

EMS System Review & EMS System Enhancements

Presentation to Santa Barbara County Board of Supervisors

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Recommended Actions

1. Receive updates on the EMS System Review project
2. Receive an update on the timeline for implementing EMS System enhancements via renegotiation or Request-For-Proposal (RFP)
3. Authorize the Public Health Department to negotiate and return to the Board for approval of a Fourth Amendment to the Professional Services Agreement with AMR to extend the term an additional year through December 31, 2020.

Request for Ambulance Agreement Extension

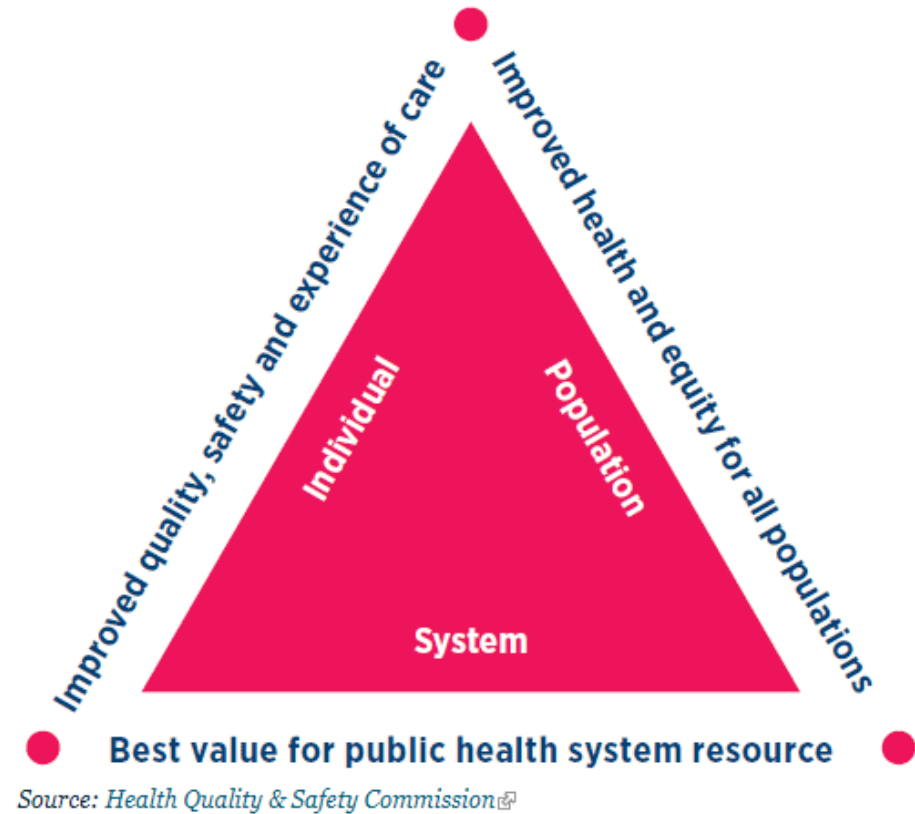
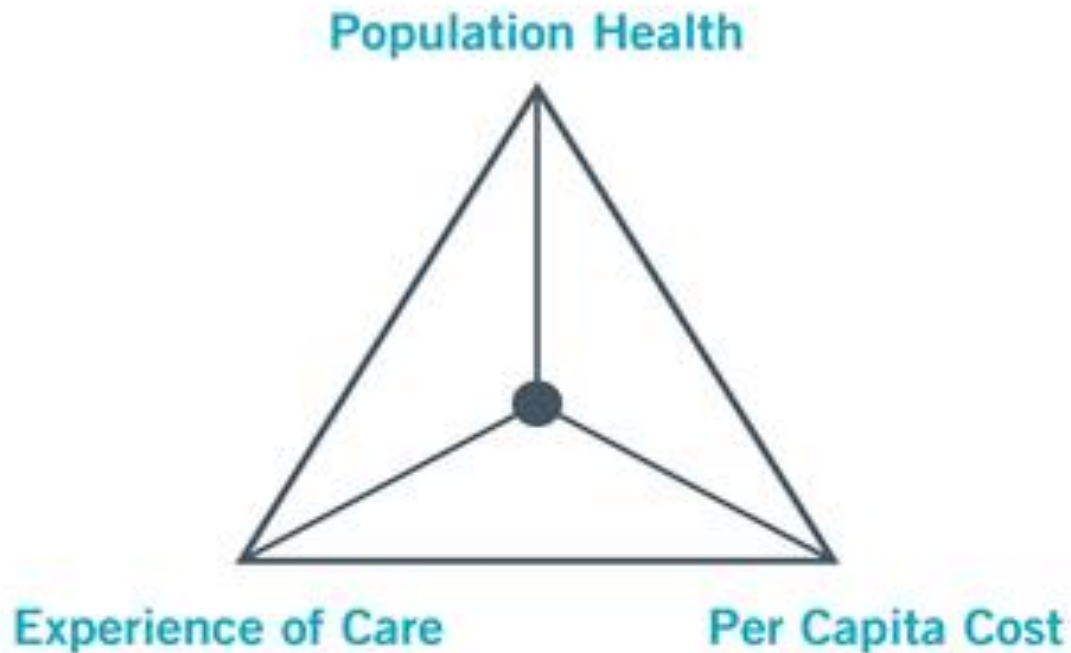
- The EMS System Review has suffered numerous delays
- Two options for the ambulance agreement, RFP or Renegotiation
- Both options require an extension to complete the process

