

MedStar Update – *2022 Edition*



FORT WORTH



Fort Worth's System Vision

City of Fort Worth, Texas Mayor and Council Communication

DATE	REFERENCE NUMBER	SUBJECT	PAGE
12/17/85	C-9412	Award of Contract for Ambulance Services	3

Recommendation
It is recommended that the City Council authorize the City Manager and the interim chairman 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 Med-Trans d/b/a Hartson Ambulance Service and Mercy Ambulance, Inc.

Discussion
On July 23, 1985 (MAC C-9153), the City Council voted not to renew the current ambulance contract beyond its scheduled expiration date of March 31, 1986 and authorized the City Manager to proceed with the necessary steps to competitively select a new contractor. The City Council Emergency Medical Services Committee was authorized to oversee the procurement process.

The City Council also authorized the City Manager to enter into a contract with a consultant, The Fourth Party, Inc., to manage the procurement process. The consultant recommended, and the City Council approved, the implementation of a Fallsafe Franchise Model (FFM) ambulance system. This system is designed to minimize disruption of service by providing for ownership or control over the system's accounts receivables, facility, communications and equipment. In addition, medical control would be monitored by physicians knowledgeable in the area of pre-hospital care. An update on the proposed system was provided to the City Council in Informal Report No. 7069 dated November 26, 1985.

On December 5, 1985, bids were received from Hartson and Mercy Ambulance Services, a joint venture, and Shepard Ambulance Company. A bid evaluation committee reviewed and ranked the proposals on December 10, 1985. The highest scoring bidder was Hartson and Mercy. The Interim Ambulance Authority met on December 11, 1985, and reviewed the Committee's report. During the Pre-Council meeting on December 12, 1985, the Authority recommended to the City Council that the contract be awarded to Hartson and Mercy.

After the Pre-Council meeting on December 12, the City's consultant, an Assistant City Attorney and representatives met to address system refinements/enhancements to the proposal that is under consideration. Key elements of the proposal remain the same:

1. The average total bill may not exceed \$230.
2. The subsidy level is set at \$70,000 per month, or \$840,000 annually.
3. After 18 months, the City will have the option of reducing the subsidy in an amount not to exceed \$250,000 annually.
4. The response time will be 90% of life threatening calls in 8 minutes or less and 90% of non-life threatening calls in 10 minutes or less. Failure to meet the response time standard will result in late run penalties.

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NOTE: The initial response time standard will be 10 minutes or less on 90% of all emergency calls. The stricter standard of 8 minutes or less on 90% of life-threatening emergency calls will go into effect within 90 days of the installation of the planned enhanced computer-aided dispatch system which will allow sophisticated system status management techniques.

5. An Emergency Physicians Advisory Board will oversee the clinical aspects of the system.
6. The Ambulance Authority will oversee the administrative aspects of the system.
7. The City will acquire a facility and communications system.

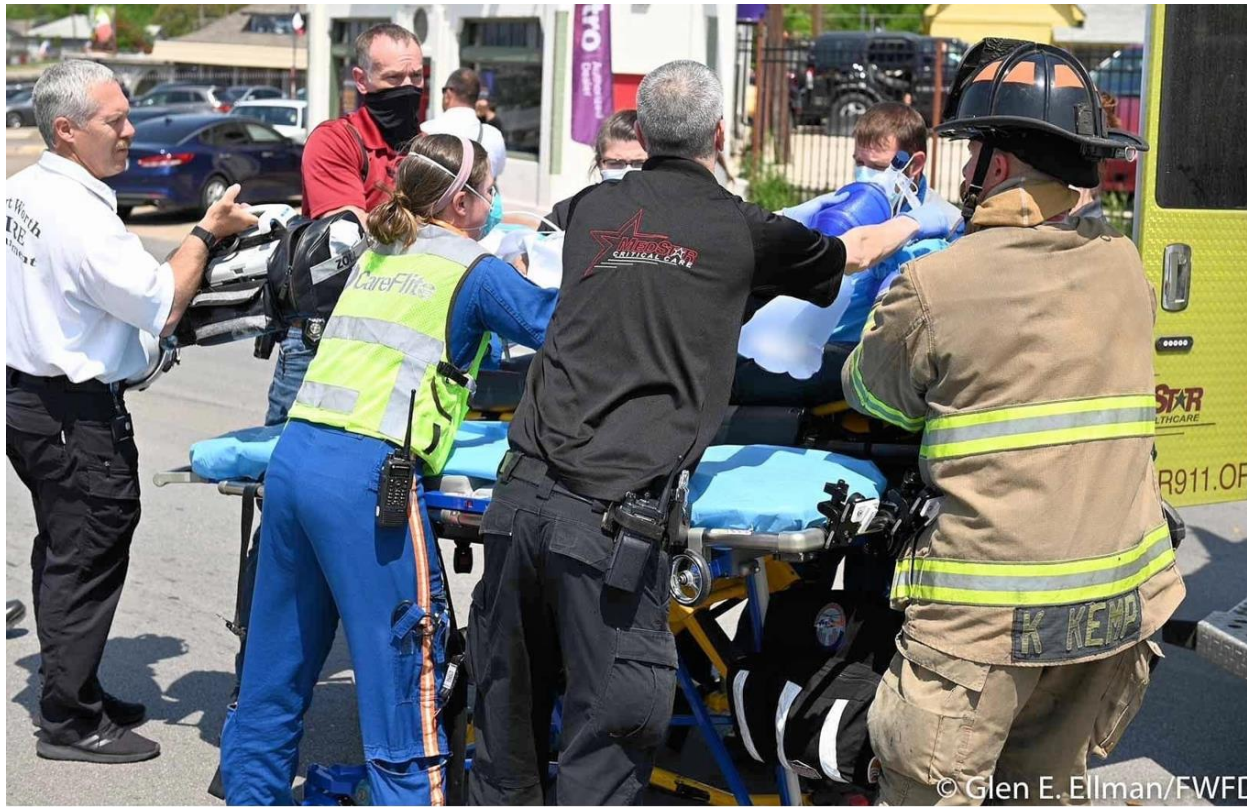
In order to provide for enhanced system effectiveness and more effective utilization of system revenues, the proposed Contractor and City staff members have agreed on certain modifications which have been incorporated into the attached proposed contract. These modifications are outlined below.

