

Alameda County EMS System Redesign

Community Education, Engagement, and Input

Community Forum II

2/2/2022



Alameda County
Health Care Services Agency



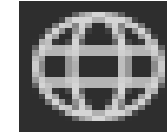
Interpretation

The following presentation has interpretation in Spanish, Vietnamese, and Cantonese.

To start this function:

1. Click the Interpretation icon, the globe or world symbol
2. Select Spanish, Vietnamese, or Cantonese as your language

- Optional: To listen to only Spanish, Vietnamese, or Cantonese audio, click on "Mute Original Audio"



For PC and
Android



For iPhone and
Mac

Agenda

1. Housekeeping
& Welcome
2. EMS Panel
Presentation
3. Community
Q&A

Everyone:
Please mute your microphone
when not speaking

Please ask your questions
in the Q&A function.

Summary of 1/18/22 Forum

- **Purpose of EMS System Redesign**
 - Building an EMS system that comprehensively navigates people to the most appropriate service system resources based upon acuity.
 - EMS is not the lead in overall service system development
- **EMS's primary role is health care navigation**
 - Assessment, triage, and navigating people in a stable manner to the appropriate, definitive resource
 - Service matches the need: health care systems, substance abuse, community supports, housing, or crisis services
 - Individually defined road map of what they need
- **Connection to Community & County Partners**
 - How can EMS can work with CBOs/FBOs to support community members
 - Using partnerships to care for people with MH crises

Why are we here?

EMS System (9-1-1 Ambulance System) Redesign

- Equitable Access
- Fiscal Responsibility
- Appropriate Destination for All Patients
- Sustainability

Now is our chance to make our EMS system better! We need community feedback to accomplish that.

User experience, system partner feedback, and technical regulatory requirements inform the system redesign.

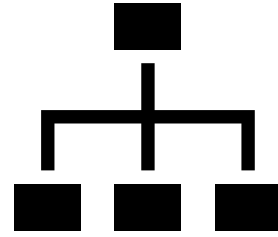


EMS System: By the Numbers

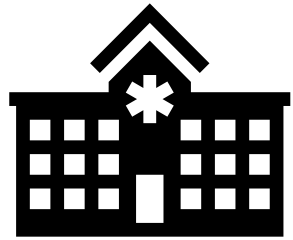
5	9-1-1 ambulance transport operating areas	Albany Berkeley Piedmont Alameda Rest of County (Falck)
6	Fire/EMS dispatch centers	
10	Fire Depts	First Responder Advanced Life Support
14	Interfacility ambulance providers	
15	9-1-1 receiving facilities	3 Trauma centers 7 STEMI centers 8 Stroke centers 2 Behavioral health facilities
160k	160,000 calls per year	50% of volume in Oakland