EMS System Review Process

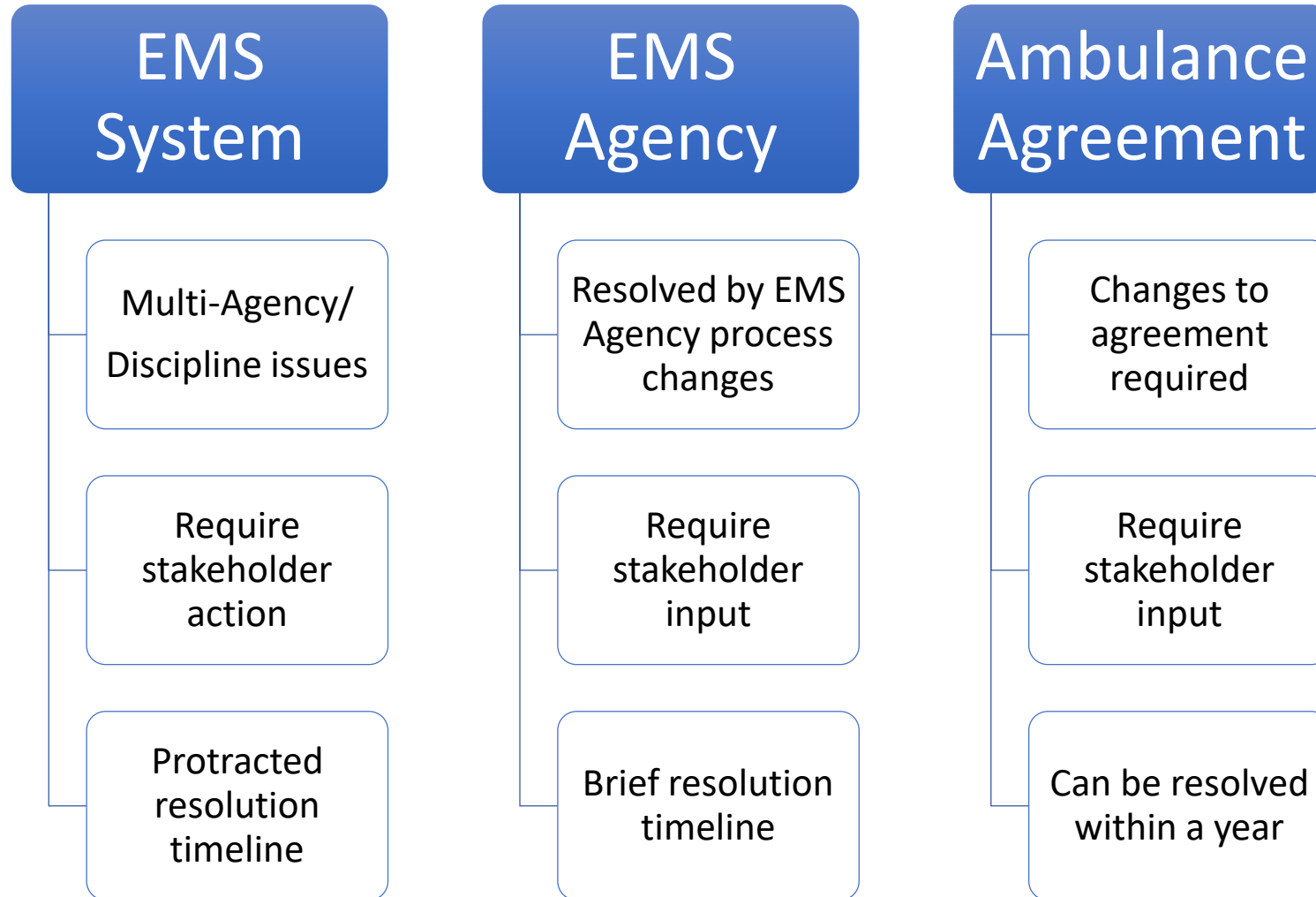
- Phase 1: EMS System Review - *Completed*
 - 10 questions and 8-point SWOT analysis
 - Engaged over 70 providers in the network of the EMS System
- Phase 2: EMS System Design – *In Progress*
 - Develop a strategic plan to address challenges identified in the EMS System Review
- Phase 3: EMS System Design Implementation – *In Progress*
 - Establish timelines, milestones and plans for implementing Phase 2 enhancements. This plan will establish future system assessments and checkpoints

Triple Aim Framework

The IHI Triple Aim



Phase 1 Findings: *Areas for Improvements*



Findings: EMS System

Successes

- “...committed group of caregivers and leaders.”
- Systemic systems and programs in place to improve patient outcomes
 - Cardiac arrest survival rate 41% (SBC) vs 32% (National avg.)
 - Specialty Care Systems
- All providers meet contractual response time requirements

Challenges

- Mental Health patient volume is greater than available resources
- EMS providers need stronger links to social services for patients
- Community outreach not centralized
- The CQI Committee is narrow in scope

Findings: EMS Agency

Successes

- “The SBCEMSA medical director and medical directors of the provider agencies are engaged in the clinical health of the system.”
- The EMS Agency has established effective relationships with stakeholders
- New leadership at the EMS Agency has brought energy to make system changes and improvements
- Supporting Law Enforcement training and use of AEDs

Challenges

- ALS Fire Department agreements are outdated
- BLS Fire Departments feel underrepresented
- The EMS Agency staffing limitations impact regulatory oversight capabilities
- The EMS Agency is slow to implement change
- There is no central repository for public or provider complaints

Findings: Ambulance Agreement

Successes

- AMR achieved an overall response compliance of 92.32%
 - *At the time of the report they had responded to over 16,000 calls*
- AMR maintained contractual financial obligations, despite economic challenges
- AMR supported and partially funded implementation of new ePCR system for all providers
- AMR supported and partially funded dispatch upgrade

Challenges

- ALS Staffing requirement limits provider flexibility
- Contractual financial obligations to EMS System partners increase yearly at a rate that exceeds the rate of the ambulance patient collections
- AMR's staffing and recruitment strategies have not always kept pace with their attrition rate

Phase 1 Findings: *Charges vs. Net Collected*

- The current **NET** value of the system is ***\$19.8M***
 - Based on NET collections for ambulance transports
 - Audited financials from AMR
 - County Fire financial reports
 - This is not net revenue or profit

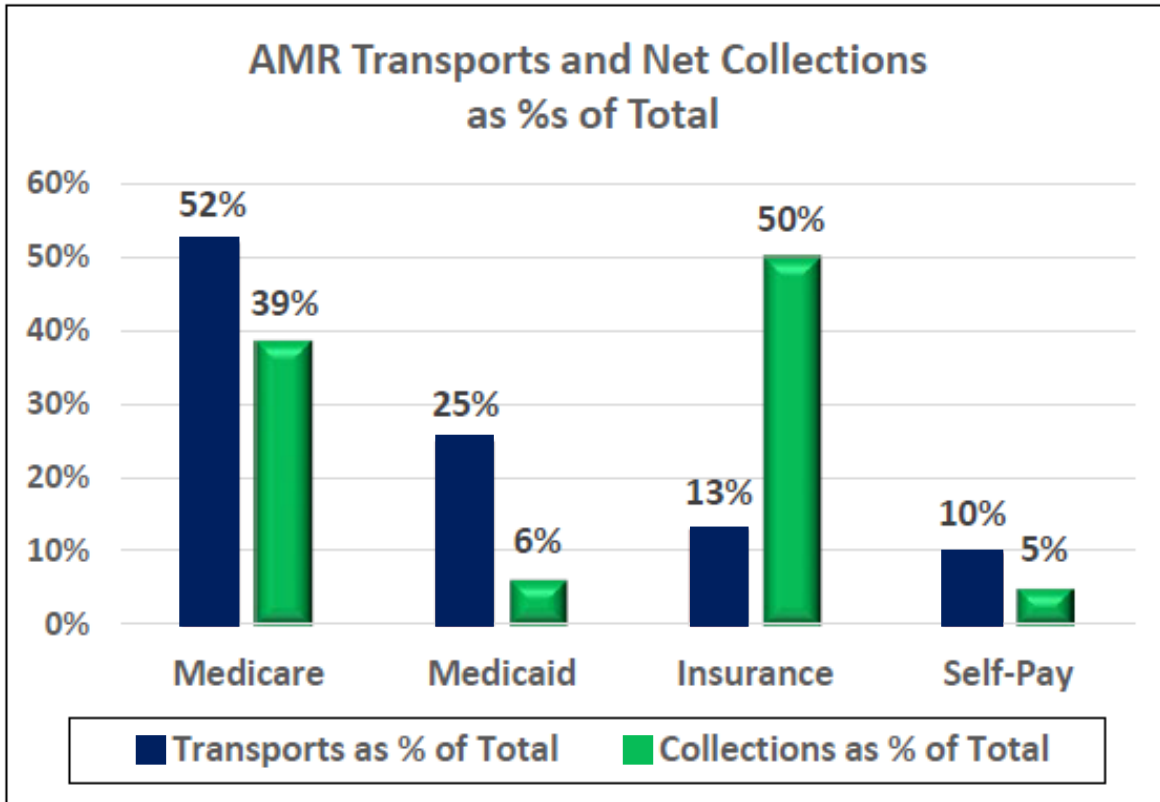
Figure 31. Santa Barbara EMS System — Gross Charges and Net Collections

Gross Charges	Net Collections	Percent Collected
\$82,975,018	\$19,856,913	24%

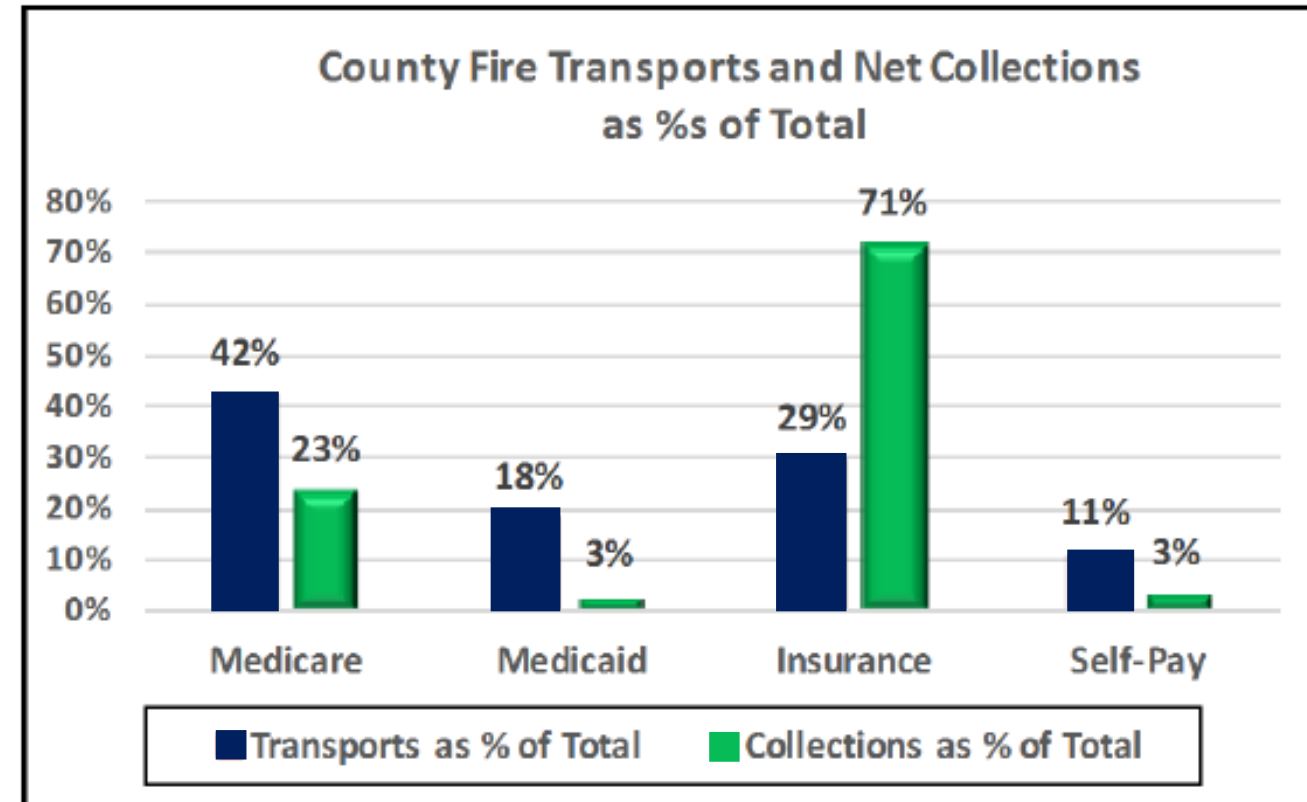
The overall collection rate of 24% of gross charges is fairly typical for emergency 9-1-1 systems and is similar to the rate of a number of high performing systems in the US.

Source: Fitch & Associates Santa Barbara County EMS System Review Phase 1 Report, pg. 48

Phase 1 Findings: Impacts of Payer Mix



- 77% of AMR’s transports represent 45% of their net collections
- High volume of Medicare & Medical/Medicaid transports
- 13% of calls represents half of their collections



- 29% of SBCFD’s transports represent 71% of their net collections
- High volume of private insurance transports (UCSB)

Exploration of Additional Revenue

- In December, 2016 the Board directed the EMS Agency to explore additional funding streams for the provision of EMS care
 - FITCH reviewed these sources as a part of Phase 1

Ground Emergency Medical Transport (GEMT)

- Impact limited to Fee-For-Service Medical Patients
- Represents 3% of ambulance transports

