



EMS Outreach Update  
October 25, 2011

# *Analysis Flow*

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- Preliminary Report to BCC on May 3, 2011
- Integral Performance Solution (IPS) Reviewed all Aspects of the Pinellas County EMS System
- IPS Thoroughly Analyzed Fire Transport
- Primary Recommendation: Marginal Engine Funding at Standardized Rate  
Rationale: Fairness Across Jurisdictions and Cost Containment while protecting the level of service.

# *Outreach Tour*

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- Listen
- Fact Finding
- Open to Other Ideas

# ***County Primary Principles***

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- Protect the Level of Service
- Seek Fairness and Equity in Funding
- Implement Cost Control Measures

# *EMS Community Outreach*

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- Community Outreach Meetings
  - 1) Cities
  - 2) Fire Districts
  - 3) Community Groups
  - 4) Firefighter Union
  - 5) Other Stakeholders

# *Key Feedback Received*

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- Miscellaneous technical and system clarification questions
- Discontinue running so many units to minor incidents
- Desire to maintain level of service, particularly to critical incidents
- Support for the principle of Priority Dispatch
- Not overly concerned with who responds – just somebody (Primarily Community Groups)
- Confusion regarding “7½ minutes 90% of the time” standard vs. the 4½ minutes average response
- Desire for more clarity on system support costs (medical supplies, collections staff, OMD, Continuing Medical Education, EKG equipment, Tax Collector fees, Property Appraiser fees, etc)

## *Key Feedback Received (cont.)*

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- Other cost reductions to the system – Approximately \$16M of cost reductions and revenue enhancements during FY 2009/2010 and FY 2010/2011.
- Clarification on Fire Service impact analysis methodology
- Why not just increase the EMS Millage?
- Problem is the huge loss of property tax revenue.
- EMS system is not broken

## ***Key Feedback Received (cont.)***

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- Have we looked at implementing the plan over a longer period?
- The countywide EMS system is not a gold/platinum system but average cost compared to national standards. The system is seamless and functionally consolidated.
- Profit level of Private Ambulance Company (9% cap)
- Sentiment that having a standardized salary & benefit rate made sense.
- Clarification on System Design
  - 1) Medical First Responders (Fire Dept) arrive first to stabilize patient.
  - 2) Transport vehicle arrives second to transport.
- Isn't it cheaper to run a Rescue (Box) vs. a Fire Engine?



