropriately explain and answer each firefighter's questions regarding cardiovascular disease, its pathophysiology, and the appropriate treatments to reduce this highly morbid condition are paramount.

**METABOLIC DISEASE:** Unfortunately, metabolic disease is reaching epidemic proportions in the United States. This is happening within the fire service as well. Obesity and the multiple complications associated with it, such as cardiovascular disease, cancer, orthopedic injuries, and neurodegenerative disease, must be at the centre of any health and wellness program that seeks to reduce the overall burden of these diseases. Metabolic disease is quite easy to identify based on physical examination and routine laboratory testing which is included in all our physical exams. The extent of metabolic disease can be further quantified through our cardiopulmonary exercise stress testing (CPET) as well as ultrasounds of the liver (which are included as part of the cancer screening portion of the LONG physical). Reducing metabolic disease and obesity is one of our central focus areas as it impacts so many other areas of a firefighter's health and long-term wellness. Once again, testing is only half the battle, and the personal time and attention of Front Line healthcare providers is invested to work with individuals suffering from this extremely dangerous condition.

**CANCER:** Malignancy in the fire service is an issue that has been gaining increased attention in the last decade and has had a personal impact on many fire departments. In order to achieve long-term viability and sustainability of a comprehensive health and wellness program that resolutely looks for cancer, a delicate balance must be taken to screen firefighters at the appropriate time and in the appropriate setting. Age is the single greatest risk factor for developing cardiovascular disease, metabolic disease, as well as cancer, regardless of occupation. Therefore, for the Essentials and Partnership Tiers we have created an age-based and risk stratified cancer screening program that provides intervals of testing to include specialized laboratory assays, radiographs, and non-invasive ultrasounds to look for malignancies of the thyroid, lungs, liver, gallbladder, pancreas, spleen, kidneys, colon, prostate, bladder, testicles and ovaries. Great care must be taken to prevent the unnecessary testing of low-risk populations while still providing appropriate and aggressive cancer reduction strategies to those with increasing risk factors. For the long-term financial and operational viability of a program, these detailed, cancer screenings must increase as a firefighter ages and serves for longer periods of time. Younger firefighters with less age and occupational exposure should be tested less frequently. This strategy uses taxpayer dollars where they can have the greatest effect.



**ORTHOPEDIC INJURIES:** Firefighting is inherently dangerous. As such, orthopedic injuries are common repercussions from line of duty events, as well as those suffered conditioning or preparing for work (sports, other physical activities/social engagements). The management of metabolic disease through yearly and detailed physical examinations as well as one-on-one counseling/education are some of the best practices we employ to keep firefighters moving well and pain free. This has the side benefit of protecting the taxpayers and citizens of Stephenville from needless Worker's Compensation cases and long-term limited duty situations. The aggressive diagnosis and treatment of metabolic disease, specifically obesity, will greatly impact orthopedic injuries and long-term comorbidities such as osteoarthritis.

**SUICIDE AND OTHER BEHAVIOR HEALTH CONDITIONS:** According to the Vital Statistics Report referenced earlier, 2017 was the first time that suicide or other intentional acts of self-harm moved into the top 10 of the leading causes of death in the United States. While the official suicide data in the US fire service is not readily available, suicide as a general health condition and cause of mortality is not. This is an extremely important focus area in all our work. We believe that the mind and body are connected. People can be healthy but not well. Conversely, people can be very unhealthy and still experience mental wellness. However, the intersection of health and wellness occurs here. Dedicated efforts to help firefighters detect depression, anxiety, PTSD, substance use and sleep disturbance are central to every physical we perform, whether that be for a firefighter candidate or an incumbent. All firefighters receive an annual human performance assessment that focuses on the multifaceted dimensions of behavioral health and resilience. The data we receive back and ultimately review with a firefighter during their physical allows us to spend the personal time and attention required to discuss how a firefighter's mental wellness affects their physical health and vice versa. Our assessments allow us to help firefighters understand when to reach out for help and what help is available. Additionally, there are many positive aspects of behavioral health that we also evaluate, such as resiliency and social support. Equally as important as helping a firefighter

understand when to reach out for help, is encouraging them and praising them for instituting good behavioral health practices. Behavioral health should not always be a bad news story. Many times, the greatest effect we can have is in supporting and encouraging those that are walking through difficult times. We celebrate our firefighters for being honest and help guide them to develop positive coping strategies, thereby increasing the ability to be resilient during stress-inducing times and events. Our human performance assessment uses the industry standard testing instruments to include the PCL-5 (Posttraumatic Stress Disorder), PHQ-9 (Depression), ISI-7 (Sleep), Alcohol (Audit-C), Tobacco Use (FTND), and Anxiety (GAD-7).

