

January 14, 2016

Regular Meeting

EMS Ad Hoc

Committee

Item #2c

**Committee Findings
& Recommendations**

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To: Mono County Board of Supervisors
From: EMS Ad Hoc Committee
Date: 2/16/2016
Subject: Committee Findings & Recommendations

I. Committee Formation

The Mono County Board of Supervisors expressed a desire to establish an expert committee to study and recommend a high quality, county wide, fiscally sustainable EMS model. On March 17, 2015 the Board approved the establishment of an Ad Hoc Emergency Medical Services Committee made up of members of the both the public and private sectors. The Committee was charged with the following goals:

- i. Analyze current model and cost
- ii. Gather expert input
- iii. Develop options/a recommendation that will support a high quality, countywide, and fiscally sustainable model for the future of EMS

The committee met on the following dates _____. A summary of presentations and information received and materials cited is located in section VII of this memo.

II. Executive Summary

The Committee determined that there were three plausible models for delivery of EMS services in Mono County that meet the goals established by the Board of Supervisors. These are: (1) existing system with modifications that are targeted at enhancing fiscal sustainability while maintaining quality and extending services countywide; (2) EMS integration with Fire Districts; and (3) EMS privatization.

Of these three, the Committee determined that the existing system with modifications model is the preferred/recommended alternative. The other two models were deemed less desirable for reasons described in more detail below.

The Committee also concluded that the success of any of its recommendations depends highly on the execution of a structured implementation plan, which is addressed in section VI of this memo.

III. Background

A. Committee's Understanding of the terms "Countywide," "Fiscally Sustainable" and "High Quality" as Guiding Objectives

Fiscally Sustainable

A fiscally sustainable EMS means one that responsibly minimizes and balances the county contribution from the general fund with support of other county services by maximizing other revenue streams and containing cost. Factors to consider:

1. Creating a 3 to 5-year master plan, including finances and general fund impact over time, with best projections and expense control to improve predictability.
2. Community education and involvement in planning, plan execution and continuing services.
3. Pursuing all potential revenue sources, e.g. Taxes, grants, subsidies, revenue cycle management.
4. The need to balance service quality, County wide access and fiscally sustainable.

High Quality

High quality for Mono County EMS means a clearly defined, well managed system that provides an integrated continuum of EMS care with flexibility considering regional population variance and risk assessment. Factors to consider:

1. ICEMA requirements and EMS industry benchmarks and applicable consensus standards. Measurable standards and objectives (e.g. response time, level of care, patient satisfaction).
2. Coordination with other entities providing care, e.g. hospital, base station, public health, veterans affairs, other providers, including for patient follow-up, preventative health and Community involvement.
3. Well trained, competent manager and staff operating under defined SOPs.

County Wide

A countywide EMS means clearly defined access to appropriate ALS services for all residents and visitors in all areas based on community needs, geographic region, population and accessibility. Factors to consider:

1. Risk assessment, including seasonal population variation, i.e. peak and shoulder seasons.
2. Applicable benchmarks and consensus standards (e.g. response times)

B. Description of Existing System

The primary provider of ALS transportation services in Mono County is the County Paramedic Program. However, the EMS System does not involve one agency, but a multitude of agencies to provide both ALS and BLS services across the County. These agencies may provide these support services on either a paid, volunteer or mutual aid basis, ~~while some make up the required State and Local mandates of providing EMS.~~ The Mono County EMS System consists of:

Mono County Paramedics
East Fork Fire & Paramedic Districts

MWTC
Symons Ambulance
County Volunteer Fire Districts
MCSO Dispatch
Mammoth Hospital/Base Station
Public
Aircraft, Fixed & Rotary

IV. Recommendation

A. Pursue the "Existing System with Modifications" Model

a. Modifications

i. Fiscally Sustainable

1. Provide administrative and organizational development commensurate with the elements in the "Structured Implementation Plan"
2. Keep program costs within the "Annual Operating Plan" (i.e., a yearly "slice" of the strategic plan, adjusted for annual revenue projections)

ii. Enhanced Management Capacity

1. Use County Board of Supervisors policy direction to write and adopt a rolling 5-year strategic plan
2. Provide administrative and organizational development commensurate with the elements in the "Structured Implementation Plan"

iii. Deployment Modifications

1. Investigate matching service level staffing to seasonal service level demands.
2. Pursue collaboration with local Fire Districts on EMT basic training and greater involvement with Program personnel; including training, station assignments and additional duties.

The Committee recommends that the Board of Supervisors maintain the essential features of the existing system, but implement modifications that are targeted at enhancing fiscal sustainability while maintaining quality and extending services countywide. The recommended modifications fall into the following categories, each set forth below.

Note that individual items listed below have not been analyzed to determine which may be implemented immediately, and which would be the subject of negotiations. They also have not been vetted for legal barriers. If any particular item is to be pursued by the county, then those questions need to be answered.

