



**County of Contra Costa
EMERGENCY MEDICAL SERVICES
Memorandum**

DATE: July 23, 2018

TO: FINANCE COMMITTEE
Supervisor Karen Mitchoff, District IV, Chair
Supervisor John Gioia, District I, Vice Chair

FROM: Patricia Frost, Director, Emergency Medical Services

SUBJECT: Contra Costa EMS System Funding Report

Information:

Referral History:

On March 19, 2017, the EMS Agency submitted a follow-up report on Community Service Area EM-1 (Measure H) and EMS System funding gaps. The report included two key recommendations to assure continuity of technology operations supporting programs (e.g. Trauma, Cardiac Arrest, STEMI, Stroke and EMS for Children) known to produce life-saving outcomes.

Recommendation #1: Establish an interim annual EMS System Program enhancement contribution/investment of up to \$750,000 ¹from available Board designated revenue sources until such time a new benefit assessment or other revenue source with a COLA could be established to support and enhance the Countywide EMS System.

Committee Response: The Finance committee reviewed the items for gap-funding from the general fund reserves to total \$500,000. In July of 2018 the EMS Director was asked to return with an updated report for further discussion.

Recommendation #2: Preserve and enhance the Fire First Responder funding by an additional 2 million dollars by moving forward by exploring a long term funding measure.

Committee Response: The Finance committee discussed the long term EMS System funding needs and recommended on-going referral to Finance to begin working on the two year process

¹ In 2014 the Contra Costa EMS System Modernization Study identified the need for an additional \$750,000 to sustain Countywide EMS System of Care programs.

to put a Special Tax on the June 2020 ballot. Chief Carman and EMS Director were directed to submit an updated funding report by the end of 2018 in collaboration with County Fire Chiefs.

Summary of Eligible Countywide Programs (Gap funding recommendations)		
Program Infrastructure	Countywide EMS System Purpose	Annual Funding Request
First Watch/First Pass Patient Safety and EMS Ambulance Compliance Data System	This technology platform and program supports contract specified ambulance response time compliance reporting. It is also positioned to be the EMS System data hub for all electronic patient care record oversight. All patient care delivery will eventually be connect to the CCCEMS First Watch data hub to enable comprehensive medical oversight and EMS Systems of Care reporting. (Regulatory System Compliance)	\$ 200,000
ImageTrend technology certification and provider permitting system.	This program supports continuity of operations using an online system supporting timely processing of ambulance provider permitting, EMT certification, ambulance equipment checks and training program authorizations and audits. (Regulatory System Compliance)	\$ 50,000
Bi-directional Prehospital Exchange with Hospitals **CMS Grant opportunity	In April 2018 the Centers for Medicare and Medicaid will offer a State Health Information Exchange (HIE) grant to assist local EMS Agencies in achieving new requirements for bi-directional HIE. The annual funding level requested includes dollars for both the grant match and non-grant covered project management costs. Bi-directional exchange will allow life-saving patient information to be sent and received between the field and hospitals. When patient disposition information is connected to the prehospital record bi-directional exchange will support value based reimbursement for providers participating in MediCaid, MediCare and GEMT programs. The EMS Agency intends to apply for an upcoming grant however significant progress to support bi-directional exchange could occur with this funding. (NEW: EMS System requirement/)²	\$ 250,000
ReddiNet EMS System emergency and disaster communication platforms	This program represents the cost of medical health satellite and web based technology system and upgrades supporting all clinics, hospitals, dispatch centers, long term care facilities and OES emergency communications in day-to-day and multi-casualty and disaster conditions. (Regulatory Med/Health Disaster System Infrastructure)	\$ 43,000
CARES (Cardiac Arrest Registry for Enhanced Survival)	National Registry annual subscription fee. National Cardiac Arrest Data Registry participation is required to meet EMSA standardized reporting requirements for Cardiac Arrest. (EMSA State Regulatory System Requirement)	\$ 7,000

² January 5, 2016 California EMSA letter New State EMS Data System Requirements

The Importance of Bi-directional Exchange: As one of the highest performing EMS systems in California and the Bay Area, the Contra Costa EMS Agency is responsible for both creating and sustaining technology and patient information sharing programs and infrastructure required under Title 22 Health and Safety Code 2.5.