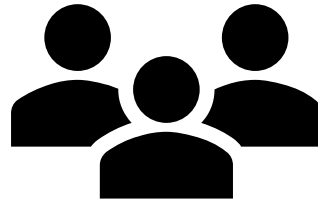
Addressing Community Needs



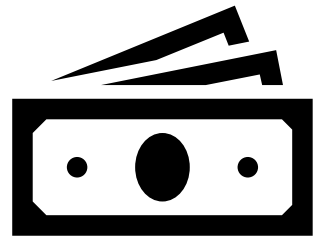
System Structure



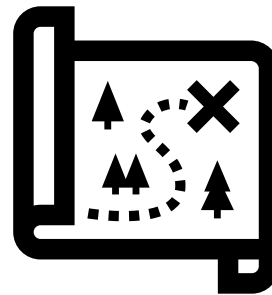
Hospital Saturation



Staffing



Financial Stability

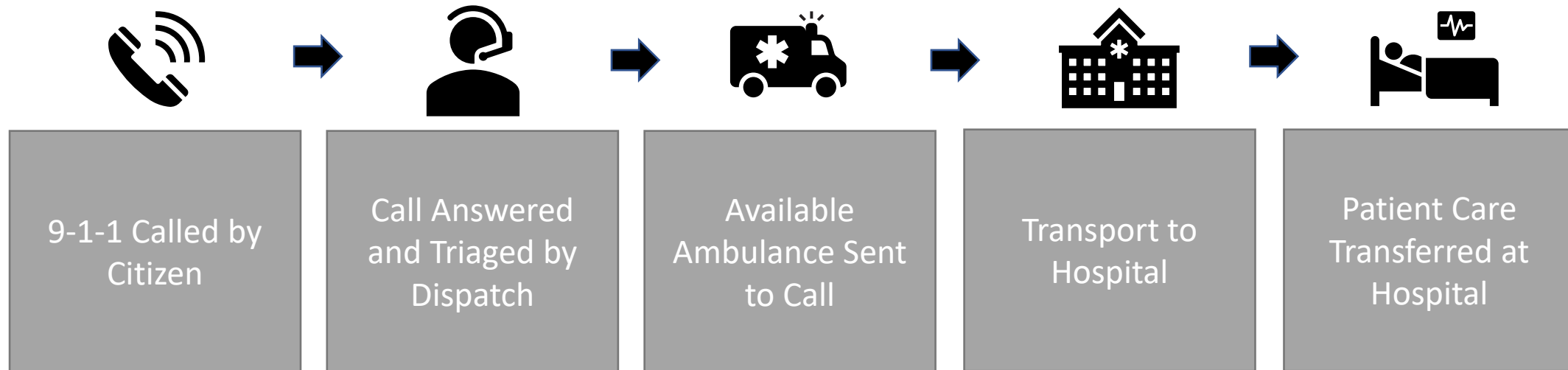


One Pathway Model

Biggest Challenges Facing EMS System



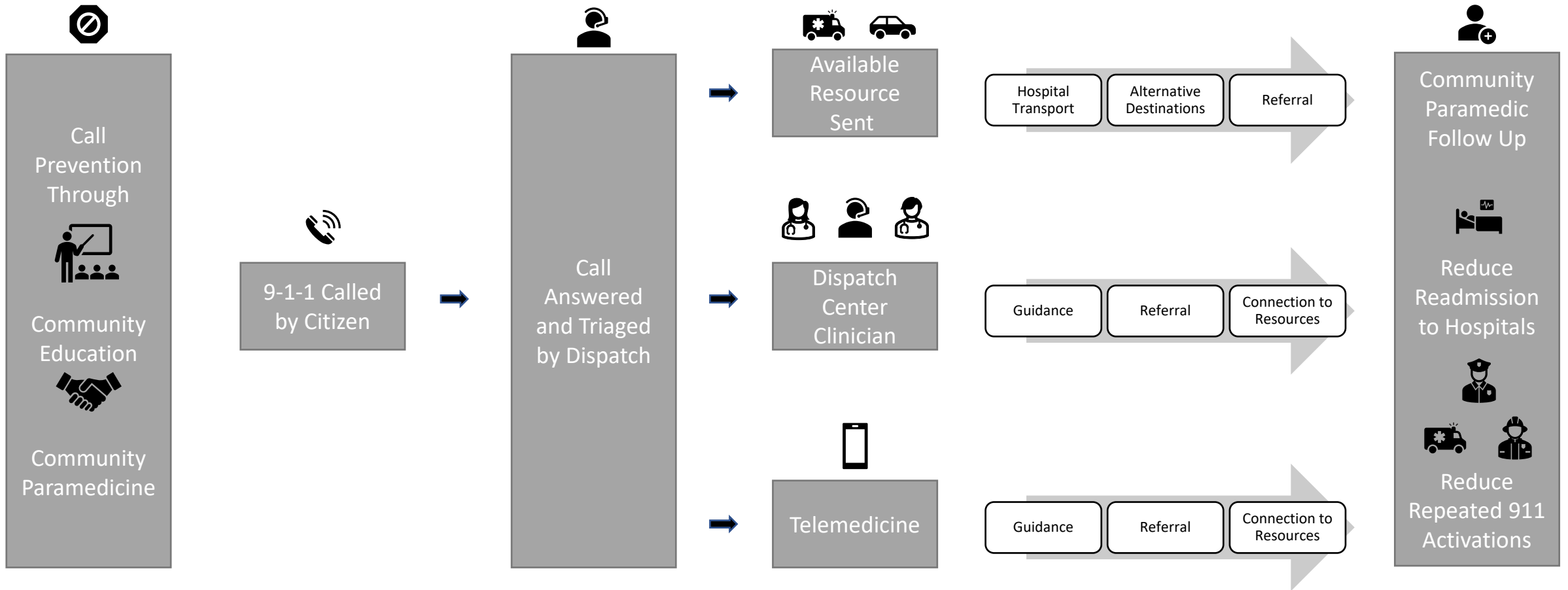
Current 9-1-1 ambulance response



[EMS System Statistics](#)



Envisioned System



Community Experience- *Scenario 1*

Individual calls 9-1-1 due to ear pain. Feels like previous ear infection. No primary care provider. No transportation to get to hospital to be seen.

