

SUMMER 2014

Siren

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



Are you **100% SATISFIED** with your head immobilizer?

Find out why others have trusted the Multi-Grip since 1989.

- Simple
 - Disposable
 - Light-weight
 - Waterproof ~ closed cell
 - Includes chin & head straps
 - Radiolucent ~ X-ray, MRI, CT transparent
 - Compatible with C-collars, backboards, scoops
 - Patient & Multi-Grip won't slip during quick stops

The Multi-Grip was designed by a fire-fighter in 1989. Today this effective CID is used across the US as well as in other countries. It comes in three sizes: adult, child and pediatric.

This is a complete system for your head immobilization needs. Its design makes it a universal head immobilizer appropriate for a variety of situations. Based on a truss system, the Multi-Grip maintains superior strength, and any patient movement will tighten the straps to create the ultimate immobilization.

It's simple and it works.



Call Today for your FREE Sample




800-892-5562



FREE Field Evaluation Available

TANK BOSS Home of the Tank Boss Portable O2 Cylinder Lift



itec
Manufacturing

Winnsboro, TX
info@itecems.com
itecmfg.com



CAA Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

CAA Mission

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

CAA Leadership

BOARD OF DIRECTORS

Chair | Helen Pierson

Vice Chair | Alan McNany

Secretary/Treasurer | Eb Muncy

Directors | Richard Angotti | Edward Guzman
| Carol Meyer | Fred Sundquist, Jr.

Sergeant-at-Arms | Josette Mani

STAFF

Executive Director | June Iljana | jiljana@the-caa.org

Administrative Director | Kim Ingersoll | kingersoll@the-caa.org

Legislative Advocate | Chris Micheli | cmicheli@apreamicheli.com

Accountant | Tricia Schrum, CPA | tschrum@the-caa.org



Table of Contents

- 3 | **Chair's Message** | *Helen Pierson*
- 4 | **Executive Director's Report** | *June Iljana*
- 6 | **Legislative Update** | *Chris Micheli, Esq.*
- 7 | **Member News: Peter Brandon Receives Lifetime Achievement Award** | *Medic Ambulance Expansion*
- 8 | **EMS Commission Report** | *Jaison Chand*
- 8 | **CAA Political Action Committee** | *John Surface*
- 9 | **Feature Article: Cyber Liability for Health Care Employers** | *Spencer Hamer, Esq.*
- 11 | **Feature Article: Current Legislation Impacting Employment Law** | *Chris Micheli, Esq.*
- 12 | **Feature Article: CAA Members Teach Hands-Only CPR at the State Capitol**
- 13 | **Feature Article: EMS Industry Trends and Best Practices** | *Bill Bullard*
- 16 | **2014 Stars of Life Recipients and Event Photos**

Editorial Information

The views and opinions in the articles herein are not to be taken as official expressions of the publishers unless so stated. The publishers do not warrant, either expressly or by implication, the factual accuracy of the articles herein, nor do they so warrant any views or opinions offered by the authors of said articles. Manuscripts and queries should be directed to Editor, the *Siren* at the address listed below.

© Copyright 2014 California Ambulance Association. No material can be reproduced without the express written consent of the publisher.

Circulation among California's private ambulance providers, elected officials and EMS administrators.



California Ambulance Association

2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
(877) 276-1410 (toll free)
(916) 924-7323 (fax)
www.the-caa.org

Chair's Message



Helen Pierson | Chair of the Board

On May 13th Governor Brown reported California's Medi-Cal expansion, which he called "a huge social commitment," will soon cover 30% of the state. The state budget shows Medi-Cal growing from 7.9 million in July 2013, to 10.5 million Californians today, and that enrollment is projected to grow to 11.5 million by June 2015. I applaud Governor Brown's successful effort to get more Californians insured, and I do agree with him that it is a "huge social commitment." What I don't understand is how he expects ambulance providers to serve 30% of Californians at current Medi-Cal rates.

Statewide, ambulance providers already deliver an estimated \$165 million in uncompensated care to Medi-Cal beneficiaries. While hospitals and physicians receive a portion of their losses for uncompensated care back through the Maddy EMS fund, through an increase in fines for moving violations, ambulance service providers DO NOT. Air ambulance service providers receive a Medi-Cal reimbursement supplement also based on an increase in fines for moving violations. Public agencies get reimbursement through the GEMT fund. Currently, no state or federal funding is provided to offset uncompensated care and charity care

Determination and Working Together Will Lead to Success!

"Continuous effort – not strength or intelligence – is the key to unlocking our potential."

- Winston Churchill

provided by private ambulance services. Our Medi-Cal reimbursement rates haven't changed since 1999!

Once again, Senator Dr. Ed Hernandez has authored a bill on our behalf to address this inequity, SB 1374. I request that all members write letters to your Senate and Assembly representatives. Although the bill stalled in the Senate Appropriations Committee, it is important that we continue to press our case. Ask them to help our industry. We need to work together in order to be heard in the legislature. Determination by all of us to educate our legislature of these facts. Thank you to Dr. Ed Hernandez for supporting the California Ambulance Association.

I would like to express my appreciation to everyone who participated in our Community Paramedicine Panel on May 30th in Sacramento. The information shared by our presenters was important for the advancement of our industry and gave us all plenty to think about as we look at how the changing landscape of "mobile integrated healthcare" may affect our business models. Thank you to Brenda Staffan of REMSA, Lou Meyer from the California EMS Authority, Jim Pierson from Medic Ambulance in Solano County, and Bill Bullard of The Abaris Group.

Our annual "Stars of Life" Celebration and Legislative Summit was held on April 1st in Sacramento. This year we honored 41 paramedics, EMTs, and staff from across the state. As a special treat this year, the Stars were recognized from the Assembly Floor while visiting with their local legislators.