The requests submitted by the Contra Costa EMS Agency act to optimize pre-hospital care improving patient outcomes during day to day and disaster operations. Of crucial importance is the need to create a prehospital bi-directional exchange capability with hospitals to position the county EMS System for further optimization and value based medical transportation reimbursement.

In the present environment the lack of an integrated patient care record constrains EMS field providers and the county health care system from addressing challenges that waste time, effort and money including: emergency department overcrowding, substance abuse, domestic violence, frequent users, vulnerable populations, infectious disease and homelessness. This lack of integration silos EMS providers from being a full partner in crafting solutions that assure:

The right patient receives the right response with the right resource within the right amount of time...at the right cost.

Without integrated data Contra Costa EMS providers will simply bear the burden of responding to large numbers of patients who are known in “integrated systems” to benefit from more appropriate health care services including alternative destination.

At present the Contra Costa EMS System does not have the data infrastructure to support the sophisticated triage needed to meet those challenges.

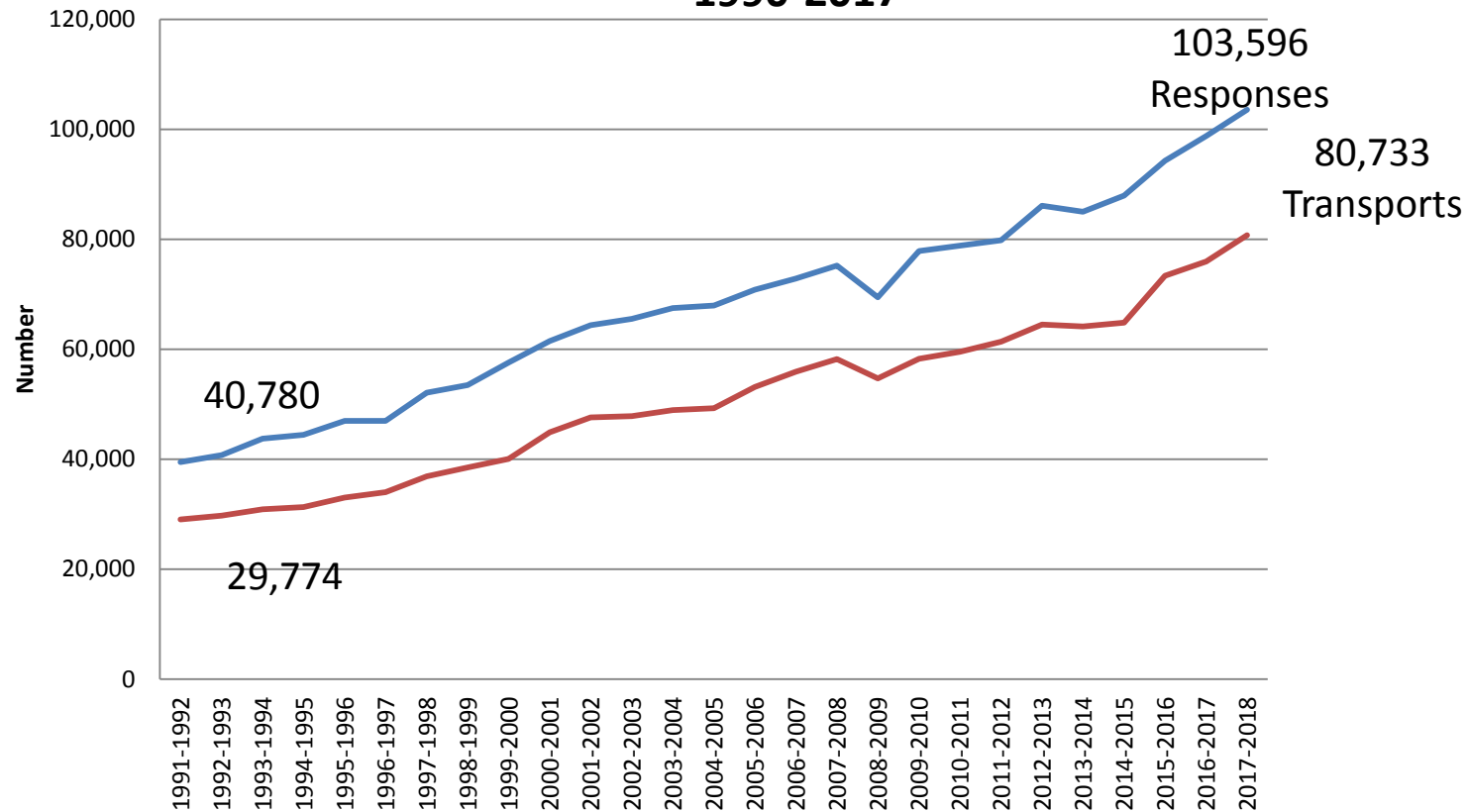
The Local EMS Agency requires up to \$ 750,000 per year to assure the continuity of operations of the County’s High Performance EMS System and fulfill all statutory functions, until such time that a long term revenue model can be established. As discussed in previous reports Fire Paramedic programs are anticipated to require up to 2.5 million in EMS System support