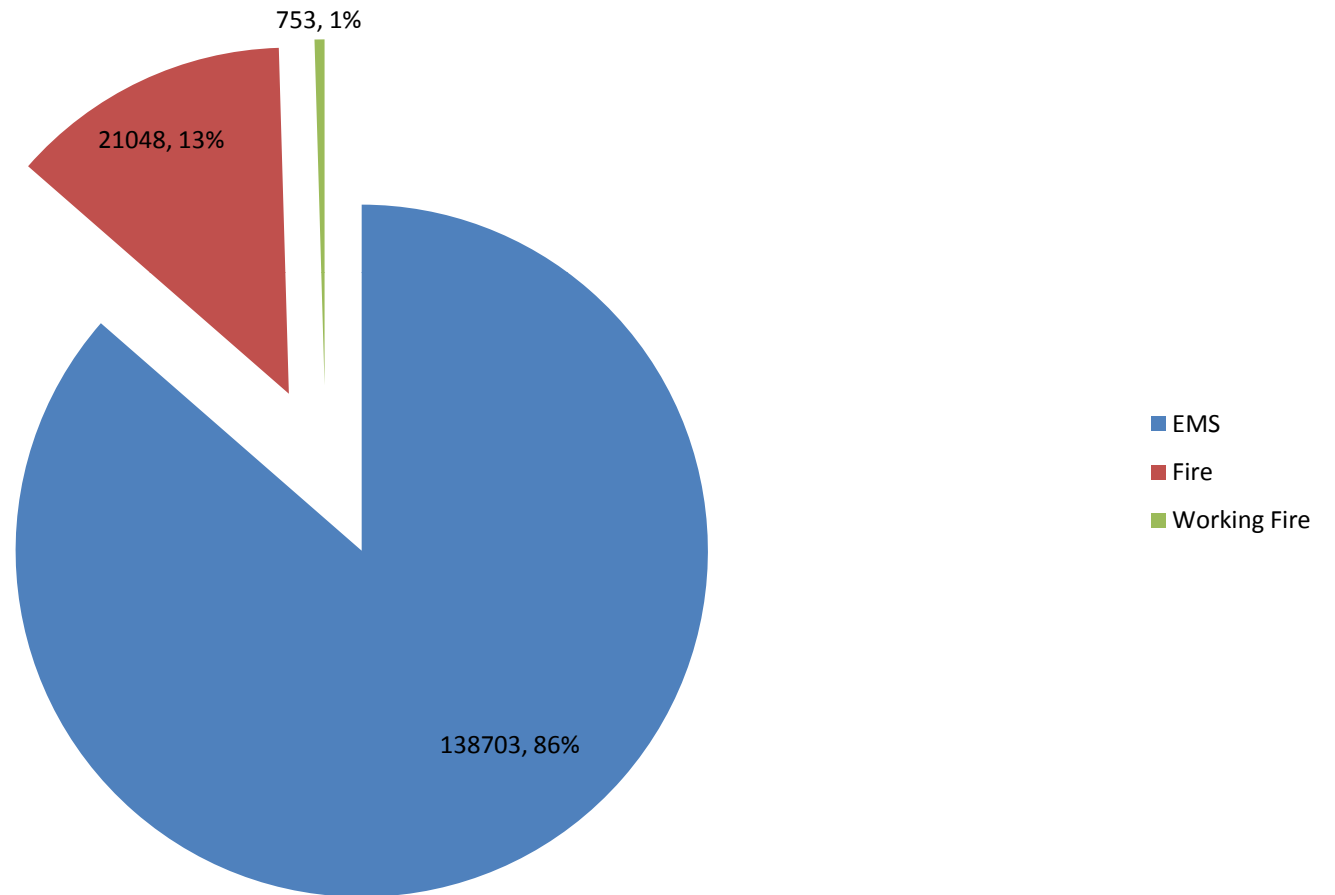
# *Advanced Life Support Engines – Win/Win*

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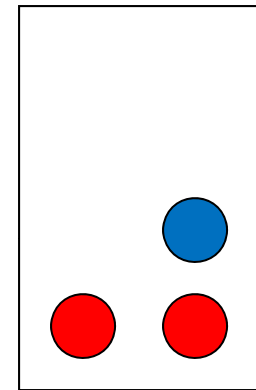
- Paramedics on Fire Apparatus for First Response is a good investment
- Fire Station, Fire Engine and Firefighters in place and necessary
- Decreased number of Fires allows for First Response assignments
- County providing Firefighter/Paramedic funding augments Fire Staffing
- Cities providing integrated service is cost effective

# 2010 Fire & EMS Responses

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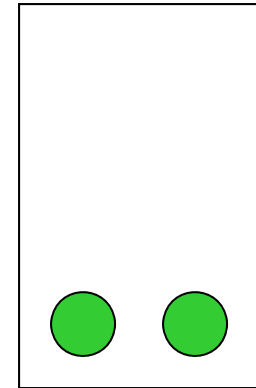


# Background - ALS Engine



- This is the most effective and integrated means of providing ALS First Responder and Fire Protection Services – A Win / Win Approach
- EMS Funded Paramedic Position (Blue) helps reduce costs of meeting the staffing requirements of the Fire Engine. City or Fire District would otherwise incur the full cost of minimum staffing.
- Fire Funded Positions (Red) assist the Paramedic on scene.

# *Background - ALS Ambulance*



- This is the most effective means of providing Ambulance Services
- EMS Funded Paramedic/EMT Positions (Green) are funded solely through Ambulance User Fees. Private employees are utilized to contain costs.

# *Fire Transport Proposals*

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- **10/3 (District Chief Koda) Proposal**
  
- **Sanford/Millican Proposal**

# History

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- 1987 – County asked the Cities if they wanted to provide Transport  
Outcome: Cities did not elect to participate
- 1987 – Competitive RFP Process  
Outcome: County consolidated 7 private providers to one Countywide Service
- 1999 - County Fire Transport Feasibility Study  
Outcome: 1) Clearwater, Largo, St. Petersburg and County joint study prior to bid  
2) Clearwater and St. Petersburg did not participate
- 1999 - Competitive RFP Process  
Outcome: Largo and Paramedics Plus joint bid – highest cost
- 2004 - Competitive RFP Process  
Outcome: 1) Bid specifications encouraged Cities participation including integrated First Responder and Ambulance Services  
2) No bid received from Cities
- 2009 – Hybrid Proposal  
Outcome: 1) Analysis by City Managers, EMS Resource Group and County staff  
2) Proposal deemed not feasible