IntraGovernmental Transfer (IGT)

- Available funds in the County already allocated

Quality Assurance Fee (QAF)

- New program with limited reporting (at time of Phase 1)
- Available to public and private providers

Phase 1 Findings: *AMR's Contributions*

CY2018

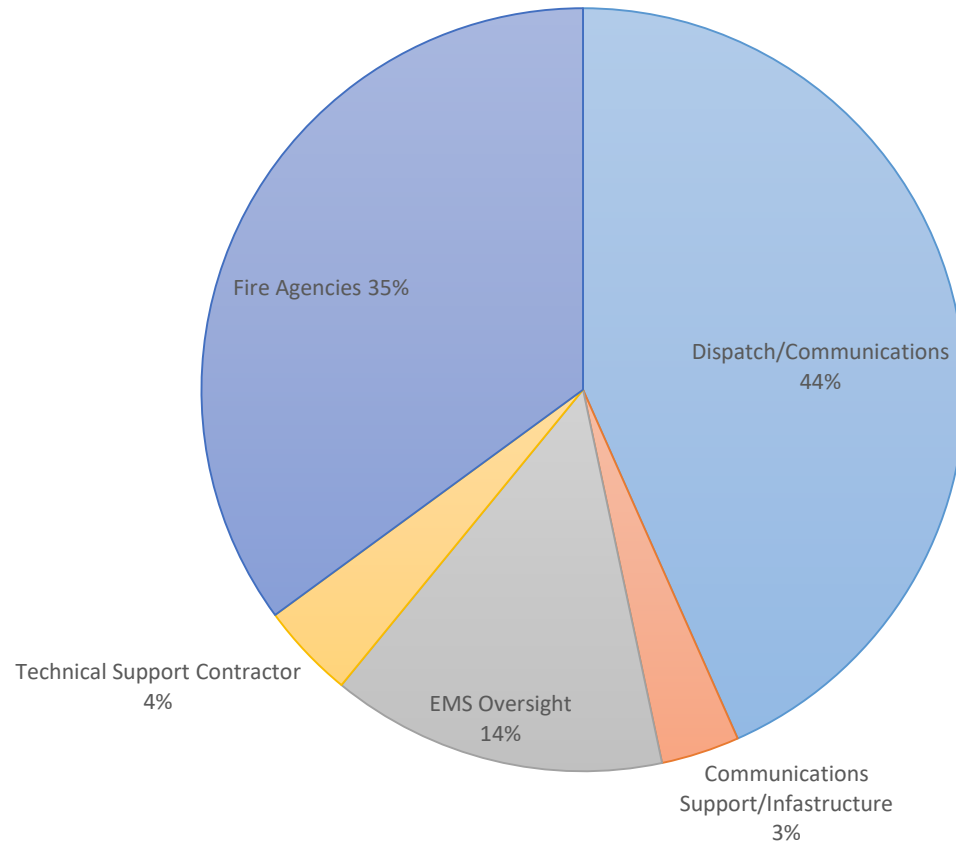


Figure 27. AMR Contractual Supplements to Fire Agencies for First Response Services (in millions)³⁷

	CY2014	CY2015	CY2016	CY2017	CY2018
Reimbursement to Fire Agencies	\$1.112	\$1.133	\$1.146	\$1.196	\$1.224

Figure 28. AMR Contractual Reimbursements to EMS System (in millions)³⁸

	CY2014	CY2015	CY2016	CY2017	CY2018
Dispatch/Communications	\$1.376	\$1.401	\$1.418	\$1.480	\$1.514
Communications Support	\$0.105	\$0.107	\$0.108	\$0.113	\$0.116
EMS Oversight	\$0.452	\$0.460	\$0.465	\$0.486	\$0.497
Technical Support Contractor	\$0.138	\$0.141	\$0.141	\$0.141	0.141
Total	\$2.071	\$2.109	\$2.132	\$2.220	\$2.268

