EMS System Redesign Executive Summary

Introduction

Alameda County Emergency Medical Services (EMS) entered into a five-year contract with Falck Ambulance in July 2019 to provide prehospital care and transport for the residents of Alameda County. When the contract was executed, the Board of Supervisors asked EMS to spend time during the initial phases of the contract to re-envision what the system might look like in the future.

EMS pulled together a diverse group of stakeholders, including representatives from fire, labor, EMS providers, community partners, public and private hospital providers, clinics, core city and county representation, legal and technical experts and many others to analyze what system might best serve the county going into the next decade.

Background

The EMS System Redesign Workgroup held its first meeting in October 2019. In looking at system models around the country the group concluded there is no such thing as a perfect system model. Each system has pros and cons based on community needs and other factors specific to the population served. The group agreed it is important to design the right delivery model for Alameda County – one that focuses on results and ensures quality performance.

The goal of the EMS System Redesign Workgroup is to get the appropriate level of care to residents and visitors of Alameda County in medical need. This means, adjusting the prehospital care to specific patient need, and acknowledging that every patient DOES NOT need to be transported to the emergency department.

The EMS Agency is in process of procuring a consultant to help support the ambulance RFP process which will be comprehensive, competitive, and open to whichever delivery model or concept best serves Alameda County.

Guiding Principles

The guiding principles for the EMS System Redesign include: accountability, the ability to deliver results, independent oversight, collaboration with stakeholders, accounting for all service costs, economic efficiency, recruitment and retention of the workforce, high performing system, and customer satisfaction.

Workgroup Process

The EMS System Redesign Workgroup broke into smaller groups to explore specific issues related to system design. Due to the COVID pandemic much of this work was conducted remotely through video chat, Teams and Zoom. Each workgroup contained diverse stakeholders and subject matter experts. These workgroups were focused on five different topics:

- EMS System Financial Stability/Service Reimbursement,
- EMS Workforce,
- Evolving Patient and Community Needs,
- System Performance Benchmarks, and
- Technology.

The workgroups met independently from February 2020 through September 2021 to develop recommendations. Throughout the process, the larger EMS System Redesign Workgroup has continued to elicit input and suggestions from other stakeholder workgroups, stakeholders, line providers, community groups, and city leadership.

Workgroup Results

EMS System Financial Stability/Service Reimbursement workgroup explored a Joint Powers Agreement (JPA) model for the system. They concluded it is best to leverage funding from a variety of sources for the system. Different system models will require different funding mechanisms. They recommend ongoing analysis of payer mix and fiscal system sustainability. The EMS System Financial Stability/Service Reimbursement workgroup noted that further research is needed to determine the cost of providing services, impacts of workforce and staffing, and feasibility of mixed models, including payer mix and reimbursement.

The *EMS Workforce* workgroup concluded that staff safety and well-being should be an important cornerstone of the new Alameda County EMS System. They suggested a focus on staff safety while continuing to work on union workforce protections. These suggestions include:

- Ensuring the establishment of facilities for EMS staff health and safety,
- Developing a model to allow career growth and job satisfaction,
- Greater workforce input into equipment and ambulances,
- The EMS system should be served by a public entity and the EMS transport system should be governed by a Joint Powers Authority,
- Preserving the exclusive operational area (EOA) and maintaining, and improving, the geographical response and compliance zones for the Alameda County EMS system,

- Alameda County EMS Agency, in conjunction with EMS Workforce input, should guide the system design based on each service area's needs,
- The workgroup recommended that the EMS transport provider maintain the direct supervision of the EMS Transport crews,
- Restrictions on shift lengths and emergency holdover in the current contract should be continued into any future contracts and models.