**DATA ANALYTICS AND HEALTH SURVEILLANCE:** Peter Drucker once famously wrote, “You cannot manage what you don’t measure”. While the services we provide and the efforts we prioritize will help the individual firefighter, it is the analysis of the aggregated data that provides the opportunity for department-wide change. Policies and initiatives that are data-driven are more likely to survive the budgeting process and other external pressures a fire chief deals with daily, and we have learned that the best way to empower fire chiefs to make change is to arm them with the objective medical evidence - the data that can help refine processes, modify policy, create new strategic goals and account for the taxpayers’ dollars.

While many healthcare systems have electronic health records, they lack the specificity and ability to mine the appropriate health surveillance metrics for data unique to firefighting. In recognition of this, we created and continue to enhance a proprietary electronic health record that allows us to see and report on all the data we collect. This data, and the knowledge that can be ascertained from it, is the return on investment. Our data analytics and health surveillance allow us to ask the right questions, such as: Are we doing the right things? Are we offering the right tests to our firefighters and the department? Are the other programs the department and city have instituted working and having a positive impact on the health of the firefighter? Our data analytics and reporting tools allow individual firefighters to see their health metrics over time. It also allows department leaders to see masked and aggregate data on the most pressing issues facing the department such as obesity, cancer, blood pressure, dyslipidemia, cardiac dysfunction, anxiety, depression, sleep disturbance, substance use, and posttraumatic symptoms.



## UNDERSTANDING AND EMPATHY

All of our physicians and PA’s have extensive military or first responder experience. As such, they will deliver care to firefighters with great empathy and understanding. This creates a positive experience for both the firefighter and the department and helps reinforce the fact that Front Line is a true and able partner for the long term.

### **PARTNERSHIP tier for Annual Medical Evaluations**

Front Line acknowledges that each Public Safety organization is unique in many ways. In recognition of this, we have created a three-level service and pricing structure that allows each department to choose the plan that makes the most sense for them. This structure allows leaders to select a program that meets the level of medical evaluation they need and the what the corresponding investment will return.

#### **PARTNERSHIP**

PARTNERSHIP is the highest-level service classification and represents a shift in the role that Front Line plays in your organization in comparison to the level of service offered to departments that choose a lower tier of service. Whereas FOUNDATIONS and ESSENTIALS are primarily event-driven with an emphasis on Annual and Candidate Physicals, the PARTNERSHIP level sees Front Line take a more active role in *maintaining and improving* the health and wellness of your team. **We become your outsourced Medical Staff.**

PARTNERSHIP level is most appealing to Fire Departments that recognize that the investment made to actively improve the physical and mental health of their team pays dividends by reducing sick days, injuries, needless or lengthy worker's compensation claims, and reducing the incidence of catastrophic career or life-ending disease.

For the firefighter, PARTNERSHIP provides extensive blood work, annual chest X-rays, annual ultrasound cancer screenings, annual Cardio-Pulmonary Exercise Testing (CPET) and increased medical education. We also provide direct referral to our network of specialists that understand the nature of the firefighting occupation and are especially oriented toward providing treatment that returns the firefighter to work safely and quickly. The participant also receives a Total Health Assessment that is a personalized, comprehensive yet easy-to-read living document that aids in disease surveillance. If the participant is a multi-year Front Line patient, comparative and trending data is also included.

The department leadership sees significantly benefit at the PARTNERSHIP level as well. The Medical Threat Brief becomes the basis for an in-person meeting with leadership to discuss and interpret the findings. At the same time the organization gains access to the Front Line Organizational Climate Assessment. This tool presents in an aggregated and easy-to-understand manner, the views expressed by the firefighters on the important issues of trust in leadership, group cohesion, safety, discrimination/harassment and unwanted workplace experiences.

