2016 Annual Performance Evaluation Emergency Medical Services (EMS)

Contractor: Contra Costa Fire Protection District Subcontractor: American Medical Response

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Contra Costa County Fire Protection District
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Contra Costa County EMS Agency
April 25, 2017





Performance Evaluation 2016

- * Performance Based Contract: Operationally and Clinically measured with strong medical and quality oversight
- Performance Report
 - * Response times
 - * Clinical Performance
 - * Innovation
 - * Workforce Stability
 - * Pricing & Revenue Recovery
 - Reporting Compliance
 - * Fiscal Stability & Sustainability



Ambulance Service Model

* On January 1, 2016,

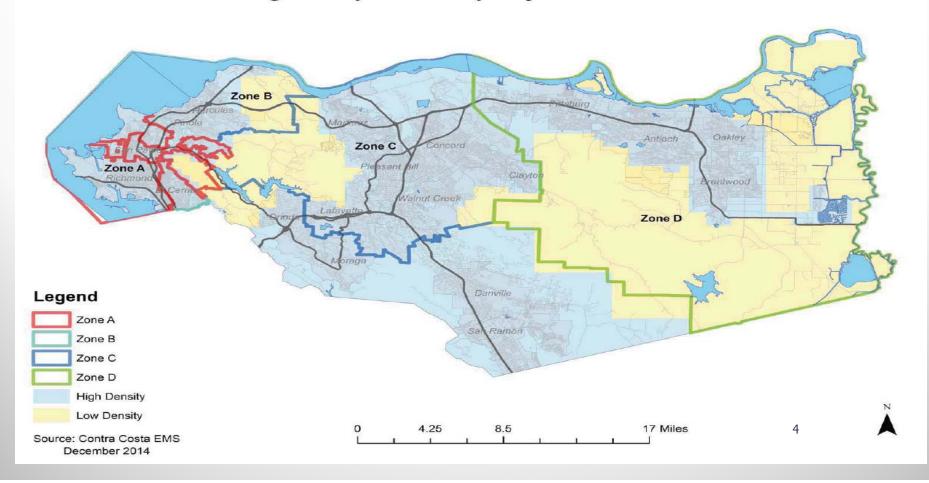
Contra Costa County Fire Protection District assumed Emergency Ambulance Services for Exclusive Operating Areas (EOAs) I, II and V covering West, Central and East County

- * Alliance Model: A unique emergency ambulance service delivery model.
 - * Contra Costa County Fire Protection District, as the contractor, is responsible for the subcontractor performance provided by American Medical Response (AMR).

EMS Response Re-designed 4 New Response Zones

Contra Costa County

High Density/Low Density Response Zones - Plan A



EMS System Volume 2016 Responsible for 92% of Countywide Service

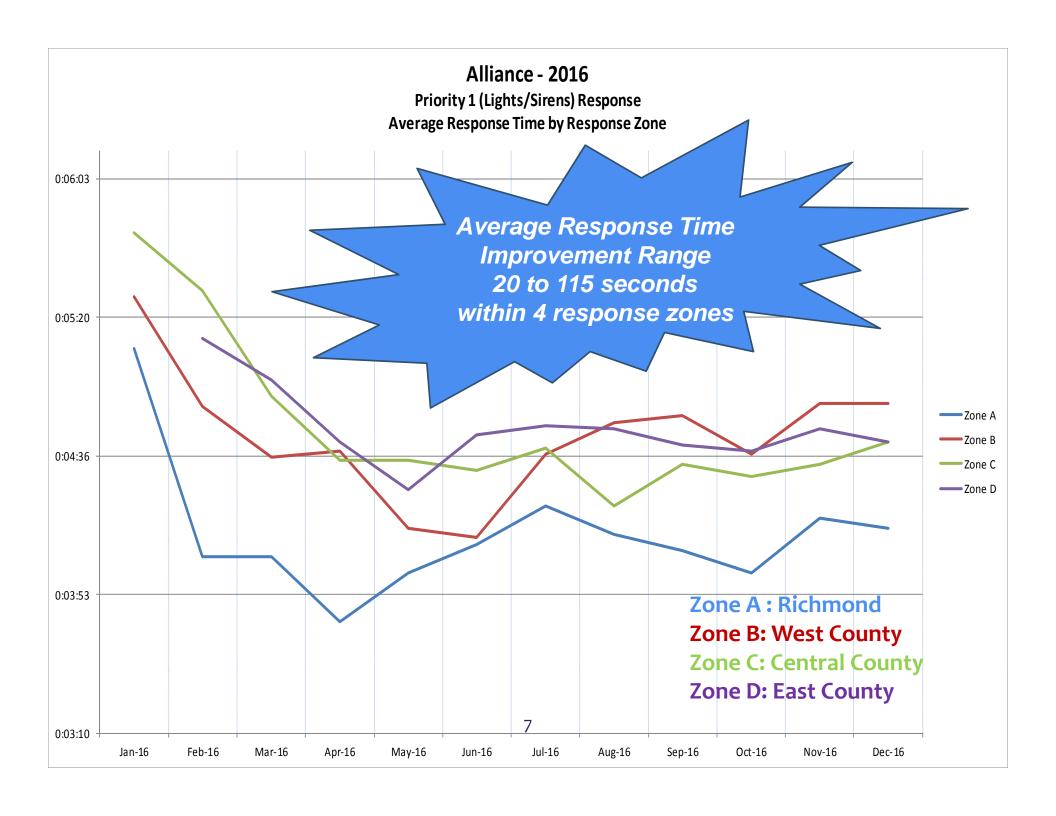
All Providers	Alliance
94,731	90,153
73,987	71,083
20,744	19,070
73,987	71,083
3,428	3,267
69,559	67,060
1,000	756
20,744	19,070
6,264	5,836
14,480	13,234
	94,731 73,987 20,744 73,987 3,428 69,559 1,000 20,744 6,264

