

# Emergency Medical Services

### EVAC Mini-Budget Update

**April 16, 2015** 



### **EMERGENCY MEDICAL SERVICES**



### **Mini-Budget** Update

- EMS Background and Structure
- Division Budget
- Operational Efficiencies
- Challenges
- Future Opportunities
- System Summary





# EMERGENCY MEDICAL SERVICES BACKGROUND

- EVAC serves 1,207 square miles and 16 municipalities
- 44 ambulances with a Full Time Field staff of 90 Paramedics and 61 EMT's, pool of 50 part time and intermittent staff
- 82,341 calls for service and 48,372 transports in FY 2014



### **EMERGENCY MEDICAL SERVICES** EVAC AMBULANCE FY14 ACTUAL

#### **CALCULATING THE REVENUE**

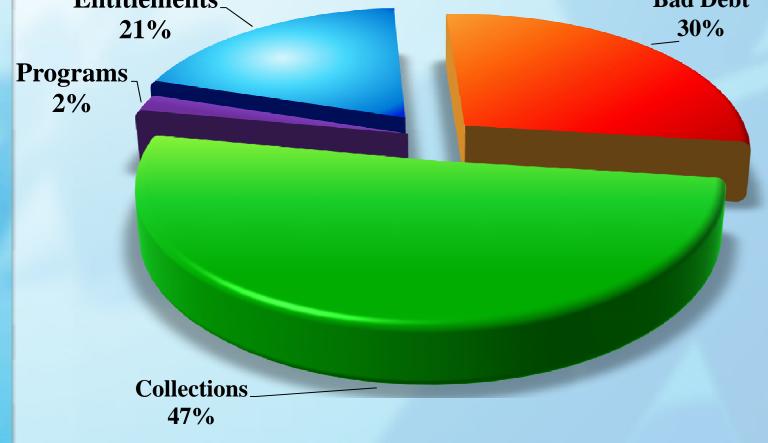
Description	Dollar Amount	Percentage
<b>Total Revenue Billed</b>	\$33,259,553	100%
Less: Entitlements	<u>\$(6,962,317)</u>	<u>-21%</u>
Revenue after Entitlements	\$26,297,236	79%
Less: Write-offs and Discounts	<u>\$(10,052,687)</u>	<u>-30%</u>
Revenue After Write-offs	\$16,244,549	49%
Less: Revenue to Pilot Programs and Contingencies	<u>\$(661,097)</u>	<u>-2%</u>
Net Revenue	\$15,583,452	47%

Entitlements ("contractuals") – mark-downs required by federal and state insurance programs 4 Write-offs uncollectable accounts or "bad debt" – also prompt pay discounts



