

**EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust
Board of Trustees Meeting**

Wednesday, December 19, 2012

EMSA Corporate Offices

1111 Classen Dr., OKC, OK 73103

1417 N. Lansing Ave., Tulsa, OK 74106

Minutes:

NOTICE AND AGENDA for the meeting of the Board of Trustees of the Emergency Medical Services Authority, a Public Trust, was posted December 18, 2012 in the offices of the City Clerk of Oklahoma City at 8:22 am, and with the City Clerk of the City of Tulsa on December 18, 2012 at 8:14 am, more than 24 hours prior to the time set for the meeting.

A quorum was not yet present, but the meeting was called to order at 1:06 p.m. by Ms. Lillian Perryman, who stated the items which need to be voted on would be addressed later in the meeting, once a quorum was present.

TRUSTEES PRESENT

Mr. Gary Marrs
Mr. Clay Bird
Dr. Jim Rodgers
Ms. Lillian Perryman
Mr. Joe Hodges
Dr. Jeff Goodloe

OTHERS PRESENT

Steve Williamson, EMSA
Kent Torrence, EMSA
Angie Lehman, EMSA
Ann Laur, EMSA
Frank Gresh, EMSA
Kelli Bruer, EMSA
James Davis, EMSA
John Peterson, Paramedics Plus
Lara O'Leary, Paramedics Plus
Jim Orbison, Riggs/Abney
Michael Brink, Management Review Office
Kari Culp, Schnake/Turnbo/Frank
James Blocker, Oklahoma City FD
Ziva Branstetter, Tulsa World

TRUSTEES ABSENT

Mr. Phil Lakin, Mr. Mark Joslin, Dr. Ed Shadid, Mr. Larry Stevens

CONSENT AGENDA

1. Approval of Regular Board Minutes of October 24, 2012

Upon motion made by Mr. Marrs and seconded by Mr. Bird, the Board of Trustees voted to approve the Regular Board Minutes of October 24, 2012.

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AYE: Mr. Gary Marrs, Mr. Joe Hodges, Ms. Lillian Perryman,
Dr. Jim Rodgers, Mr. Clay Bird

NAY: None

ABSTENTION: None

ABSENT: Dr. Ed Shadid, Mr. Phil Lakin, Mr. Mark Joslin, Mr. Larry Stevens

2. Ratification of President's Action Regarding Schedule of 2013 EMSA Board of Trustee Meetings

Upon motion made by Mr. Marrs and seconded by Mr. Bird, the Board of Trustees voted to approve the ratification of the President's Action Regarding Schedule of 2013 EMSA Board of Trustee Meetings.

AYE: Mr. Gary Marrs, Mr. Joe Hodges, Ms. Lillian Perryman,
Dr. Jim Rodgers, Mr. Clay Bird

NAY: None

ABSTENTION: None

ABSENT: Dr. Ed Shadid, Mr. Phil Lakin, Mr. Mark Joslin, Mr. Larry Stevens

Mr. Clay Bird brought up the fact that last April, the Board discussed and agreed that at least one meeting during the year should be held in Stroud, so board members could meet face to face. Mr. Williamson stated he had not forgotten, and although it isn't noted on the Schedule of Meetings, when the date for that meeting is chosen, it will be noted and the change will be posted publicly.

REGULAR AGENDA

1. Chairman's Report

Ms. Perryman informed the Board she has heard from the State Auditor's office and was told they have completed gathering information for their report. The auditors assigned by the state office to review EMSA's data have not yet been able to review it with the State Auditor, Gary Jones. They are hoping to meet with him next week and will contact Ms. Perryman regarding a date to present the report to EMSA's Audit Committee. The Committee will then bring it to the Board. Ms. Perryman expects to hear something more in early January.

2. Chief Financial Officer's Report

Mr. Kent Torrence presented an overview of the financial statements for the four months ending October 31, 2012. The Eastern Division had a YTD loss of \$776 thousand compared to a budgeted loss of \$248 thousand. The Western Division had a YTD net loss of \$2,029 thousand compared to a budgeted net loss of \$3,053 thousand. The YTD collection rate for the Eastern Division was 54.0% compared to a budgeted collection rate of 48.0%. The YTD collection rate for the Western Division was 49.0% compared to a budgeted collection rate of 46.0%. The Eastern Division had 738 more emergency transports than budgeted YTD, and 52 less non-emergency transports than budgeted. The Western Division had 367 more emergency transports than budgeted YTD, and 568 more non-emergency transports than budgeted.

Mr. Torrence then reviewed Accounts Receivable Aging, Past Due Accounts Receivable, and Cash Receipts and Disbursements for both the eastern and western divisions.

There were no questions from the board regarding Mr. Torrence's presentation.

3. President's Report

A. Mr. Williamson reviewed the compliance and exclusion reports for the months of October and November, 2012. For the month of October, both the eastern and western divisions were in compliance in all categories. There were no areas of discrimination in either division. For the month of November the eastern division was in compliance in Categories 1, 2 and 3 all being over 90%. The Priority 4 category, a non-emergency category, was at 80%. The western division was in compliance in all categories (there were no scheduled transports for the non-emergency category of Priority 4). There were no areas of discrimination in either division. The exclusions for both October and November were in compliance for both the eastern and western divisions.