During the celebration dinner, the repeated stories of heroism and service reminded us all that we are fortunate to have these "special angels" working with us and serving their communities. We were also honored to have outgoing Speaker of the Assembly, John Perez, recipient of the CAA Legislator of the Year award. Our guest speakers were Assemblumember Freddie Hernandez, who is an alumnus of the Stars of Life, and Dr. Howard Backer, Director of the State EMS Authority.

Internally, your Board of Directors has worked diligently in balancing a budget for our Association with the assistance of Executive Director June Iljana, Administrative Directors Jennifer Blevins and Kim Ingersoll and CPA Tricia Schrum. We are looking into the future and working on a strategic plan with the assistance of our Legislative Advocate, Chris Micheli, that will keep our organization strong, viable and respected in the California Legislature.

Continued on page 15

Executive Director's Report



June Iljana | Executive Director

Helping Patients is the Easy Part... Getting Paid for it is Tough

By far, the steepest learning curve I've experienced since joining the CAA has been related to billing. A year and a half ago I couldn't tell Medi-Cal and Medicare apart—actually, sometimes I still get them confused—but it couldn't be more important to our members. Low reimbursement rates are bad. Not getting paid at all is even worse.

Fortunately, our Payer Issues Committee, chaired by Donna Hankins of American Ambulance, as well as the entire team of committee members who share their experience and knowledge, ensure that the CAA is out there working hard to address some very thorny problems. Below is an overview of two of the challenges billers are facing and the work being done by the Payer Issues Committee to address them.

Medicare

Noridian, the company that took over as California's Medicare Administrative Contractor last fall, is conducting prepayment audit reviews at a previously unheard of rate. In addition, they are using an "unusual" definition of medical necessity and denying claims that would previously have been paid. 911 claims are being paid, but scheduled transports, which many of our members rely on to remain solvent, are being

routinely audited, denied and otherwise sent into appeal purgatory for months.

In a recent meeting with the CAA, Noridian indicated that:

- 1) Unless a specific EMT or paramedic skill was actually employed during the transport the claim would be denied.
- 2) If the patient could have been transported in any other way, regardless of whether another option was actually available, the claim would be denied.
- 3) A physician's order for ambulance transport can be overturned by the medical review staff at Noridian.

Congress recently held a hearing to investigate the high rate of claim denials by Medicare contractors and cited an OIG report showing that 56 percent of denials are overturned by administrative law judges (ALJ). Of course, ALJ hearing requests have more than quadrupled and the backlog means waits of two years or more for a hearing.

Private Insurers

Because Medi-Cal and Medicare rates don't cover the cost of providing service, ambulance providers must rely on charging

higher rates to private insurers to remain solvent. This "cost shifting" is both expected and forced by government payers and rates are approved by the counties.

Private insurers have pushed back on cost shifting over the years, but now their efforts have ramped up. Statewide, ambulance companies are receiving payments far below billed amounts with statements that the insurer believes they have paid a fair price. In some cases they are instructing the patient not to pay the remainder. California law allows ambulance companies to bill the patient for any amount unpaid by the insurer, but that is a last resort for any provider.

We recently met with the Department of Managed Health Care and plan to meet with the California Department of Insurance asking them to support our battle for full payment by insurers. In the meantime, we are advising CAA members to go through the dispute resolution process with the insurer every time, and to document the process. Also, ambulance companies should encourage the patient to appeal the claim to the insurance company.

I can't promise that we will be able to correct these problems, but I know we have a greater likelihood of success when we are working together. ✨



Make a Career Out of Making a Difference

WestMed College provides affordable education and training for healthcare careers that are in high demand. Learn in the classroom and hands-on in the field as you embark on an exciting new career.

Programs include*:

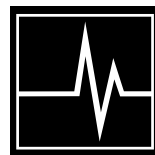
- Health Information Technology
- Medical Assisting
- Nurse Assistant
- Paramedic
- Vocational Nursing

LEARN MORE TODAY

Campus Locations:

San Jose • Merced • Fresno • Chula Vista

For more information, visit:
westmedcollege.edu



**WestMed
College**

An Affiliate of The National University System



Chris Micheli

CAA-Sponsored Bill: Continuing to Fight for Fair Medi-Cal Reimbursement

Chris Micheli | CAA Legislative Advocate

The CAA put forth a significant effort this session in a renewed push to seek legislation to force the Department of Health Care Services (DHCS) to complete a rate study as the basis for the amount of reimbursement paid to emergency ambulance providers when treating Medi-Cal patients.

Currently, we estimate that 21% of all emergency transports in California are Medi-Cal patients, with some jurisdictions having as high as 50% Medi-Cal patients. And that percentage will continue to grow due to the expansion of Medi-Cal. Unlike other health care providers, ambulance providers cannot pick and choose their patients, as ambulance providers respond to, treat and transport all emergency patients without regard to a patient's ability to pay.

While the costs to provide essential ambulance services have significantly increased during the past decade, including escalating wages and benefits, increasing insurance costs, and newly mandated equipment, including vehicles and supplies, Medi-Cal reimbursement has not kept pace with these increased costs and has, in fact, declined. A Government Accountability Office (GAO) analysis of ambulance costs found that the average cost of providing ambulance service on a per transport basis was \$592, as compared to the current

Medi-Cal base reimbursement rate of less than \$120. In addition, Medi-Cal rates for ambulance providers were further reduced by 10 percent beginning in September 2013. The last Medi-Cal rate increase for 911 providers was in 1991.

Moreover, private ambulance service providers are being squeezed by the growing reluctance of insurance companies to continue paying inflated rates for services provided to their insureds, just because the State of California is so severely underpaying ambulance companies in serving the Medi-Cal population.

