File: **RFP# MVEMS-2018-12 Proposers Conference, March 8, 2019, 2:00 PM**

Lance Doyle: (0:01) Good afternoon, everybody. Alright. Well we threw a party and people actually showed up, so I guess that's a good thing. My name's Lance Doyle. I'm the Executive Director of Mountain-Valley EMS Agency. Um this is John Eaglesham, Nancy Lapolla. Um they're of EndPoint Consulting EMS Consulting. Um we contracted with them to write the RFP, um which is the document you've all seen. So what we thought we'd do today go through just a quick ten minute or so um kind of presentation, give you a little bit of an orientation to the county and the region. Um and then we can open up for questions, talk about some of the data that we're putting together that will be available for you folks. So without further ado um.

We are a Mountain-Valley's a multi-county LEMSA. We operate in five counties in the region: Amador, Calaveras, Alpine, Mariposa and Stanislaus County. Stanislaus County is our largest county. Um Amador, Calaveras, Mariposa and Alpine are very rural mountain counties. Um we at one point had Tuolumne County which is kind of in the middle there, uh but right now those are our five counties as a multi-county EMS agency.

Just a quick overview of of our organization. Um because we are a joint power authority, we report up to our JPA board which is made up of one supervisor uh from each of our member counties. There's eight and a half of us here at the agency with the half being our medical director. Uh right now Dr. Mackey is our interim medical director. We're doing a recruitment right now that actually closes the end of the month uh for an EMS medical director. So if you know anybody that might be interested it's on our website. Um we have a Deputy Director, Cindy, who's right here. Hi, Cindy.

Audience: (1:56) <laughter>

Lance Doyle: (1:57) Um we have our secretary and um financial analyst which is Susan. We have our ladies up front that process a lot of the certification, um all the data type of stuff um to the State. Then we have um coordinators that fulfill each of the eight required functions from the State. And then because we have a pretty um widespread footprint if you will, we have li- liaisons that are responsible for a lot of the day-to-day interaction um with our counties. There you go, John.

John Eaglesham: (2:33) Thank you

Lance Doyle: (2:34) Um and then we have as any LEMSA, multiple advisory committees and local quality improvement group and trauma advisory are just two samples, um but we have many, many, many advisory committees. So that's the EMS agency.

So our EMS System. Um we have nine ambulance response zones which as we sit today five of them are exclusive operating areas. The operating area within the RFP is a has been a grandfathered operating area up until um well we complete this process. As part of the RFP and here's a map of the county. As part of the RF … oh … As part of the RFP, um we are adding Zone B and Zone C which are currently non-exclusive areas into one larger EOA. So you can see Zones 1, 3, 8, C and B will now

be the EOA. The other um zones within the county are all managed by hospital districts <brth> and current ambulance providers.

So we have five acute care hospitals in the region: Doctors, Memorial, Emanuel Medical Center down in Turlock, Kaiser up on the north side of town, then Oak Valley Hospital. Oak Valley Hospital is not located within the new EOA, however the provider will transport there every so often. We have a couple of specialty centers. Um our two level two trauma centers, Doctors and Memorial, which are located right downtown here. We have three STEMI centers and three Stroke centers. All of which are um designated for patient transport.