### EMERGENCY MEDICAL SERVICES EVAC AMBULANCE FY14 ACTUAL

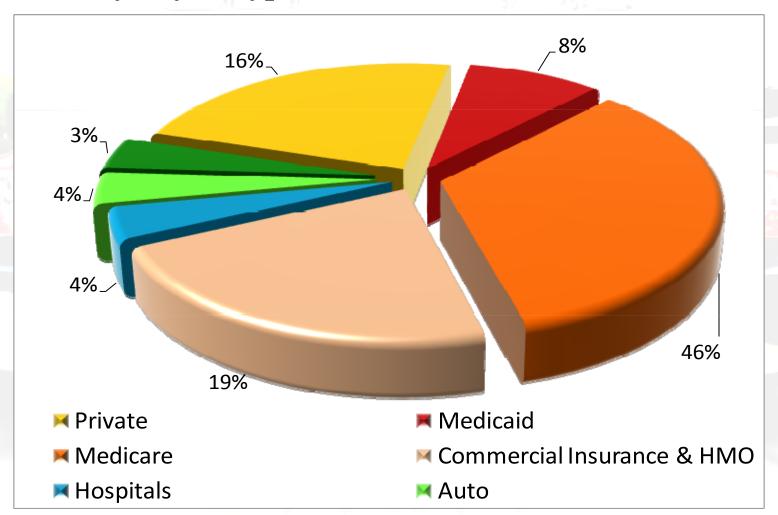






### EMERGENCY MEDICAL SERVICES EVAC AMBULANCE FY14 ACTUAL

#### **Payments by Payor Type**

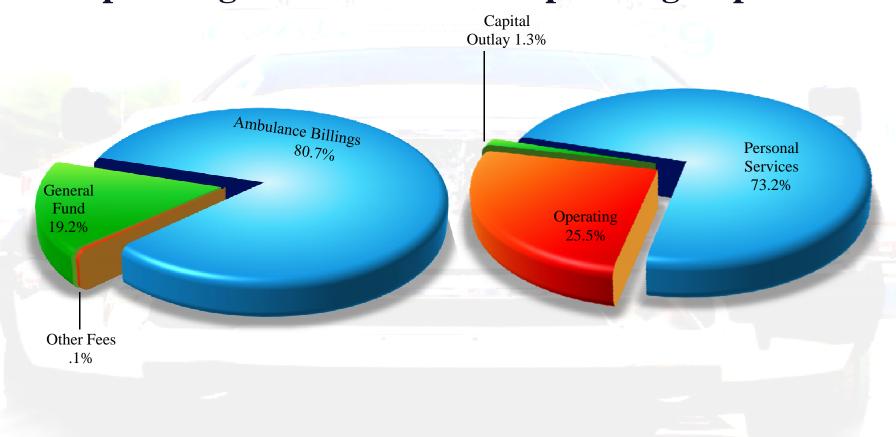




### EMERGENCY MEDICAL SERVICES EVAC AMBULANCE FY15 BUDGET



### **Operating Expenses**





### **EMERGENCY MEDICAL SERVICES**

#### **History of Emergency Medical Services Funding Request**

	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16(F)	Total
Requested	1,439,596	3,497,932	5,122,125	3,960,956	3,397,301	3,047,571	3,410,914	3,513,241	3,618,638	3,727,197	-	
							11.9%	3%	3%	3%	3%	38,574,484
General	800,000	2,639,696	3,561,000	3,561,000	1,646,866	1,505,250	1,509,178	1,509,178	3,216,705	3,616,228	3,616,228	27,181,329
Fund												
Difference	639,596	858,236	1,561,125	399,956	1,750,435	1,542,321	1,901,736	2,004,063	401,933	110,969	222,785	11,393,155

The chart above is the history of EVAC funding requests with average request change forecasted in FY12, FY13-FY16 3% inflation and General Fund contribution



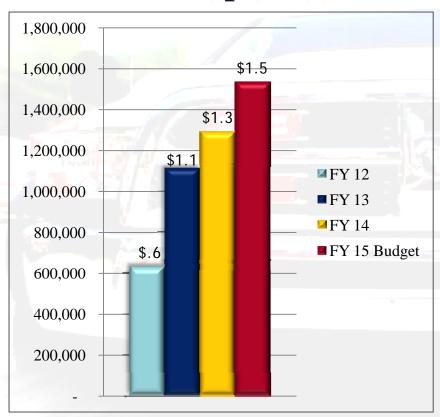
- Fleet Replacement Strategy
- Plug-In Project
- Supply & Inventory Controls
- HPEMS Lean Modeling
- Total EMS System (911 ⇒ Rehabilitation)
- EMT/Paramedic Staff Configuration



