EMS Health Care Reform
Think Tank:
Opportunities and Challenges
for California’s EMS System

Summary

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CAA Principles for Health Care Reform

April 16, 2012 – Sacramento, CA
Hosted by the California Ambulance Association
Introduction

Welcome
Brenda Staffan, Executive Director
California Ambulance Association

CAA Expectations for the Think Tank:
- System providers = aware and motivated to act
- System oversight = see interconnection between patient care policies and payment policies
- Entire system = first dialogue in a path forward

CAA’s Recent Discoveries:
- No specific implementation plans to date for health care reform (HCR) of EMS
- EMS not considered part of health care safety net

CAA Recognizes:
- High stakes and complex changes ahead
- In CA, HCR will happen in some form, regardless the outcome of the Supreme Court decision
- Berwick’s comment about the two-year anniversary of the ACA = “It has profoundly changed the conversation for the good”
- Acknowledge basic goals of HCR = increase quality, lower cost, expand coverage (triple aim)
- CAA’s EMS Principles for Health Care Reform

Overview of Patient Care Revenues to Fund Calif. EMS System:
- Average Payer Mix – Transports
- Average Payer Mix - Revenue
- Medi-Cal’s Medical Transportation Expenditures (2009)
- Medi-Cal’s Total Expenditures (2009)
- Impact of ACA’s Coverage Expansion on CA Uninsured
- Impact of Health Care Reform on Ambulance Payer Mix

Introduction of Panel

The CAA assembled a group of diverse leaders representing multi-disciplinary perspectives. The panel is not an exclusive group, future panels should include other stakeholders. The panel included:
- Howard Backer, MD – Director, Emergency Medical Services Authority
EMS System Opportunities to Improve Quality and Contain Cost
David M. Williams, PhD, Chief Improvement Advisor
www.truesimple.com

Berwick’s Goal as CMS Administrator: Change healthcare delivery through policy changes of the payers. Since Medicare is the largest payer, Berwick started with changing Medicare as a payer. The Triple Aim Policy Scorecard establishes good policy, mediocre policy, bad policy.

Opportunities
The facilitator, Dave Williams, identified the following opportunities with health care reform:

1. Hot Spotters
2. Cost Variation
3. Chronic Conditions
4. Hospital Readmissions
5. Care Variation & Outcomes
6. Innovation & Collaboration
7. Systemic Improvement
8. The Triple Aim
Think Tank Notes

During pre-meeting interviews, the facilitator identified several key themes. The following are notes derived from comments by panel and audience members, in addition to excerpts from feedback provided on written evaluation cards:

1. System Design - Alternate to ED Transport
   - Medicare pays for non-transport only if the patient dies on scene, so we must discuss merits of non-transport options

2. System Design - Bad bids
   - EMS systems should separate the system design process from the competitive bid process; this process starts with one community doing system design separate from the competitive bid process
   - EMS systems should eliminate low value items that are costly
   - Competitive RFPs could be valuable tools for EMS-based health care reform
   - Conflict between outcome-based medicine and the local political process which heavily influences EMS system issues
   - Competitive bids have become proactive avenues for more shifting of costs away from local and state responsibility to commercial insurers
   - Get the LEMSA's together to improve effectiveness of EMS system design
   - Opportunity to partner with the medical community and promote a protocol that starts at dispatch and ends at discharge

3. Public Safety vs. Health Care
   - It is not a widely shared belief that EMS is medical, some view EMS as emergency management

4. Change in Payor Mix
   - Sometimes the conversation looks at the cost of services, but overlooks the actual reimbursement shortfalls

5. Limited Community Funding Capacity
   - Hot spotters – Can we lower medical costs by giving the neediest patients better care?
   - Need to address frequent users and hot spotters
   - Addressing hot spotters should include a focus on mental health patients
   - Health care system reforms must include mental health and social services needs

6. Evidenced-based Practice
o Reduce exposure to frivolous lawsuits
o How do we produce value for payers, patients and regulators?
o EMS systems must become outcome-focused and evidenced-based