So a little history on this project. Uh back in twenty seventeen my predecessor along with the county um they developed a of a system assessment. Took about a year to complete the System Assessment. Um from that there were some uh long term issues that they wanted to address within our system. Um as we all know changes in healthcare um over the last five years have been pretty dramatic. Um what worked five or six years ago may not necessarily work today. Um there's significant financial challenges. Based on this audience I don't need to tell you what those are. Um shortage of paramedics. In California statewide we've seen a real shortage. Um now that the economy has gotten better um a lot of fire departments and so on and so forth are now hiring paramedics and um it seems like our providers um I mean certainly with all of our regions have taken the brunt of that. Um and then we need to continue our emphasis on patient care and outcomes. The clinical uh performance of this system and our providers has always been very good and regardless of the changes in economics that needs to be at the top of our list. Whatever system we build um needs to be focused foremost on patient care. So from this system assessment uh we developed an EMS Strategic Plan. In twenty eighteen that was approved by our board of supervisors as well as our JPA board. And it focused on four goals: um system efficiency, financial sustainability Ok, um improved communication and then really coordination and collaboration with stakeholders. Um we have currently a quasi-integrated system in that fire responds to calls as does EMS, but we still kind of work in silos and what we're trying to build is a system that's really integrated and we're all working on the same page. Alright? And we think that will actually address some of the other challenges um that we've identified.

So from these four goals of the strategic plan we developed six goals, excuse me seven, um for the RFP. Again at the top of the list clinical excellence, patient outcomes. Response Time reliability. Ok I think we recognize that the days of putting an ambulance on every street corner and expecting them to get there in seven and a half minutes is pretty tough, right? With the economics as we're seeing right now so we need to get a little bit creative with how we build our system um and that brings in the enhanced integration with fire. Ok and again we're quasi-integrated right now, but we want to bring first responder fire in as a um core element of the EMS system. Through that, establish the value of fire for the service delivery that they provide. Uh economic efficiency and stability. Again we think if we look at an integrated system the economics work a little better from the ambulance provider perspective. Customer satisfaction. Um I think we all know since the ACA's been in effect customer satisfaction's been a big part of the hospital

side and we see that trickling down into the ambulance transport side of things, too. And then some improvements to the current ambulance provider agreements.

So as part of the RFP development process we contracted with EndPoint. Uh we held stakeholder meetings and interviews with virtually every stakeholder in the county. Um everything from Public Health to OES to the hospital districts to the current ambulance providers to the fire providers. Um and we took all that input and we formulated the current plan. Uh we also did a fiscal analysis. We contracted with a CPA to look at the financials of all of the providers in this system individually and then also as the system as a whole to give us some input on what the system could really afford as we're building a new response model. We did receive approval from state EMS authority as well as our EMSC, our board of supervisors here in Stanislaus County and our JPA board. And then lastly um the recommendations in the RFP all springboard and address the recommendations that came out if the system assessment and um strategic plan.

OK so our catch all for information on this RFP is our website. I'm sure many of you have been there. That's where you're going to find certainly the RFP document and then any communication, any addendums, any answers to the questions that were submitted; they're all going to be right here. Ok? After today's meeting there will be um if we have any additional questions that we're going to answer those are going to be up there. The minutes from the meeting, everything's going to be on that page. We really suggest that you guys check that page daily because we don't really have a way of notifying you proactively that we've made updates but as you can see we've made quite a few and you don't want to miss 'em. Alright. OK Nancy or John?

John Eaglesham: (10:18) Yeah I'll I'll talk for a little bit. Um I want to thank you all for being here as well. Um we conducted a lot of listening sessions with the different groups and we talked about response time standards and compliance incentives. And uh we started developing a picture of what the the community wanted to see in an RFP for ambulance services. They wanted us to utilize technology and understand and manage 911 call volume, um and they felt that would be better by increasing the two areas of B and C into the EOA; integrating FirstWatch and some of the other um surveillance tools to help um understand and manage the system. We talked about uh the fire uh folks wanted to be restocked for their medical supplies so we incorporated that into the RFP.

Uh We looked at some of the clinical just uh give it a click. Clinical system enhancements uh were to try to integrate fire a little bit more with the ambulance services. And in that integration we saw that fire said we could beat 7 minutes not the 7:59 that the uh or 7:30 is it right now? Or proposed 7:59 they thought they could beat 7 minutes and actually provide a more enhanced service. Uh shorter response times. Uh clinical performance will be measured through FirstWatch's FirstPass program and a lot of people are putting a lot of uh faith into FirstWatch and they seem to be able to do the job we're looking for and that'll take a little bit of time to get up and running but it's uh a good program for measuring clinical performance. Additional training for EMS personnel. Uh the volunteer fire departments who you know as we all know volunteer fire departments, or there's

voluntary in most companies as well throughout the state. But uh they have a tough time with recruiting and retaining people and a lot of what they try to do is have a ladder program where somebody will come in and be a volunteer, maybe go on to EMT school, and then maybe go on to be a professional firefighter, maybe work for the ambulance company, go to paramedic school. So uh they have trouble with the recruiting and retaining and they really want to see if there is a way that there is an EMT school that could be off-hours not Monday through Friday or certain days of the week so that their volunteers could attend on weekends or evening sessions. So that is in the RFP. That may be uh a challenge for a proposer to figure out how to do that but we know you all have your thinking caps on and you'll be able to do that. Uh development of a mobile simulation lab um part of what Mountain-Valley EMS wants to do is have an ambulance with the SimMan in it and actually drive around and hit a lot of the stations a lot of volunteers and the BLS fire departments and of course the ambulances and so forth again as a method to try to bring everybody together. Uh we looked at again the expanded quality improvement and then uh there's various ePCR platforms being used in the county today and we're asking the proposer or the ultimate contractor to provide the same product they're using for themselves for the fire departments at no additional cost and then maybe we'll have one platform that's our goal one platform for ePCR reporting. Especially as we start looking at integration of HIE that would be an important first step.

Then we looked at uh first responder integration and uh through the strategic plan and the assessment we heard over and over again that fire wanted to feel valued for their services that they provide. And uh we realize that they are responding Code 3 to high acuity calls. If they could respond, assess the patient, start the treatment and the packaging and uh then perhaps we could extend the clock. And we'll go into that a little bit further, but uh another important part would be if they get on scene first and they see that it's not an emergency patient then reduce the ambulance to a Code 2 non lights and siren response thereby giving a few more minutes for the ambulance provider to get there and everybody's not going Code 3 to a call. Um we want everybody again training together as one regional area not individual silos for training that'll improve overall quality and overall patient satisfaction. And then of course participation in FirstWatch.

So when we look at the integration of EMR which will be our a lot of our volunteer fire departments and EMT and then ALS um we looked and if we can go to the next slide… Uh we spent some time with Dr. Mackey on this and he felt that as long as he got a medically trained person there quickly and if we could do that let's say in the urban area for example within seven minutes, then the ambulance can be delayed for a certain period of time because in his mind the first five minutes of a call you don't really need a paramedic to be on that call. As well, there's a lot of uh enhanced training for EMT ones now so there's more that they can do. So we came up with the following matrix. And we're really hoping that the first, second and third column are completed before the contract go into effect, that the contractor will meet with the fire departments and come up with a agreement so that we don't have to really go to the fourth column which would be just strictly ambulance response times without a fire partnership agreement. Um Dr. Mackey is strong

about this. If we add all the other clinical components that uh we talked about earlier and that Lance talked about, he felt that this is achievable and also would provide good patient care.

Additionally we are asking the proposer to submit a plan for uh an ACE accredited EMD dispatch center. It does not have to be located in the county. It would be great if it was, but it does not have to be located in the county. With today's technology we believe it's achievable through an adjoining county or within a certain region. If they can't provide that, we are asking that they then contract with an existing service. We understand that we have VRECC which is an AMR center. Will they, if they are not the winning proposer, will they still stay here? We don't know. That's a little bit up in the air. Uh we have SR911 through the sheriffs department. Will they be willing to take on uh the ambulance side of the dispatching? That's a possibility. So we're just saying, you know, use your best ability to to make a proposal and let's see how we can do. So that essentially is my portion. Nancy will talk a little bit about future opportunities.

Nancy Lapolla: (16:58) Ok. So I think you know future opportunities is something that we've all who have been in this business for a long time keep thinking one day we'll actually see these exciting new programs be implemented. Um and we are seeing community paramedicine and some of the great work that's coming out of that. Uh one of the things that we want to continue to do is to support that and to look at those innovations. Unfortunately the funding mechanism to support those for the long range hasn't hasn't meshed with the outcomes that we're showing through the studies that we're providing, so we know that we want to build them into this RFP the future for those possibilities. We know that they're not there now, but because we're really looking at this agreement for the long haul, for the ten year process. As long as performance is meeting all the requirements, that is the goal here. And so we know that there's opportunities that we can't foresee at this time so we really want to make that flexibility for those future accomplishments in the way we support responding to emergency medical care to be available and to be able to be adapted into this RFP and into the new um service that's provided. So looking at alternative mental health transportation outside of an ambulance in safety transportation units or something like that would be something that we hope to continue to support going forward into the future. Looking at getting the right level of response to the right call writ through priority dispatching. Um those things aren't in place right now but those are things that the Mountain-Valley EMS wants to study and look forward to that. We want to make sure that when anything we would implement in the future would not impact the financial stability of the system as we look at those models. So those are all things that we're looking to in the future but are not here right now. But want to have that flexibility. And then you know nurse level triage. Gosh I've been talking about nurse level triage at dispatch for way too long now and it's still not there, but one day I hope that we'll have that capability to really have getting that patient to the care that they need the right time the first time. It's not there yet, but hopefully in the future, um payors will support that model and we'll be able to build systems around that. So we want to have that flexibility in this system.

So um the next slide we really did recognize that we have we did receive quite a few questions around how to put the logistics of the RFP together so we just want to take a minute and just kind of go over that a little bit. Um in the technical aspect is really the body and the heart of the proposal. And so what you see is the cover letter, table of contents, all the proposal materials and any supplemental documents.

John Eaglesham: (19:42) Be it resumes or

Nancy LaPolla: (19:43) To put into that unless there was some reason then that there was a confidentiality aspect of that that you wanted you just need to describe that and then you could enclose it separately. Price proposals of course we want in a separate envelope. Um the RFP submission we're looking at nine hard copies and an electric copy on a USB. And then legal may be submitted separately as well um and we know that there's a lot of documents that go along with legal um support so put them on a USB or compact disc if people still use compact disc. Um you're welcome to do that. If we still have readers for those, I don't know.

Um so then the next slide is just really the timelines and we just really want to focus on what's coming up. We're real excited about you all being here today to spend some time with us um to hopefully get all your questions answered and clarified. And then we also want to just bring to your attention that March 5th, next Friday is Letters of Intent due.

John Eaglesham: (20:42) 15th

Nancy Lapolla: (20:43) Did I say? Yes 15th . And then a month later the proposals are due. And then we are looking at oral presentations on April 25th. So um and then you can see the rest of the dates. So those are the two really important dates that we have.

And then um the next slide. Before we go in to answer questions, it'd be really helpful for us to know who's represented in the room today. So if we could just kind of really quickly go around and have you introduce yourselves. So we'll start with you.

Adam Blitz: (21:15) I'm Adam Blitz from Falck Ambulance

Bill Sugiyama: (21:17) Hi. Bill Sugiyama Falck

Lance Doyle: (21:19) Derek's with us.

Audience: [Laughter]

Deborah Thrasher: (21:23) I'm Deborah Thrasher with Stanislaus County Health Services Agency

Becky Meredith: (21:27) And I'm Becky Meredith, the Deputy Executive Officer for Stanislaus County.

