

# Dispatch Equity & Optimization Efficiency Study

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# *Study Overview*

- Study completed and submitted to the City of Austin July 2021
- Goals of the study:
  - Conduct a comprehensive review of the equity and efficiency of the dispatch of emergency medical related services of AFD and ATCEMS
  - Evaluate response times, patient treatment and health equity, and resource utilization of responses to EMS incidents
  - Produce recommendations on the locations of fire suppression and emergency medical resources, timelines, locations for new resources, and the applicability and impact of ISO ratings



# *Summary of Recommendations*

Attachment A of the Report lists 41 recommendation along with the following information:

- Priority Level
- Implementation Timeline
- Grouping along the following categories:
  - Equity
  - Efficiency
  - Revenue Generation
  - Policy/Operations
  - Labor

Prioritize effort on recommendations that can benefit both *equity and efficiency*, and *revenue generation*; and that are evaluated at a Priority Level of *medium or higher*.



# ***Prioritized Equity and Efficiency Recommendations***

- **Recommendation 9:** Facilitated Workshops (APH, AFD, ATCEMS, OCMO)
  - Priority Level: **High** Implementation Timeframe: **0-6 Months**
  - Cooperation, coordination, collaboration, and consolidation
  - Focus on increasing efficiency, effectiveness, and health equity
- **Recommendation 31:** Become Full Partners in the Community Health Improvement Plan
  - Priority Level: **High** Implementation Timeframe: **0-6 Months**
  - Cross-departmental planning for Pop-Up Resource Clinics (PURC)
  - Cross-departmental and partner data sharing



# ***Prioritized Equity and Efficiency Recommendations***

- **Recommendation 32:** Commit to the Red Angels Program
  - Priority Level: **Medium-High** Implementation Timeframe: **0-6 Months**
  - Establish Key Performance Indicators
  - Community-focused approach to data-driven initiatives
- **Recommendation 34:** Form a Collaborative Work Group (OCMO, AFD, ATCEMS,APH) for Community Risk Reduction Initiatives
  - Priority Level: **Medium-High** Implementation Timeframe: **0-6 Months**
  - There are current inefficiencies, redundancies, and in some circumstances, conflicting risk reduction initiatives
  - Collaboration needed to improve efficiency, equity of services, and strategic alignment of risk reduction efforts



# ***Prioritized Equity and Efficiency Recommendations***

- **Recommendation 36:** Community Education (CPR, AED, Bleeding Control)
  - Priority Level: **Medium** Implementation Timeframe: **6-12 Months**
  - Establish fire station / neighborhood bystander CPR, AED, and Bleeding Control training
  - Utilize APD for emergency responses such as CPR, AED, and Bleeding Control
  - Integration of a public notification program for cardiac arrest (~\$10,000/year)



# ***Prioritized Equity and Efficiency Recommendations***

- **Recommendation 39:** Consider Initiating 9-1-1 Telehealth Services for Low Acuity 9-1-1 Calls
  - Priority Level: **Medium** Implementation Timeframe: **1-3 Years**
  - Utilize the dispatch center-located Collaborative Care Communications Center (C4) as the navigation point for low acuity callers
  - 9-1-1 telehealth services could be provided by the City's EMS Physicians and Advanced Practice Providers and billed to insurance payors
  - May improve access to and affordability of healthcare in populations with limited or no access to non-emergency care who utilize the 9-1-1 system
- **Implementation initiated**



# ***Prioritized Revenue Generation Recommendations***

- **Recommendation 14:** Revise ATCEMS's Charity Care Policy
  - Priority Level: **High** Implementation Timeframe: **By 09/30/2021**
  - The Affordable Care Act (ACA) allows for subsidies up to 400% of the Federal Poverty Level (FPL) while ATCEMS offers a sliding scale up to 200% of the FPL
  - Modify the current policy to improve the ability to file under the Ambulance Supplemental Payment Program (ASPP) may net an additional \$3.5-14.3M annual increase in revenue
  - **Modifications Complete: Approved by Council on 09/02/2021**