Current System

- Ambulance and Fire Department dispatched.
- Patient transport to Hospital Emergency Room.
- Patient billed for transport and ER services.

Envisioned System

- Call triaged to telehealth or dispatch clinician.
- Symptoms assessed by RN or MD.
- Potential for prescription if needed.
- Referral for primary care services.
- Patient never leaves home.
- No transport or ER bill.



Community Experience- Scenario 2

9-1-1 called for an adult experiencing a behavioral health crisis. There is no evidence of violent behavior, ingestion, or injury requiring medical intervention.

Current System

- Law Enforcement, Ambulance and Possibly Fire Dept responds.
- Individual potentially placed on 72-hour hold.
- Individual transported to John George or Emergency Room.
- Billed for transport and services at destination facility.

Envisioned System

- Telehealth or alternative specialized behavioral health response without law enforcement.
- Behavioral Health Assessment and use of Community Health Record to determine links to resources.
- Explore alternatives to 72-hour hold.
- Ability to refer for services or transport to alternate destinations such as clinics, crisis facilities, or to private behavioral health provider.



EMS System: Lessons from the Field

EMS System from the perspective of an ER doctor

- Equitable Access
- Fiscal Responsibility
- Appropriate Destination for All Patients
- Sustainability



System Partner Workgroup Recommendations & Priorities



EMS System Financial Stability / Service Reimbursement	EMS Workforce	Evolving Patient & Community Needs	System Performance Benchmarks	Technology
<ul style="list-style-type: none"> • Leverage variety of funding sources to include IGT, ET3, and potential fees or taxes • Mechanism for continual payer mix and fiscal analysis • Consider financial impacts of different model types 	<ul style="list-style-type: none"> • A public model would be ideal • Focus on staff safety and well-being • Continue workforce protections • Greater workforce input into equipment and ambulances 	<ul style="list-style-type: none"> • Increased legislative engagement to mitigate barriers and create new paths to serve community • Provide better integration of services in a more accessible way • Provide focused attention, education, and training pertaining to populations requiring specialty care 	<ul style="list-style-type: none"> • Ability to evaluate continuity of care from phone call to outcome • Health Data Exchange with Hospitals • More fluid and dynamic approach to call prioritization based on data • Balance response time vs. clinical need vs. outcome 	<ul style="list-style-type: none"> • ↑ interoperability • Operational awareness of all resources not just 911 • Telehealth • Text to 911 • Dispatch Initiated Triage and Navigation by an imbedded clinician • Better communication between field and hospitals/alternative destinations



Redesign Timeline and Next Steps

MILESTONES	TIMEFRAME
Continued Community Engagement/Education	Through Mid Feb 2022
Additional Input Accepted at: EMS.Redesign@acgov.org	Through Mid Feb 2022
Consultant Process	Complete by Mid Feb 2022
System Evaluation and Input Analysis	February to April 2022*
RFP Development	April to September 2022*
RFP Release	October 2022*
Completion of RFP and Selection Process	June 2023
New Ambulance Contract Starts	July 2024

*Tentative Dates – Subject to Change as Needed



Community Questions

- What is the whole concept behind EMS system Redesign?
- How can patients avoid surprise bills and bill collections for an ambulance ride when there is not insurance pre-authorization?
- How can we enhance the partnership between EMS providers and midwives for homebirths?
 - Education of EMS providers about community birthing?
 - Care coordination between midwife, EMS providers and local hospitals?
 - Role of 911 dispatch in care coordination?



Community Questions

- What are our options for substance use conditions in particular around medical detoxification options?
- How can I support my client who calls 911 repeatedly even when there is no medical reason to call?
- Are mental health and homelessness triage task forces included in this redesign? Would love to see humane interventions in the form of trained social workers deployed to ease the burden on EMS so that EMS can handle true medical emergencies.
- When will the public be notified of the new EMS Redesign rollout?



Thank you for your time!



Questions?



Have input and
comments?

EMS.Redesign@acgov.org



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