Response Time Performance

Response Area	Response Time Performance Requirement High Density (Code 3)	Alliance Perform ance 2016	Average Response Time 2016	2015 Prior Contract Averages
Zone A (Richmond)	10:00 minutes 90% of the time	93.73%	4:07	4:41
Zone B (West)	11:45 minutes 90% of the time	94.52%	4:38	5:03
Zone C (Central)	11:45 minutes 90% of the time	94.34%	4:40	5:31
Zone D** (East)	11:45 minutes 90% of the time	93.92%	4:45	5:05** 6:40***

^{**} Re-defined Zone D includes Antioch/Bay Point/Pittsburg

^{***} East County



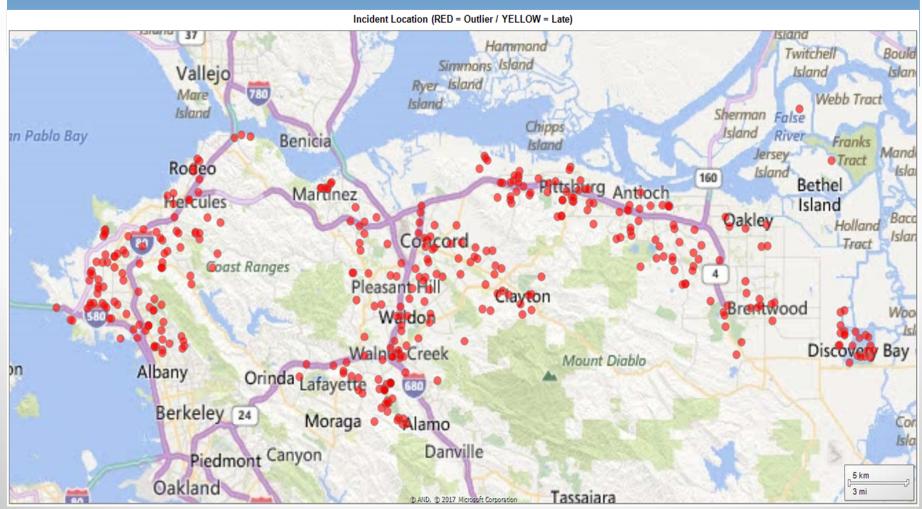
Partners in System Optimization 2017 Focus: Improve Uniformity in Response

 Even with excellent contract compliance EMS ambulance response delays occur in all EMS Systems

* EMS Modernization Study Findings: Delays A Public Concern

- * Fire stations closures
- * Population Growth
- * Hospital Closures
- Contract Outlier Goals
 - * Improve Reliability in Response
 - * Reduce risk in vulnerable communities

Performance Expectation: Reduce Outliers Optimizing Uniform Service Delivery



Cardiac Arrest System of Care Clinical Performance: CPR Compression Rates

Measure and Improve!