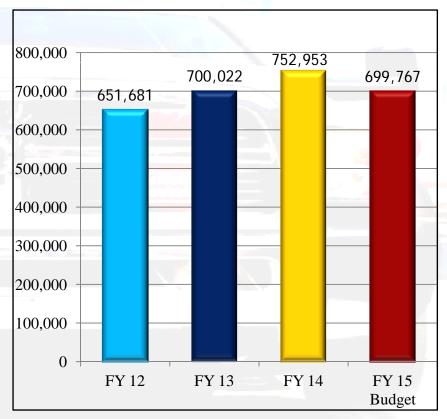




### Vehicle Replacement



#### **Diesel Fuel**





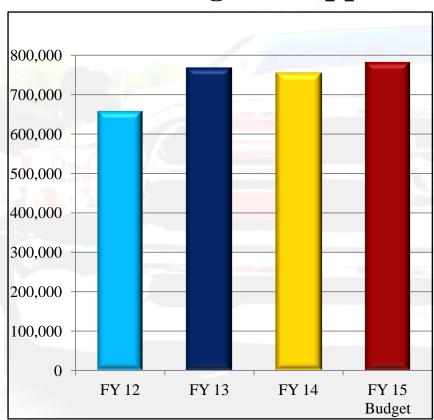


Fleet/EMS Plug-In Project





### **Med/Surgical Supplies**



### OPERATIVE 🌏 IQ







## EMERGENCY MEDICAL SERVICES CHALLENGES

- Increasing Emergency Call Volume
- Overutilization of EMS/Emergency Care



- Staff Stability & Retention
- Transitional Reimbursement
- Hospital Specialization







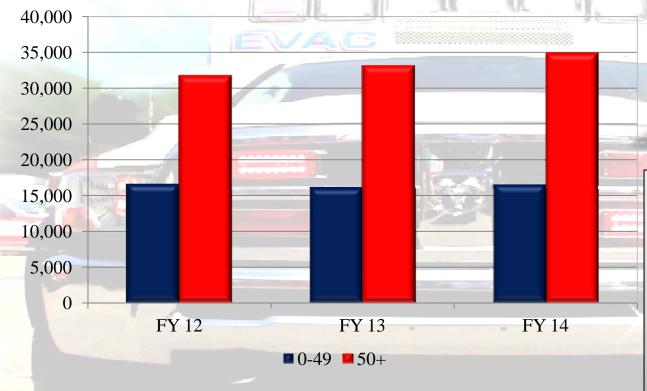


### **CHALLENGES**









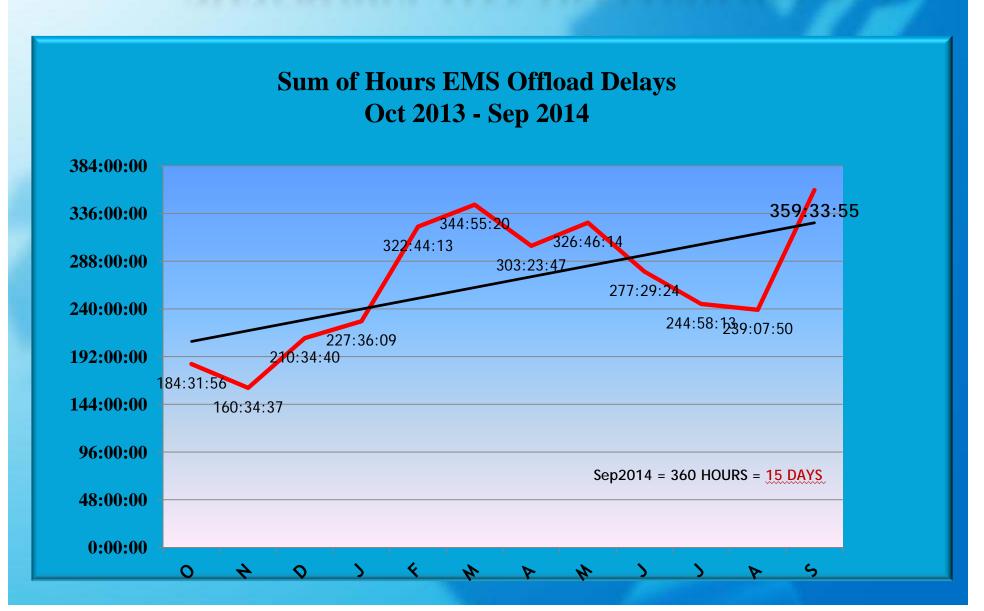


The graying of
America: The impact
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1. Berger E. The graying of America: The impact of aging baby boomers on emergency departments. Annuals of Emergency Medicine. Dallas, TX: American College of Emergency Physicians; 2008 March. P 288-290.