# *Integral Performance Solutions (IPS) EMS Study*

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- Consultant looked at ALL aspects of the EMS System
- Consultant assessed feasibility of Fire Transport
  - 1) Determined it would cost \$12 Million more for Emergency Transport
  - 2) Plus \$7.7 Million for Non-Emergency Transport
  - 3) Plus \$6.7 Million Ambulance Program Support Costs
  - 4) Determined costs would exceed Ambulance Revenue

# *IPS Analysis of the 10/3 Model and Sanford/Millican Proposal*

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- IPS analyzed both proposals as an independent consultant
- Determined they are not financially or operationally feasible



# *County Review of the Proposals*

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- County Staff consisted of:
  - 1) Assistant County Administrator
  - 2) Director of Public Safety Services
  - 3) EMS Division Manager
  - 4) EMS Finance Manager (CPA)
  - 5) Fire Division Manager
  - 6) 9-1-1 Computer Support Manager
  - 7) Management & Budget Senior Analyst

# *Commonalities of County's Plan and the Proposal*

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- All Proposals are Dual Response
  - 1) 1<sup>st</sup> Responder to Arrive First and Stabilize Patient
  - 2) Transport Unit to Arrive Second if Transport is Necessary
- All Proposals support ALS Engines for Medical First Response
- All Proposals reduce and equalize the cost of ALS First Responder Services across the 18 Cities and Fire Districts
- All Proposals Support Priority Dispatch
- All Proposals support existing consolidated and centralized services  
911/Dispatch, Radio System, Medical Control, Ambulance Billing, Continuing Medical Education, Protocols, Standardized Equipment and Medication, Critical Care Transport; All Children's Transport Team partnership.

## *Two Prime Concerns*

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- **Cost**
- **Logistics**

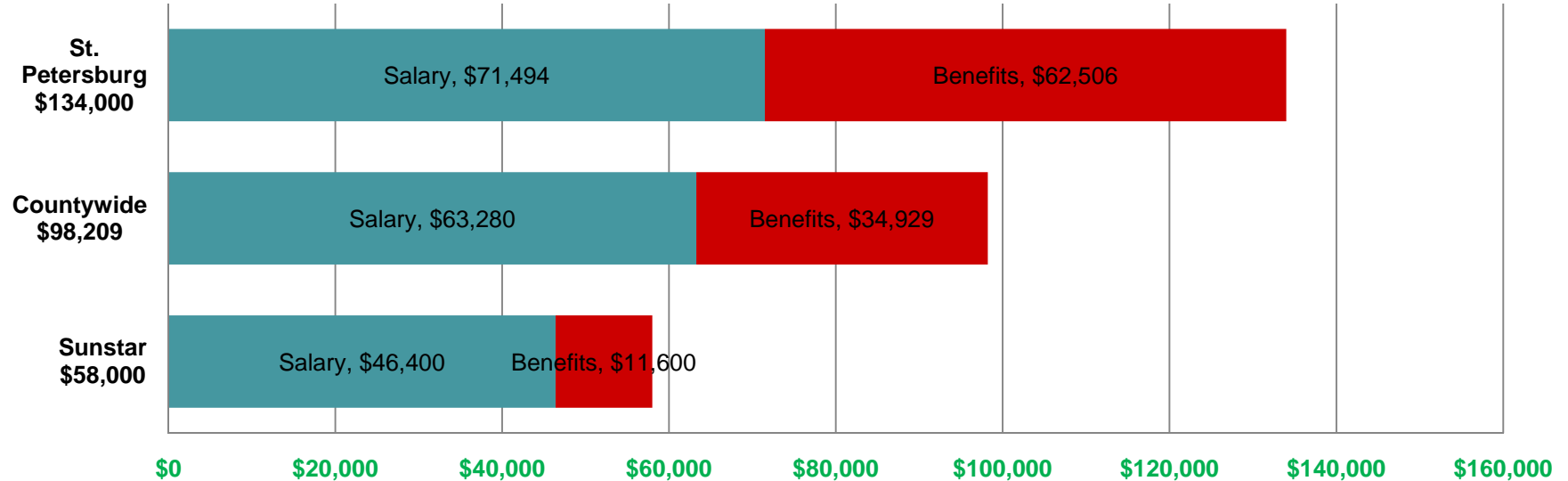
# Cost Analysis – EMS MFR & Ambulance Transport

