

Preliminary Findings and Recommendations for EMS in Pinellas County

May 3, 2011



These recommendations both
protect the level of service and
bring fairness to the funding
process

Principal Recommendation

**Marginal Engine Funding with
Paid Position Option for
Medical First Response**

Implement by start of
FY 2012-13

72 County-Funded ALS engines

Converts 10 locally funded
units to County funding

Use County-Wide FD EMS Budget **Averages**

- Personnel costs
- Engine operating costs
 - regardless of vehicle used

Cost Impact

\$22.9 MM with 3 FTEs

\$27.1 MM with 3.6 FTEs

Currently, \$38.1 MM

Savings of \$15.2 to \$11.0 MM

Fairness

Same funding for
all 72 MFR units

Protects the level of service

- MFR in 7 ½ min.
- Ambulance in 10 min.

Medical First Response

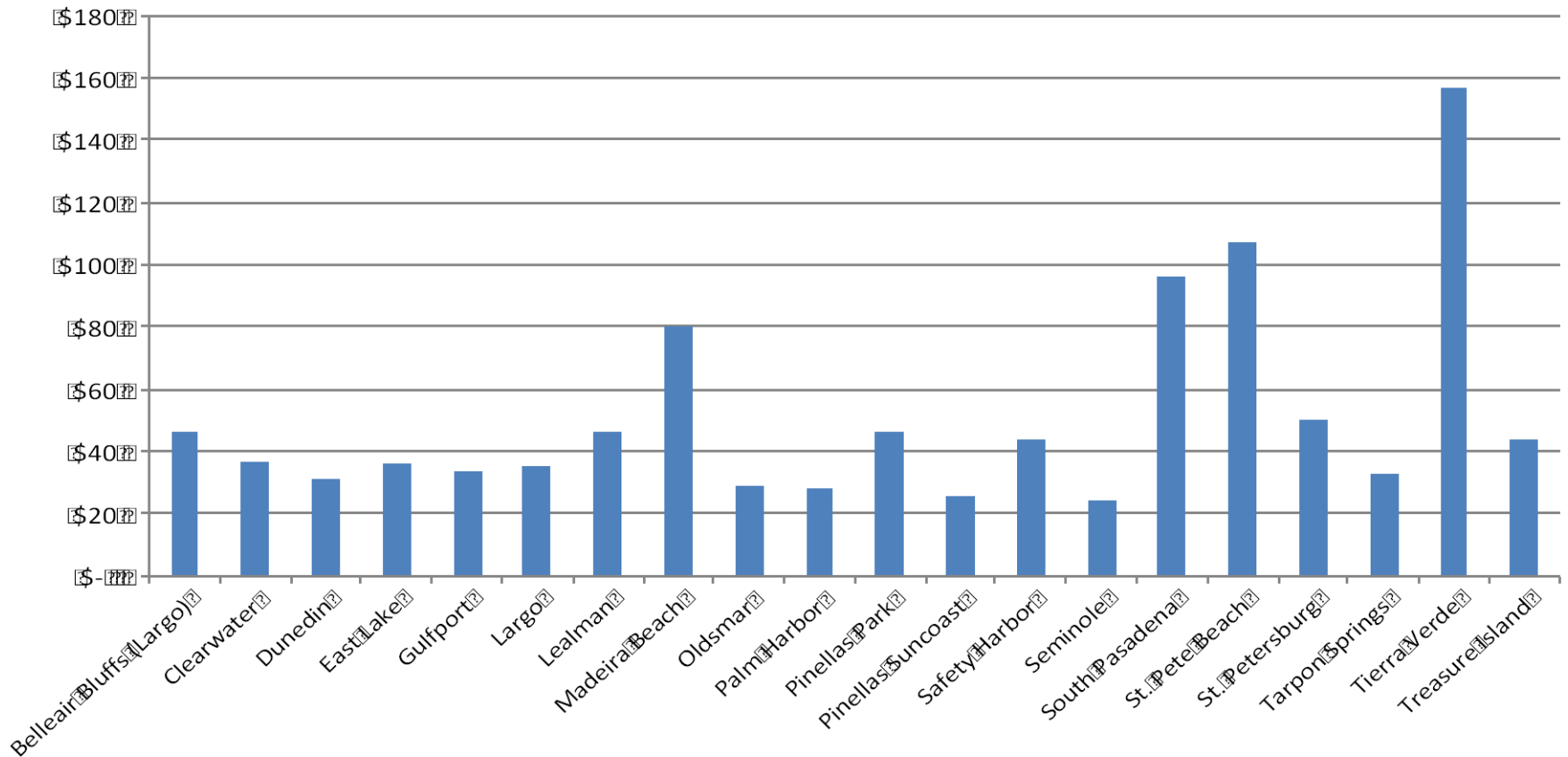
'Normalize' for Fair Comparison

- Per capita
- Per response
- Per MFR unit
- Per compensation levels

Annual MFR Funding - Per Capita

554% Difference

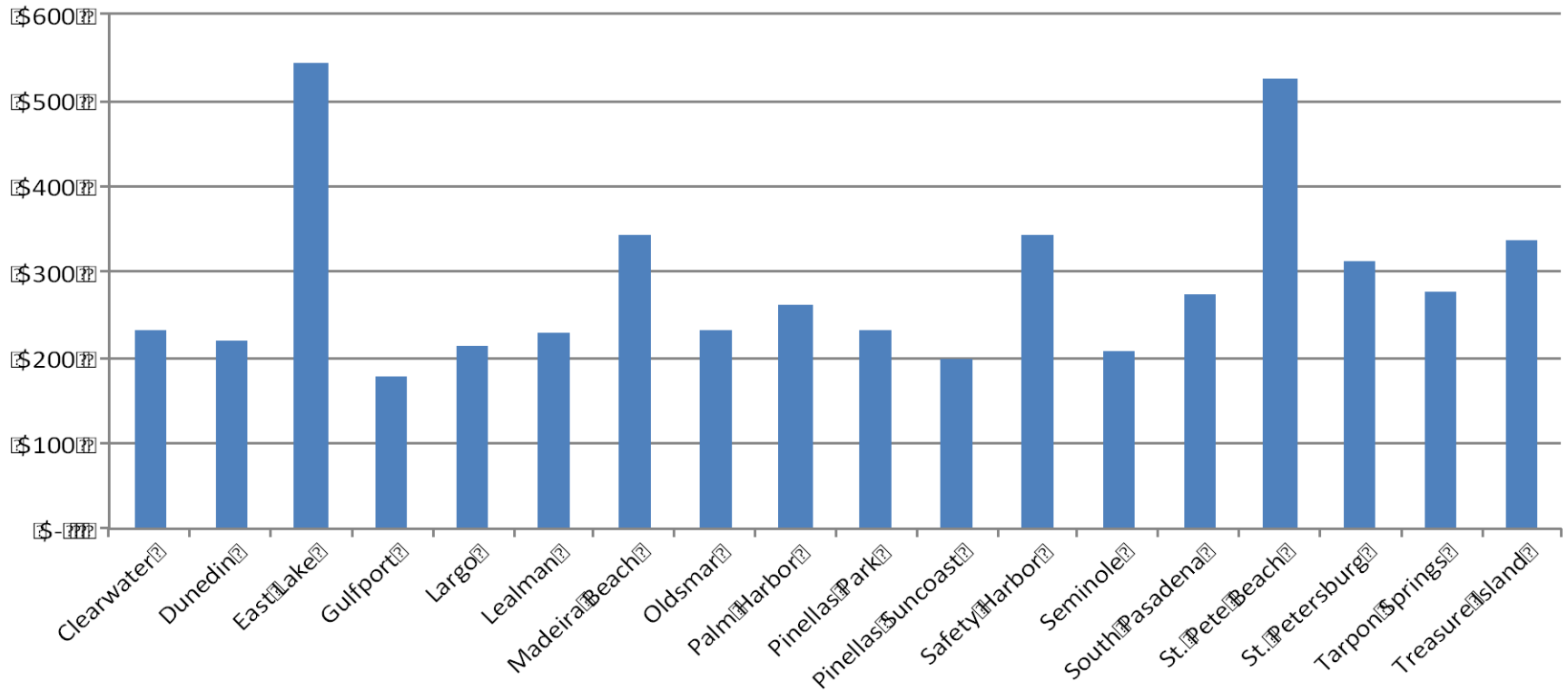
MFR Cost Per Capita



Annual MFR Funding - Per Response

203% Difference

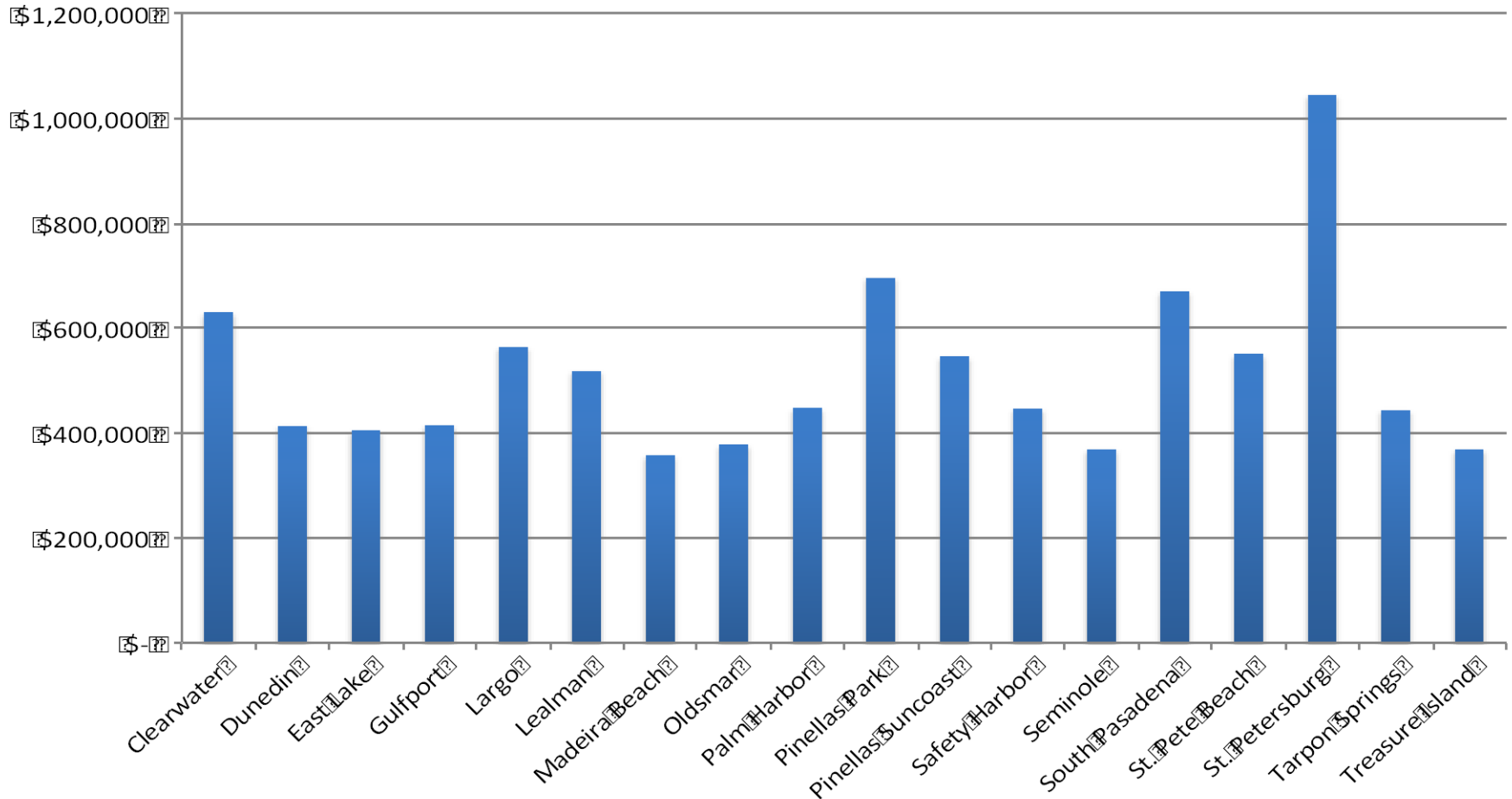