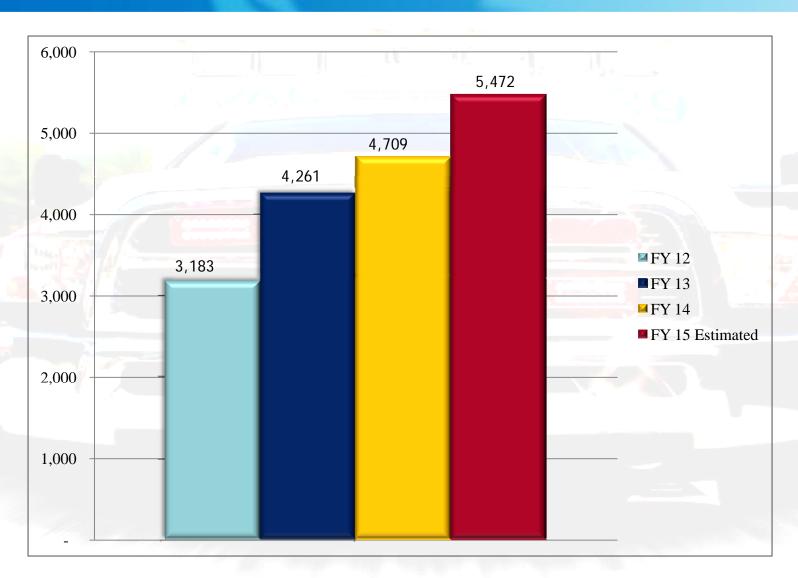


### CHALLENGES NONPRODUCTIVE OFFLOAD DELAYS





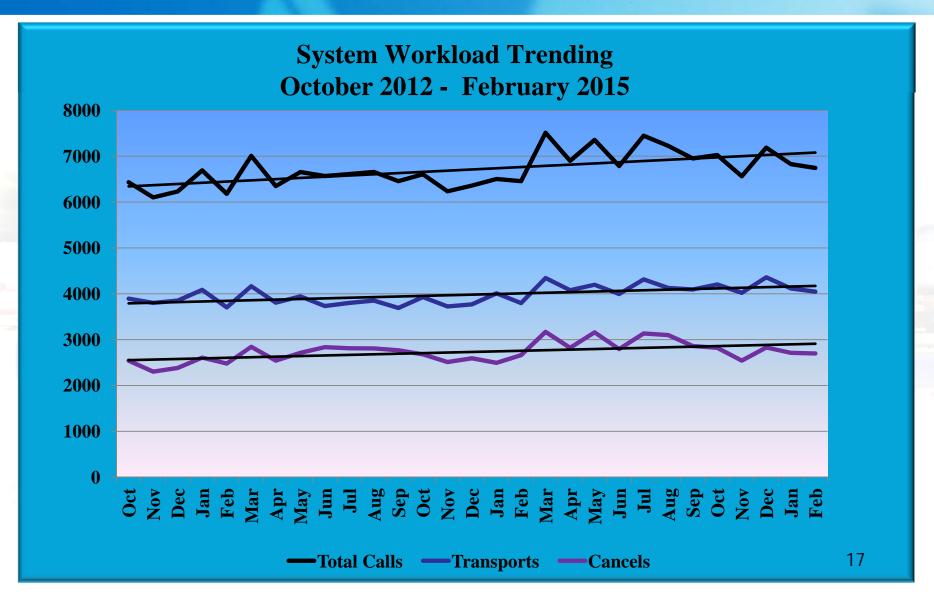
### CHALLENGES INTERFACILITY SERVICE TRANSPORTS





### **CHALLENGES**

#### 2012 ~ 2015 SYSTEM TRENDING





### **CHALLENGES**

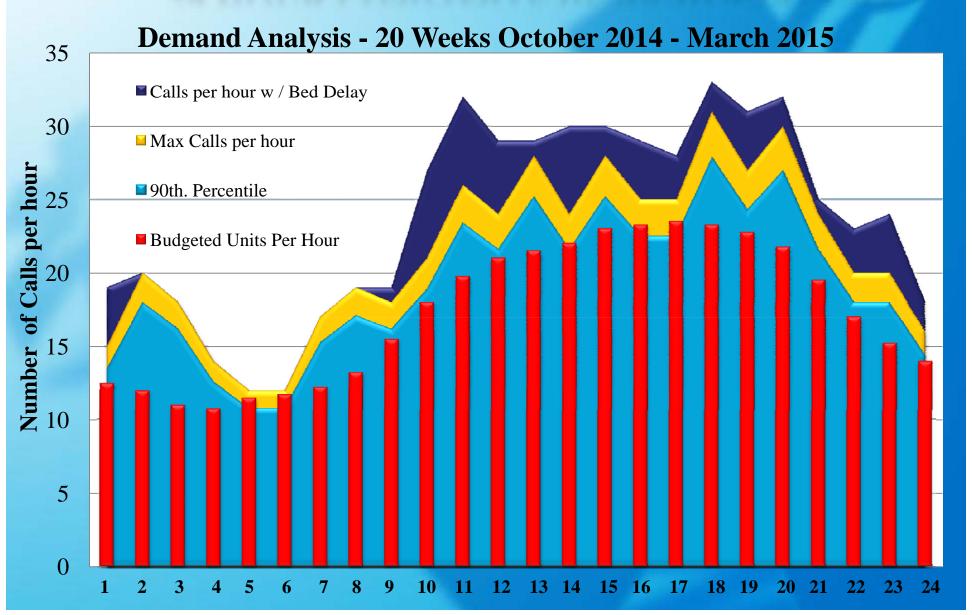
#### FIRE RESPONSE INTEGRATION

- Medical First v Mutual Response
- Success is in Systemic Coordination
- Should be Demand Driven
- Evolution
  - 2011 Contingency Transport
  - 2012 Pilot Project
  - 2015 PLUS Program
    - seamless system integration
    - efficient use of emergency assets





### CHALLENGES 24 HOUR COMPOSITE DEMAND ANALYSIS





### **CHALLENGES**

#### PATIENT CARE STAFFING NEEDS

#### **Personnel Costs**

• 5 EMT's	\$228,700
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- 5 Paramedics \$300,494
- 2 Lt. Paramedics \$143,482
- 1 Sgt. Paramedic \$ 63,964

**Subtotal** \$736,640

### **Operating Costs**

•	Fleet Costs	\$170,547
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- Medical Equip \$256,300
- Technology \$31,231
- Uniforms \$3,900

**Subtotal** \$461,978



Total Funding Request - \$1,198,618





### **OUTCOMES BASED (Pay for Performance)** REIMBURSEMENT

- EMS currently reimbursed as a transportation benefit
- Affordable Care Act places emphasis on clinical care and improved patient outcomes
- No longer just a 'fast ride to the hospital'
- Widening reimbursement possibilities
  - Paramedic and EMT patient care
  - Includes EMS, Call intake/processing and first response 21