- * Clinical Initiative
 - High Performance CPR
- Optimal CPR Compression
 Rate
 - * Standard: 100-120/minute
 - * Alliance: 104.2/minute



104.2 (101.5,111.4) /minute

2016 Alliance Performance



EMS System Innovation Data Driven Prehospital Care

















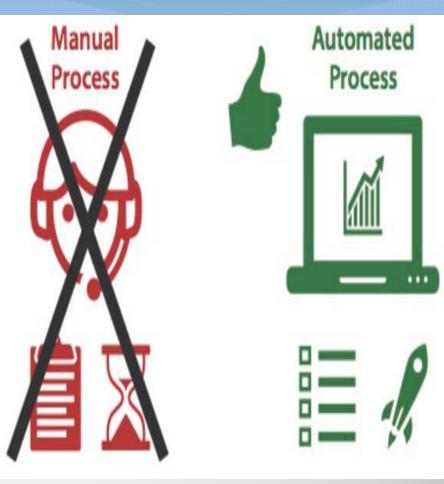


Reporting Compliance

Optimizing Contract Reporting Workflows

* Reports

- * Response Compliance
- * System Utilization
- * Medical Oversight
- * Quality Improvement
- * Patient & Provider Safety
- * Workforce Competency
- * Fiscal



EMS as Health Care Provider Innovation through EMS System Partnerships

















Dedicated Workforce

- * Vibrant personnel
- * AMR (full and part time)
 - * Paramedics 161
 - * EMT 173
- * CCCFPD
 - * Paramedics 114
 - * EMT 127





Operational System

- * Fire and Ambulance personnel in the field work seamlessly together to provide professional and prompt service.
- * Operating out of the same dispatch center, sharing the same radio frequency which allows crews to communicate effectively and efficiently.





Workforce Stability 2016

- Labor and management working together
- * Attrition rate- 10% (EMS average 12%)
- * New full time employees
 - * Paramedic 7
 - * EMT 54
- * Internal career advancements
 - * EMT to Paramedic 7



Revenue and Recovery

- * CCCFPD works closely with Intermedix (third party billing company) to ensure billing policies are adhered to.
- * Intermedix, along with CCCFPD, adheres to the Center for Medicare and Medicaid (CMS) regulations for ambulance billing reimbursement.
- * These are federal regulations and guidelines that direct all patient care billing processes.
- * Gross collection rate 1st quarter 2016 = 22%

Customer Payer Mix

Year	Medi-Cal	Medi-Care	Third Party/Private/Contracted Insurance	Self Pay
2010	17.8%	40.7%	20.2%	21.3%
2011	20.0%	39.4%	20.3%	20.3%
2012	21.9%	39.9%	18.5%	19.7%
2013	21.9%	42.9%	17.0%	18.2%
2014	27.0%	43.3%	16.8%	12.9%
2015	26.8%	39.1%	24.5%	9.6%
2016	27.0%	41.0%	17.0%	14.0%





EMS System Improvements

- * Intergraded 911 dispatching operations
 - * Decrease of call processing time by 51 seconds
- * Increase of over 100 ambulance unit hours/week
- * IPAD based Electric Patient Care Reporting System
- * Continuous Quality Improvement (CQI) process enhanced review and feedback from the CQI RNs and Medical Directors

2016 Public Education

- * World CPR day 4000 middle school students taught hands only CPR
- Partnered with Supervisor Gioia information after the closure of Doctors Medical Center.
- Heart Screening Program Partnership
 - * Goal of the program is to detect potential heart abnormalities
- Stand by ambulance services and demonstrations
 - * Over 300 hours donated



Financial Stability

* Factors impacting the EMS system

- * Affordable Care Act
- Hospital Emergency Room overcrowding
- Increasing request for 911 EMS services
- * These factors are continually being evaluated
 - * Goal Ensure high quality and efficient patient care continue to be delivered.
 - * System costs to revenues will continue to be monitored to ensure sustainability.



On the Horizon

- * Inter-facility (IFT) Advanced Life Support (ALS) transport
 - * By January 2018, this service will be offered by the Alliance
- * Exploring ambulances only to Alpha and Bravo EMS calls
- * Mobile Integrated Healthcare





EMS Partnerships Taking Great Strides Together