MFR Cost Per Response



Annual MFR Funding – Per Unit

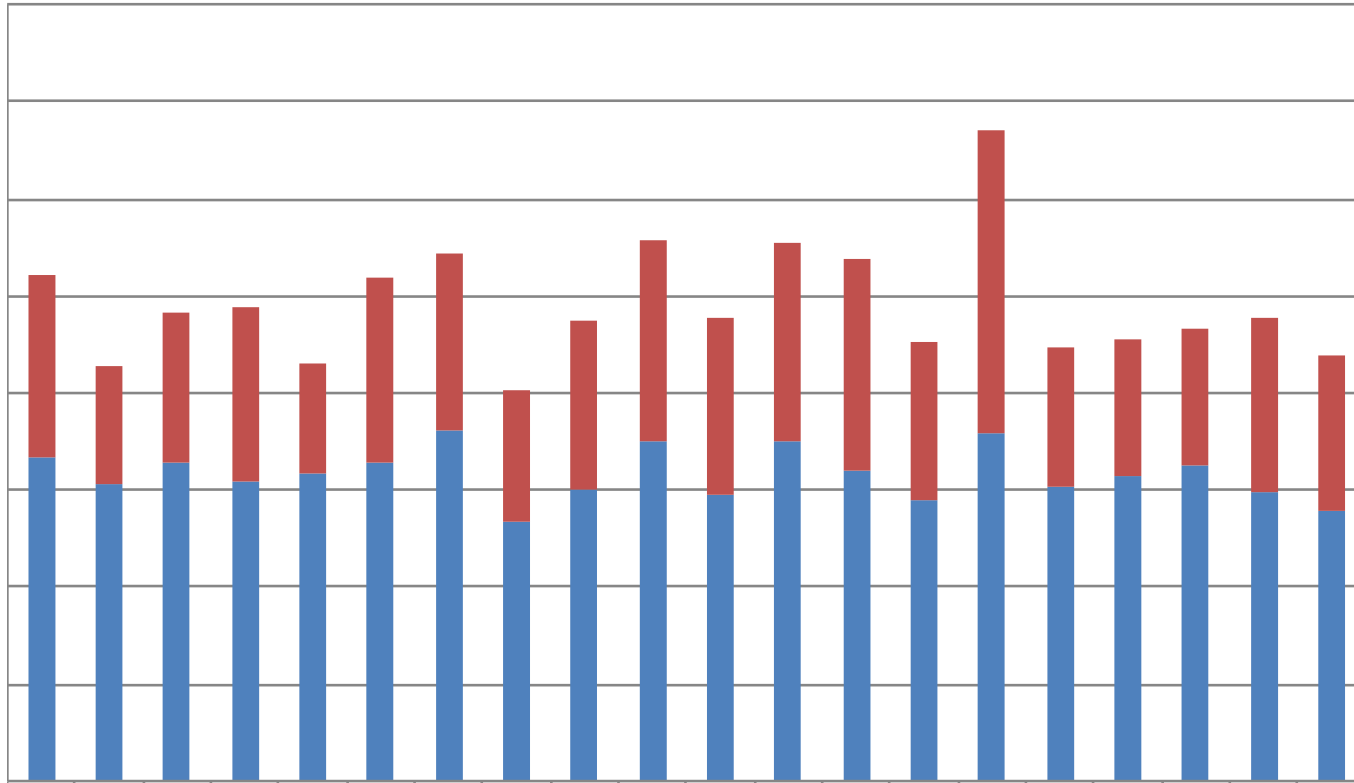
192% Difference

MFR Cost Per Unit



Total Average Compensation

66% Difference



ge Benefits

■ 2010-11 Average Salary

Funding Equity

Fairness is lacking in levels of MFR funding between departments. This needs be resolved with changes in the method for calculation of MFR compensation.