Once again, the CAA secured State Senator Dr. Ed Hernandez (D), who serves as the Chair of the Senate Health Committee, to author our sponsored bill, SB 1374.

The bill would require DHCS by July 1, 2015 to adopt regulations establishing the Medi-Cal reimbursement rate for ground ambulance services using one of two specified methodologies: conduct a rate study or cost-based evidentiary base that results in proposed rates or designate the ambulance cost study conducted by the federal Government Accountability Office (GAO-07-383) as the evidentiary base and establish rates at 120 percent of the current Medicare Ambulance Fee Schedule.

At present, the bill is being held in suspense in the Senate Appropriations Committee pending some resolution on how to fund a Medi-Cal increase.

Concurrently, we are meeting with legislators to request that the ambulance industry be exempted from the 10% provider rate cuts created by AB 97 (Chapter 3, Statutes of 2011) which were implemented last September after a lengthy court challenge.

As your advocates, the CAA continues to deliver the critical message that emergency medical services are a critical safety net relied upon by the entire California population. And that 911 providers in California must provide assistance to all persons who request their service. Private ambulance companies are providing 75% of all transports in this state. Ninety percent of Medi-Cal ground ambulance transports are emergencies. Severe below-cost Medi-Cal payment rates threaten to collapse the entire 911 emergency medical system safety net in California.

As always, we strongly encourage you to engage your local legislator in support of these efforts. Send me any correspondence or other contact you make with any legislators. I can be reached at 916-448-3075 or at cmicheli@apreamicheli.com. ✪

Member News

Medic Ambulance Service Begins Facility Expansion; Completes Re-accreditation

Medic Ambulance Service broke ground in April on a 16,000 square-foot expansion and remodel of their facility in Vallejo. The expansion will include adding 8,600 square feet in the empty lot next to the company’s current location. The \$3.7 million project will quadruple the dispatch center, add more space for training and logistics and add state-of-the-art ergonomic equipment.

The company started 35 years ago when Rudy Manfredi purchased Burton Ambulance Service in Vallejo. They have since grown to 55 ambulances and over 200 employees. In 2010, Medic won a contract to provide services to all of Solano County except Vacaville for 10 years. Vice President Helen Pierson said that between technological upgrades, new vehicles and the expansion, the firm is investing about \$7 million in Vallejo and Solano County.

Vallejo Chamber of Commerce President and CEO Rich Curtola was quoted in the Vallejo Times-Herald saying, “Medic Ambulance is a great Solano County business. They provide wonderful services for the residents, and that they continue to choose Vallejo as their headquarters says a lot about our relationship with them and theirs with Vallejo.”

In addition to planning this major project, Medic Ambulance has been busy renewing its accreditation from the Commission on Accreditation of Ambulance Services (CAAS). This marks Medic’s third consecutive award making Medic the longest tenured ambulance company in Northern California with this sustained recognition of excellence in high quality patient care.

Medic was one of the first ambulance companies in Northern California to successfully complete the voluntary review process which included completion of a comprehensive application and on-site review by national experts in emergency medical services. To date, only 159 EMS agencies have successfully completed a CAAS accreditation.

The Commission is a non-profit organization established to promote quality patient care in medical transportation by establishing national standards which address the ambulance service’s total operation and its relationships with other agencies, the public and the medical community.

“Accreditation represents our firm commitment to our patients and community. We continuously strive to do our best and we view accreditation as another step toward excellence,” said Rudy Manfredi, president of Medic Ambulance Service. *



Liberty Ambulance CEO & President Selected for Life Time Achievement Award

Peter Brandon, CEO and President of Liberty Ambulance has been selected by the County of Kern to receive a “Life Time Achievement Award” for decades of leadership and involvement in the Kern County Emergency Medical Services System. Mr. Brandon is currently President of the Kern County Ambulance Association.

Mr. Brandon was instrumental in the creation of exclusive operating areas in Kern County and a long- time supporter and advocate of the centralized EMS/Ambulance dispatch program. He implemented 12-lead EKG monitors and CPAP breathing units and placed them in Liberty Ambulance units long before those systems were considered state of the art. Mr. Brandon has over forty years of EMS experience in Kern County and is highly regarded in the County’s healthcare system. *

New Members

Alpha One Ambulance – Active Member

Arcadia Ambulance – Non Emergency Member

Del Norte Ambulance, Inc. – Active Member

Coast 2 Coast Medical Billing – Commercial Member

Creditors Specialty Service Inc. – Commercial Member

Gold Cross Services, Inc. – Associate Member

Grant Mercantile Agency – Commercial Member

Heffernan Insurance Brokers – Commercial Member

Interstate Oil Company – Commercial Member

SC Fuels – Commercial Member

TCF Equipment Finance – Commercial Member

Comments or questions about membership applications should be directed to: Kim Ingersoll: kingersoll@the-caa.org.

California Commission on EMS Update

Jaison Chand | City Ambulance of Eureka, Inc.
State EMS Commissioner

Now that we've put the EMT, Advanced EMT, and paramedic changes to work, the focus now is on the public safety regulations. The proposed regulations are currently in the written public comment period. The written comment period closes at 5:00pm on July 7th. EMSA will also hold a public hearing on the proposed changes at 2:00pm that day at their Rancho Cordova headquarters.

Changes to the public safety regulations will not likely affect our members directly, however some of our providers, especially those working with volunteer first responders may see some changes. There are a number of items proposed as "optional scope items," which first responders can add with additional training. They include epinephrine, atropine and pralidoxime chloride autoinjectors, naloxone administration, oxygen, hemostatic dressings and oropharyngeal (oral) airways. The optional scope items require LEMSA medical director approval. The link to the proposed changes can be found on the EMSA website homepage.