	<u>Current EMS FY 10-11 Adopted Budget</u>	<u>IPS Marginal Engine Funding (Paid Position Option)</u>	<u>Union (Sanford/Millican) Proposal</u>	<u>10/3 Proposal</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<u>Medical First Responder (MFR) Program</u>				
Medical First Responder Costs Per Proposal	\$43,984,410	\$32,984,917	\$30,243,550	\$19,911,000
Uncosted MFR	\$0	\$0	\$4,320,000	\$10,233,000
<b>Total First Responder Costs</b>	<b>\$43,984,410</b>	<b>\$32,984,917</b>	<b>\$34,563,550</b>	<b>\$30,144,000</b>
<u>Ambulance Program</u>				
Ambulance Costs Per Proposal	\$41,556,949	\$41,556,949	\$49,620,392	\$58,130,000
Uncosted Ambulance	\$0	\$0	\$15,201,761	\$21,874,656
<b>Total Ambulance Costs</b>	<b>\$41,556,949</b>	<b>\$41,556,949</b>	<b>\$64,822,153</b>	<b>\$80,004,656</b>
<b>Total EMS System Cost</b>	<b>\$85,541,359</b>	<b>\$74,541,866</b>	<b>\$99,385,703</b>	<b>\$110,148,656</b>

# Cost

- Salary/Benefits/Pension Costs of Government Employees
  - 1) Sunstar Paramedic = \$58,000
  - 2) Countywide Average Firefighter/Paramedic = \$98,209
  - 3) St. Petersburg Firefighter/Paramedic = \$134,000
  - 4) \$40,000 to \$76,000 per Paramedic in New Costs is not financially possible

## Average Salary & Benefit Comparison



# *Logistics Concerns*

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- No Deployment Analysis Completed
- 18 Provider agencies would fragment the Countywide Consolidated Ambulance Service
- No Accountability for Countywide Performance
- Performance Standards not identified or guaranteed
- Proposers do not represent nor speak for the Cities
- Unclear how multiple agencies would provide centralized management, oversight and administration
- Fails to address licensure issues which could impact Medicare and Medicaid compliance

## *Other Considerations*

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- If a City or multiple Cities do not participate the Plan would be unworkable.
- Are Cities willing to give up control of City Fire/EMS equipment being redirected on a regular basis to cover other communities?
- Would Cities take on new responsibility and liability including new employees?

## ***Key Barriers To Fire Based Transport In Pinellas County***

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- Single Responsible Entity and an Identified Management Structure is Necessary
- Significant Reduction in Labor Cost
- True Dynamic Deployment
- Fully Costed Proposal