Range of Medical First Response Funding Options

Status Quo

Reserve funds will be
exhausted in FY 2012-13

Only Increase Ad Valorem Tax

- Does not resolve inequities
- Does not control budget increases
- More increases likely

Eliminate MFR

- **Save \$38.1 MM** with 2½ min. longer response time
- Severe impact on cardiac arrest and other extremely time sensitive cases (1-2%)
- Severe collateral impact on fire protection

Privatize MFR

- Similar units: **\$56.0 MM**
 - FD advantage w/ marginal funding
- Severe collateral impact on fire protection
- One person crew in smaller vehicle
 - Private: \$28.0 MM
 - FD: \$29.2 MM

Proportional Response Funding – Available Funds

- 72 MFR units
- Limited to available tax revenues
- **\$27.5 MM FY10-11**
- Severe impact on low volume / difficult to serve areas
- Balanced to tax revenue yield moving forward

Proportional Response Funding – Current Budget

- 72 MFR units
- Based on current MFR budget
- Spent fairly on proportionate basis
- **\$44.7 MM FY10-11**
- Severe impact on low volume / difficult to serve areas
- Initial tax increase
- Balanced to tax revenue yield thereafter

Marginal Engine Funding – Paid Position

- 72 MFR units
- \$22.9 MM with 3 FTEs
- \$27.1 MM with 3.6 FTEs
- Fair to low volume / difficult to serve areas
- Balanced to tax revenue yield thereafter

Marginal Engine Funding – Salary Differential

- 72 MFR units
- Just pay salary differential and ancillary costs
- **\$5.0 MM with 3.6 FTEs**
- Fair to low volume / difficult to serve areas
- Significant cost reduction to County
- Balanced to tax revenue yield thereafter
- Severe collateral impact on fire protection

Set Asides

- Ad valorem funding for:
 - Pilot studies and implementation of new processes for urgencies and chronic care support and ‘community life support’
 - Equipment upgrades
 - EMS reserve fund rebuilding
 - Estimated \$2.5 MM
 - Add or subtract this to cost, as appropriate, to MFR cost calculations

Funding Equivalence

- Formula that adjusts the ad valorem millage rate year to year
- Property valuations
- Consumer price index
- Set aside fund changes
- **De-politicize the process**

Appropriate Criteria for MFR

- Fire first response
 - Hazards
 - Technical rescue / extrication
- Highly time sensitive
- Manpower
- Scene protection

Reduce # of MFR Calls

- Eliminate MFR on cases that do not meet the criteria
 - Involve EMS Medical Director , fire and ambulance operations managers, 9-1-1 dispatch staff
- Remain available for more serious EMS calls and fires
 - Better response intervals from 'first due' unit
- Decrease fuel and vehicle maintenance costs;
Extend fire apparatus service life

Operationalization

- Fine tuning of deployment plan
 - New healthcare facilities, roads, etc. not in historical data
 - Constraints on types of vehicles that are appropriate for particular fire stations
 - Ex. – ladder truck should not be moved away from station closest to high rise structures
- Pilot test deployment plan with close monitoring of performance results
 - Adjust and re-test as needed

Transport

Ambulance Service Delivery Models

- Status Quo
- Fire-Based 911 Transport / Private Non-911 Transports
- Limited FD Transport
- Virtual Consolidation of Ambulance and FD Transport Resources