There was concern in the pre-public comment period regarding administration. Many thought oxygen administration should be moved to the basic scope of practice. Others commented that additional training hours for the basic course would be needed if oxygen was in the basic scope. The requirement for the number of training hours remains unchanged under the new regulation at 21, but the requirements outlining exactly how that time is spent was eliminated.

The dates and locations of all EMS Commission meetings are posted on the California EMS Authority's website. I encourage all CAA members to attend, and be sure to say hello. *

CAA Political Action Committee

John Surface | Hall Ambulance Service, Inc.
CAAPAC Chair

The California Ambulance Association Political Action Committee (CAAPAC) was formed to advocate for sound policies in Sacramento. Each year CAAPAC members attend special events with our elected leaders in Sacramento and in the local districts. Our message is simple, CAA members are an important part of California's Healthcare Safety Net and we need their help maintaining a stable environment.

Each year at the annual CAA Convention, CAAPAC hosts a raffle as a fund raiser. CAA members and friends donate wonderful prizes ranging from an iPad Mini to golf clubs to cool Disney swag. In addition to the raffle, CAAPAC runs annual campaigns asking member organizations to contribute to our efforts. Many CAA companies make maximum allowable contributions to CAAPAC.

CAAPAC is small but that does not stop us from working hard to deliver our message on behalf of CAA members. CAAPAC works closely with CAA Legislative Advocate Chris Micheli to help CAAPAC and our CAA member companies identify the most meaningful opportunities to use our limited resources.

There truly is strength in numbers. Larger PACs are seen walking the Capitol with members arm in arm displaying their unity for all. They spend a lot of money on their efforts. For CAAPAC to span the gap we need 100% of CAA members to support our efforts financially and to be engaged in ongoing regular discussions with their representatives at the local level.

To learn more about how you as a CAA member can help advocate and educate our policy makers you can contact John Surface at 661-322-8741 or surfacej@hallamb.com. *

The California Ambulance Association is now welcoming non-members to subscribe to the Siren magazine. Each issue includes feature articles, association educational and networking events, legislative updates and analysis, and member news. CAA members receive the Siren as a member benefit.



The official magazine of the California Ambulance Association

Nonmember subscription price:

1 year: \$45*

2 years: \$80*

Call (877) 276-1410 to subscribe.

*California residents, add 8.5% sales tax



Spencer Hamer

A Guide to Cyber Liability for Health Care Industry Employers

Spencer Hamer, Esq. | Michelman & Robinson, LLP

As use of electronic health care records (EHRs) has become increasingly standard, the health care industry is finding itself under siege from cybercrime attacks. Three of the six largest data breaches in 2011 transpired in the health care industry. According to the Identity Theft Resource Center, in 2013, almost half of identify theft breaches were in the health care industry.

These thefts can have dire implications. The value of stolen EHR data is significantly greater than that of a credit card or bank account number, because it can plague a victim for a lifetime, with hackers often using the information in multiple capacities to commit fraud or identity theft. Despite the recent Target data breach, financial services and retail operations have been more vigilant about preventing and responding to these threats than have health care industry employers.

HIPAA and similar regulations place stringent requirements on health care industry employers to safeguard the privacy of patient and medical data. A health care organization's employees or ex-employees are frequently responsible for cybercrime attacks. In fact, recent studies suggest that internal health care breaches compromise far more sensitive data than do external incidents.

The bottom line is that health care employers must institute comprehensive security procedures to mitigate the risk of a breach. Fortunately, they have a variety of tools at their disposal to do so.

Conduct Thorough Screening: It is critical to identify potential problem employees before they are hired. Examine applications for work history gaps and reasons given for leaving jobs. Check references, going beyond those provided if possible. Consider using background checks and pre-employment testing, but only to the extent permitted by applicable law, including the EEOC's recent guidance memorandum on the use of background checks.

Use the "Broken Windows" Approach: In the 1990s, New York City crime rates dropped dramatically after the NYPD implemented the "broken windows" theory of preventing crime: cracking down on little offenses to prevent big ones. Employers should have a zero-tolerance policy prohibiting misconduct, including theft, and consistently apply it. If a popular supervisor takes office supplies home, overnight security is lax, and no computer monitoring policy exists, employees will perceive that the company turns a blind eye to security issues, and will act accordingly.

Consider Monitoring Options: Information technology provides employers with a host of options to detect misconduct. For example, computer screens can be monitored remotely. In addition, employees often forget that email communications can be retrieved, even after they have been deleted. And, by setting computer backup systems to preserve information, employers can often obtain "smoking gun" evidence. Work with an IT professional to develop procedures that make sense for your environment. Do routine sweeps to make sure employees are not trying to access confidential electronic records. But consult legal counsel first to evaluate potential restrictions under applicable law. Numerous legal issues arise from monitoring, and lawsuits are being filed for actions such as alleged improper monitoring of telephone calls.

If You Monitor, Give Clear Notice: The employee handbook should make it clear that, to the extent permitted by applicable law, the employer reserves the right to inspect property, including computers, emails, and voicemails on the employer's system, for any legitimate business purpose, without notice or employee consent. It should also indicate that employees have no expectation of privacy in the workplace, and that passwords and login devices do

Continued on page 10

Feature Article

Continued from page 9

not create a privacy right. In addition, it should make it clear that all information pertaining to the employer and its clients is strictly confidential. Employees should also be cautioned about disclosing information online, including on social networking websites, so a robust social media policy is also important.

Conduct a Thorough IT Audit: Health care security experts can be retained to thoroughly audit cyber security at frequent intervals. One security expert recently recounted how, after being retained by a high-priced Los Angeles hotel with frequent celebrity guests to audit the hotel's new security system, she was able to hack into the system in under thirty minutes and access confidential information.

Develop Investigation Protocol: A protocol for prompt and thorough workplace investigations into potential theft issues must be established. Among other things, it should identify the persons responsible for investigating and explain the steps in the investigation process. Managers should be regularly trained on the protocol.

**CINDY ELBERT
INSURANCE
SERVICES**

**INSURANCE PROGRAMS
FOR AMBULANCE SERVICES**

- Professional, General, Auto Liability
- Workers Compensation
- Best Service, Coverage & Prices Available and much more!

More than 27 years of "making sure you're totally covered" experience.

888.681.1020
www.ambulanceinsurance.com

Encourage Reporting: Employees are often reluctant to report misconduct, especially when they lack hard evidence. The employee handbook should set forth guidelines on how to report suspected impropriety. Consider using an anonymous reporting service, such as an (800) hotline, and designating an ombudsperson to receive complaints confidentially. Assure employees, through a written policy, that the employer will not retaliate against them for good faith reports of misconduct, regardless of the outcome of the investigation. Consult legal counsel regarding applicable whistleblower protection laws.

Prepare for Public Communications: If a cyber theft issue becomes public, employers can exacerbate the problem by appearing defensive, secretive, confused, or uncaring. Moreover, they risk defamation suits if communications are not vetted. Management needs to present a clear, consistent message, and using the proper tone is critical. Designate and train a spokesperson, and for particularly sensitive situations, or if media scrutiny is an issue, consider retaining a consulting firm that specializes in crisis management.

Data Compliance: State and federal laws, including HIPAA and the Affordable Care Act, require health care organizations to not only utilize electronic data, but to ensure that the data is secure. Any unauthorized release of information or outside breach could violate privacy laws and expose the employer to a lawsuit. Make sure that you are fully data compliant, and that your information is protected.

Educate the Workforce: Educating your leadership and staff about State and federal privacy laws, and integrating such information into employee handbooks, orientation, and training is crucial. Employers should perform a cyber-risk assessment to make sure employees are not failing to log out when leaving work, sharing passwords, leaving confidential information on their screens, leaving laptops accessible, or neglecting to abide by data security policies.

Consider Cyber Insurance: Many insurance carriers are now issuing cyber insurance policies that address data and privacy related health care gaps. Losses related to health information can be substantial. Consult your broker to determine whether such a policy makes sense for your organization.

Taking practical steps to prevent cyber theft in health care raises a variety of legal issues under federal and local laws, and legal counsel should be consulted in advance. Nevertheless, employers that take the initiative with preventative tactics will be in a better position than those that wait for a crisis to occur. ❁

Spencer Hamer, Esq. is a Partner at Michelman & Robinson, LLP and a member of the firm's Labor & Employment Law Department. Feel free to write to him with questions or comments at shamer@mrlp.com. This article is not be relied upon as legal advice. Consult counsel for advice in specific situations. www.mrlp.com

Employment Law Legislation

Chris Micheli | CAA Legislative Advocate

The California Legislature is considering a number of bills this session that would make changes to California's labor and employment laws. All of these measures must be acted upon prior to the Legislature's adjournment on August 31. The Governor will have until September 30 to act on any measures sent to him.

AB 1522 (Gonzalez) – Paid Sick Leave

AB 1522 would enact the Healthy Workplaces, Healthy Families Act of 2014 to provide that an employee who works in California for 7 or more days in a calendar year is entitled to paid sick days, to be accrued at a rate of no less than one hour for every 30 hours worked. An employee would be entitled to use accrued sick days beginning on the 90th calendar day of employment.

AB 1522 would authorize an employer to limit an employee's use of paid sick days to 24 hours or 3 days in each calendar year and would prohibit an employer from discriminating or retaliating against an employee who requests paid sick days.

AB 1897 (Hernandez) – Joint and Several Liability for Contractors

Existing law regulates the terms and conditions of employment and establishes specified obligations of employers to employees. Existing law prohibits a person or entity from entering into a contract for labor or services with a construction, farm labor, garment, janitorial, security guard, or warehouse contractor, if the person or entity

knows or should know that the contract or agreement does not include sufficient funds for the contractor to comply with laws or regulations governing the labor or services to be provided.

AB 1897 would require a client employer to share with a labor contractor all civil legal responsibility and civil liability for the payment of wages, the failure to report and pay all required employer contributions, worker contributions, and personal income tax withholdings, and the failure to obtain valid workers' compensation coverage.

AB 2416 (Stone) – Employee Wage Liens

Existing law grants specified persons, including laborers who contribute labor, skill, or services to a work of improvement the right to record a mechanic's lien upon



the property so improved. Under existing law, when an employer fails to pay wages due, the employee has the right to file a claim against his or her employer, or former employer, with the Division of Labor Standards Enforcement, which is authorized to conduct investigations, hold hearings, and

impose fines and penalties for nonpayment of wages.

AB 2416 would, with certain exceptions, authorize an employee to record and enforce a wage lien upon real and personal property of an employer, or a property owner for wages, other compensation, and related penalties and damages owed the employee.

SB 935 (Leno) – Minimum Wage Increase

Existing law requires that, on and after July 1, 2014, the minimum wage for all industries must be not less than \$9 per hour. Existing law further increases the minimum wage, on and after January 1, 2016, to not less than \$10 per hour.

SB 935 would increase the minimum wage, on and after January 1, 2015, to not less than \$11 per hour, on and after January 1, 2016, to not less than \$12 per hour, and on and after January 1, 2017, to not less than \$13 per hour.