**The Cities have always been able to submit a bid – They have chosen not to.**



## ***Total Transports by Organization Type***

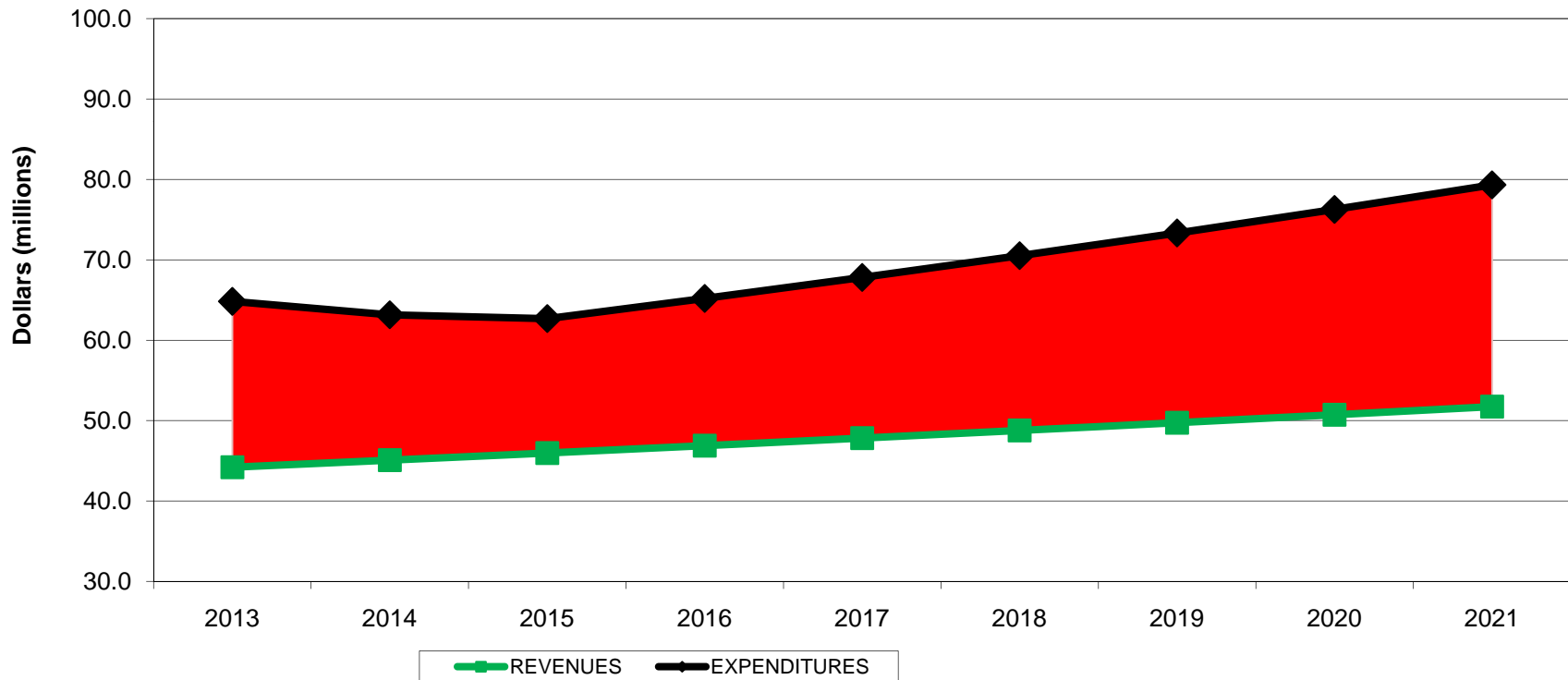
<b>Total Transports by Organization Type</b>		
<b>Organization Type</b>	<b>Total Transports</b>	<b>Percent of Total</b>
<b>Community, Non-Profit</b>	<b>45,286</b>	<b>2.15%</b>
<b>Fire Department</b>	<b>875,975</b>	<b>41.58%</b>
<b>Governmental, Non-Fire</b>	<b>398,392</b>	<b>18.91%</b>
<b>Hospital</b>	<b>86,665</b>	<b>4.11%</b>
<b>Private, Non-Hospital</b>	<b>699,148</b>	<b>33.18%</b>
<b>Tribal</b>	<b>1,355</b>	<b>0.06%</b>
<b>Total</b>	<b>2,106,821</b>	<b>100.00%</b>

Source: Florida Department of Health 2010 Florida Emergency Medical Providers Report

**Not aware of any Fire Transport System in Florida that produces a positive cash flow and is not property tax subsidized.**