Mr. Williamson reported that he met with Mr. Bird, Mr. Lakin, and Michael Brink of the Management Review Office (MRO). EMSA will be reporting twice a month to the MRO office regarding progress being made.

Mr. Williamson's term as president of the American Ambulance Association (AAA) ended in November. He will now serve as past president for two years. The new president of the AAA has asked Mr. Williamson to continue his efforts regarding the AAA's national strategic planning goals and health care reform with Congress, and Mr. Williamson has agreed to do so.

B. Mr. Williamson explained to the board that the KPI's (Key Performance Indicators) to be presented today were on a list presented at October's meeting. These will be presented briefly in control chart form on a regular basis. Other KPI's are also

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maintained by EMSA and Mr. Williamson would like the board's input as to which KPI's they would like to review regularly. Mr. Williamson then asked Ms. Angie Lehman, VP of Financial Services, to review the KPI control charts for the board.

Ms. Lehman reviewed control charts depicting accounts posted by month (invoices sent to payers), to Blue Cross Blue Shield, Medicare, Medicare HMO, Medicaid, Commercial Insurance, Facilities, Government Accounts, MVA Liability Accounts, Private Pay, and Workers Comp. She explained how the charts can be used to help forecast the timing of receivables.

She then reviewed control charts depicting the amounts of charges by month for various levels of emergency care. These charges are determined by HCPC Codes (the Healthcare Common Procedure Coding System), which is the standardized coding system used for Medicare, Medicaid, and other health insurance programs to ensure that insurance claims are processed in a consistent manner. Types of transports included were Specialty Care, ALS (Advanced Life Support) 2, ALS Emergency, ALS Non-Emergency, BLS (Basic Life Support) Emergency, and BLS Non-Emergency. Mileage billed was also included.

Ms. Lehman also went over charts depicting amounts written off in various categories of TotalCare/Utility Program Adjustments. Categories included were insurance co-pays, insurance denials, no insurance and the total of all three categories combined.

The last set of charts contained graphs showing percentages of the various types of calls received by EMSA's customer service department. Types of calls include billing inquiries, billing issues, insurance information provided, TotalCare/utility program questions and inquiries and various complaints regarding billing or transport issues (re Paramedics Plus). The decision to begin tracking types of calls is fairly new, and after two months of data, Ms. Lehman realized the staff taking calls may not completely understand which category to put certain calls in, so more training is being done to ensure the accuracy of the reports.

Mr. Williamson stated that next month the remainder of the KPIs the Board requested will be presented. The Board will then need to decide which three KPIs they would like to delve into each month. Mr. Williamson feels three is a workable number for each meeting.

Dr. Goodloe stated that he, personally, focuses on the clinical aspect of the medical practice. However, he congratulated Mr. Williamson, Ms. Lehman and the administrative staff that works to put these measurements together, and he does not believe there is another EMS system in the United States that drives this type of detail. It is a testament to the sophistication we are capable of here.

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He stated that this week there is an inquiry being discussed among his peers regarding unit hour utilization in various EMS services. Interestingly, the vast majority of services don't look at unit hour utilization. EMSA, however, not only looks at unit hour utilization, but uses it to drive a dynamic staffing model, with 90% fractiles. He believes it is further evidence of an impressive foundation at EMSA, and underscores it is a great system to be a part of.

4. Medical Director's Report

Dr. Goodloe noted things are going well, and the CQI summaries for October and November, 2012 are online for the Board's review. They continue to reflect admirable care under a particularly challenging practice in medicine. In addition to the CQI summaries, Dr. Goodloe also receives monthly summaries from all fire department based departments in the system, and states those are correspondingly reflective of very good care, as well.

The divert reports for October and November show numbers are down, and fortunately it has been a fairly mild respiratory illness season. It often peaks in January-February, and Dr. Goodloe will be tracking it closely.

Bed delays have recently been a non-issue in the western division, with occasional extended delays in the eastern division. Dr. Goodloe believes the difference is due to more hospital resources in the western division, but the Office of the Medical Director (OMD) is continuing to consider how bed delays can be more accurately tracked.

Dr. Goodloe's office has been extremely busy in clinical activity and development. They have added a fulltime data entry and analyst position. Also, since the last board meeting, the OMD has had a change in its Director of Research and Clinical Development. Mr. T.J. Reginald was with EMSA for 25 plus years. Mr. Howard Reed, a recent retiree from the Tulsa Fire Department, will be the new Director of Research and Clinical Development. Mr. Reed had a well-respected 28 year career there, with 25 of those years as a station captain, and he is one of the most enthusiastic paramedics in the system. He will be based in Tulsa, and his addition to the OMD will be very important for the system. The OMD is a bit behind in where they would like to be in terms of the cardiac arrest database, and Mr. Reed will be integral the process of bringing the database current.

In addition, the OMD is re-designing the platform used for the cardiac arrest database, and the new design should allow development of other databases to include more information in terms of things like ST elevation myocardial infarcts, strokes, and Priority One traumas.