In addition, SB 935 would require the automatic adjustment of the minimum wage annually thereafter, calculated using the California Consumer Price Index, to maintain employee purchasing power diminished by the rate of inflation during the previous year. SB 935 would prohibit the Industrial Welfare Commission (IWC) from reducing the minimum wage and from adjusting the minimum wage if the average percentage of inflation for the previous year was negative, and it would require the IWC to publicize the automatically adjusted minimum wage. ❁

Feature Article



CAA Members Teach Hands-Only CPR at the State Capitol

Top left: EMT Mike Ryder from First Responder EMS trains Assemblymember Anthony Rendon with assistance from Assemblymember Freddie Rodriguez, who is also an EMT.

Top right: EMT Gary Antunano, from Medic Ambulance Service oversees Senate staff member Ronald Berdugo in opening the patient's airway.

Below: Jake Wolf, Director of Training for AlphaOne Ambulance, describes the CPR process for Assembly staff members Hannah Elizabeth and Joanne Stacy.



In recognition of National Emergency Medical Services (EMS) Week, EMTs and Paramedics from throughout California came to Sacramento to host Hands-Only CPR Training in legislative offices at the California State Capitol May 21, 2014.

This event was held to celebrate National Emergency Medical Services Week, May 18-24, 2014, to honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line."

"Less than 10% of the population requires prehospital emergency medical care each year; therefore, most have little idea of the sophistication of our EMS system," said Helen Pierson, Chair of the California Ambulance Association. "California has 20,000 paramedics and 70,000 emergency medical technicians in 3,600 ambulances delivering the highest quality patient care from the field to the hospital emergency department. Their commitment to ensuring that all patients receive the best medical care available, anytime and anywhere, is an essential part of building a health care system that functions efficiently and effectively every day."

Assemblymember Freddie Rodriguez authored Assembly Concurrent Resolution 84 to proclaim the week of May 18th through May 24th as Emergency Medical Services (EMS) Week in California and honor the EMS personnel who dedicate their lives to providing life-saving medical care to others in their time of need.

"As an Emergency Medical Technician of 30 years, I am pleased to be joining the California Ambulance Association to celebrate Emergency Medical Services Week," said Rodriguez. "When you work in the EMS field your coworkers in the industry become your family. I am happy to be honoring EMS workers across California with ACR 84 and to have the opportunity to bring improvements to the emergency medical services industry through my work in the State Assembly." ❁

EMS Industry Trends and Best Practices

Bill Bullard | The Abaris Group



Bill Bullard | The Abaris Group

The current best practices and industry trends in EMS can be divided into four categories: 9-1-1 Dispatch Triage, Alternative Transportation & Destination, High System User Diversion, and Integrated Mobile Healthcare. The following outlines some of the industry trends and best practices for these major categories. Below is a chart identifying locations where innovative programs have been implemented around the United States and Canada.

9-1-1 Dispatch Triage

As the demand for EMS increases, EMS systems struggle to keep up with the demand for resources. One innovation to stretch those limited resources is implementing a nurse tele-triage program. Nurse tele-triaging has been used effectively in Canada and England for several years. It is newer in the United States and has had a positive impact on reducing EMS demand. Seattle uses an outsourced program to identify specific types of EMS calls to receive only a BLS fire engine initially; once assessed, that crew determines whether an ALS or BLS ambulance is needed or if another transportation solution is more appropriate.

In Houston, the tele-triage program was outsourced for nurse triage; however, it has recently been brought in-house and Houston Fire Department EMTs follow

internal protocols for 9-1-1 calls identified as low-acuity. The Richmond (VA) program used an in-house program until 2011 when it discontinued its tele-triage program citing not enough call volume to sustain the program. Louisville Metro EMS (KY) initially utilized nurse practitioner students; it now has two full-time registered nurses operating 12 hours on weekdays and 8 hours on the weekends. Due to the lack of primary care options after hours, Louisville has determined there is minimal value to round-the-clock nurse triage. Starting in 2009, Fort Worth (TX) implemented a nurse tele-triage program jointly paid for by three area hospitals in an effort to decrease uncompensated ED care, reduce ED saturation, and improve patient satisfaction scores. In 2012, the public hospital in Fort Worth started to fund 24/7 nurse coverage through 9-1-1 dispatch as well as a non-emergency number distributed to patients who utilize the public hospital as their primary care center.

Alternate Transportation and Destination

Both concepts have been at the forefront in EMS as a vehicle to improve efficiency. San Mateo County (CA) established a mental health program to reduce the need for ambulances to transport patients to emergency departments on a 72-hour mental health hold (i.e., “5150”). Local law enforcement can request the San Mateo

County mental health assessment and referral team (SMART) unit to respond to any mental health call that is non-emergent. Most patients are convinced by the SMART unit paramedic to accept transport and treatment voluntarily. Other destinations include immediate clinic appointments, transportation to shelters, and referrals to adult, drug/alcohol, and other services.

San Francisco (CA) established a 12-bed sobering center in 2009 to minimize the impact of 9-1-1 responses for intoxicated individuals. It offers comprehensive case management services including mental health support, homeless shelter admission, and coordination of outreach services through a working relationship with the Partnership of Community Awareness & Treatment Services and San Francisco Department of Public Health. The San Francisco program operates a van that can respond to EMS and police requests for transports to the sobering center as well as hospitals, homeless shelters, outreach services, and urgent care centers.

The Spokane (WA) Emergency Services Patrol (ESP) program has been in existence for over 12 years and is based on a contractual partnership between the City of Spokane and Community Detox Services of Spokane (CDSS). The City provides a van and CDSS staffs the van with EMT drivers. The van makes a sweep

Continued on page 14

Continued from page 13

of the downtown core every four hours and responds to requests from the Police and Fire Departments, merchants, and private citizens. The van will transport intoxicated individuals to the CDSS sobering unit and can also make referrals to other resources in the community as needed.