The proposed Contractor has agreed to:

1. Reduce the number of portable radios and related equipment which the City is obligated to provide from 27 to 20. The estimated savings to the City will be \$185,000.
2. Agreed to perform additional start-up tasks beyond the commitments of their proposal including assistance in development of the enhanced computer dispatch system, the development of a trade name and logo for the system, the assumption of communications procurement management and testing of the new communications system, and the acquisition of all necessary permits and licenses on behalf of the City and the Ambulance Authority.
3. Agreed to accept the delayed implementation of the complete communications system and to the acceptance of an interim system.
4. Agreed to market the computer dispatch software developed for the system and to split the net proceeds with the City on a 50-50 basis until the City has recouped its actual direct costs of development up to \$80,000. After the City's actual costs are recovered, it will receive a royalty of 10% of gross revenues from the sale of the software rights.
5. Agreed to allow up to \$7,500 of the remodeling budget promised to the Contractor for remodeling of the central facility to be utilized by the City to renovate the adjacent parking facilities.
6. Agreed to provide a written guaranty agreement by the parent organizations of the Contractor to guarantee performance of the subsidiary corporation which will be the contracting entity with the City.

The City has agreed to the provision of 17 ambulances by the contractor - 16 ambulances at system start-up with an additional unit to be provided within 18 months, unless it is determined by the Emergency Physicians Board that the additional ambulance is not medically necessary. The Contractor must furnish and maintain an ambulance fleet size which will enable it to meet 125% of the scheduled maximum peak load for the system so as to allow for a margin of safety throughout the terms of the contract. The Contractor has estimated that its start-up costs will be about \$293,800. The City will allow the Contractor to submit an invoice in that amount for their financing purposes. However, the total payment from the City for start-up costs and subsidy will remain \$70,000 per month in equal monthly installments.