A completely new set of protocols are coming into the system effective January 15. They are the State of Oklahoma protocols developed at the University of Oklahoma in partnership with the State Department of Health. The backbone of the new protocols are the same basic protocols this EMS system has used with progression for years. The medics are currently

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transitioning from a protocol set with four sections to one with 19 sections, which is a pretty dramatic change. The clinical standards by and large will stay the same. There are some advances the EMTs and medics are excited about. They include the use of epinephrine auto injectors for anaphylactic shock for severe asthma, and surgical cricothyrotomy (a surgical approach rather than using the prepackaged kit currently used). Evidence based medicine shows the surgical approach as much more effective, so the medics are receiving training on the new approach. Another change is the introduction of tranexamic acid, which has been used in cardiovascular surgery since the 1940's and 50's. This pharmaceutical can make the difference between someone bleeding out and dying, or not. It will not be used on a large scale basis; rather, it will be for a very narrow subset of hemorrhagic shock patients who would bleed out and die without it. In all likelihood, EMSA will be the first system in the United States of substantive size to include this as part of our standard of care.

Dr. Goodloe received an invitation to share some of the things our EMS system does at the Texas EMS Conference. He accepted and recently gave seven presentations at that conference. He is currently putting together a presentation for the national EMS Medical Director's conference next month on system design and system performance measures.

An article is planned for the February edition of the Journal of Emergency Medical Service that will detail our evidence based medicine protocols in Tulsa and Oklahoma City and how they are being used in the state. Also, there will be an article in the March edition about tranexamic acid.

Dr. Goodloe recently returned from Chicago, where he was invited to participate in a small round table group that is working to advance the concept of community paramedicine. Community paramedicine is basically looking at EMS and how it might potentially fill some needed solutions for gaps in the healthcare system. For example, a solution is needed for patients who are discharged from the hospital with prescriptions, but without immediate interaction to ensure those medications are being filled and taken. It is not home healthcare; it is the 48-72 hour gap when home healthcare isn't yet in place.

There are paramedics in the field who have the desire to be community paramedics, but there is no national system in place to train them, no national consensus of certification and no reliable funding mechanism for these initiatives. A very few systems have had pilot programs, such as Fort Worth, TX and Raleigh, NC. Both of these systems have shown encouraging reduction in 30 day re-admissions to hospitals. Mr. Williamson and Dr. Goodloe have talked about this subject at length, but a major issue with beginning a program like this is funding.

The group in the Chicago meeting spent their time better defining a program to meet the needs of communities and citizens, and by the end of the two days, were in agreement that instead of the concept of Community Paramedicine, they prefer to define a Mobile

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Integrated Healthcare Practice, where EMTs, medics, nurses, social workers, case managers, and mental health professionals would all be working for an EMS system.

The group is excited about their concept and a manuscript from the meeting is being prepared and will be submitted to the New England Journal of Medicine. They believe it will be instrumental in starting a dialogue with payers, and they will understand the financial benefits to this type of practice and may be willing to help fund it.

Dr. Rodgers acknowledged Dr. Goodloe for his report and spoke to its importance. He stated that with each report from Dr. Goodloe, he becomes increasingly more proud to be on EMSA's Board.

Dr. Rodgers asked that it be noted in the minutes that the investigative reporter from the Tulsa World left as soon as Dr. Goodloe began his report. Dr. Rodgers knows how busy Dr. Goodloe is, but he feels if the EMSA Board can ask Dr. Goodloe to be available to the newspaper once every two months, perhaps the paper will report on the excellent job EMSA does of providing service to the public, providing some of the details that make EMSA's system on the cutting edge and far ahead of most others in the nation.

Ms. Perryman agreed. Mr. Marrs made the comment that getting in front of reporters and having them actually report on issues are two different things altogether.

Dr. Rodgers feels that a quarterly report about EMSA, what we do, what the EMS system is and what the community receives from it should be something the newspaper should be happy to write about.

Mr. Bird suggested perhaps someone other than an investigative reporter at the Tulsa World should be contacted.

Dr. Rodgers stated that he feels the Medical Director's Report should be moved to an earlier place on the Board agenda, in order to be sure it is heard by the reporter and others who tend to leave before it is presented.

Mr. Bird referred back to the recent meeting with himself, Mr. Lakin, Mr. Williamson and Mr. Brink of the MRO. Mr. Bird informed the Board the meeting was also for the purpose of discussing options that may aid in the enforcement of the City of Tulsa Utility Fee ordinance provision requiring landlords of multi-family housing (apartments) to provide information on the utility fee program to their tenants. Mr. Bird indicated a plan was being formed which he thinks will be helpful in gaining more participation in the program.

5. New Business

None.

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6. Trustees' Reports

None.

7. Next Meeting – Wednesday, January 23, 2013 – 1:00 PM via video conference – EMSA Administrative Offices, 1111 Classen Drive, Oklahoma City, OK 73103 (Western Division) and 1417 N. Lansing Ave., Tulsa, OK 74106 (Eastern Division).

8. Adjourn.

The meeting was adjourned at 2:01 pm.

Ann C. Laur, Assistant Secretary

Date: