

EMS RFP Update



Today's Focus

To provide a high-level overview of the draft of the Alameda County EMS RFP to be issued in 2023.

Until such time as the necessary final reviews and approvals are obtained, we are unable to discuss specifics.

Disclaimer

- The information presented here is based on a draft of a Request for Proposals (RFP) that requires regulatory approvals and is subject to change before release.
- Any information presented here should not be relied on for the formation of any proposal or submission regarding the RFP.
- The official RFP and any addenda thereto will be posted on the Alameda County Procurement Website maintained by the Alameda County General Services Agency.

Presentation Overview

- Background & EMS System Redesign Process
- Consultant Introduction
- Draft RFP Overview
 - Guiding Principle and Core Areas
 - Review of Selected Provisions

Background & EMS System Redesign Process

Background

- EMS Agency holds responsibility for regulating local service operating area and procuring the ambulance provider
- Last EMS RFP awarded on October 1, 2018, with current contract ending on June 30, 2024
- Your Board requested a collaborative process that broadly reached the stakeholders for input and feedback
- Next RFP informed by extensive stakeholder process and forges an innovative path forward

EMS Redesign and RFP Timeline

MILESTONES	TIMEFRAME	
EMS Redesign Process launched		✓
Stakeholder Workgroups convened	August 2019 – December 2021	✓
Community Engagement	November 2021 – February 2022	✓
System Evaluation and Input Analysis	January – May 2022	✓
RFP Development	May – December 2022*	
RFP Release	First Quarter 2023*	
Completion of RFP and Selection Process	June 2023*	
New Ambulance Contract Starts	July 2024	

*Tentative Dates – Subject to Change as Needed

EMS Redesign Process

- Two-year long Stakeholder Workgroup process
- Extensive Community Engagement
- System evaluation and input analysis
- Final recommendations and vision: system improvements through enhanced patient care and leveraging the full array of emergency care options

Stakeholder Workgroups

Original stakeholder team comprised of over 100 representatives across the spectrum of responsibility including fire department leadership, private and public ambulance provider leadership, line-level providers, city leadership, dispatch, hospitals, and more.

Meeting between August 2019 and December 2021, the stakeholder team separated into five workgroups:



EMS System Financial Stability/Service Reimbursement



EMS Workforce



Evolving Patient and Community Needs



System Performance Benchmarks



Technology

Community Engagement

- Between November 2021 and February 2022, forums to present the EMS Redesign in order to foster discussion and feedback were held with the following community groups:
 - Public Health Commission
 - City Managers
 - REACH
 - Older Adult Service Providers
 - Access and Functional Needs Community
 - Community At Large
 - COVID Advisory Group
 - EMS System Partners & Stakeholders

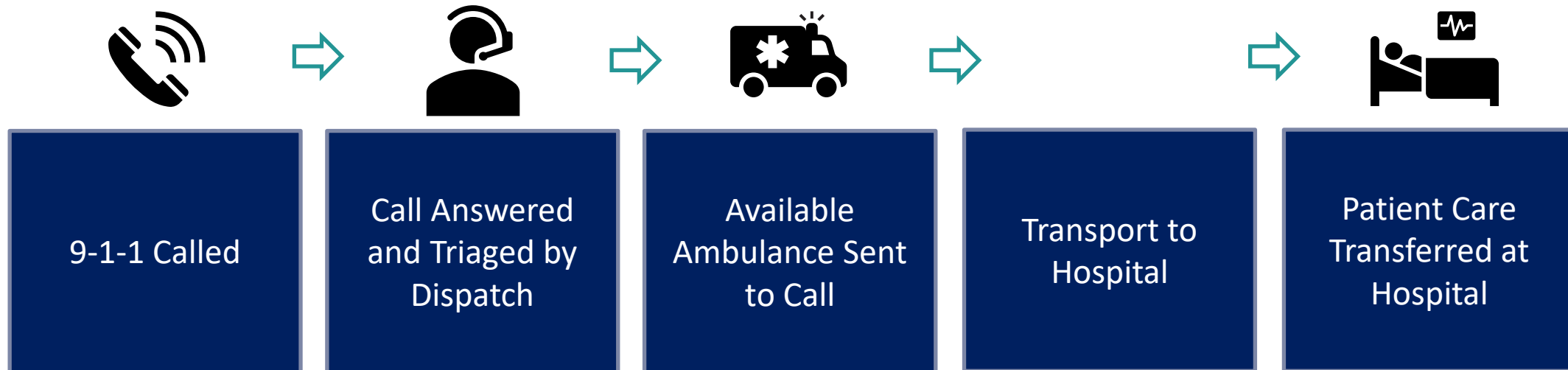
Additional input was also accepted
via email at EMS.Redesign@acgov.org