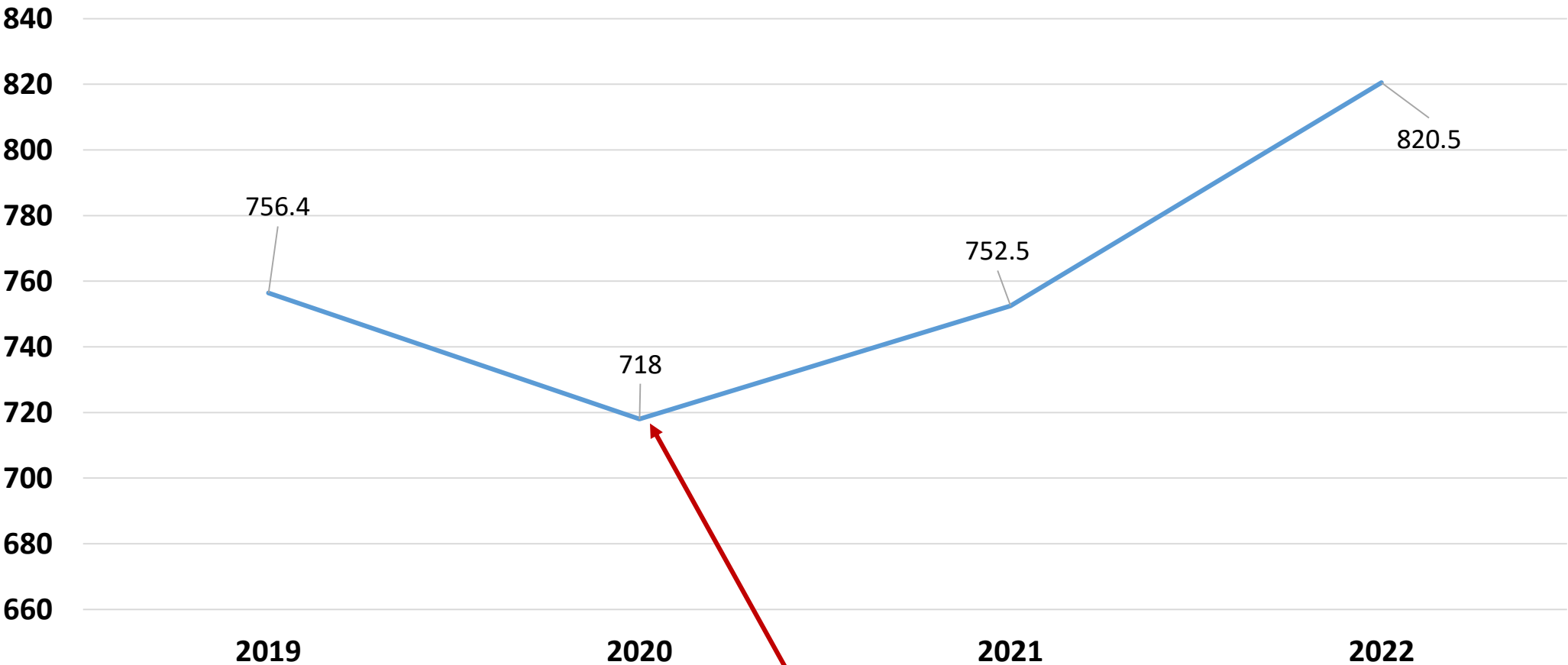




A Community of Care



Staffed Unit Hours Per Day



Pandemic Impact

COVID-19 Activities- System Support

About Your EMS Call

3/20

You were evaluated by EMS personnel and determined to have symptoms consistent with a respiratory illness. You have reassuring vital signs and appear 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: _____ BP: ____/____

Temp: _____ O2 SAT: _____



If you have any questions or comments regarding this brochure contact MedStar at 817-923-3700 or info@medstar911.org

Potential COVID-19
Related Illness



Home Care Instructions

Potential COVID-19
Related Illness

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 other people 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

COVID-19 Evaluation & Testing Resources:

Baylor Health System: <https://my.bswhealth.com/>

Medical City Health: <https://medicalcityhealthcare.com/covid-19/>

Texas Health Resources: 682-236-7601

*Adapted from CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>



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.**

Additional Resources:

Tarrant County Public Health COVID-19 Hotline: 817-248-6299

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



COVID-19 Activities-System Support



Date: Wednesday, January 6, 2021

MedStar/THFW Admission Avoidance Program Workflow

THFW Contacts:

- 1) Finance & Payments
Tammy Ormuz, Director, Accounting
TammyOrmuz@texashealth.org | 817-250-3780
- 2) Referrals & Billing
Felicia Badger, Manager, Care Transitions
FeliciaBadger@texashealth.org | 817-250-3924
- 3) EMS Liaison:
Richard Brooks, Program Manager, EMS Outreach
RichardBrooks2@TexasHealth.org | 817-250-3438
- 4) JPS Liaison @ THFW
Muriel Johnson, Care Transitions - JPS Eligibility
MurielJohnson@texashealth.org | 817-250-4019

MedStar Contacts:

- 1) Mobile Integrated Health
Desiree Partin, Manager
DPartin@MedStar911.org | 817-614-4157
- 2) Mobile Integrated Health
Brandon Pate, Supervisor
BPate@MedStar911.org | 682-350-9453
- 3) Mobile Integrated Health Case Manager
Marcia Felkner, RN
MFelkner@MedStar911.org | 817-632-0517
- 4) On-Duty MIH Cell
817-584-6442
- 5) Referral Phone Number
817-922-0911

Referral Process:

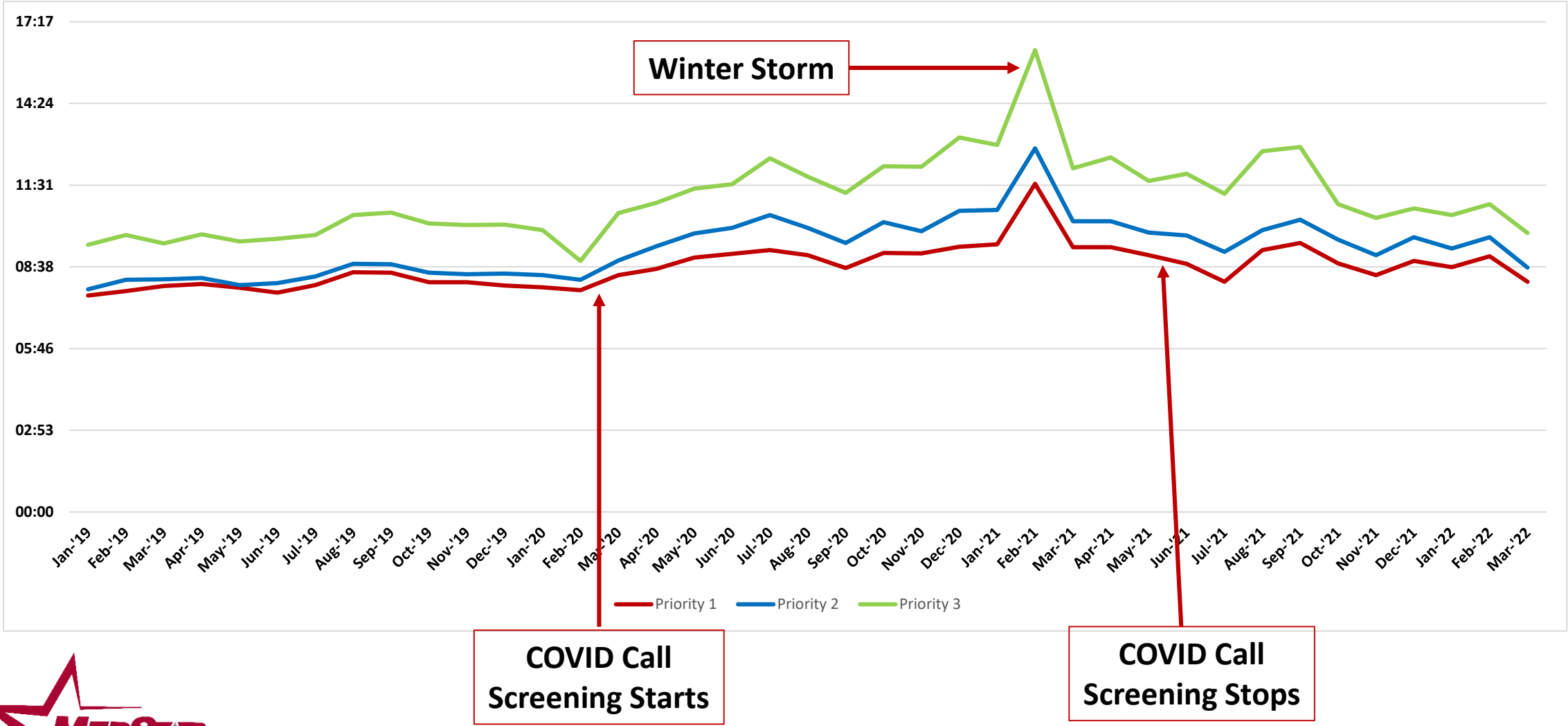
- 1) Physician:
 - Is this patient being admitted to Observation?
 - Could they be monitored at home?
 - Add "Consult Case Management" order, notate "MedStar Program" in comments.
- 2) Care Transition, to make referral:
 1. Call MedStar at 817-922-0911
 2. Provide:
 - a. Patient name
 - b. Patient DOB
 - c. Patient Room # and Unit
 - d. Medical record number
- 3) MedStar's goal is to be at the hospital within 90 minutes to:
 - 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 discharge with additional EMS supervision
- Patients can be COVID or non-COVID