High System User Diversion

Some EMS systems have identified that there are a small number of patients generating a disproportionate share of the emergency calls for service. To address this issue, programs have been adopted in San Diego (CA), Tucson (AZ), as well as Fort Worth (TX) to more efficiently handle these frequent EMS users. Louisville (KY) recently received a grant to implement a diversion program. A few California pilot projects (e.g., Alameda County) are developing programs as well.

Most use a multi-disciplinary approach to coordinate care from multiple public agencies to proactively address needs before they become acute and require 9-1-1 or ED services. Typical components include case managers, social workers, community paramedics, non-emergency transport, public transit, etc.

The City of San Diego (CA) established the Resource Access Program (RAP) as a paramedic-based surveillance and case management system that intercepts these high EMS users. The program is coordinated by the contracted ambulance provider and overseen by the EMS Medical Director.

Fort Worth approached the issue differently. Beginning in 2009, Fort Worth created the community health program (CHP) to focus on a number of issues, including high volume EMS users. Instead of waiting for

these users to call 9-1-1, the CHP proactively contacts, meets, and coordinates primary care to avoid acute issues.

Integrated Mobile Healthcare

Several “Community Paramedic” models exist with varying applicability for EMS systems. The basic premise of the community paramedicine model is that the lack of primary care and transportation results in poor care coordination and follow-up care. Many of these programs are focused in rural areas (e.g., Western Eagle County (CO), Liberty County (TX)) with geographic or transportation-isolation access issues; however, their concept of operations may be applicable to urban areas focused on high EMS system users or as referred by partner healthcare organizations. For example, in Fort Worth, the CHP began by reducing the call volume of heavy system users enough

Location/Program	9-1-1 Dispatch Triage	Alternate Transportation & Destination	High System User Diversion	Integrated Mobile Healthcare
Alameda County, California				✓ ¹
Fort Worth, Texas	✓		✓	✓
Houston, Texas	✓			
Las Vegas, Nevada		✓	✓	
Liberty County, Texas				✓
Louisville, Kentucky	✓		✓	
Mesa, Arizona			✓	
Pittsburgh, Pennsylvania				✓
Richmond, Virginia	✓ ²			
San Diego, California		✓	✓	
San Francisco, California		✓	✓	
San Mateo County, California		✓		
Santa Barbara County, California		✓ ²		
Seattle, Washington	✓			
Spokane, Washington		✓		
Toronto (Ontario), Canada	✓			
Tucson, Arizona			✓	
Wake County, North Carolina				✓
Western Eagle County, Colorado			✓	✓

Notes: ¹ Expected Fall 2014, ² Program discontinued

to produce cost savings that pays for the community paramedics. The program also provides out-of-hospital monitoring to avoid hospital admissions and readmissions (Alameda County, CA will start a similar program later this year). The local hospitals, hospice agencies, and physician groups have identified these services as valuable and agreed to compensate the CHP program to provide them.

The third fee-for-service program offered by CHP in Fort Worth is high-risk home hospice patient care coordination. Mesa Fire Department (AZ) has announced a new partnership with a local medical center to staff a Transitional Response Vehicle (TRV) unit with a physician assistant or nurse practitioner. This unit will be assigned non-emergent calls that most likely will not require an ambulance transport. The medical center will bill for the mid-level provider's treatment.

Lastly, two of the largest healthcare systems and insurers in Pittsburgh (PA) are spending \$600,000 to establish a community paramedic program to improve patient compliance with doctor's orders and reduce unnecessary 9-1-1 calls, ED visits, hospital admissions, and readmissions.

Federal EMS Innovation Grants

Not to be omitted, the federal government has awarded four grants to EMS organizations that will utilize community paramedicine, community health teams, and/or real-time access to patient healthcare information by any ambulance or hospital. They are located in Reno (NV), Prosser (WA), Upper San Juan (CO), and San Diego (CA). The grant objectives are to reduce healthcare costs, improve access to services, and increase patient satisfaction, which align perfectly with the triple aim of healthcare reform. *

Bill Bullard is a senior consultant with The Abaris Group. He has 28 years of experience in EMS including public, private, and third party agencies nationwide. Working the last 15 years with The Abaris Group, Bill has conducted a number of strategic EMS and hospital studies as well as pre-hospital system reviews and ambulance request for proposals. He developed comprehensive pro formas for EMS organizations and trauma centers. Bill is recognized as a subject matter expert on disaster and emergency planning; he oversees plan development in EMS, hospitals, and county government. Bill is the co-author of The Ambulance Industry Report (third edition) and is currently supporting the Alameda County (CA) Community Paramedic pilot projects as well as the Riverside County (CA) EMS Strategic Planning process.

Chair's Message

Continued from page 3

In addition, we have been working to increase our advocacy efforts with government and private payers to address payer issues that plague us all. We have developed more and stronger member benefits including member-only discounts on fuel, printing and other services.

We have succeeded in increasing our membership. This is a positive sign that the message is getting out there that "United We Stand...Divided We Fall." More ambulance companies are seeing the value of joining forces to support our industry. I welcome our new members and invite other private ambulance companies to join us.

Being an active member in your association has many rewards. You will meet the movers and shakers of other ambulance companies, get ideas to assist you in your operations, and work together in a continuous effort for the good of our industry and our communities. Thank You! *



CAA Membership is a Business Essential

The business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At the CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your organization grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

Take your place in California's statewide ambulance leadership

Membership not only saves you money on CAA events and resources, but also keeps you up to date on trends, innovations, and regulatory changes through:

- Leadership on statewide legislative and regulatory issues
- Targeted conferences & educational programs
- Member-only updates and alerts
- Member-only discounts & access to expert resources
- Opportunities to exchange ideas with colleagues statewide

Join the California Ambulance Association

Go to www.the-caa.org/membership for a membership application.