PARTNERSHIP also provides discounted Candidate Medical Evaluations, consultation on Worker's Compensation cases that need an unbiased review and Return to Work exams.

Please see the following chart for a complete list of what is included in the Partnership tier:

<b>PARTNERSHIP LEVEL LAB TESTS AND PHYSICAL EXAMS</b>
Personalized Risk Assessment
Health Questionnaire & Screening
Annual Human Performance Assessment
Physical Examination & Consultation w/ Medical Provider
LABORATORY ANALYSIS:
• Complete CBC
• Lipid Panel
• Comprehensive Metabolic Panel
• Prostate Specific Antigen (male) or CA-125 (female)
• Urinalysis, with microscopic
• Fecal Occult Blood
• C-Reactive Protein
• Uric Acid
• HBA1C
• Free Testosterone
• Cortisol
• TSH (Thyroid)
Vision Screening
Body Composition Analysis
Audiogram
Cardiopulmonary Exercise Test (CPET)
Chest Radiograph (X-Ray)
Cancer Screening Ultrasound: thyroid, testicular (male only), abdomen (liver, gallbladder, pancreas, spleen, kidneys, ovaries, non-invasive)

**PARTNERSHIP tier pricing is \$820 per firefighter.**

**ADDITIONAL LAB TESTING**

In recognition that each department may be interested in adding tests for some or all of their team members, we also offer ala carte selections.

The most common request is for Hazmat testing. That additional protocol consists of Cholinesterase Enzyme testing and Heavy Metals testing. The additional cost is \$120 per firefighter that needs to be tested.



## **FIREFIGHTER CANDIDATE PHYSICALS**

Fire Departments across the nation are expending huge amounts of intellectual and financial capital on the hiring and training of new firefighters. However, unlike buying a new apparatus, the department has no warranty to fall back on, if a candidate is hired and can't perform physically or mentally. To state that this becomes a huge drain on resources would be a gross understatement.

One of our primary objectives at Front Line is to help fire departments and Fire Chiefs appropriately vet firefighter candidates to ensure that they are investing in the right people at the right time. This includes evaluation in the medical, behavioral, and operational domains. We have designed processes that screen the candidate in many areas that are crucial to firefighting and weigh these processes against our military training and experience.

Our new hire assessments begin with an extensive Medical History Questionnaire that gives us an opportunity to look at the candidate's history and ask follow-up questions if we spot areas of concern. The goal of this step is to allow us to immediately identify any of the disqualifying conditions for new hires put forth in NFPA 1582. This also builds a written record of medical disclosure if an issue arises in the future. The remaining steps in the firefighter candidate screening process are designed to provide early detection of behavioral and physical issues, and depending on the Tier chosen, extensive laboratory and x-rays are done. During the hands-on physical examination, hearing, vision and body composition are measured. We gather extensive information on the interplay of the lungs, heart, and large muscles of the body during our Cardiopulmonary Exercise Testing (CPET), which is then followed by a comprehensive one-on-one consultation with the Front Line PA or physician to discuss all the results.

In summary, the Front Line Mobile Health Firefighter candidate physicals have two purposes: The first is to identify the absence of disease or other conditions that would negatively affect an individual's ability to safely perform the essential job tasks listed in NFPA 1582 Chapter 6. By flagging candidates who do not meet the minimum physical requirements, risk is reduced for both the candidate and the department. The taxpayers are free from undue financial burden, and the department is free from undue professional/operational burden. Secondly, the detailed nature of a firefighter candidate physical provides the employee objective medical evidence that they were absent of disease prior to beginning work. This becomes extremely important in Workmen's Compensation cases where the debate on whether an injury or condition was caused by the firefighter's employment is negated.

We offer the Candidate physicals at three tiers of price and components to enable departments with any size budget to make a better, more qualified and more confident decision about who to hire.

**CANDIDATE—FOUNDATIONS TIER**

The Candidate—Foundations tier is designed for those departments that want to do a basic New Hire exam but still benefit from the fire service-specific expertise that we provide our clients. These departments have maybe just gotten “Sports” physicals or a cursory examination with a local doctor for their candidates in the past but are now ready to get a better assessment of the Candidate’s physical and emotional condition as they relate to a fire service career.