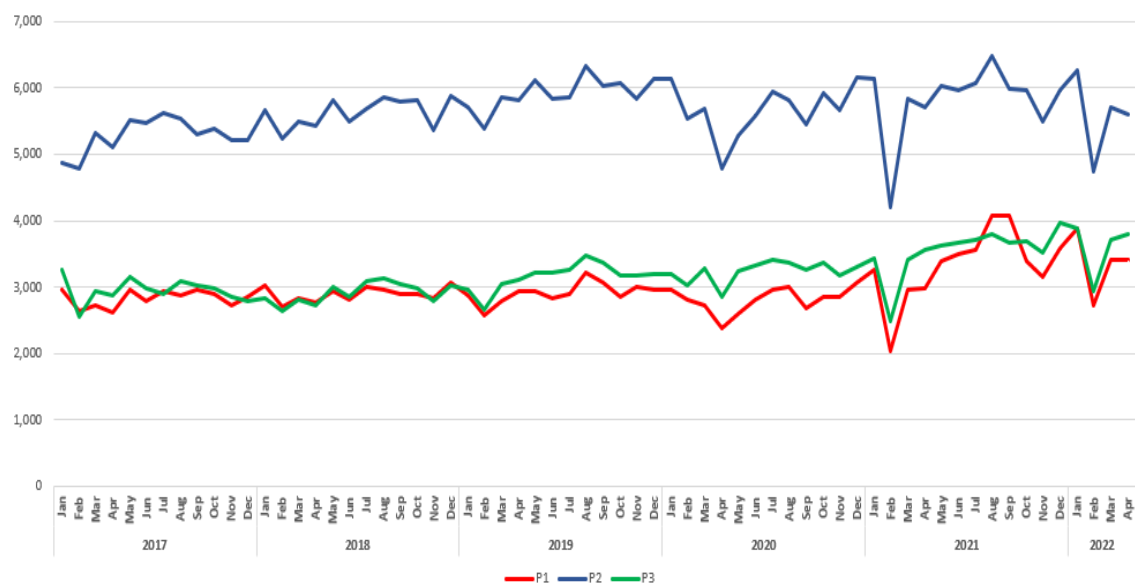


Average Response Times: Fort Worth

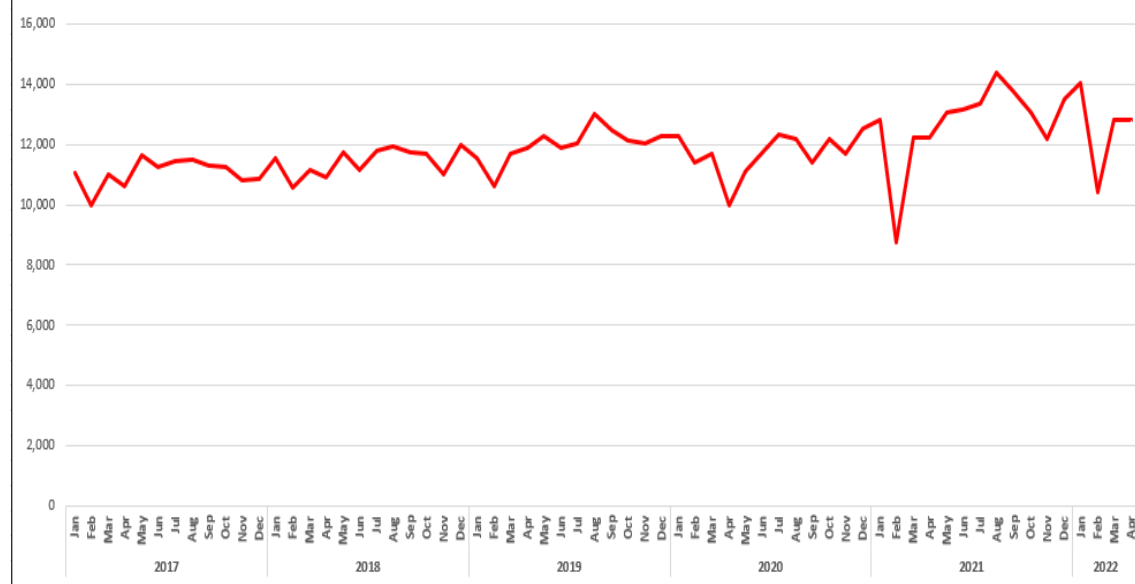


Response Volume Increase 2017-2022

MedStar Call Volume by Priority



MedStar P1-P3 Call Volume - Total



Financial Efficiency

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



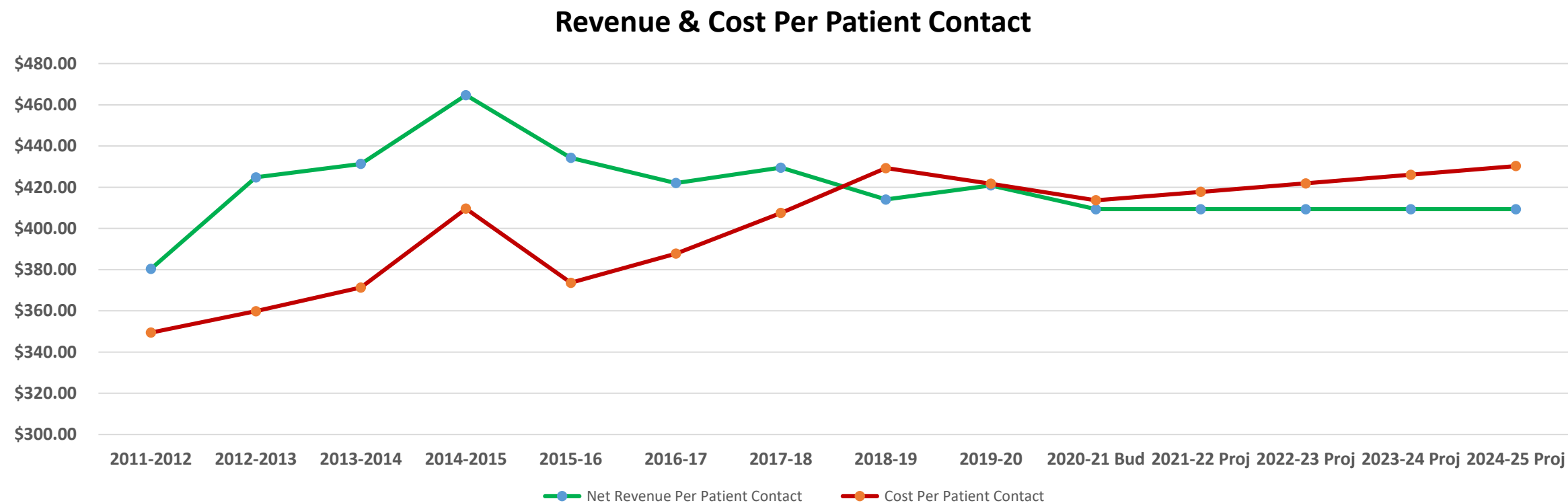
2019		Expense / Transport
Fire-Based Ambulance Average	\$	2,626.72
Non-Fire-Based Ambulance Average	\$	886.48
MedStar	\$	396.01
Fire-Based Difference	\$	(2,230.71)
Non-Fire-Based Difference	\$	(490.47)