7. No Measures of Quality/Care Reliability Gap
o Are response times the right quality measure?
o Must define EMS quality factors
o EMS providers should explore more options to generate value and reduce cost
o Review existing CA law for possible updates to EMS regulations which could contribute to achieving the goals of health care reform

8. Proactive vs. Reactive
o What three steps should ambulance providers take immediately?
o The EMS system stakeholders need to begin preparing immediately as the political/social/operational changes that need to take place will take a very long time to design
o Need to focus on how we get EMS at the health care reform table
o Retain a unified voice for statewide EMS solutions
o Mixed messages are fragmenting the effectiveness of EMS advocacy
o Stakeholders should align around the issues we have in common
o While there are various stakeholders, we have to view EMS from a system perspective
  o Reconvene another summit with payers, health care systems, private practice medicine; RAND has offered to host
o EMS must market the industry value much better

9. ACOs Driving Down Costs
o Leverage the EMS asset to generate value and create downstream savings
o There will be no consensus among EMS constituencies, because, in this country, we compete for funding, therefore, our interests are not shared

10. Next Steps – Below are excerpts from the written feedback on next steps:
o Develop a collaborative panel to review the CA EMS system holistically
o Meet in a smaller work groups, develop doable consensus on key items and schedule meetings with other stakeholders
o Develop small working groups to work on key issues that we need to address
EMS Health Care Reform Think Tank

- Get the group and other interested parties back together soon and start flushing out solutions
- Discussion of this type needs to continue; suggest creating a focus on collaboration that will result in change
- Continue meeting as stakeholders
- Need summit with insurance companies, hospitals and ambulance companies
- Host another summit with LEMSAs, hospitals, ACOs and large insurers
- Set-up website with resources

11. General Feedback

- This was great! Again great job! I want to be a part of this!
- Enjoyed format.
- Nice job! Forward thinking. Thank you for Art Kellerman. Need more of this.
- Great combination of talent and dedication on the panel.
Article & Website References

Articles Referenced in Presentations


RAND Fact Sheet—Why are Many Emergency Departments in the US Closing?


Websites Referenced in Presentation

Community Paramedics: http://www.communityparamedic.org/

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http://eprints.lincoln.ac.uk/5089/1/IFQSHC2012joiningthedots.pdf


The Hot Spotters—Can we lower medical costs by giving the neediest patients better care?
http://www.newyorker.com/reporting/2011/01/24/110124fa_fact_gawande

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Oregon Association of Hospitals and Health Systems (OAHHS):

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Triple Aim: Optimizing Care, Health and Cost, Healthcare Executive, Jan/Feb 2009:

The Triple Aim—Care, Health and Cost, Health Affairs:
http://content.healthaffairs.org/content/27/3/759.abstract
Triple Aim Book:
http://www.ihi.org/knowledge/Pages/Publications/PursuingtheTripleAimSevenInnovatorsShowtheWay.aspx

IHI Triple Aim Initiative:
http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx

Performance Improvement in Health Care—Seizing the Moment by David Blumenthal, M.D., M.P.P., April 25, 2012:


RAND Health: www.rand.org

California Healthcare Reform: www.healthcare.ca.gov

Federal Healthcare Reform: www.healthcare.gov


Kaiser Family Foundation Health Care Reform Source: http://healthreform.kff.org/

Commonwealth Fund Health Care Reform Resource Center: http://www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx
Panel Member Biographies

**Facilitator**

David M. Williams, PhD, is Chief Improvement Advisor at www.truesimple.com. He advises EMS and health care organizations in the US and Europe on measurement and process improvement to improve care reliability, patient safety, and operations. He is an improvement advisor and on the faculty of the Institute for Healthcare Improvement founded by former CMS Administrator Donald Berwick. Dr. Williams previously served as an expert EMS systems consultant and as the Commander over Quality for Austin-Travis County EMS. He earned undergraduate and graduate degrees in EMS Management and a PhD in Organizational Systems where his research focused on the obstacles to patient-centric EMS system design.