Redesign Fundamentals

- EMS System (9-1-1 Ambulance System) Redesign
 - Equitable Access
 - Fiscal Responsibility
 - Appropriate Destination for All Patients
 - Sustainability
- User experience, system partner feedback, and technical regulatory requirements inform the system redesign.

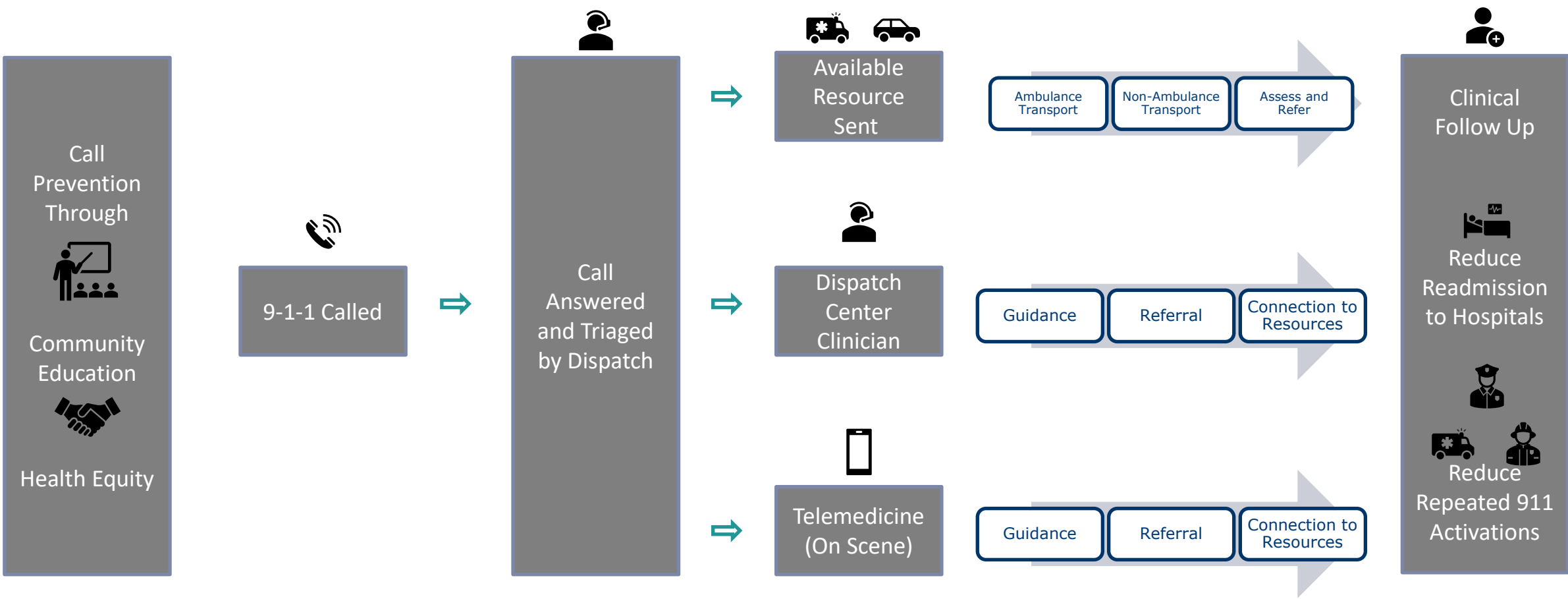
Current 9-1-1 ambulance response

heavily focused on emergency transport



EMS Redesign Envisioned System

improved integration of EMS into broader continuum of care



Consultant Introduction

Doug Wolfberg from Page,
Wolfberg & Wirth LLC

DRAFT RFP

**Doug Wolfberg from Page,
Wolfberg & Wirth LLC**

Overview

- Draft RFP informed by extensive stakeholder engagement, system history, local experience, and clinical research
- Includes significant advances in EMS system design and operations, placing Alameda County at the leading edge
- Advances core areas of clinical excellence, health equity, and economic sustainability
- Better integrates EMS with broader continuum of care
- Seeks to keep system nimble and responsive to best practices