Medicaid Cost Report Data Summary

Average, Based on Provider Type	2018			2019			2018-2019 % Change		
	Non-Fire	Fire-Based	MedStar	Non-Fire	Fire-Based	MedStar	Non-Fire	Fire-Based	MedStar
Expense Per Transport	\$935.29	\$ 2,166.61	\$ 402.53	\$ 886.48	\$ 2,626.72	\$ 396.01	-5.2%	21.2%	-1.6%
Charge Per Transport	\$1,390.48	\$ 1,177.76	\$ 1,535.28	\$ 1,279.15	\$ 1,308.40	\$ 1,443.55	-8.0%	11.1%	-6.0%

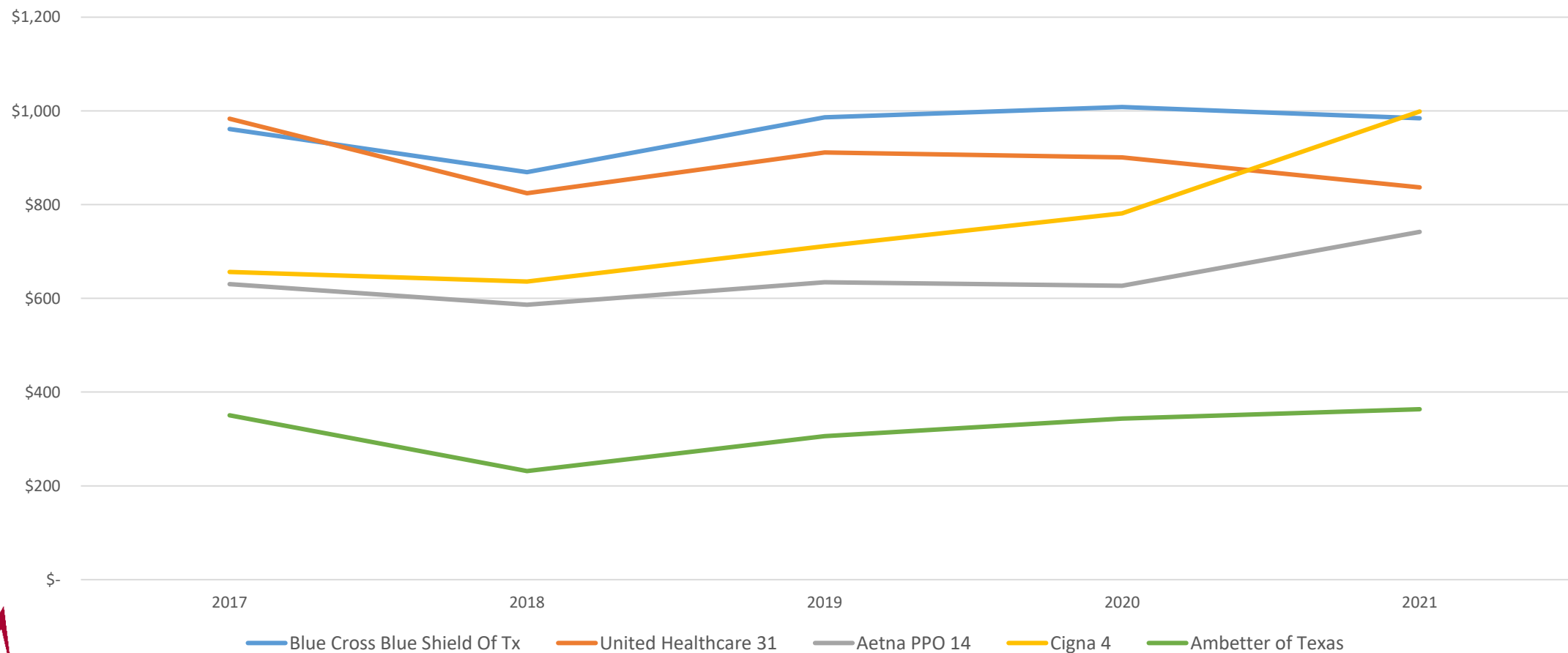


Current Challenges- Financial Conundrum



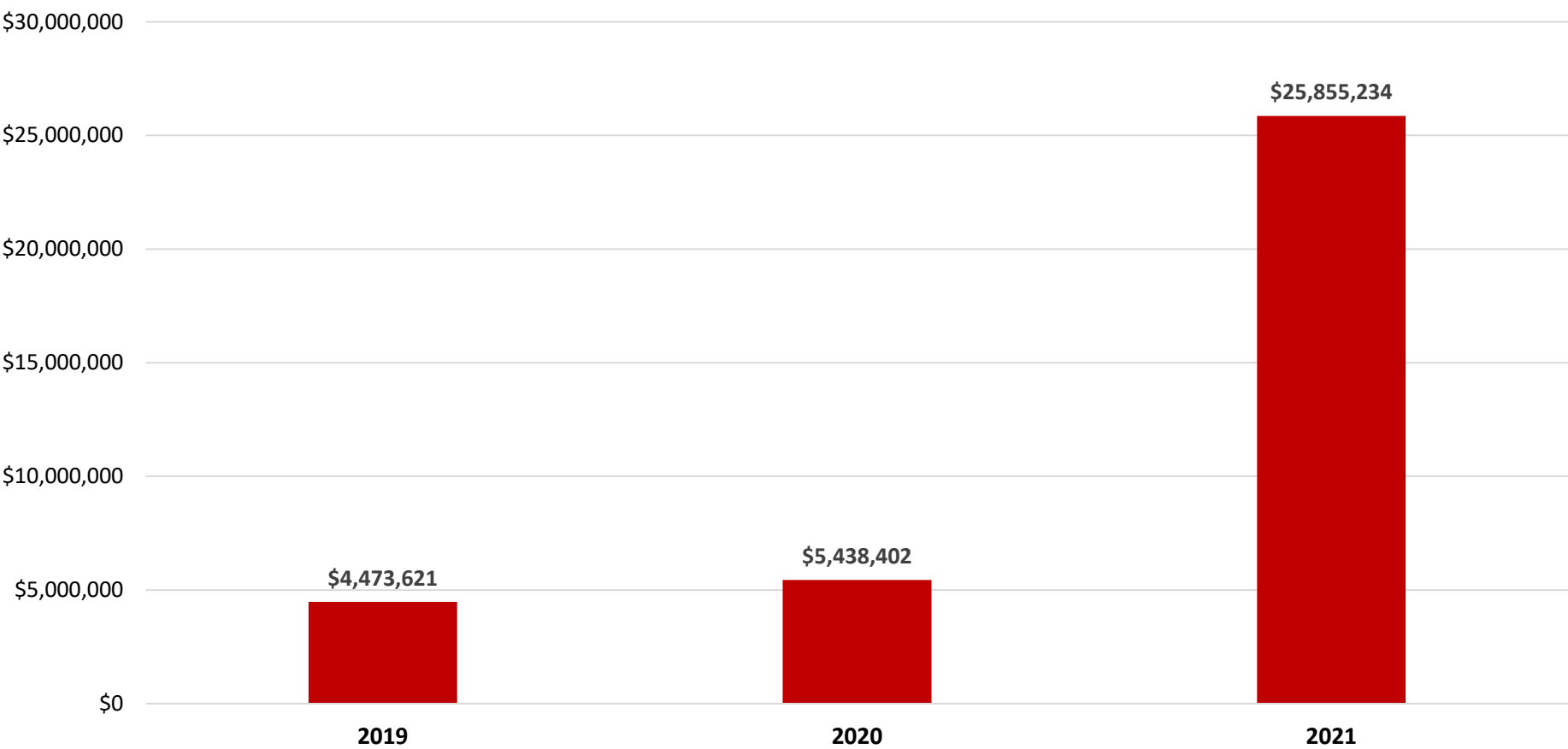
Current Challenges

Average Insurance Payment Per Transport



Current Challenges

Charity Care Write-Off



2021 Service Innovation: Tiered Ambulance Deployment

- **Goals:**

- Enhance Paramedic ALS Skill Utilization
- Increase staffed ambulance unit hours available for 9-1-1 response
- Reduce or maintain overall ambulance response times
- Reduce overall unit hour expense
- Dispatched response level accuracy
- 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)**
 - Only 170 of ~17,000 (1%) ambulance providers CAAS Accredited
- **International Academies of Emergency Dispatch (IAED)**
 - 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.



Medstar Mobile Healthcare
Fort Worth, TX
Client 6511



1515 Center Street
Lansing, MI 48096
(517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

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

- 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

- 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



Program	High Utilization Group			
Referral Source	All Sources			
As of:	3/31/2022			
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	Change
Sample Size	921			
Emergency Ambulance Responses	12886	8576	6548	-49.19%
Emergency Ambulance Transports	11466	5999	5586	-51.28%
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				

Referral Source	Southwestern Health Resources			
As of:	12/31/2021			
	Before Enrollment (1)	Enrollment Period (2)	After Graduation (3)	Change
Sample Size (5)	148			
Emergency Department Utilization	452	55	217	-51.99%
Inpatient Admissions	557	67	274	-50.81%
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

Patient Self-Assessment of Health Status (1)							
As of: 3/31/2022							
High Utilizer Group							
	Enrollment	Graduation	Change				
Sample Size	321						
Mobility (2)	2.29	2.51	9.7%				
Self-Care (2)	2.55	2.72	6.8%				
Perform Usual Activities (2)	2.25	2.59	15.2%				
Pain and Discomfort (2)	2.00	2.36	17.6%				
Axiety/Depression (2)	2.22	2.53	14.0%				
Overall Health Status (3)	5.23	6.92	32.2%				
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							



Expenditure Savings Analysis

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%

Category	Base	Avoided (4)	Savings
Ambulance Expenditure (1)	\$419	4,594	\$1,924,886
ED Expenditure (2)	\$969	4,166	\$4,036,854
ED Bed Hours (3)	6	4,166	24,996

Total Payment Avoidance	\$5,961,740
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Per Patient Enrolled	ECNS
Payment Avoidance	\$1,298

9-1-1 Nurse Triage Satisfaction Scores

	Through	Sep-19	
	Score (1)	Scale	
How satisfied were you with the way the MedStar 9-1-1 dispatcher handled your call?	4.7	94.0%	
After talking with the MedStar 9-1-1 dispatcher, you were transferred to our Triage Nurse.			
How did you feel about how the nurse handled your call overall?	4.7	94.0%	
Did you feel that the nurse understood your medical complaint?			
	Yes	216	94.3%
	No	13	5.7%
How satisfied were you with the alternate transportation arrangements?	4.6	92.0%	
Do you think following our nurse's suggestion saved you time and money?			
	Yes	195	87.1%
	No	29	12.9%
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?			
	Yes	30	12.9%
	No	203	87.1%

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 AMBUS



New Vehicle Design



Joint Statement on Lights & Siren Vehicle Operations on Emergency Medical Services (EMS) Responses

February 14, 2022

Douglas F. Kupas, Matt Zavadsky, Brooke Burton, Shawn Baird, Jeff J. Clawson, Chip Decker, Peter Dworsky, Bruce Evans, Dave Finger, Jeffrey M. Goodloe, Brian LaCroix, Gary G. Ludwig, Michael McEvoy, David K. Tan, Kyle L. Thornton, Kevin Smith, Bryan R. Wilson

The National Association of EMS Physicians and the then National Association of State EMS Directors created a position statement on emergency medical vehicle use of lights and siren in 1994 (1). This document updates and replaces this previous statement and is now a joint position statement with the Academy of International Mobile Healthcare Integration, American Ambulance Association, American College of Emergency Physicians, Center for Patient Safety, International Academies of Emergency Dispatch, International Association of EMS Chiefs, International Association of Fire Chiefs, National Association of EMS Physicians, National Association of Emergency Medical Technicians, National Association of State EMS Officials, National EMS Management Association, National EMS Quality Alliance, National Volunteer Fire Council and Paramedic Chiefs of Canada.



2022 Innovation: Response Re-Prioritization

- **Goals:**

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

- **Evidence-based analysis of Emergency Medical Dispatch Response Determinants**

- Over 300 of them
- Compare clinical assessment based on:
 - Critical Advanced Life Support (ALS) care
 - Time critical condition
 - Transport ratio to the ED
- 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

A vertical advertisement for MedStar StarSaver. It features a man in a dark polo shirt and black pants, wearing a red cape, holding a large red flag. The flag has the text "PROTECT YOUR FAMILY with MEDSTAR SAVER FOR ONLY \$69 PER YEAR". The background is a sunset sky. At the bottom, there is a small image of a MedStar ambulance and the text "MEDSTAR. To your Rescue." and "NEVER HESITATE to call an ambulance because of costs, again."/>

PROTECT YOUR FAMILY
with
MEDSTAR SAVER
FOR ONLY \$**69** PER YEAR

MEDSTAR.
To your Rescue.

NEVER HESITATE to call an ambulance because of costs, again.

2022 Innovation: StarSaver+PLUS

- Enhanced Membership Program
- Membership Benefits, **+PLUS**
 - MIH program enrollment
 - Episodic Community Paramedic home visits 24/7
 - Enhanced 911 call alternate dispositions
 - \$350 annually for whole household



EMERGENCIES
CAN HAPPEN
ANYTIME



MEDSTAR-ON-
DEMAND



PEACE OF MIND
– NO
UNEXPECTED
EXPENSES

MedStarSaver+PLUS

Registration in MedStar's Mobile Integrated
Healthcare (MIH) Program

- Specialized protocols
- Primary and Secondary member tracked in MedStar's 9-1-1 Dispatch System for care coordination
- Limit 2 non-emergency home visits per household, per year, at the request of the primary or secondary MedStarSaver+PLUS are included with your MedStarSaver+PLUS Member. Additional visits will be billed at \$200/visit.



JOIN TODAY
www.medstarsaver.org | 817.923.3700

Thank YOU!



EMS WEEK

Rising to the Challenge

May 15-21, 2022