The *Evolving Patient and Community Needs* workgroup focused on the people being served by the EMS system. Overall, the group recommended more accessibility and integration. They suggest a better integration of existing services in a more accessible way and into an accessible platform. This includes:

- Providing focused attention, education, equipment, and training pertaining to populations requiring specialty care,
- Creating a Legislative Action Group to increase legislative engagement and to mitigate barriers and create new paths to serve the community,
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The *System Performance Benchmarks* workgroup focused on how the EMS system redesign will be measured and the ability to evaluate continuity of care. This would involve a more fluid and dynamic approach to call prioritization based on data, including an exchange of health data with hospitals. This group notes that for providers to get feedback on patient care, the Health Data Exchange throughout the EMS system will need to be tested. The System Performance Benchmark working group suggests the creation of a system to measure the quantity, efficiency, and effectiveness of resource utilization. There would need to be an evaluation of the continuity of care, from the initial call to patient outcome, including call times. The response time, clinical need, and outcome would all need to be balanced. The measurements outlined in the existing Alameda County EMS Quality Improvement Plan would need to be fully implemented. There would need to be an evaluation of the system-wide expenditures and revenues to ensure fiscal health and responsibility. The System Performance Benchmark working group recommends an exploration of balancing response time requirements with clinical intervention/outcome standards. This can be done by moving the Medical Priority Dispatch System (MPDS) Coding/Call Prioritization out of provider contract(s) to allow for dynamic reprioritization of MPDS codes based on evolving data.

The final working group focused on *Technology*. They recommend increasing interoperability and operational awareness of all resources, not just 911. It would be beneficial for the EMS system if the Telehealth system was improved and there was more Dispatch Initiated Triage and Navigation by an imbedded clinician. This group suggests an improvement to the communication between field and hospitals/alternative destinations. Specific technological advancements made by this workgroup include:

- Next generation of 911, specifically the ability to text 911,
- Interoperability with on-scene tablet-based device using Wi-Fi, and Automatic Vehicle Location (AVL) for all resources, including BLS/IFT resources,
- Create an application to access Community Health Records and link the assigned caregiver to track patients in real-time.

Just as the System Performance Benchmarks group recommended an improvement in data sharing, the Technology group recommended changes to the data sharing for PSAP to patient discharge, and improving telehealth in the dispatch center. They also recommend making it possible for the fire department, ambulance, and emergency department to securely share data. The Technology workgroup found that additional medical staff would be beneficial to the system. For example, adding full-time MD or RN with specific ED and MPDS training to further assist with triaging responses into the Dispatch Center to assist with Alternative Destination and Transport Method decisions. This would allow the CATT team, or other EMS resource, to alert the caregiver to arrange for alternative treatment or destination. In addition, it would allow field staff to make destination decisions based on patient needs and "real time" facility status. The workgroup recommends allowing EMS field personnel to continue providing sound discretion to assess and refer low-acuity patients to alternate destinations or assist with follow-up through Community Paramedicine.

This can include using a web-based system to access community health records and create follow-up visits. For Behavioral Health patients, the destinations should be based on patient needs. A process-driven change that would benefit Alameda County's EMS system is the creation of a "Triage System" for Hospital EDs to support EMS system stability.

Next Steps

The results from the workgroups, EMS System Financial Stability/Service Reimbursement, EMS Workforce, Evolving Patient and Community Needs, System Performance Benchmarks, and Technology, will be used to inform the EMS system redesign for Alameda County to ensure patients are receiving the proper, safe care.

With the new ambulance contractor scheduled to beginning providing service July 1, 2024, the EMS System Redesign Workgroup will wrap up its exploratory work December 2021. The EMS Agency and the consultant brought on board to help develop the RFP is soliciting final stakeholder engagement through focus groups, presentations and suggestions using ems.redesign@acgov.org. Writing the Ambulance Transport RFP is planned for March and April 2022. The tentative release of the Ambulance Transport RFP is scheduled for September 2022. Award of the contract should occur in April 2023. From April to June 2023, the successful

bidder’s contract will be negotiated. Once finalized, the implementation period for the new contractor will begin in June 2023 and will begin providing service on July 1, 2024.