# ***Prioritized Revenue Generation Recommendations***

- **Recommendation 15:** Review EMS Billing Practices for Commercial Payors
  - Priority Level: **Medium-High** Implementation Timeframe: **6-12 Months**
  - Modifications needed in billing practices to improve EMS cost recovery from commercial insurance
  - Dallas, Houston, and Ft. Worth recovering 100% more revenue per average bill through commercial insurance than Austin
  - Potential \$7-10M annual increase in revenue



# ***Prioritized Revenue Generation Recommendations***

- **Recommendation 16:** Consider Implementing a Significant Increase for Ambulance Transport
  - Priority Level: **Medium-High** Implementation Timeframe: **0-6 Months**
  - Current EMS average base fee is \$1,009 as compared to Ft. Worth (\$1,485), Dallas (\$1,578), and Houston (\$1,911)
  - Recommendation for at least a 25% increase in the average fee to \$1,261 to offset cost of service (\$1,371)
  - **Cost of Service analysis planned for Fall 2021**



# ***Prioritized Revenue Generation Recommendations***

- **Recommendation 11:** Consider the addition of Healthcare Finance Expertise to ATCEMS
  - Priority Level: **Medium** Implementation Timeframe: **1-3 Years**
  - Maximize revenue through partnerships in the healthcare system while improving the continuity of care
  - Other systems have successfully partnered with healthcare stakeholders to improve outcomes while also improving revenue recovery for the EMS System



# ***Prioritized Revenue Generation Recommendations***

- **Recommendation 13:** Review ATCEMS Billing Practices
  - Priority Level: **Medium** Implementation Timeframe: **0-6 Months**
  - Additional opportunities may exist to improve cost recovery for “treatment, no transport” as well as allowable ALS-level services
  - ET3 Program improves the ability of EMS systems to recover costs when patients are dispositioned on scene or to an alternate destination which will improve revenue



# ***Prioritized Revenue Generation Recommendations***

- **Recommendation 35:** Completion of OCMO Registration with the Centers for Medicare and Medicaid Services
  - Priority Level: **Medium** Implementation Timeframe: **1-3 Years**
  - Allows OCMO Physicians and Advanced Practice Providers to provide additional healthcare services, focusing on the Eastern Crescent
  - Registration will also improve the ability to recover costs associated with the services of OCMO staff while avoiding costly Emergency Department fees for patients
  - CMS registration completed → contracting for electronic health record → contracting for billing services



# Additional Recommendations with Implementation in Progress

- **Recommendation 4:** Consider adding an EMS research function to the OCMO to analyze EMS system data to form evidence-based decisions
  - Funded by Council for FY22
- **Recommendation 6:** Consider assigning a Health Equity staff member to OCMO to ensure that health equity is achieved in the most vulnerable neighborhoods
  - Funded by Council for FY22
- **Recommendation 8:** ATCEMS and OCMO should consider further collaboration to develop a list of routine and ad hoc reports to be provided to OCMO on a regular and on-request basis
  - OCMO Data Manager position funded by Council for FY21 → Start date September 2021



# High impact items requiring significant review and consideration

- **Recommendation 1:** The City should consider establishing the position of Public Safety Director to oversee AFD and ATCEMS
- **Recommendation 17:** AFD should consider the implementation of a cost-recovery program to offset operational costs
- **Recommendation 20 & 22:** AFD and ATCEMS should consider alternate staffing model incorporating civilians with supervision of Fire/EMS sworn personnel
- **Recommendation 21:** Consider cross-training AFD Dispatch personnel in the Medical Priority Dispatch system (MPDS) to provide back-up capacity to the ATCEMS dispatch center
- **Recommendation 23:** Consider consolidating Fire and EMS Dispatch operations into a new Emergency Communications Department.