The Foundations tier provides comprehensive laboratory analysis, including drug screening. We also include our advanced cardio-pulmonary exercise test (CPET) and a complete hands-on physical with vision, hearing and body composition measured. The final step is a one-on-one with a Front Line provider to discuss all the results.

<b>CANDIDATE PHYSICAL - FOUNDATIONS TIER</b>
<b>MEDICAL EVALUATION OF CANDIDATES</b>
Individualized Health Risk Appraisal
Medical History Questionnaire & Screening
Physical Examination & Consultation w/ Medical Provider w/ range of motion on all extremities and spine
Vision test (distance/color/peripheral)
Hernia Exam
<b>LABORATORY ANALYSIS:</b>
• Complete CBC
• Lipid Panel
• Comprehensive Metabolic Panel
• Urinalysis, with microscopic
• Drug Screen 11 w/ETOH
• Uric Acid
• HBA1C
Audiogram
Body Composition Analysis
Cardiopulmonary Exercise Test (CPET)

**CANDIDATE—ESSENTIALS TIER**

The next tier is the ESSENTIALS tier for Candidates. This greatly expanded tier builds on what is contained in the Foundations level and adds cancer screening labs, chest x-rays, additional cardiac labs, thyroid screening and measures the candidate’s immunity levels for multiple infectious diseases, such as hepatitis, TB, Tetanus and MMR.

This tier also adds the Human Performance Assessment that is also part of the Essentials tier for the Annual Physicals. This valuable tool assesses the candidate’s mental wellness in seven different areas that are integral to a career in firefighting.

<b>CANDIDATE PHYSICAL - ESSENTIALS TIER</b>
<b>MEDICAL EVALUATION OF CANDIDATES</b>
Individualized Health Risk Appraisal
Medical History Questionnaire & Screening
Human Performance Assessment
Physical Examination & Consultation w/ Medical Provider w/ range of motion on all extremities and spine
Vision test (distance/color/peripheral)
Hernia Exam
LABORATORY ANALYSIS:
• Complete CBC
• Lipid Panel
• Comprehensive Metabolic Panel
• Prostate Specific Antigen (male) or CA-125 (female)
• Urinalysis, with microscopic
• Fecal Occult Blood
• C-Reactive Protein
• QuantiFERON Gold (TB Test- Blood)
• Hepatitis Profile
• Drug Screen 11 w/ETOH
• Uric Acid
• HBA1C
• TSH Third Generation
• Tetanus IGG
• Measles, Mumps, Rubella (MMR)
• Lipoprotein (a)
Audiogram
Body Composition Analysis
Chest X-Ray
Cardiopulmonary Exercise Test (CPET)

**CANDIDATE—PARTNERSHIP TIER**

The most thorough Candidate evaluation is our PARTNERSHIP tier. This tier builds on what we do at the Essentials level and adds to it more blood analysis, more disease checking, testing for Heavy Metal exposure and Cervical, Thoracic and Lumbar x-rays to check for pre-existing structural issues.

<b>CANDIDATE PHYSICAL - PARTNERSHIP TIER</b>
<b>MEDICAL EVALUATION OF CANDIDATES</b>
Individualized Health Risk Appraisal
Medical History Questionnaire & Screening
Human Performance Assessment
Physical Examination & Consultation w/ Medical Provider w/ range of motion on all extremities and spine
Vision test (distance/color/peripheral)
Hernia Exam
LABORATORY ANALYSIS:
• Complete CBC
• Lipid Panel
• Comprehensive Metabolic Panel
• Prostate Specific Antigen (male) or CA-125 (female)
• Urinalysis, with microscopic
• Fecal Occult Blood
• C-Reactive Protein
• QuantiFERON Gold (TB Test- Blood)
• Coagulation Studies (PT, PTT, INR)
• Hepatitis Profile
• Drug Screen 11 w/ETOH
• Uric Acid
• HBA1C
• TSH Third Generation
• Sickle Cell Screen
• Blood Type (ABO and RH Type)
• Tetanus IGG
• Measles, Mumps, Rubella (MMR)
• Lipoprotein (a)
• Heavy Metals
• Cholinesterase
Audiogram
Body Composition Analysis
X-Ray- Chest PA/Lat, Cervical, Thoracic, and Lumbar Spines
Cardiopulmonary Exercise Test (CPET)

