



ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION

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March 9, 2020

The Honorable Candace Andersen
Chair, Board of Directors
Contra Costa County Fire Protection District
651 Pine Street
Martinez CA 94553

Dear Chairwoman Andersen and Honorable Members of the Board:

I am writing on behalf of the Alameda-Contra Costa Medical Association (ACCMA), which represents over 5,000 East Bay physicians, to express concerns about the Contra Costa County Fire Protection District (CCFPD) application for the Emergency Treatment, Triage, and Transport (ET3) Program, which was recently selected by the Centers for Medicare and Medicaid Services (CMS) for implementation. This issue will be addressed during the CCFPD Board of Directors meeting scheduled for March 10, 2020 (agenda item D.4.).

First and foremost, as physicians we understand and support the need to continuously evaluate and improve the efficiency and effectiveness of our emergency medical services (EMS) system in Contra Costa 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 historically appreciated the opportunity to collaborate in efforts to improve the overall system without compromising quality of care or patient safety.

Unfortunately, the ET3 Program application has not benefitted from this same type of collaboration. These types of programs should be developed in an open and transparent manner, with broad input from the local medical community. In fact, any proposals that contemplate a substantial change to EMS policy should be coordinated through our local EMS agency (LEMSA) rather than being pursued directly by the contracted transport provider, and should have the benefit of broad stakeholder input, such as through the Emergency Medical Care Commission (EMCC). To our knowledge, even though CCFPD is a public entity, the application was not publicly available and there was no opportunity given for input from the local medical community and other members of the public. Even after we requested a copy of the ET3 application after it was submitted, we were rebuffed by CCFPD officials and informed that information would be shared publicly only after CMS awarded the project. After we expressed concern about the lack of transparency and collaboration with the local medical community, we were eventually sent a copy of the application to review.

Unfortunately, the application lacks enough information to understand in sufficient detail how the ET3 program will work when implemented in our community. We understand from CCFPD

officials that CCFPD will commence more detailed planning when approval is granted by CMS and other governing bodies to proceed. If CCFPD determines to proceed, we would request that CCFPD's planning process include participation from community physicians and the broader medical community and that it be conducted with the same openness and transparency that has characterized EMS initiatives historically. To the extent ET3 envisions any changes to local EMS policy, we believe these should be coordinated through the LEMSA with broad stakeholder participation and should not be coordinated by the contracted provider itself outside of the auspices of the LEMSA.

We are also concerned about the lack of independent oversight. The application suggest that medical oversight and quality control will primarily be conducted internally by the medical directors of the transport providers, rather than through an independent medical review process. Having the people intimately involved in the project review it to ensure patients and communities are safe presents a conflict of interest. There should be independent third-party oversight that reviews the entire project in general to ensure that quality and safety are not being diminished, and to review specific cases/instances that meet predetermined criteria as being high risk.

At the end of the day, Contra Costa County residents need to be assured that every patient who needs care in an emergency department (ED) will be transported to an ED and not be misdirected to a less appropriate care setting. We appreciate your consideration of these concerns. If you have any questions or would like to discuss our concerns further, please contact Mr. Joseph Greaves, ACCMA Executive Director, at 510-654-5383 or jgreaves@accma.org.

Sincerely,



Katrina Peters, MD
President

CC. David Goldstein, MD, Interim Director, Contra Costa EMS
California Medical Association
American College of Emergency Physicians-California Chapter

Stacey Boyd

From: Joseph Greaves <jgreaves@accma.org>
Sent: Tuesday, March 10, 2020 11:26 AM
To: Clerk of the Board
Subject: Public Comment re: Item D.3.

Importance: High

Per the discussion in today's Board of Supervisor's meeting, I am submitting the following comments regarding Item D.3.:

My name is Joe Greaves, I am the Executive Director of the Alameda-Contra Costa Medical Association, representing over 5,000 East Bay physicians. We are appreciative of the leadership and proactive response that County health officials are taking to address this very serious public health threat. As we expect to see increased community spread in Contra Costa County, it is important that guidance also be developed for ambulatory/outpatient providers to manage suspected/possible COVID-19 cases. The types of questions we are receiving from members include:

- What are appropriate/required infection control procedures for outpatient practices?
- Whether patients with respiratory illness who test negative for influenza should be tested for COVID-19 immediately?
- What instructions should be provided to patients and families of patients who are tested? How should providers coordinate with Public Health?
What are the implications for physicians who test/perform specimen collection without CDC recommended infection control procedures in place?
- What are the protocols for referring patients from ambulatory settings to facilities with proper infection control for testing?

It would be helpful to prepare guidance for ambulatory providers to mitigate community spread and protect our physician workforce. Please let us know if there is anything ACCMA can do to help.

Thank you,

Joe Greaves
Executive Director
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