Matt O'Leary: (21:32) Matt O'Leary Pro Transport

Casey Comer: (21.34) Casey Comer AMR

Cindy Woolston: (21:35) Cindy Woolston AMR

Carly Alley: (21.36) Carly Alley Riggs Ambulance

Cindy Murdaugh: (21:40) Cindy Murdaugh Mountain-Valley

Sammi Seuro: (21:41) Sammi Seuro, Riggs Ambulance

Rob Smith: (21:43) Rob Smith, SEMSA Riggs

Steve Melander: (21:45) Steve Melander, American Ambulance, President of Kings Counties

Rob Lawrence: (21:48) Rob Lawrence, Patient Care EMS

Rachelle Bethea: (21:50) Rachelle Bethea, Paramedics Plus

Dale Feldhauser: (21:53) Dale Feldhauser, Patient Care EMS

Joseph Elliott: (21:55) Joseph Elliott, Paramedics Plus

Susan Watson: (21:57) I'm Susan Watson from Mountain-Valley

Karin Hennings: (22:00) Karin Hennings, Patterson District Ambulance

Dennis Brazil: (22:02) Dennis Brazil, Westside Ambulance

Fred Hawkins: (22:04) Fred Hawkins Ridgecrest Regional Hospital

Bruce Lee: (22:06) Bruce Lee AMR

Steve Madison: (22:08) Steve Madison, AMR

Nancy Lapolla: (22:13) Alright well thank you guys. Is someone trying to come through? No. I thought I heard knocking. Um so now the floor is yours. If you have questions for us we're happy to answer any questions that you might have.

Lance Doyle: (22:28) Wow. Alright

Nancy Lapolla: (22:29) We did such a good job in answering all the questions that uh ..

Bill Sugiyama: (22:33) Can I ask?

Nancy Lapolla: (22:34) Question?

Bill Sugiyama: (22:36) Yeah just a couple um real quickly too. When you talk about the disposals and the medical replacements that includes pharmaceuticals? Does that include narcotics, opiods or is it just like the hard disposables suggest? You know?

Lance Doyle: (22:46) Yeah, BLS type cannulas and four by fours and things like that. Non pharmaceuticals.

Bill Sugiyama: (22:55) Non-pharmaceuticals, OK great, thank you. And then last, and this is the kind of question you probably don't have the answer to, but obviously for the new implementation of the EMT program, is there any idea because obviously the cost is pretty much based upon how many students. How much availability they're going

to want in each class. And that wasn't very clear to me in regards to that. Do you have any idea what the volunteer departments are looking for with class size?

Lance Doyle: (23:16) So we talked about that briefly. Um I don't have an answer as to how many they think, but what I can tell you is you can make the class as large as you want and as long as we're offering first to the volunteer fire agencies you can fill in the rest of your class with fully-paid just like you would for a regular EMT program. We just want to have a mechanism for the volunteers to be able to get in an evening and/or weekend class at a low to no cost.

Bill Sugiyama: (23:45) I see, OK. Perfect. Thank you.

Nancy Lapolla: (23:52) Anyone else?

Lance Doyle: (23:57) Alright.

John Eaglesham: (23:58) We did you want to discuss the ability to get additional data?

Lance Doyle: (24:01) So um yes. For those of you that have read the response to our questions, um there were I want to say three data requests within um the 125 questions. We are working on that. Our partner FirstWatch is um as we speak probably um still working on it. We should have data for you um via email secured email next week. Um we will need uh it'll be it will be um raw-ish data and that'll be validated and verified. Um we have a Business Agreement we would need you to sign and put an email address on there. Once we have a business agreement um and a letter of intent next Friday as soon as we get a Letter of Intent and a Business Agreement we'll email out the data to you that you can use for forecasting and deployment you know modeling and things like that. So if you I only need one per agency, but if you want the data then it'd be great if we can get this back today and then um we'll be ready to go for next week.

Nancy Lapolla: (25:13) And you might want to put your email on the agreement.

Lance Doyle: (25:16) Yes put your email on the last page after you sign that.

Nancy Lapolla: (25:23) Alright well thank you all for being here, we really appreciate it.

Lance Doyle: (25:28) Thank you, we have your data agreements right here.