Status Quo

- Operationally / Clinically
 - Meets / exceeds all performance contract specifications
- Financially
 - Ambulance user fees and membership revenues approx. \$41 MM
 - Contractor paid approx. \$29 MM for 9-1-1 and non-emergency transports (exclude specialty transports)
 - Approx. \$12 MM revenue positive to County helps offset costs including:
 - EMS administration; Billing & collections
 - Office of the Medical Director
 - CME program at SPC

Fire-Based 911 Transport

- Minimum of 53 units required for 9-1-1 transport from fixed locations
- Other resources to meet MFR requirements
- \$779.7K/yr. operational cost estimate per unit
 - Based on avg. FD EMS budget salary, benefits and vehicle operation costs
 - **\$41.3 MM /yr.**
- Does not include start-up costs for vehicles and equipment
- Does not include non-911 transports

Fire-Based 911 Transport

- Accountability issue
 - Operating a dozen or so *separate* FD ambulance services is extremely inefficient
 - Maintaining performance and accountability between 19 service providers constantly moving across jurisdictional lines would be extremely difficult

Fire-Based 9-1-1 with Private Non-Emergency Transport vs. Current Model

- Current ambulance fee revenues = **\$40.9 MM**
- Current cost for both services: **\$28.6 MM**
 - **County net = \$12.3 MM**
- Estimated annual FD 911-only transport cost **\$41.3 MM**
 - **County net = loss of \$400K + cost of operating non-emergency transport service**

Virtual Consolidation of Ambulance Contractor and FDs

- Liberalized FD initiated transport protocols
- Contractor requested FD transport – ad hoc
- Contractor requested FD transport – scheduled by contractual agreement
- No strong financial advantage
- **Very strong ethical and operational advantages**

Limited Fire-Based 911 Transport

- Transport compensation = \$224 / response
- 3,481 transports to break even
- Response to transport ratio of 0.724
- 4,821 responses to break even (13.2/day)
- **R3 is only unit in the entire County to meet criteria (13.6/day)**

Other Recommendations

Scope of System

- Poor design of services to meet the large portion of cases that are not 'emergencies'
- Develop coalitions; pilot and implement process designs that meet community needs

Governance

- Better utilization of EMS Advisory Council
 - Formalized source of input and counsel to the governance structure (EMSA, EMS Admin; OMD)
 - Groups
 - Community Advisory Group
 - Medical Control Board
 - City and Fire District Group
 - Provider Group

Governance

- Facilitate bi-annual visioning process
- Facilitate bi-annual assessment process
 - Overall system
 - County EMS Administration / Billing
 - Office of the Medical Director
 - Continuing Medical Education program
 - Medical First Response
 - Transport

System Evaluation and Improvement

- Electronic medical records as soon as possible
- Business intelligence technology
 - System-level performance metrics
 - Performance dashboard technology
- System-level performance improvement projects
 - Align w/ strategic and operational priorities

Medical Direction

- Working well
- Consider process that allows more qualified field staff to use a different trigger point for OLMC contact
- More emphasis on improvement vs. assurance efforts
- Prepare for community paramedicine

Summary

Medical First Response

- Marginal First Response – 72 units; Paid Seat Option (one paid position plus equipment and operating costs)
 - 10 locally funded units become County funded
- \$22.9 to \$27.1 MM
 - Savings of \$15.2 MM to \$11.0 MM
- Fair to all departments
- Protects level of service
- Contains costs moving forward

Transport

- Current arrangement working well
 - County net = \$12.3 MM
- Fire department 9-1-1 transport option \$41.3 MM operating cost (9-1-1 transports only)
 - County net = loss of \$400 K plus non-emergency costs
- Limiting FD Transport to High Volume Areas
 - Only 1 FD unit could be justified using 'break even' criteria; not recommended

Scope of System

- Significant # of 9-1-1 calls are not emergencies
 - Current processes do not serve those needs well
 - Support efforts to develop services for urgencies and chronic care support

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