MEETING MINUTES
BOARD OF SUPERVISORS
AD HOC EMERGENCY MEDICAL SERVICES COMMITTEE
COUNTY OF MONO
STATE OF CALIFORNIA

Mammoth Lakes Fire Station, 3150 Main St, Mammoth Lakes, CA 93546

These minutes are meant as a summary only. A copy of the audio file is available in the Clerk's office upon request

September 22, 2015

1:10 PM Meeting Called to Order by Lynda Salcido.

Present: Mike Geary, Rick Mitchell, Dr. Rick Johnson, Fred Stump, Lynda Salcido, Dave Robbins, Jack Copeland, Frank Frievalt, Rosemary Sachs, Leslie Chapman, Ralph Lockhart.

Absent: Chairman Fesko, Bob Rooks

Adjourn: 4:00 p.m.

Pledge of Allegiance led by Lynda Salcido.

1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

Mike Geary:

- Documentation regarding terminology; ALS versus BLS, scope of practice, etc, for clarification will be submitted as part of the Association's presentation. This will need to be agendized for the following meeting.

Dave Robbins:

- October 1 or October 15 are both open for Dave Fogerson.

2. AGENDA ITEMS

A. Workshop with ICEMA Representative

Departments: Clerk of the Board

(Tom Lynch) - Presentation and question and answer with Tom Lynch of Inland Counties Emergency Medical Services Agency (ICEMA).

Dr. Johnson:

- Introduced Tom Lynch, Administrator for Mono County's ICEMA and LEMSA. He is here to share his biases, and we've asked him to be straightforward and honest. Denise from ICEMA is here also.

Lynda Salcido:

- She has to leave at 3 p.m.; Dr. Johnson will preside as Chair on her departure.

Each member introduced him/herself to Tom Lynch.

Q 1:

We have struggled to come up with a definition of "high quality" EMS services. There does not seem to be a single definition. The term "high performance" may be confused with "high quality". What are the differences? Is this different than "level of service" (ALS versus BLS)? How would you measure high quality? How do you quantify it? What standards are there, e.g., state versus NFPA? Common components may include:

a. **Dynamic model posting of ambulances based on call history (system status management)**
b. **Formal CQI**
c. **Fractal response time analysis**
d. **Credentialing of ambulances, ambulance systems, and dispatch centers**

Tom Lynch:

- Quality is often subjective. High quality can be benchmarked but is driven by financial realities. Look at not just provision of advanced life support but also if people are performing to the highest level of their licensure? A number of factors should be considered, including physical motor skills coupled with critical judgement. Do paramedics have the ability to develop critical judgements and maintain levels? Need a robust process in place to continually evaluate these. What is your standard for difficult procedures? Success rate? Not one set definition for high quality.
- EMS is designed around resuscitation.
- 8 minute response 90% of the time is typical for fractal response. What are the factors (blizzard, etc) that can be managed? CQI process includes predicting for factors; factors can be mitigated if predicted. In a rural area, what is an acceptable response time?
- Two components for emergency medical dispatch, 1 -pre arrival instructions, 2 -call prioritization.

Q 2:

What criteria are utilized to evaluate the performance of the current EMS system in Mono County? How are we currently performing against these standards?

- Some standards are locally set, like response time, based on availability of resources, funding, etc. Most national and state standards are set based on cardiac arrest patients. Mono County's 16 to 19 minute fractal response time, 93.1% of the time is "phenomenally good". If they are acceptable times, that is for this group to decide.

Q 3:

Do any BLS only transport providers exist within the ICEMA region? If so, what criteria are used to evaluate their performance?

- In Inyo County, providers toggle between ALS and BLS. Depends on what resources you have available. Levels of licensure and certification can impact the performance of the providers.

Q 4:

What is ICEMA's relationship with the volunteer fire district providers in Mono County? What are the obligations/requirements of these districts to ICEMA?

- Some cases are good, some are non-existent. May be a matter of resources? Would love the bridge the gap between volunteer firefighters and emergency medical calls.
- If you fail to document in the field, how can Dr or hospital down the road know what's happened? Electronic world is pushing toward providing better patient care.

Q 5:

Who writes an RFP? What is the process of development, approval, review, and granting? What are the legal implications, especially for the current EOA's? At what point does the EOA go away?

- ICEMA typically takes lead on RFP. In the case of Inyo County, ICEMA took the first step at drafting the document, hosted a series of workshops with the Board to see what the service should look like. It should never done in a vacuum. Needs to be tempered with state regulations. There are a host of legal implications. If you have a grandfathered provider, EOA – a variety of system providers can interrupt. Historically – public to private cannot go back to public again without an RFP. When the EOA goes, you can have the existing provider continue or make decision to go RFP.

Q 6:

What are the advantages/challenges of different models of EMS services, e.g., private, public, fire, hybrid, JPA, medic/firefighters, volunteer fire, separate Mono County Fire Department? Can you share your experience/knowledge of any/all of these possibilities, or others? And your biases?

a. **Can you give us examples of a private provider ALS service (reasonably similar to Mono County geography and demographics) that has been in continuous service for 7 or more years?**
b. **Which organizational models provide the best service and highest cost efficiency? How can we get the best bang for our buck?**
c. **What types of systems/providers exist within the ICEMA region, e.g., fire, private, 3rd party, etc.?**
d. **Do you have an opinion on staffing levels and/or response capabilities that should exist in Mono County?**

- Advantages and challenges include what is sustainable, and what can be funded. All (models) have potential functionality, and these scenarios do exist throughout the country. Funding of resources is the biggest single challenge. One size does not fit all.
- Stitch together all resources, depending on your own demographics. Does the call volume support an ambulance? Think practical, what can be sustained?
- All types exist within ICEMA system. It goes back to initial discussion on quality; it depends on what you want. Predicts over next few years, we will see the scope of practice of EMS change. The level of practice will change; some areas will need to expand, others contract.

Q 7:

How much cost info can be obtained without going through a formal RFP process? (Can we obtain this info by requesting as a public document the financials and contract from government agencies that have a third party provider?)

a. **If we gave a private firm a brief overview of our jurisdiction, e.g., geography, demographics, call data, etc., do you think we could get a private to come and share with the committee?**
b. **Do you have any suggestions as to company/person? Preferred would**

be a company with a proven and verifiable past performance in an area similar to ours with some longevity of service.

- Gone are the days of transporting and expecting full payment. Health care providers are making arbitrary decisions of what is medically necessary; payments are based on standard and typical cost of service.
- ICEMA published power points from conference, Alameda Co shows how reimbursement is shifting rapidly. Suggests reaching out to CA Ambulance Association. He is not in a position to offer a preferred company. He also has doubts that GEMT, once federal government drives down costs, will be cost effective. Drives the concern of longevity of service.

Q 8:
Can you provide us with more detail on the role/relationship between ICEMA and the State EMSA, including any pitfalls we should look out for in moving forward?

- State level has articulated regulations. Obligated once an RFP is initiated, to run through the EMS authority.
- Pitfalls of EMS authority; be cautious in RFP process. Be sure to stay within regulations and be aware of codes.
- Gave an example of an RFP done.

Q 9:
Do you have any thoughts about going in reverse (I.e., returning to an in-house program after going private). Do you have any examples of places that have done this, and their experience - positive or negative?

- If you choose to go RFP, do you allow the existing provider to bid? You are then obligated to the RFP process for 10 years by regulation.
- He spoke of his own experiences with taking over an EMS system with an RFP. He has seen successful and non-successful RFPs.
- Be wary of great differences in bids and contractual allowances. Always goes back to the best patient care you can provide.

The committee then participated in a question and answer session with Tom Lynch for further clarification of his salient points in his presentation. Topics discussed included dispatch models, liability, budgetary concerns, transport vehicles, peak / surge periods at Mammoth Mountain, standard insurance pays and reimbursements, RFP requirements, EOA, and the costs that ICEMA bears.

B. Discussion of ICEMA Presentation

Departments: Clerk of the Board

Discussion among committee members regarding ICEMA presentation and its implications for the committee's tasks.

Frank Frievalt:

- He was very pleased with the presentation that Tom Lynch gave. Felt he dealt with the topics well, got out of it what the “non-smart things” are to do or not to do.
- Spoke of two clauses in the JPA with ICEMA regarding costs to Mono County; need to be taken into consideration.

Rick Mitchell:

- For the time we have left, if we don’t work toward fixing the system we do have, it will be detrimental to the outcome. As things change, he thinks privatization will be less control from

the Board's perspective and feels the Board wants to regain more control over the program.
- Tom Lynch coming to speak should have been earlier in the process.

Fred Stump:
- In the past, the program has just been allowed to go on its own. It is important that the full board hear what Tom Lynch had to say, because there may be members that still think there's a simple answer. The Board needs full information in order to make a decision on which path to follow. He wishes this had been earlier in the process.

Rick Mitchell:
- Concern over cost to leave the system with ICEMA, as well as cost to bid into a new service.

C. Discussion of Future Potential Presentations

Departments: Clerk of the Board

Discussion regarding presentations by interested parties, including questions to be asked, scheduling, outreach, determination of speakers, and format.

Dr. Johnson:
- We need to decide if we are inviting three or more providers to come October 1st, what information do we want from them? What specific questions are we going to ask?

General discussion: So far, we have Judd Symons, Dave Fogerson, and Mono County EMTs coming on October 1st. The committee should give each presenter 30 minutes for their presentation, leave 15 minutes to ask questions. The committee should have a question and answer session with the three as a panel after their presentations.
Needs to be clear that this is not an application (RFP) process. Need to keep it informative, but not an application. Advisory committee, tasked with providing information to Board of Supervisors. This committee needs advice. The committee needs to ask specific questions for a specific model if we have three different models being represented.

Questions to be asked of the presenters:

What is their business model, and how have they evolved over the years (how they got started, what pitfalls and solutions have they encountered)?

What service levels do they provide?

Why is their type of system a superior system?

How do they fund the difference between revenue and costs?

What advice would they give us knowing what they know about Mono County?

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ADJOURN

ATTEST

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LYNDA SALCIDO
VICE-CHAIRMAN

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HELEN NUNN
SR. DEPUTY CLERK OF THE BOARD