



## Local & State Oversight of EMS in California

"201 Today & Tomorrow:  
A Workshop on EMS System Coordination"

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## EMS in California



- 715 Total Ambulance Providers
  - 549 Fire Department
  - 166 Private
- 58 Counties
- 33 LEMSAs
- 1 EMSA



## The California Ambulance Association



- Founded in 1948
- Represents emergency and non-emergency ambulance services
  - Promotes delivery of excellent pre-hospital care to the people and visitors of California
  - Promotes recognized industry best practices



## Institute of Medicine Future of Emergency Care in U.S.



- Findings and recommendations for nation's "Systems" of Emergency Care
  - Improved coordination
  - Expanded regionalization
  - Increased transparency and accountability

## The CAA Mission



- Promote high quality, efficient and medically appropriate patient care
- Advocate the value that EMS provides in achieving positive patient outcomes
- Promote effective and fiscally sound EMS systems



## CAA Believes . . .



- #1 – The EMS Act creates a sound legal framework for effective governance of California's EMS systems
- #2 – The use of financially-stable, integrated "grandfathered" providers has proven effective
- #3 – The EMS system coordination must be strengthened and accelerated to adapt to new health care "systems of care"
- #4 – EMS planning and oversight should align with each region's medical trade areas
- #5 – Any changes to statute, regulations or guidelines should follow IOM principles

## #1 – EMS Act



### Assigns authority to EMSA:

- Develop planning and implementation guidelines for EMS systems
- Receive and approve local EMS and trauma system plans
- Provide technical assistance

### Assigns authority to each county:

- Develop a local emergency medical services program
- Designate a local EMS agency (LEMSA)
- Assure medical control of the EMS system

**EMS Act creates a sound legal framework. Significant evidence supports current governance.**

## #4 – Unified Medical Control



- Regional medical trade area borders are changing due to significant developments in treatment of trauma, STEMI, pediatric and stroke patients
- EMS treatment advancements are driving the need for more complex systems of care, more collaboration
- Medical trade areas are not necessarily confined to the geopolitical boundaries of cities and fire districts

**EMS planning and oversight should align with each region's medical trade area.**

## #2 – Grandfathered Providers



- 1797 224 authorizes use of existing local providers
  - ✓ Public and private, operating within a designated ECA
  - ✓ Services are same "manner and scope" since 1981
- *Should Use Benchmarking to Validate*
  - ✓ Rational, data-driven method to validate communities are receiving the best value
  - ✓ Regardless of system design or provider type

**Use of financially-stable, integrated grandfathered\* providers has proven effective**

## #5 -- IOM's Vision



IOM's recommendations for nation's "Systems" of Emergency Care:

- Improved coordination
- Expanded regionalization
- Increased transparency & accountability

**Changes to statute, regulations or guidelines should following IOM principles**

## #3 – EMS System Coordination



1. County Authority
2. Accountability
3. Quality and Efficiency
4. Objective Medical Oversight
5. Cost of Readiness
6. Grandfathered Existing Local Providers
7. Effective Competitive Processes

**Coordination must be strengthened and accelerated.**

## Challenges Facing CA EMS Systems



- The need to resolve conflict among cities and counties.
- The need to strengthen fragile EMS system financial infrastructure.
- The need to incorporate the impacts of health care reform into system design.
- Improvement to competitive processes

## Key Questions



- What is the relevance of .201 in 2010?
  - The legislature intended that .201.
    - Would protect the prior EMS investments of cities and fire districts
    - Was a transitional provision until systems were fully integrated
    - But it didn't mandate a timeframe
  - **Clearly the legislature intended system integration including .201 eligible cities and fire districts**

## Key Questions



- What are the potential solutions & ideas for improving EMS system coordination?
  - Resolve conflict among cities and counties
  - Strengthen fragile EMS system financial infrastructure
  - Incorporate impacts of health care reform
  - Improve competitive processes

*Changes to statute, regulations or guidelines should follow IOM principles*

## Key Questions



- Is .201 the cause or symptom of conflict?
  - Misinterpretations are clearly causing conflict, however,
    - Health care reform and IOM demand "systems of care"
    - EMS Act intended "systems of care"
  - **A focus on patients and sound system design offers numerous opportunities to rise above pre-existing conflicts**

## IOM's Vision



- Nation's "Systems" of Emergency Care
  - Improved **coordination**
  - Expanded **regionalization**
  - Increased **transparency and accountability**

## Key Questions



- What are the areas of agreement?
  - The need to involve all stakeholders in development of policies, protocols and plans
  - Any changes to statute, regulations or guidelines should follow IOM principles
  - Each county should convene an Emergency Medical Care Committee (EMCC)
  - **Use of eligible grandfathered providers is a valuable asset to the EMS system**

## Looking Forward



### CAA's Goal

State and local regulations of EMS are:

- ✓ Medically appropriate
- ✓ Evidence-based
- ✓ Fiscally responsible
- ✓ Uniformly administered
- ✓ Consistently enforced

## Improving the Competitive Process



1. Must insure the best value and quality for patients and the community.
2. Must be objective, transparent, pro-competitive, no conflicts of interest, efficiently managed.
3. Benchmarking is employed as a rational and data-driven method.
4. Assures fair opportunity to compete.
5. Concerns of incumbent providers & workforce.

## Improving the Competitive Process



6. Level playing field achieves "apples-to-apples" comparisons.
7. Assures integrity of financial comparisons using full cost accounting.
8. Incorporates national health care reforms.
9. Local rate regulation assures adequate funding.
10. Proposal evaluation panels have diverse representation without conflicts.
11. Mechanisms prevent cavalier proposals.



**Thank you**