2014 California Ambulance Association Stars of Life Awards Presented to Outstanding EMS Personnel

The California Ambulance Association presented its annual “Stars of Life” Awards to forty-one paramedics, EMTs and other EMS staff from throughout California during a ceremony July 1st in Sacramento.

Throughout the day, the Stars met individually with members of the California State Senate and Assembly to tell their life-saving stories and deliver important first-hand information regarding the essential service provided by California’s private sector ambulance services.

The day’s festivities wrapped up with an awards dinner during which Speaker of the State Assembly John A. Pérez was recognized as California Ambulance Association Legislator of the Year and Assemblymember Freddie Rodriguez, who served 29 years as an EMT in the San Gabriel Valley, addressed the award recipients.

- Hank Blair of Hall Ambulance Service, Inc. in Bakersfield
- Gene Bounds of San Luis Ambulance Service, Inc. in San Luis Obispo.
- EMT Jeremy Capps of Hall Ambulance Service, Inc. serving in Tehachapi.
- EMT Miguel DeSouza of Hall Ambulance Service, Inc. in Bakersfield.
- Emergency Medical Dispatcher Kim Drennan of Hall Ambulance Service, Inc. in Bakersfield.
- EMT Andrew Fink of Medic Ambulance Service, Inc in Solano County.
- Advanced Paramedic Rebecca Foster of Paramedics Plus in San Leandro.

- Paramedic Supervisor Benjamin Gammon of Medic Ambulance Service in Solano County.
- Paramedic Kevin Gilley of Medic Ambulance Service, Inc. serving in Winters.
- Paramedic John Guthrie of Sierra Ambulance service, Inc. in Oakhurst.
- EMT Darryl Harris of McCormick Ambulance in Monterey Park.
- Paramedic Cliff Henderson of Medic Ambulance Service, Inc. in Solano County.
- Paramedic Kristen Hill of American Ambulance in Fresno.
- EMT Mike Hilliard of Hall Ambulance Service, Inc. in Bakersfield.
- Paramedic J.T. Hoyle of Medic Ambulance Service, Inc in Solano County.
- Critical Care EMT Les Hutchinson of Hall Ambulance Service, Inc. in Bakersfield.
- Paramedic Foxi Keane of City Ambulance of Eureka.
- Paramedic Nathan Kennedy of Hall Ambulance Service, Inc., in Bakersfield.
- Paramedic David Konieczny of Hall Ambulance Service, Inc. in Bakersfield.
- EMT Markus Lincoln of Medic Ambulance Service, Inc. in Solano County.
- Emergency Medical Dispatcher Ashley Mattos of Riggs Ambulance Service, Inc. in Merced.
- EMT Matthew McCarthy of Medic Ambulance Service in Solano County.
- EMT Matthew Millwee of Hall Ambulance Service, Inc. in Bakersfield.
- Paramedic Supervisor Adam Minick of American Ambulance in Hanford.

- EMT Richard Murphy of First Responder EMS in Chico.
- Paramedic Jeremy Napier of Mercy Medical Transportation, Inc. in Valley Center.
- Paramedic Brian Ogilvie of Mercy Medical Transportation, Inc. in Long Barn.
- Dr. Ron Ostrom of Hall Ambulance Service, Inc. in Bakersfield .
- Paramedic Eric Petersen of Hall Ambulance Service, Inc. in Bakersfield.
- Paramedic Rafael Prieto of Hall Ambulance Service, Inc. serving in Frazier Park.
- Paramedic Brad Quintana of Hall Ambulance Service, Inc. serving in Tehachapi.
- EMT John Sagun of Medic Ambulance Service, Inc. in Solano County.
- Paramedic Adalberto Salazar of Hall Ambulance Service, Inc. in Bakersfield.
- Joan Santelices of King-American Ambulance in San Francisco.
- Paramedic Captain Chip Schuenemeyer of First Responder EMS in Chico.
- EMT Wayne Scoles of Medic Ambulance Service, Inc. in Sacramento.
- Paramedic Casey Vanier of Medic Ambulance Service, Inc. in Solano County.
- EMT Candace Walker of Medic Ambulance Service, Inc. in Solano County.
- Paramedic Scott Wood of Medic Ambulance Service, Inc. in Solano County.
- EMT Askan Yavari of McCormick Ambulance in Rolling Hills Estates.



Photos by Mark Corum, Hall Ambulance Service

Clockwise from top left:

- 1) The 2014 CAA Stars of Life Recipients at the State Capitol.
- 2) CAA Chair Helen Pierson (left) and Assemblymember/EMT Freddie Rodriguez present proclamations to Medic Ambulance EMTs Candace Walker and Andrew Fink.
- 3) The Hall Ambulance Service Stars of Life were escorted to the Assembly floor by their local Assemblymember Shannon Grove.
- 4) EMSA Director Dr. Howard Backer (left) was the morning speaker and assisted in presenting the medals. He is pictured with Dr. Ron Ostrom, Medical Director for Hall Ambulance.
- 5) McCormick Ambulance and Mercy Medical Transportation Stars of Life Paramedic Brian Ogilvie, EMT Askani Yavari and EMT Darryl Harris along with company CEO Rick Roesch (center) and CAA Board Member Carol Meyer.





2520 VENTURE OAKS WAY, SUITE 150
SACRAMENTO, CA 95833 • www.the-caa.org
877.276.1410 (toll free) • 916.924.7323 (fax)

FIRST CLASS
U.S. POSTAGE
PAID
PERMIT #1620
SACRAMENTO, CA



**WAVES OF CHANGE
OCEANS OF OPPORTUNITY**



66TH Annual Convention

& Reimbursement Conference

— October 8-10, 2014 —

Bahia Resort Hotel
San Diego, CA

CAA Rates for Standard Rooms:
\$165 Single/Double Occupancy

Reserve your room by calling (800) 576-4229

Save the Date!