

FY21 ALTER Amendment #1 (OCMO) UPDATED

Sponsor: CM Alter

Co-Sponsors: Kitchen, Tovo, and Pool

Strategic Outcome(s): Public Safety / Health & Environment

**Creating the Office of the Chief Medical Officer
and Expanding Community Access to Physician Services**

Community health is a foundation for a thriving city, and investing in Austin’s medical systems supports the long-term health and wellbeing of Austin residents. We are offering this budget amendment to ensure the City of Austin learns from the COVID-19 pandemic and moves forward with an innovative and proactive approach to healthcare.

This amendment transitions the Office of the Medical Director to the Office of the Chief Medical Officer and strengthens its clinical scope by adding several FTEs to expand community access to physician services. This transition also creates strategic alignment of clinical services provided by the City of Austin by developing clinical reporting relationships which will improve coordination of healthcare and mental health services across city departments. These changes will enhance our ability to provide direct and telehealth physician and physician assistant services to the City of Austin and Travis County community.

The Travis County Medical Society (TCMS) has made recommendations for staffing and oversight ratios in the EMS system. This amendment proposes using these recommendations to determine appropriate funding and staffing levels to better serve residents. Under TAC 197.1, state law requires that the Medical Director be provided with necessary resources to carry out their State-mandated duties. The Council will need to determine whether we can reach the appropriate levels of oversight in one or if we need to take two years to make the transition. The below presents a two year scenario.

We propose funding the Office of the Chief Medical Officer through adjustments of our fee schedule. Funding options include charging an additional support service fee on ambulance transport bills, levying a new surcharge for EMS patients that do not live in Travis County, adding a per vehicle AFD fee for Motor Vehicle crashes or some combination thereof.¹ We also note that enhancements to physician services will allow COA to leverage anticipated opportunities for providing care to the most vulnerable funded via new reimbursement models piloted by the Center for Medicare and Medicaid Service through its Emergency Triage, Treatment and Transport Initiative (ET3).

Office of the Chief Medical Officer

Chief Medical Officer Position

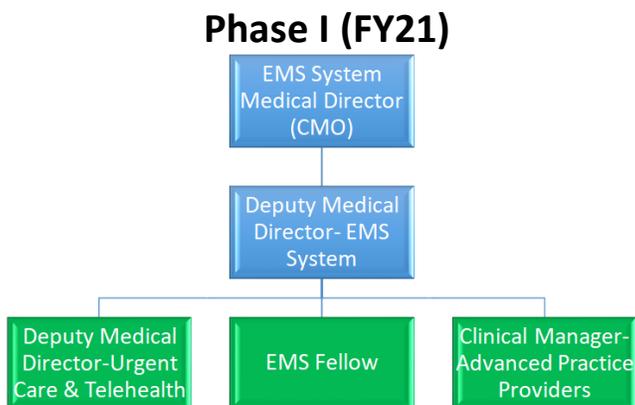
Transitioning the role of the EMS Medical Director

The CMO will provide strategic alignment across departments related to health care and mental health services. Transitioning this role into a Chief Medical Officer position means a single position would strategically align our proactive and emergency health practices, enabling our systems to catch minor ailments before they become

¹ The City has systems in place to assist those who are uninsured or are unable to pay their ambulance transport bill.

emergencies and making the entire system more efficient. A CMO model also could position us well to leverage anticipated changes to reimbursement models to improve public health in Austin. HRD will conduct appropriate benchmarking to identify the resources required to transition the EMS Medical Director to the Chief Medical Officer role.-The funding and FTE for the Austin Public Health Medical Director and Health Authority remain in APH.

Strengthening the Office of the Chief Medical Officer



This illustrates a proposed structure, but Human Resources will complete the analysis to create and implement the final organizational structure that will include classifications and salaries.

Deputy Medical Director

Addition of one Deputy Medical Director

1 FTE prorated for the anticipated start date plus one-time costs of \$81,500 for response vehicle and equipment, and additional funding for office, peripheral, and incidental costs.

The Deputy Medical Director added in Phase I will oversee Urgent Care and Telehealth and provide support for the Chief Medical Officer.

EMS Fellow

An additional full-time physician

\$50,000 to UT Dell Medical School. Full salary and support provided by the UT Dell Medical School.

Through a partnership with Dell Medical School and Ascension Health, the EMS Fellow program supplements the City's current physician staff with a licensed physician in training to become a subspecialist in EMS Medicine.