**FEES/COSTS OF CANDIDATE MEDICAL and HUMAN PERFORMANCE EVALUATION TIERS**

<b>CANDIDATE--FOUNDATIONS</b>	<b>\$800 per firefighter</b>
<b>CANDIDATE--ESSENTIALS</b>	<b>\$1200 per firefighter</b>
<b>CANDIDATE--PARTNERSHIP</b>	<b>\$1600 per firefighter*</b>
<b>CANDIDATE—SUITABILITY PSYCHOLOGICAL EVALUATION</b>	<b>\$ 475 per firefighter</b>

**\*Note: If the department is at the Partnership level for Incumbent Annual Physicals, the cost for the Candidate—Partnership tier drops to \$1,300.**

**CANDIDATE SUITABILITY EVALUATION BACKGROUND INFORMATION**

Within the public safety officer hiring process, it is imperative to ensure that those hired are medically and psychologically capable of handling the pressures, stressors, and job demands inherent in this occupation. Poor hiring decisions have the potential to drain an agency’s time and resources, but there is also the potential for direct and serious consequences for the individual, fellow officers, the agency, community, and society.

A few variables that bear critical importance:



**The cost of poor hiring decisions**—this is a broad topic but cannot be understated. This cost includes the training, equipping, benefits, and administrative costs associated with hiring just one new officer.



**Workman’s Compensation costs** that are associated with poor performers, which also extends to the overtime and additional stress required when back filling.



**Emotional cost of toxic leaders and team members** — this can lead to unnecessary attrition, broken workplace dynamics, sexual harassment, and bullying issues.



**The increasing frequency of suicide** in the law enforcement population.

Any one of these scenarios’ pales in comparison to the relatively short time and cost associated with good medical and psychological screening programs.



### EVALUATIONS

The purpose of psychological screening is twofold. When evaluating potential recruits, the goal is to screen-out or deselect candidates who do not meet minimum requirements and standards. When evaluating law enforcement officers considered for promotion or movement to positions of greater responsibility, the goal is to select-in or identify the best candidates from among those who have already been determined to meet minimum qualifications.

Given that the potential recruit psychological evaluation includes an assessment of the presence of a mental or emotional condition, it is a medical examination. As such, the evaluation must be deferred until after a conditional offer of employment has been extended to the candidate.

The psychological evaluation is conducted at the post-offer phase or during the promotion evaluation phase, although both include an assessment of normal-range personality traits and characteristics. The test scores are interpreted within the context of other information gathered from interviews, behavioral observations, reviews of psychological and other relevant medical records, as well as information provided by third parties (e.g., background investigators, health professionals). The integration of information from across a variety of sources serves to strengthen the confidence placed in the resulting inferences.

Given the complex nature of the collection, analysis, and integration of the psychological information, the psychological evaluation is completed by a trained, qualified, and licensed psychologist.

We view our services as an investment, one that takes stewardship of taxpayer dollars and department resources seriously. And simply put, we are the best. We work tirelessly to understand your needs and make the necessary adjustments to ensure our mutual success.

### SUMMARY

Our mission is to provide cost-effective and comprehensive health and wellness programs that recognize the role that age and length-of-service plays in the physical, behavioral and operational health of firefighters. We follow current research in designing the flexible protocols that incorporate appropriate testing at each stage of the firefighter's career, from hire-to-retire. This dynamic approach maximizes the effectiveness of the program and minimizes wasted taxpayer resources. We deliver data-driven results to the firefighter personally, as well as delivering aggregate results to department leadership for enhanced decision making.

This helps leadership create policies and justify programs that enhance firefighter and department performance. Our focus is on early detection of potentially life or career-ending disease. We deliver our care in a compassionate and educational manner, so that along with department leadership and the firefighter, we create a partnership that helps the firefighter stay healthy physically and mentally for an entire career.