# Sanford/Millican Forecast – Ambulance Service

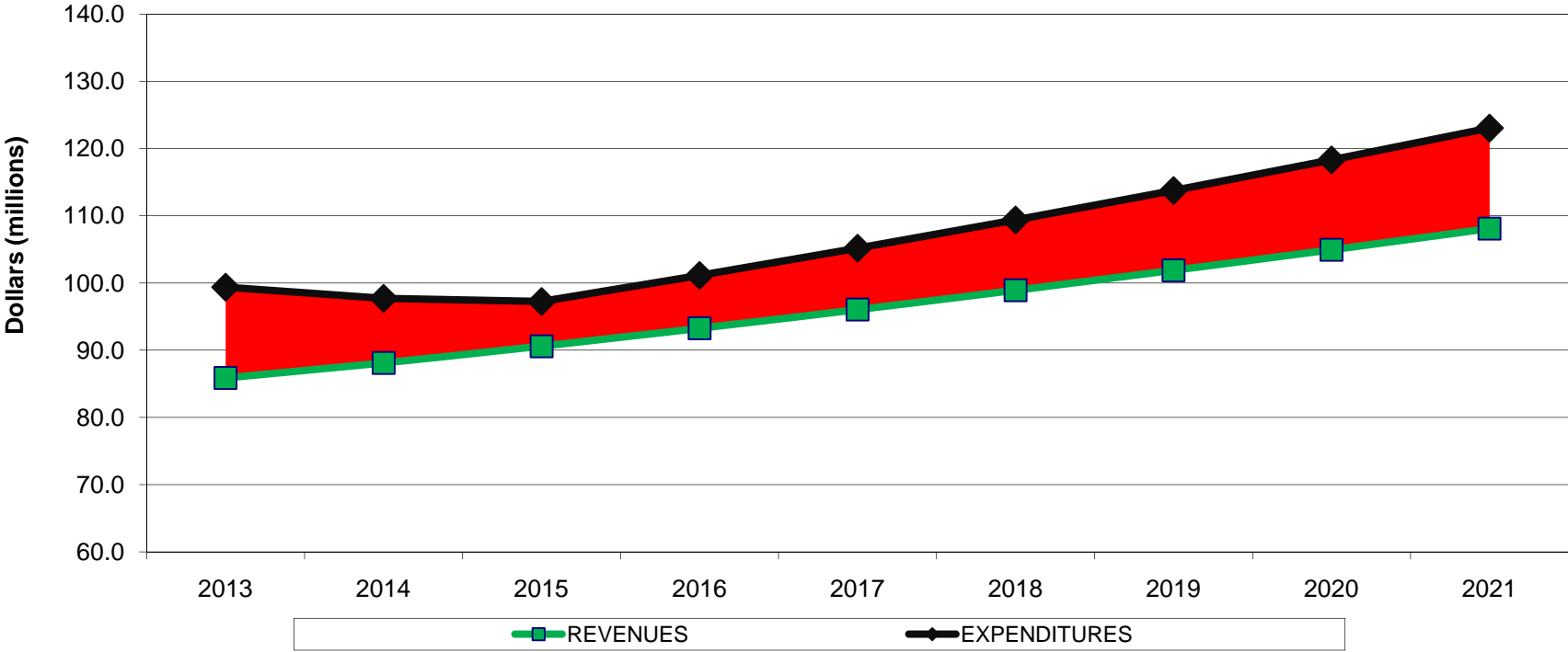
Sanford / Millican Proposal Forecast Ambulance Revenue & Expense



\* Forecast assumes no adverse impact to Ambulance User Fee revenue associated with transitioning to Fire-Based

# Sanford/Millican Forecast - EMS Fund

## Sanford / Millican Proposal - EMS Fund Forecast



\* Forecast assumes no adverse impact to Ambulance User Fee revenue associated with transitioning to Fire-Based Ambulance transport.

# ***Current County Ambulance Service***

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- Only Aspect of System that's Already Consolidated into one Provider
- Pinellas County's Ambulance Service is working well
  - 1) Financially
  - 2) Operationally
  - 3) Quality of Care
  - 4) Accredited Services (Ambulance, Critical Care, Communications)
- Patient satisfaction scores are very high (96%)
- Dynamically Deployed
- Paramedics & EMTs – Reasonable Salary & Benefits
- Performance Based Contract
  - 1) Response Time Compliance (Per Minute Fines)
  - 2) Billable Run Reports (No Payment to Provider if not Completed Properly)  
Note: If Performance Standards are not met they don't get paid.

# *Current County Ambulance Service*

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- Cap on Profit Level: Loss of \$5.7M in first 3 years (2004-2006); \$1.3M average profit over last 5 years (2007-2010)
- Overall system coordination, quality of patient care, service levels, response times are excellent.
- Over the last 3 years \$9.5 Million in Ambulance Revenue has been used to directly support the ALS First Responder Program.
- In addition, \$9 Million has been used from EMS Reserves over the last 3 years (75% from user fees)

# *Conclusions*

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- Continue to Function as a Dual Response System (All Proposals Agree)
- Operationalize the full utilization of Advanced Life Support Engines for Medical First Response (All Proposals Agree)
- Fully Implement Priority Medical Dispatch. This reduces multi-unit response. (All Proposals Agree)
- Continue to Competitively Bid & Contract for Ambulance Service. (Cities have always had the ability to Bid as a single unified Service Provider)

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- Questions?
  - Next Steps