Clinical Manager

The addition of one Clinical Manager for Advanced Practice Providers and Community Health

1 FTE plus vehicle and equipment costs of \$81,500, and additional funding for office, peripheral, and incidental costs.

Transitions the current temporary Paramedic Practitioner to a full-time permanent position overseeing future Physician Assistant and providing oversight for the Community Health Paramedic program.

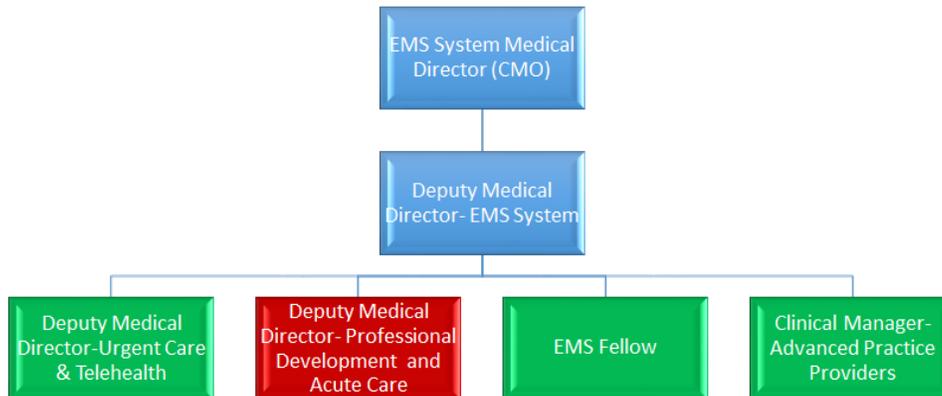
Program Coordinator

Adds one Program Coordinator of EMS System Clinical Data Management

1 FTE and additional funding for office, peripheral, and incidental costs.

The Program Coordinator of EMS System Clinical Data Management will establish and maintain clinical quality dashboards for citywide clinical services. This position will also work with Austin Public Health and the Equity Office to develop and monitor Key Performance Indicators related to equity and clinical outcomes. Additionally, this individual will be responsible for establishing and monitoring individual healthcare provider clinical dashboard, including maintenance of credentialing requirements for our 2,000 providers in the EMS System.

Phase II (FY22)



This illustrates a proposed structure, but Human Resources will complete the analysis to create and implement the final organizational structure that will include classifications and salaries.

Deputy Medical Director

Addition of one Deputy Medical Director

1 FTE plus one-time costs of \$81,500 for response vehicle and equipment, and additional funding for office, peripheral, and incidental costs.

The Deputy Medical Director added in Phase II will oversee Professional Development and Acute Care and provide support for the Chief Medical Officer.

Program Coordinators

Adds three program coordinators, serving in EMS System Research and Development, Cerebrovascular and Cardiovascular Service Line, and Cardiac Arrest and Trauma Service Line.

3 FTEs and additional funding for office, peripheral, and incidental costs.

The Program Coordinator of EMS System Research and Development will coordinate the Clinical Initiative Review Committee as well as conducting research on and proposing appropriate improvements to equipment and clinical guidelines. The other two Program Coordinators will be responsible for monitoring and directing respective service lines, including monitoring quality measures, collecting hospital outcomes, and conducting community engagement.

Request Summary

	Total Program Cost	Additional Ongoing Cost	One-time	New FTEs
(Phase I) FY21 Total	\$790,270	\$604,770	\$185,500	3
(Phase II) FY22 Total	\$1,543,674	\$870,647	\$111,500	4
FY23 Total	\$1,592,493	\$160,319	\$ -	
	Total Revenue	Physicians Services Fee	Increased Ambulance Transport Fee	AFD Vehicle Crash Fee
FY21 Total	\$790,270	\$ -	\$490,270	\$300,000
FY22 Total	\$1,590,270	TBD	\$490,270	\$1,100,000
FY23 Total	\$1,590,270	TBD	\$490,270	\$1,100,000

Note on FTEs: The ongoing costs are an approximate estimate of FTE costs, to be finalized by HRD. Costs will be covered through adjustments to the fee structure.

Note on structure: The City Manager will determine an appropriate reporting structure for the administration of the OCMO, and the City Manager will work with the Chief Medical Officer to determine an appropriate vehicle for medical practice management, such as an advisory board.

Funding sources: These amendments will be funded through adjustments to the fee schedule as estimated above.