**Panel**

Howard Backer, MD, MPH, FACEP is the Director of the California Emergency Medical Services Authority (EMSA) where he leads the department in establishing and enforcing standards for EMS personnel, coordinating with local EMS systems, overseeing the development of statewide specialty care systems, and preparing for and responding to disasters. Dr. Backer previously served for ten years at the California Department of Public Health (CDPH), where he held a variety of assignments including as Chief of the Immunization Branch and as Interim Director and Interim State Health Officer. From 2008 to 2011, Backer was Associate Secretary for Emergency Preparedness at the California Health and Human Services Agency where he worked closely with EMSA, CDPH, the Department of Social Services and other CHHS departments on plans to coordinate public health and medical disaster response as well as mass care and shelter issues. In that capacity, he served as a consultant to the Ukrainian Ministry of Emergencies and was part of a delegation to Chile following the devastating 2010 earthquake there. He will continue to coordinate the development of Emergency Function 8 (Public Health and Medical) for the California State Emergency Plan. Prior to government service, Dr. Backer practiced emergency medicine full time for 25 years in rural, urban, and suburban settings. He received a Doctor of Medicine from the University of California at San Francisco, a Master of Public Health from the University of California at Berkeley, a Bachelor of Sciences from the University of Michigan and is board certified in Emergency Medicine, Preventive Medicine and Public Health. He continues to work clinical hours in Urgent Care at the UC Berkeley Student Health Center.

Bruce Barton is the Director of the Riverside County EMS Agency and currently serves as the President of the Emergency Medical Services Administrators Association of California. In 2010, Governor Arnold Schwarzenegger appointed him to the California EMS Commission. Bruce Barton has served in a multitude of EMS field and management roles throughout his career. He began his career as an EMT, progressing to Paramedic, Preceptor, Field Training Officer, Training Manager and Clinical and Education Director. Bruce served as the Director of
Operations for a large regional private ambulance provider before making the move from the private sector to County Government. His extensive background in EMS education, continuous quality improvement and EMS management has led him to his current role as Director of the EMS Agency for the County of Riverside. He holds a Bachelor of Science Degree in Education.

**Bob Barry** is the Director of Business Development for Care Ambulance Service, Inc. Bob is responsible for all Business Development activities including contracting, marketing, sales, strategic planning, and government relations. With over 30 years in the ambulance transportation industry, Bob has extensive experience in designing transport programs that help customers select the best provider to meet their needs and manage their risks. Bob is actively involved in the ambulance industry and serves as Chairman of the Board of Directors of the California Ambulance Association. The CAA represents ambulance providers throughout the State of California and is dedicated to assuring the delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices. Bob graduated from California State University Fullerton in 1987 with a degree in Business Administration.

**Bruce E. Haynes, MD** is currently the EMS medical director for San Diego and Imperial Counties. Previously he served for 14 years as EMS medical Director in Orange County. Dr. Haynes trained in emergency medicine and was on the faculty at Harbor UCLA Medical Center in Torrance, California and has worked in a variety of hospitals from small community facilities to large teaching hospitals. From 1986 to 1990 he was the Director of the California Emergency Medical Services Authority. He is a past member of the State Commission on Emergency Medical Services and the Board of Directors for the California chapter of the American College of Emergency Physicians. He received the EMS Achievement Award in 1991. Dr. Haynes is currently the President of the EMS Medical Directors’ Association of California.