Modifications to Reduce Costs

- Improved record keeping / data management
- Long range strategic and master planning
- Right resource, right time
- Multiple unit types and staffing models

- Effective use of reserve employees
- Negotiations and MOU
- Alternative scheduling
- Reduce staffing / resources during shoulder season
- Eliminate scheduled OT / (7K)
- All positions 50/50 Paramedic / EMT

Modifications to enhance Revenues

- Actively pursue available grants
- Explore enhanced collections sources, GEMT, IGT
- Improved record keeping/data management
- Improve capturing of all available charges
- Increasing Fees for service
- Town of Mammoth Lakes participation
- Emergency services JPA / contracts funding
- Jail medical coverage with funding
- Utilize special tax for all or part of County
- County and Town special event permit fees
- Subscription service
- Sales tax, business tax
- Create Paramedic Districts

Modifications to Enhance Deployment

- *Create County Wide Standards of Cover*
- *Use of ALS squads*
- *Use of BLS units dependent on resource needs*
- *Contracts / Mutual Aid agreements with EFFPD, MWTC, Symons*
- *Improvements in dispatch / EMD / CAD*
- *Community engagement with CPR / training volunteers*
- *Consolidate stations to expand services*
- *Greater involvement with local volunteer Fire Departments*

- *Modifications to enhance Management Capacity*
- *Well qualified manager*
- *Station Captains given greater responsibility and oversight*
- *Succession planning*
- *Place Program under County "Office of Emergency Management"*
- *Create governing Board using Supervisorial Districts and appointments*

B. Reasons Integration with Fire and Privatization Models Not Preferred

Private

- Concern with standard of care/level of service
- Over time, subsidy increasing, oversight still required
- Examples from other jurisdictions, (Contra Costa)
- Difficult to go back
- EOA competitive bidding
- Previously was private –American Ambulance, wanted higher subsidies
- Less County control

This committee does not recommend the private option as the sole provider for Mono County. We are concerned that pressure to make a profit will erode the Standard of Care (Advanced Life Support) and the Quality of Service (response time). Private enterprise by its nature has to focus on profit. The economic environment of EMS in Mono County is characterized by low volume, high cost, and low reimbursement. This is not an advantageous situation for private enterprise.

In the appendix is a report from Contra Costa County. They are in a similar situation: low volume and low population spread over a large service area. Their private provider could not make a profit and required additional subsidies to continue operation. We were told by Tom Lynch of ICEMA that this is not uncommon and is a trend affecting all rural counties. Private providers struggle to make a profit in low volume areas and therefore demand subsidies from the county or City they serve. This trend is further fueled by the larger healthcare trend of lowering reimbursement rates resulting from consolidation among insurers with rates effectively set by Medicare and MediCal. According to Mr. Lynch this trend is likely to get worse not better with continued implementation of the Affordable Care Act.

We would like to point out that we **do think** there is room for cost control within the system without compromising the Standard of Care or Quality of Service. Cost control ideas are presented elsewhere in this report.

Fire Based

- Resource limitations of the individual districts (largely volunteer)
- Diverse districts with varied standards, capabilities, philosophies, governing boards, funding, . . .
- Limit to amount of integration without affecting the EOA
- Mono Chiefs not interested
- County has no authority over independent special districts (Fire Districts).

Pros and Cons of each model

1. Existing System with Modifications

Pros

- Comfort / consistency

- Retained County control
- Ease of expansion or contraction to suit needs
- Known commodity among other responding agencies within county

Cons

- Potential for inaction
- Can current leadership implement necessary changes?

2. Integration with Fire

Pros

- Increased levels and types of service
- Increased value
- Potential for better ISO ratings

Cons

- Difficult to implement
- Currently unidentified funding source
- Political resistance
- Possible issues to train current employees
- Might not provide county wide benefit

3. Private

Pros

- Potential for immediate short term cost savings
- Provider would be self contained with own management and administrative structure

Cons

- Unknown future subsidy
- Lifetime commitment to RFP process
- Concern about quality and levels of service
- Loss of institutional knowledge

V. Limitations

During the committee's review of the three models, we were unable to explore the "private model" sufficiently with the limited time allocated, (12 meetings over 7 months). The committee received only one presentation from the private sector which was limited in it's scope and options. A Request for Proposal (RFP) would be required to evaluate potential private contractors, service levels and costs. Additionally, the Board of Supervisors was unable to provide a specific dollar figure for achieving fiscal sustainability.

