## Fort Worth’s System Vision

### Mayor and Council Communication

**Date:** 12/17/85  
**Reference:** C-3142  
**Purpose:** Award of Contract for Ambulance Services

### Recommendation

It is recommended that the City Council authorize the City Manager and the Interim chairmen of the Fort Worth Ambulance Authority to execute a contract for the provision of ambulance services in accordance with the provisions of the attached proposed contract with Texas Lifeline Corporation, a subsidiary corporation wholly owned by MedStar MCAH Ambulance Service and Merck Ambulance, Inc.

### Discussion

On September 30, 1985, the City Council received a proposal from Texas Lifeline Corporation, a subsidiary corporation wholly owned by MedStar MCAH Ambulance Service and Merck Ambulance, Inc., to provide ambulance services to the City. The proposal included a plan for the operation of an ambulance service, which would be funded through a combination of federal, state, and local funds.

### Action

The City Council approved the proposal and recommended that the City Manager execute a contract with Texas Lifeline Corporation, a subsidiary corporation wholly owned by MedStar MCAH Ambulance Service and Merck Ambulance, Inc., for the provision of ambulance services.

### Future Considerations

- **Early Warning System:** The proposed system would include an early warning system to alert emergency responders to potential emergencies.
- **Community Engagement:** Community engagement will be crucial in ensuring the success of the new system.
- **Operational Efficiency:** Improvements in operational efficiency are expected to reduce response times and enhance service quality.

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### Note

- The initial response time standard will be 10 minutes or less, with a 95% success rate.
- The contractor will be required to maintain a minimum of 12 ambulances available for service at all times.
- The contract will be monitored on a monthly basis, with performance metrics including response times, patient care, and customer satisfaction.

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### MedStar Mobile Healthcare Logo
A Community of Care
Staffed Unit Hours Per Day

Pandemic Impact
COVID-19 Activities - System Support

About Your EMS Call
You were evaluated by EMS personnel and determined to have symptoms consistent with a respiratory illness. You have measuring vital signs and apparent well today. A decision was made to not transport you by ambulance to the Emergency Department in an effort to prevent potential spread and possible further exposure of COVID-19. Our evaluation and determination to not transport are NOT considered to be a formal diagnosis of COVID-19, and our evaluation is not a substitute for formal medical evaluation by your healthcare provider. If appropriate, inform your doctor that EMS was called, and provide the information the EMS personnel recorded on this brochure.

Please review the information in this brochure. You will find contact information at the bottom for any further questions.

Date: ___/___/___  Time: ___:___
EMS Agency: ___
Response #: ___

EMS Assessment at the Time of Call:
RR: ___  HR: ___  O2 SAT: ___  BP: ___
Temp: ___

If you have any questions or comments regarding this brochure contact MedStar at 817-623-3700 or info@medstar111.org

Potential COVID-19 Related Illness

If you are sick with COVID-19 or think you might have it, follow the steps below to help protect others in your home and community.

Instructions after your EMS call:
- Stay home: People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- Stay in touch with your doctor: Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- Avoid public transportation. Avoid using public transportation, ride-sharing, or taxis.
- If you develop emergency warning signs for COVID-19 get medical attention or call 9-1-1.

Emergency warning signs include:
- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Potential COVID-19 Related Illness

COVID-19 Evaluation & Testing Resources:
- Baylor Health System: https://emp.baylorhealth.com/
- Medical City Health: https://medicalcityhealthcare.com/covid-19/
- Texas Health Resources: 888-236-7003

Additional Information:

Actions You Should Take:
- Stay away from others. As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.
- Call ahead. If you have a medical appointment, call your doctor’s office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.
- Cover: Cover your mouth and nose with a tissue when you cough or sneeze.
- Dispose: Throw used tissues in a lined trash can.
- Wash hands: Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Do not share: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash thoroughly after use: After using these items, wash them thoroughly with soap and water or put in the dishwasher.
- If needed, seek additional help by contacting your doctor or medical facility, or in an emergency, call 9-1-1.
COVID-19 Activities - System Support

MedStar/THFW Admission Avoidance Program Workflow

THFW Contacts:
1) Finance & Payments
   Tammy Ormuz, Director, Accounting
   TammyOrmuz@texashealth.org | 817-250-9780
2) Referrals & Billing
   Felicia Bagley, Manager, Care Transitions
   FeliciaBagley@texashealth.org | 817-250-6924
3) EMS Liaison:
   Richard Brooks, Program Manager, EMS Outreach
   RichardBrooks@texashealth.org | 817-250-3438
4) IPS Liaison @ THFW
   Muriel Johnson, Care Transitions - IPS Eligibility
   MurielJohnson@texashealth.org | 817-250-4019

MedStar Contacts:
1) Mobile Integrated Health
   Desiree Parth, Manager
   DesireeParth@MedStar911.org | 817-914-4157
2) Mobile Integrated Health
   Branden Pete, Supervisor
   BrandenPete@MedStar911.org | 862-350-9455
3) Mobile Integrated Health Care Manager
   Marcia Folker, RN
   MarciaFolker@MedStar911.org | 817-912-0817
4) On-Duty MH Cell
   817-684-6442
5) Referral Phone Number
   817-922-0911

Referral Process:
1) Physician:
   - Is this patient being admitted to Observation?
   - Could they be monitored at home?
     ➔ Add "Consult Case Management" order, notate "MedStar Program" in comments.
2) Care Transition, to make referral:
   1. Call MedStar at 817-922-0911
   2. Provide:
      a. Patient name
      b. Patient DOB
      c. Patient Room # and Unit
      d. Medical record number
3) MedStar's goal is to be at the hospital within 90 minutes tic
   - Meet with the patient, RN, and/or the physician to review the plan of care

Targeted Patient Population:
- Patients who need additional observation, but can be safely observed at home by EMS professionals
- Patients who are admitted under observation, but can be discharged with additional EMS supervision
- Patients can be COVID or non-COVID
Average Response Times: Fort Worth

Winter Storm

COVID Call Screening Starts

COVID Call Screening Stops
Response Volume Increase 2017-2022
Financial Efficiency

• MedStar is the lowest expense provider in the state
  o Determined by 3rd party contractor for the State Medicaid Ambulance Supplemental Payment Program (ASPP)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Fire</td>
<td>Fire-Based</td>
</tr>
<tr>
<td>Expense Per Transport</td>
<td>$935.29</td>
<td>$2,166.61</td>
</tr>
<tr>
<td></td>
<td>$1,390.48</td>
<td>$1,177.76</td>
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</tbody>
</table>

Medicaid Cost Report Data Summary

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2018-2019 % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Fire</td>
<td>Fire-Based</td>
<td>MedStar</td>
</tr>
<tr>
<td>Expense / Transport</td>
<td>$2,626.72</td>
<td>$886.48</td>
<td>$396.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ (2,230.71)</td>
<td>$ (490.47)</td>
</tr>
</tbody>
</table>
Current Challenges - Financial Conundrum

Revenue & Cost Per Patient Contact

- Net Revenue Per Patient Contact
- Cost Per Patient Contact
Current Challenges

Average Insurance Payment Per Transport

- Blue Cross Blue Shield Of Tx
- United Healthcare 31
- Aetna PPO 14
- Cigna 4
- Ambetter of Texas
Current Challenges

Charity Care Write-Off

- 2019: $4,473,621
- 2020: $5,438,402
- 2021: $25,855,234
2021 Service Innovation: Tiered Ambulance Deployment

• Goals:
  o Enhance Paramedic ALS Skill Utilization
  o Increase staffed ambulance unit hours available for 9-1-1 response
  o Reduce or maintain overall ambulance response times
  o Reduce overall unit hour expense
  o Dispatched response level accuracy
  o Provider Experience
2021 Service Innovation: *Emergency Triage, Treatment & Transport (ET3)*

- **New Medicare Model**
  - Goal: Avoid unnecessary ER visits
    - Assess patients on scene
    - Low acuity, stable patients offered treatment in place through telehealth, or
    - Transport to an alternate destination
  - MedStar assisted Medicare with development of the model
    - We are 1 of only ~40 agencies to have implemented the model

- **Commercial Payer Model**
  - Contracting with commercial payers to implement similar model

- **Medicaid**
  - Lobbied legislature to have Medicaid adopt the same model
  - Starts 9/1/2022 for Medicaid patients
Outside Evaluators- Dual Accreditations (re)Earned

• Commission on Accreditation of Ambulance Services (CAAS)
  o Only 170 of ~17,000 (1%) ambulance providers CAAS Accredited

• International Academies of Emergency Dispatch (IAED)
  o Only 132 of ~5,800 (2.3%) PSAPs IAED Accredited

Only 26 of 17,000 (0.19%) Ambulance Providers Dual-Accredited
Outside Evaluation - Customer Satisfaction

- EMS Survey Team – Patient Experience Surveys
  - Complete external analysis
    - One of only 192 EMS Systems in the U.S.

Patient Experience Report
March 1, 2022 to March 31, 2022

Your Score: 92.71

Your Patients in this Report: 161
Total Patients in this Report: 9,467
Total EMS Organizations: 192
Community Health Program

• Collaboration with stakeholders
  o Stop responding to calls we can prevent...
    • 9-1-1 Nurse Triage
    • High Utilizer Group (HUG) patients
    • Admission/Readmission prevention
    • Hospice Partnership
    • Home Health Partnership
    • Palliative Care Partnership
    • Hospital in the Home Program
  o MedStar continues to lead the nation

13,541 Fort Worth residents have been enrolled
- 377 residents in 76104
# Community Health Program Outcomes

## Patient Experience Report

**October 1, 2021 to December 31, 2021**

**Your Score:** 97.97

**Your Patients in this Report:** 17

**Total Patients in this Report:** 99

**Total EMS Organizations:** 188

## High Utilization Group

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>All Sources</th>
<th>As of: 3/31/2022</th>
<th>Before Enrollment (1)</th>
<th>Enrollment Period (2)</th>
<th>After Graduation (3)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Ambulance Responses</td>
<td>12886</td>
<td></td>
<td>8576</td>
<td>6548</td>
<td></td>
<td>-49.19%</td>
</tr>
<tr>
<td>Emergency Ambulance Transports</td>
<td>11466</td>
<td></td>
<td>5999</td>
<td>5586</td>
<td></td>
<td>-51.28%</td>
</tr>
</tbody>
</table>

**Notes:**
1. Count of emergency ambulance responses and transports during the 12 months prior to enrollment
2. Count of emergency ambulance responses and transports during enrollment period
3. Count of emergency ambulance responses and transports during the 12 months after graduation

## Southwestern Health Resources

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Southwestern Health Resources</th>
<th>As of: 12/31/2021</th>
<th>Before Enrollment (1)</th>
<th>Enrollment Period (2)</th>
<th>After Graduation (3)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Utilization</td>
<td>452</td>
<td></td>
<td>55</td>
<td>217</td>
<td></td>
<td>-51.99%</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>557</td>
<td></td>
<td>67</td>
<td>274</td>
<td></td>
<td>-50.81%</td>
</tr>
</tbody>
</table>

**Notes:**
1. Count of ED admissions/IP admissions during the 12 months prior to enrollment
2. Count of ED admissions/Count of Clients that readmitted during enrollment period
3. Count of ED admissions/IP admissions during the 12 months after graduation
### Community Health Program Outcomes

**76104 Patient Enrollment Highlights:**
- 52 Readmission Prevention
- 55 High Utilizer
- 40 COVID-19 Follow-Ups
- 22 Elder Neglect/Abuse Interventions
- 172 Episodic Care Coordination

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Enrollment</th>
<th>Graduation</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility (2)</td>
<td>2.29</td>
<td>2.51</td>
<td>9.7%</td>
</tr>
<tr>
<td>Self-Care (2)</td>
<td>2.55</td>
<td>2.72</td>
<td>6.8%</td>
</tr>
<tr>
<td>Perform Usual Activities (2)</td>
<td>2.25</td>
<td>2.59</td>
<td>15.2%</td>
</tr>
<tr>
<td>Pain and Discomfort (2)</td>
<td>2.00</td>
<td>2.36</td>
<td>17.6%</td>
</tr>
<tr>
<td>Anxiety/Depression (2)</td>
<td>2.22</td>
<td>2.53</td>
<td>14.0%</td>
</tr>
<tr>
<td><strong>Overall Health Status (3)</strong></td>
<td><strong>5.23</strong></td>
<td><strong>6.92</strong></td>
<td><strong>32.2%</strong></td>
</tr>
</tbody>
</table>

**Notes:**
1. Average scores of pre and post enrollment data from EuroQol EQ-5D-3L Assessment Questionnaire
2. Score 1 - 3 with 3 most favorable
3. Score 1 - 10 with 10 most favorable
9-1-1 Nurse Triage Program

Based on Medicare Rates

Analysis Dates: June 1, 2012 - September 30, 2019

Number of Calls Referred: 12,226
% of Calls with Alternate Response: 37.6%
% of Calls with Alternate Destination: 34.1%

<table>
<thead>
<tr>
<th>Category</th>
<th>Base</th>
<th>Avoided (4)</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Expenditure (1)</td>
<td>$419</td>
<td>4,594</td>
<td>$1,924,886</td>
</tr>
<tr>
<td>ED Expenditure (2)</td>
<td>$969</td>
<td>4,166</td>
<td>$4,036,854</td>
</tr>
<tr>
<td>ED Bed Hours (3)</td>
<td>6</td>
<td>4,166</td>
<td>24,996</td>
</tr>
</tbody>
</table>

Total Payment Avoidance: $5,961,740

Per Patient Enrolled: ECNS
Payment Avoidance: $1,298

9-1-1 Nurse Triage Satisfaction Scores

<table>
<thead>
<tr>
<th>Through Sep-19</th>
<th>Score (1)</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied were you with the way the MedStar 9-1-1 dispatcher handled your call?</td>
<td>4.7</td>
<td>94.0%</td>
</tr>
<tr>
<td>After talking with the MedStar 9-1-1 dispatcher, you were transferred to our Triage Nurse. How do you feel about how the nurse handled your call overall?</td>
<td>4.7</td>
<td>94.0%</td>
</tr>
<tr>
<td>Did you feel that the nurse understood your medical complaint?</td>
<td>4.6</td>
<td>92.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>216</td>
<td>94.3%</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>5.7%</td>
</tr>
<tr>
<td>How satisfied were you with the alternate transportation arrangements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>195</td>
<td>87.1%</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>12.9%</td>
</tr>
<tr>
<td>Do you think following our nurse’s suggestion saved you time and money?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>12.9%</td>
</tr>
<tr>
<td>No</td>
<td>203</td>
<td>87.1%</td>
</tr>
<tr>
<td>Knowing now how your call was handled and how things worked out regarding your medical complaint, do you think your 911 call should have been handled differently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>12.9%</td>
</tr>
<tr>
<td>No</td>
<td>203</td>
<td>87.1%</td>
</tr>
</tbody>
</table>

Notes:
External survey of patients who called 9-1-1 and had a response other than an ambulance. Likert scale of 1-5, with 5 being most satisfied.
New Vehicle Design
Joint Statement on Lights & Siren Vehicle Operations on Emergency Medical Services (EMS) Responses

February 14, 2022


2022 Innovation: Response Re-Prioritization

• Goals:
  o Preserve 1st Response capacity for *time-critical calls* when *time makes a difference*
    • Cardiac arrest, choking, major trauma
  o Decrease Lights and Siren (HOT) operations
    • Risk to the community
    • Risk to the EMS personnel

• Evidence-based analysis of Emergency Medical Dispatch Response Determinants
  o Over 300 of them
  o Compare clinical assessment based on:
    • Critical Advanced Life Support (ALS) care
    • Time critical condition
    • Transport ratio to the ED
  o Determine *who should* respond (first response/MedStar), and *mode of response* (HOT vs. COLD)
StarSaver

- Membership Program
- Live or work in MedStar service area
- $69 whole household w/Insurance
- Covers medically necessary emergency services
- New On-Line enrollment process
  - www.medstarsaver.org

3,278 Fort Worth Members
2022 Innovation: StarSaver+PLUS

• Enhanced Membership Program

• Membership Benefits, +PLUS
  o MIH program enrollment
  o Episodic Community Paramedic home visits 24/7
  o Enhanced 911 call alternate dispositions
  o $350 annually for whole household
Thank YOU!