Summary:

Gaps in Emergency Medical Services funding threaten the Countywide EMS Services in meeting its statutory mission. LEMSA Measure H funding is no longer sufficient to sustain program operations and upgrade data system infrastructure to meet the demands of an EMS system that has increased in volume and complexity by 250% since Measure H was approved.

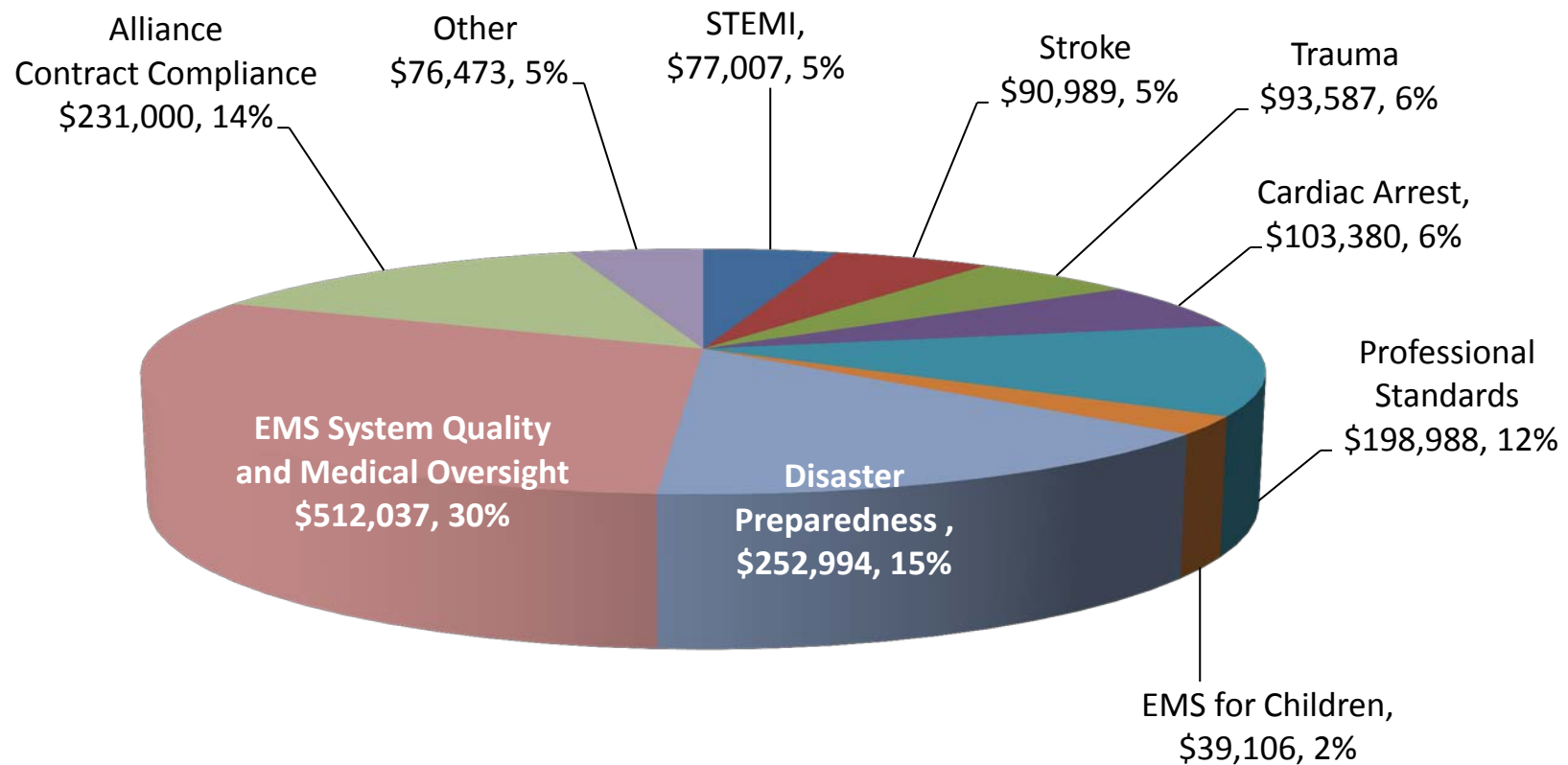


Contra Costa Emergency Medical Services EMS System Response and Transport Volume 1990-2017



Local EMS Agency cost of compliance with local, state and grant requirements for EMS Systems and Programs

**Contra Costa Emergency Medical Services
EMS System of Care and Paramedic Program Support*