VI. Implementation

Structured Implementation Plan

- a. Recruitment/Development of a Program Manager/Director
- b. Development of an Assistant Program Manager
- c. Integrated Organizational Performance Management Strategy
 - i. Review and consider adjustments to
 1. Personnel Evaluations
 2. Performance Awards
 3. Performance Improvement and Discipline
 4. Personnel Development
 - ii. Integrated Rolling 5 Year Strategic Plan
 - iii. Set Service Levels and budget for commensurate
 1. Staffing Levels
 2. Equipment
 3. Training
 - iv. Annually adjust strategic service level goals to strategic projections (e.g., tax revenues, negotiated labor costs, roll-ups, etc.) to create an annual operating plan (AOP).
 1. Compare "AOP" to year-end delivery metrics, evaluate +/- performance
 2. Align previous year performance with goals for next year-end strategic plan.
- d. Form Virtual Staff for Final Program Design
- e. Implementation Deliverables
 - i. Consider a managing consultant strategy (involved in the writing and execution of the deliverables over an 18-24-month period)
 1. Designed as a performance driven RFP
 - ii. Alternative Option
 1. Regional/Local retired/semi-retired personnel familiar with the Eastern Sierra EMS system
 2. Should include total cost, common PERS restrictions, and qualifications
 - iii. Upon conclusion of the 18-24-month period, transition program management from managing consultant to recruited Program Manager and Assistant.

VII. Sources of information

Presentations Add links below to each of the full presentations

- i. Tom Lynch – ICEMA CEO
 1. State, Regional, and Local EMS Oversight

2. Overview of EMS Trends
 - ii. Dave Fogerson – Asst. Chief, East Fork Fire & Paramedic Districts
 1. Fire Perspective of Fire/EMS System Integration in Douglas County
 - iii. Dr. Rick Johnson – MHOAC
 1. Survey of County EMS Systems w/ Less Than 40,000 Population
 - iv. Ray Ramirez – Asst. Chief, Ontario FD
 1. GEMT/IGT Reimbursement
 - v. Bob Rooks – Retired Division Chief, MLFPD
 1. History of Mono County Paramedic Program
 - vi. Judd Symons – Operations Manager, Symons Ambulance
 1. Private Perspective of EMS Delivery in Mono County
 - vii. Dan Flynn – EMT, Mono County Paramedic Rescue Association
 1. Association Perspective of EMS Delivery in Mono County
 - viii. Frank Frievalt – Fire Chief, MLFPD
 1. Integrated Operational Response Scenarios
- b. Professional Literature
 - i. Previous Consultant Reports
 1. 1991 – The Abaris Group; Draft II County of Mono EMS/Paramedic Program Business Plan
 2. 2012 – Fitch & Associates; EMS Assessment
 - ii. Pertinent articles – various sources
 - iii. Standards
 1. NFPA
 2. AAA
 3. AHA
 - iv. EMCC Annual Reports
- c. Agreements
 - i. Mono-Inyo-San Bernardino JPA
 - ii. EOA
 - iii. MOU
- d. Current EMS System and Paramedic Program Review
 - i. Fiscal Analysis
 1. Leslie Chapman - CFO
 2. Ralph Lockhart – Private Sector Health Professional
 - ii. Legal Analysis
 1. Stacey Simon – Mono County Counsel

I. Discussion:

The catalyst for committee formation was pressure to make the system fiscally sustainable following the need to supplement the program's budget last fiscal year. While the committee recognizes fiscal sustainability as the primary driver initiating its' inception, and that it is also one of the three guiding

objectives for any program model recommendations, the committee also feels the necessity to articulate it as a symptom of overall program strategic policy and administration. The scope of services and level of funding are policy decisions; the execution of those services within budget constraints is a function of administration. The current EMS system is based on years of incremental operational changes and adjustments to service demands, available resources, and relevant EMS administrative law; it is not a system built from a comprehensive review of needs and resources. This is important because the process of "fixing" it cannot rely on putting the program back within its' original design parameters; there are no blueprints to bring it back into any agreed upon levels of compliance. For these reasons, the committee believes that any program model will need to be delivered within the bookends of policy guidance from the Board of Supervisors (i.e., what they want the program to accomplish), and administration (i.e., executing policy direction within budget and professional best practices). We believe the successful linkage of policy direction and service administration will be best accomplished through an executable implementation plan.

Early in our deliberations succinct guidance was offered; "Deliver the service for as little as possible." Embedded in this concise guidance however are many unspoken expectations that only emerged when unmet. These expectations generally fell within three categories. Consequently, the primary goal of the Committee was to review the current EMS system within Mono County and recommend a Model that will be "Fiscally Sustainable, High Quality and County Wide".

With this in mind the Committee developed three Qualifying Models that could meet these goals.

- Qualifying Models
 - a. Existing System with Modifications
 - b. EMS Integration with Fire Districts in Mono County
 - c. Private Provider for ALS Ground Transport

Additionally, when reviewing the qualifying Models, the one reoccurring objective for each of these Models, is to provide a strong management structure to oversee the System. For that reason and dependent on the Model ultimately chosen by the Board of Supervisors, the feasibility of restructuring management and the Department where the Paramedic Program is placed; needs to be considered.