**Art Kellerman, MD, MPH** is vice president and director of RAND Health and holds the Paul O'Neill Alcoa Chair in Policy Analysis at the RAND Corporation. Before joining RAND, he was a professor of emergency medicine and public health and associate dean for health policy at the Emory School of Medicine in Atlanta. Dr. Kellermann founded Emory's Department of Emergency Medicine and served as its first chair from 1999 to 2007. He established the Emory Center for Injury Control, and holds “excellence in science” awards from two organizations: the Society for Academic Emergency Medicine and the Injury Control and Emergency Health Services Section of the American Public Health Association. A two-term member of the board of directors of the American College of Emergency Physicians, Kellermann was subsequently given the College’s highest award for leadership. Elected to the Institute of Medicine (IOM) in 1999, Kellermann co-chaired the IOM Committee on the Consequences of Uninsurance, which issued six reports on this topic between 2001 and 2004. He also served on the IOM’s Committee on the Future of Emergency Care in the U.S. Health System and the Committee on Effectiveness of National Biosurveillance Systems: BioWatch and the Public Health System. As a Robert Wood Johnson Health Policy Fellow (2006–07), Kellermann worked for the professional staff of the Committee on Oversight and Government Reform, U.S. House of Representatives. A clinician and researcher, he practiced and taught emergency medicine for more than 25 years in public teaching hospitals in Seattle, Washington; Memphis, Tennessee; and Atlanta, Georgia.
**R. Michael Scarano, Jr, Esq** is a partner with Foley & Lardner LLP, and is vice chair of the firm’s Health Care Industry Team. He is also co-chair of the Health Information Technology Work Group and a member of the Privacy, Security & Information Management Practice, Life Sciences and Senior Living Industry Teams. Mr. Scarano has represented a wide variety of health care clients, including air and ground emergency medical services providers, private and governmental hospitals and their medical staffs, nursing homes, physician organizations, management services organizations (MSOs), managed care organizations, diagnostic test providers and professional associations. He represents these clients in a wide range of transactional and regulatory matters, including reimbursement, managed care, fraud and abuse/compliance, HIPAA and other privacy laws, and general business transactions. Mr. Scarano has been Peer Review Rated as AV® Preeminent™, the highest performance rating in Martindale-Hubbell’s peer review rating system. He was selected for inclusion in the recent editions of The Best Lawyers in America® (2007-2012), the 2007-2010 San Diego Super Lawyers® lists, and was ranked as one of the top health care attorneys in the nation in 2009-2011 by Chambers USA. Mr. Scarano also served as co-chair of the Health Law Committee of the State Bar of California for 2006-2007. Mr. Scarano has extensive knowledge regarding emergency medical services law and physician assistant law. He has been an associate editor and regular legal columnist for EMS Insider for 15 years. He speaks regularly before health care professional organizations and has published numerous articles on a variety of health law topics. Mr. Scarano is a 1984 graduate of Boalt Hall School of Law at the University of California at Berkeley. He received his Bachelor of Arts degree, with academic distinction, from the University of California at Berkeley in 1978.

**Chief Demetrious N. Shaffer** currently serves as the President of the California Fire Chiefs Association. During his more than twenty years in the California fire service, he has promoted through the ranks from Reserve Firefighter to Fire Chief. Chief Shaffer has earned four degrees including a Master’s in Public Administration and he is a State certified Chief Officer, Instructor, and Fire Investigator. As a fire service professional, he is active both statewide and locally where he has worked on campaigns to stop domestic violence, raised money for the local hospital district, and has worked with youth as a high school tutor and mentor for several years. Chief Shaffer currently serves as the President of the Washington Hospital Healthcare Foundation, and is the past President of the Alameda County Fire Chief’s Association and the League of California Cities Fire Chiefs Department. Additionally, he has been an adjunct faculty member at Cogswell College since 2006 teaching Community Risk Reduction and Advanced Fire Administration and serves on the Board of Directors for the League of California Cities. Chief Shaffer has been a lifelong resident of the Bay Area where he currently lives with his wife, Alicia, and three children ages 1, 2 and 7.
CAA - Principles for Health Care Reform

As policy makers, insurers and other stakeholders proceed with implementation of healthcare reform, the California Ambulance Association (CAA) strongly urges that reform initiatives advance quality, efficient and medically-appropriate patient care. The CAA believes the following principles are essential:

1. Engage providers and administrators responsible for state and local EMS system oversight in all phases of healthcare reform implementation
2. Preserve the prudent layperson standard for public access to emergency medical care
3. Achieve improved coordination, expanded regionalization, and increased transparency and accountability
4. Assure minimum benefit packages cover medically-necessary ambulance service
5. Promote quality initiatives and performance principles in EMS systems
6. Effectively align the incentives of patients, providers and payers
7. Adequately fund EMS system infrastructure and provider cost of readiness
8. Recognize the value associated with EMS contributions to injury and illness prevention
9. Evaluate EMS system reforms which enhance patient outcomes and reduce downstream healthcare costs

Approved by the CAA Board of Directors, January 2011