Guiding Principles

- Continue focus on delivering patient-centered and evidence-based care
- Tether standards, requirements, and practices to demonstrable benefits in patient care and the improvement of clinical outcomes

EMS Agency's Role

- The EMS Agency has an important responsibility to:
 - Eliminate requirements that impose unnecessary costs
 - Re-envision standards that provide no demonstrable clinical benefits

Core Areas of Focus

- Clinical Excellence
- Health Equity
- Economic Sustainability

Clinical Excellence

Clinical Excellence

- Primary focus is the delivery of high-quality, accountable clinical care by EMS clinicians
- Includes a shift from response time standards to clinical performance as the primary driver of system accountability

Clinical Performance Standards

- Two types:
 - Never Events
 - Percentile Clinical Performance Standards
- Financial disincentives for failing to meet measurable, objective standards
 - The draft RFP contains initial standards
 - These standards will evolve over the contract term in collaboration with the awarded Contractor as evidence dictates

Health Equity

Health Equity

- Focus on reducing identified disparities that national research suggests exist in emergency care outcomes for at-risk and historically underserved populations
 - Heart attack/stroke/trauma
 - Prehospital pain management

Designated Populations for Clinical Equity Metrics

- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Homeless/Unhoused
- Others as needed based on future data

Clinical Equity Metrics

- Specific, measurable and objective standards for Contractor accountability in reducing and eliminating identified disparities in EMS care
- Standards are tied to financial disincentives for performance that does not close disparity gaps that may exist

Economic Sustainability

Economic Sustainability

- Awarded Contractor must sustain operations on revenues generated for the services provided
 - Fees-for-service from multiple sources based on Contractor's charges
 - Medicare, Medi-Cal, Medi-Cal Supplemental, Commercial Insurers, Payer Contracts, etc.
- The County will not provide additional subsidies or make funding amendments outside of contracted terms

Economic Sustainability

- RFP bids will be evaluated on the overall economic model proposed (revenues and expenses) instead of “lowest charge” to determine:
 - Is the bid realistic?
 - Is it feasible?
 - Will it sustain the level of services required?

Review of Select Draft RFP Provisions

Qualifications

- Draft RFP provides that the bidder must have continuously provided EMS for a minimum of 5 years

Services

- 911 Emergency Response and 911 Ambulance Services
 - Includes tiered BLS/ALS response and transport
- Standby Services With Transport Authorization

Services

- 911 Patient Navigation Services
 - Dispatch Clinician Services
 - Eligible 911 Call Redirection
 - EMS Treatment in Place (Assess and Refer)
 - Non-Ambulance Transport Services

911 Patient Navigation Services

- Ensure that EMS resources are maximized for the highest-priority 911 calls
- Providing appropriate care pathways for low-acuity 911 callers who may benefit from services *other* than a 911 EMS response and ambulance transport

Patient Experience of Care

- This includes two main subcategories:
 - Response Times
 - Patient Satisfaction

Response Times

- Response Time standards for Priority 1 (high acuity) calls are ***unchanged*** from current standards
- Changes proposed in Priorities 2, 3 and 4 (lower acuity calls)
 - Help ensure EMS availability for true, time-sensitive 911 calls
 - Help ensure system sustainability

Response Times

- Liquidated damages associated with response time performance in the draft RFP are significantly lower than in past system designs
 - Response time liquidated damages can be partially offset with credits earned through superior clinical care and patient satisfaction

Patient Satisfaction

- EMS Agency will measure patient satisfaction with Contractor performance across a number of categories
- The Contractor can earn credits to offset response time liquidated damages for superior performance in these metrics

Next Steps

MILESTONES	TIMEFRAME
Review and Approval of RFP by State EMS Authority	First Quarter 2023*
RFP Release	First Quarter 2023*
Completion of RFP and Selection Process	June 2023*
New Ambulance Contract Starts	July 2024
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Recap

- The EMS system redesign was informed by extensive stakeholder engagement, system history, local experience, and clinical research.
- The redesigned system better integrates EMS with the broader system of care and advances core areas of clinical excellence, health equity, and economic sustainability.
- The new RFP will incorporate significant advances in EMS system design and place Alameda County at the cutting edge of 9-1-1 emergency response.