#### NURSE TRIAGE

- Not all calls to 911 are emergencies
- Filter low acuity, non-emergent calls
- Provides the most appropriate level of care
- Complementary function to 911 call processing
- No question or need goes unanswered
- Program Design can be freestanding, or a partnership with local health care system(s)
- Cost varies depending on partnerships, grant opportunities and available infrastructure (\$100,000 - \$500,000)
- Currently building consensus





#### TOTAL COMMUNITY CARE

- Collaboration of "911" systems with:
  - Home Health
  - Social Service
  - Utilization
  - Patient Advocacy/mentoring



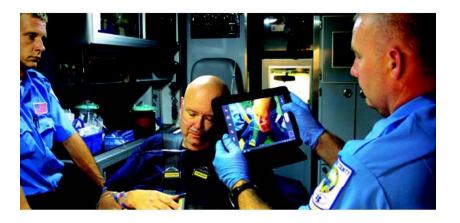
- Local collaborations between Health Care Systems, EMS and First Responders
- Identify actual need for "medical home" and/or referral
- Referral/follow up patient mentoring by community responders
- Spinoffs:
  - Focus clinics in identified clinical clusters in the community (Paramedic/CRNP or PA)
  - Safety and well being checks





### • ADVANCED TECHNOLOGY & CREDENTIALLING

- Shared Patient Data
- Mobile Diagnostics Technology
- Telemedicine
- CAAS Accreditation





## EMERGENCY MEDICAL SERVICES SYSTEM SUMMARY

- Operating at maximum capacity and peak utilization
- Health Care (EMS) is dynamically changing
- Interim relief is necessary



- Continue to develop a well coordinated total response *system*
- Develop system-wide quality clinical care and efficiencies
- Prepare for performance based reimbursement







# Emergency Medical Services

**QUESTIONS** 