Source: Fitch & Associates Santa Barbara County EMS System Review Phase 1 Report, pg. 33

AMR Contributes \$3.4M annually to the County EMS System (\$39.4M since 2005)

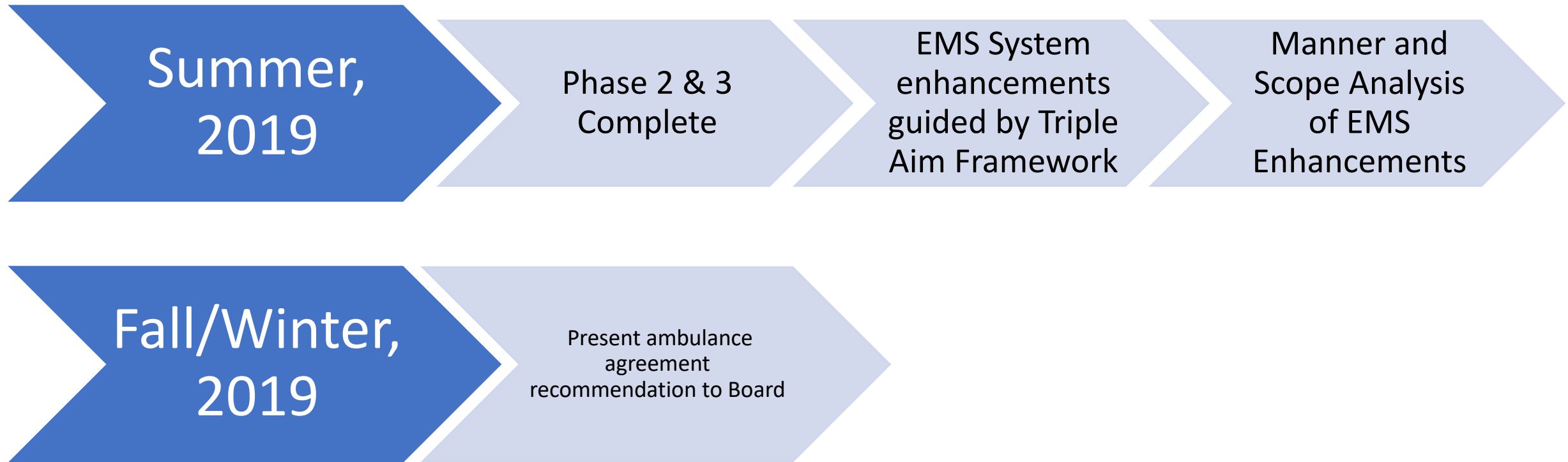
Phase 2 – In Progress

- Engaged limited group of stakeholders
- Focused on four main areas
 - Managing the Impacts of Vulnerable Populations
 - Community Paramedicine
 - The Growth of the 65+ Age Cohort
 - Other Vulnerable Populations
 - Exploring Improvement to the Interfacility Transport (IFT) System
 - Explore Mitigation Options of Mental Health Patients on the EMS System
 - Develop EMS System Operation and Clinical Quality Improvement Metrics
- Phase 3 will be presented concurrently with Phase 2

Phase 2 Highlights

- Explore collaboration with Social Services, Behavioral Wellness, Public Health and homeless advocacy groups for targeted intervention
- Develop Continuous Quality Improvement metrics for IFT's
- Explore alternative transport options for patients on psychiatric hold
- Develop safety metrics for patients and crew members

EMS Enhancement Timeline



Recap

- All three phases of the EMS System Review are expected to be completed by the end of July, 2019
- The report highlighted the County's EMS System performs well
- The report identified some areas for improvement
- Enhancements will be guided by the Triple Aim Framework
 - Health, Outcomes, Cost
- The EMS Agency will return in the fall/winter with a recommendation on the ambulance agreement: Renegotiation or RFP

Questions?

