



ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION

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March 23, 2021

Lauri McFadden
Alameda County EMS Director
1000 San Leandro Blvd., Suite 200
San Leandro, CA 94577

Re: Alameda County EMS Redesign – ACCMA Considerations

Dear Ms. McFadden and Other Emergency Medical Service System Redesign Stakeholders:

I am writing on behalf of the Alameda-Contra Costa Medical Association (ACCMA), representing over 5,000 East Bay physicians, to provide input regarding Alameda County's current efforts to redesign its Emergency Medical Services (EMS), specifically addressing considerations related to Exclusive Operating Area (EOAs), Joint Powers Authority (JPA) models, and community paramedicine/alternative destination. Members of the ACCMA believe in the prioritization of patient safety and quality of care, particularly when developing or improving care models, and would encourage the County EMS agency to make patient care an overarching priority in their decision-making process.

First and foremost, as physicians, we understand and support the need to continuously evaluate and improve the EMS system in Alameda County. We believe there are opportunities to better utilize resources within our system to improve access to care and alleviate system burdens without reducing the quality of care or compromising patient safety. The ACCMA has enjoyed a long, collaborative relationship with County EMS officials and we have appreciated the degree of stakeholder collaboration present in the current EMS system redesign process.

The ACCMA has steadfastly advocated for maintaining the EOA for emergency ambulance response and transport within our counties when the discussion has come up in previous years. As the ACCMA has continuously prioritized quality of, and access to, patient care, we believe that maintaining the EOA ensures that all Alameda County residents receive access to emergency medical care in a rapid and efficacious manner. The ACCMA is concerned that giving up the EOA will result in worse response times for low-income Medi-Cal patients and the uninsured, who will be disproportionately impacted as ambulance providers gravitate towards wealthier communities with a better payer mix. Maintaining the EOA designation ensures that the County can continue to mandate a high level of service to all County residents, regardless of their ability to pay. We believe that losing the County's EOA designation could make it much more challenging for the EMS system to function in a manner that ensures a high-level of service across the community.

Historically, the ACCMA has focused on promoting a medically-driven EMS system with strong and independent medical oversight. As previously mentioned, the function of EMS is to ensure that patients receive access to emergency medical care in a rapid and efficacious manner when needed. As more consideration is given to developing a Joint Powers Authority (JPA) model with local fire departments, it is critical that EMS continue to have strong and independent medical oversight, driven by evidence-based medical policies, to ensure that patient-centered care remains the focus. A JPA model, which closely

mirrors the alliance model currently in effect in Contra Costa County, diminishes the EMS agency's direct oversight over the ambulance provider and introduces the potential for political interference into the EMS agency's oversight function by engaging a transport provider that is also under the auspices of the Board of Supervisors. While there are certainly benefits to a JPA model with local fire departments, the ACCMA would like to ensure that there continues to be strong and independent medical oversight over EMS services while avoiding potential conflicts of interest in order to promote true patient-centered care.

In regards to community paramedicine, we believe that AB 1544 (Gipson), the Community Paramedicine or Triage to Alternate Destination Act, signed by Governor Gavin Newsom on September 25, 2020, provides appropriate and effective guidelines that can be applied to the EMS redesign process in order to ensure and protect patient safety. We believe that AB 1544 balances the need for creating some of these new innovative programs while ensuring that patient safety and quality are top of mind through the following provisions:

- The approved program must always be staffed by a health care professional with a higher scope of practice, such as, at minimum, a registered nurse.
- The program must be delivered in a manner that promotes the continuity of both care and providers.
- The program must reflect input from all practitioners of appropriate medical authorities, including, but not limited to, medical directors, physicians, nurses, mental health professionals, first responder paramedics, hospitals, and other entities within the emergency medical response system.
- The program should not be used to replace or eliminate health care workers, reduce personnel costs, harm the working conditions of emergency medical and health care workers, or otherwise compromise the emergency medical response or health care system. The highest priority shall be improving patient care.
- Triage paramedics must complete training relevant to the needs of the patient population, including specific and extensive training requirements for evaluating patients prior to transportation to alternate destination facilities. The training requirements outlined in Section 1814 and Section 1831 serve to protect patients and decrease the risk of improper triaging and inappropriate transportation.
- Patients who specifically request to be transported to an emergency department (ED) rather than an alternate destination must be immediately transported to the ED. Likewise, patients who are transported to an alternate destination facility and, upon assessment, are found to no longer meet the criteria for admission to the facility must be immediately transported to the ED of a general acute care hospital.

AB 1544 also contains language aiming to ease and ensure the safety of patient transfers between EDs and alternate destinations. Alternate destination facilities, which must be an authorized mental health facility or an authorized sobering center, must send with each patient at the time of transfer, or as promptly as possible in the case of an emergency, copies of all medical records related to the patient's transfer. AB1544 also ensures that the triage criteria used to evaluate a patient will be non-discriminatory and that the ultimate destination cannot refuse to accept patients based on discriminatory criteria. Finally, AB 1544 requires that the EMSA incorporate data collection, reporting, and public transparency into their programs, including submission of an annual report to the Legislature which will be made public.

We hope these comments are helpful to the County's efforts to prioritize patient safety and quality of care, while improving the EMS system in a manner that continues to make patient care the central priority.

If you have any questions, please contact Mr. Joe Greaves, ACCMA Executive Director, at jgreaves@accma.org or by calling 510-654-5383.

Respectfully,

A handwritten signature in black ink, appearing to read 'Suparna Dutta', with a long horizontal flourish extending to the right.

Suparna Dutta, MD

ACCMA President