FY 2017-2018 total \$1,675,560**



Local EMS Agency cost of compliance with local, state and grant requirements for EMS Systems and Programs

EMS BI-DIRECTIONAL EXCHANGE

"PATIENT INFORMATION WHEN IT IS NEEDED THE MOST"

Best Prehospital
Care



EMS Patient
Record

Best Medical
Outcomes



Hospital
Patient Record

Connected/Integrated Care



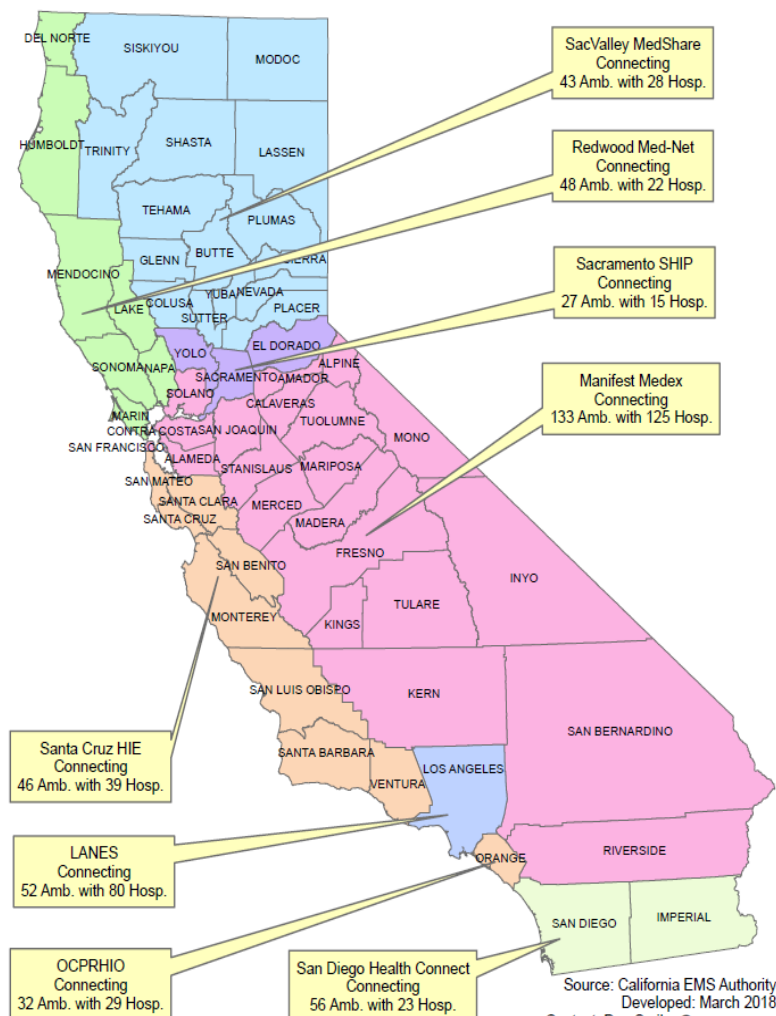
Value Based
Reimbursement

Alternative
Destinations

Right
Treatment
Right
Place



Health Information Technology for EMS (HITEMS) Project Conceptualization Regional Technology Infrastructure



Health Information Technology for EMS (HITEMS) Readiness and Interest Rating

