Board of Trustees May 28, 2014



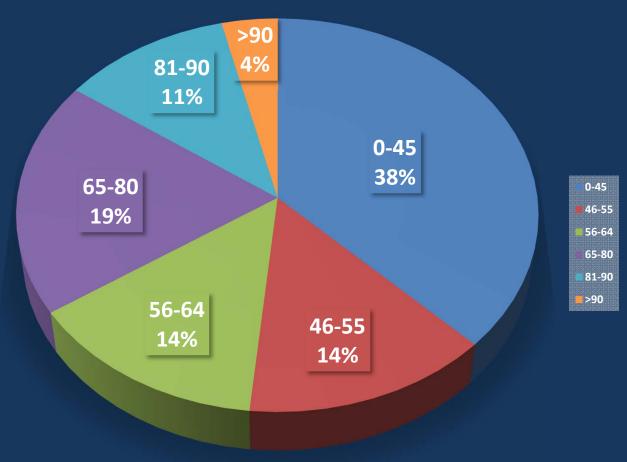


EMS History

- The EMS system developed rapidly between 1960 and 1973 because of the convergence of historical, medical and social forces.
- Although generally beneficial, these forces have resulted in an EMS system with notable limitations:
 - EMS leaders must acknowledge these forces and limitations as they continue to develop the system into one that provides uniformly high quality acute care to all patients;
 - And, one that improves the overall public health through injury control and disease prevention programs, participates as a full partner in national disease surveillance, and is prepared to address evolving community needs.





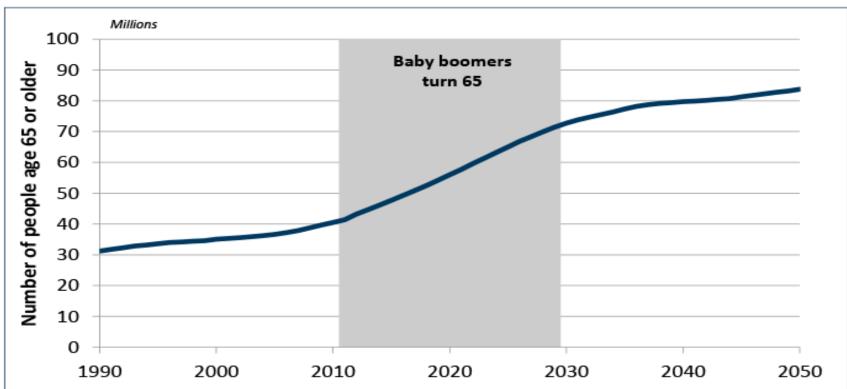




Baby Boom



The aging of the baby boom generation will boost the number of Americans age 65 or older



SOURCE: U.S. Census Bureau, Historical National Intercensal Estimates and 2012 National Population Projections. Compiled by PGPF. NOTE: The highlighted period above represents the time span between the oldest and the youngest of the baby boom generation reaching age 65.

EMERGENCY MEDICAL SERVICES AUTHORITY

PGPF.ORG

Aging population + Increased longevity + Chronic health problems

A GLOBAL CHALLENGE PUTTING NEW DEMANDS ON MEDICAL AND SOCIAL SERVICE.

17% of the gross national product • 20% by 2020



The Institute of Medicine estimates that \$750 billion

~ 30% of the U.S. annual healthcare budget ~

is wasted on unnecessary services, inefficient delivery, excessive administrative costs and prevention failures.

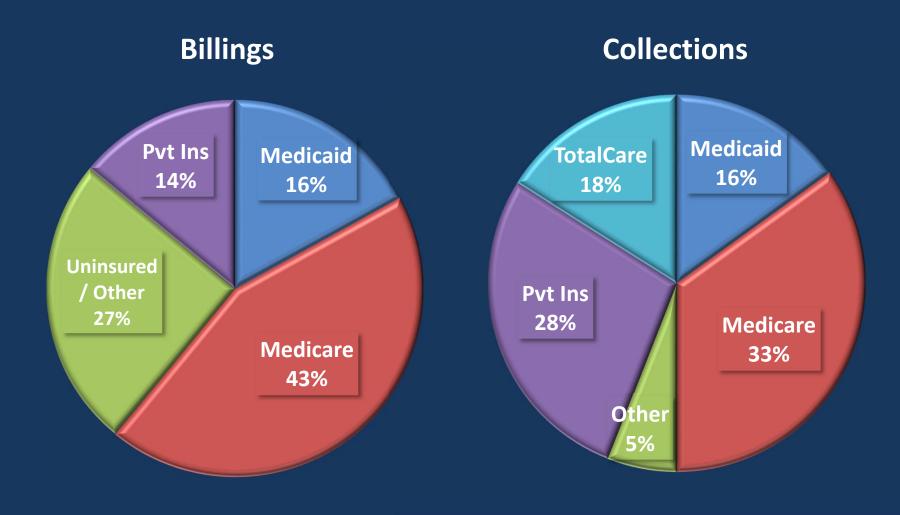


- Barriers to patient access
- Fragmentation of acute and chronic care
- Ineffective management of chronic illness
- Complex illness
- Complex, outdated reimbursement processes

PATIENTS, CLINICIANS AND PAYORS FRUSTRATED AT HISTORIC LEVELS.

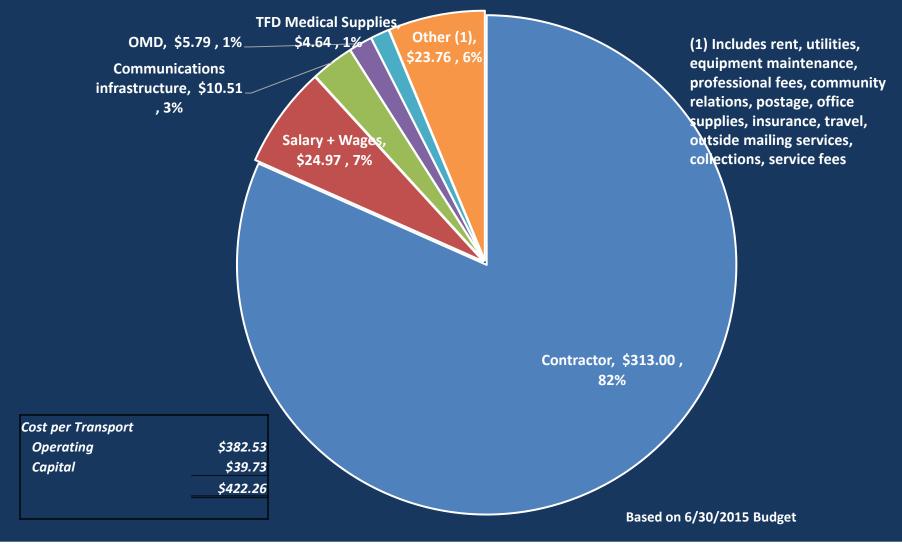


Payor Mix – FY ending 6/30/13





Breakdown of Operating Expenses per Transport





Fee for Service

Many healthcare experts believe that the fee-for-service, quantity-based structure of our healthcare system is the main driver of this cost/outcome mismatch.



Fee for Service

EMS systems themselves demonstrate the mismatch and inefficiencies of traditional care models.

- Studies reported that up to 34% of Medicare patients transported by EMS to an ED could have been treated in an alternative setting.
- 20 to 30% of EMS responses result in no transports.



U.S. Health Care Costs

U.S. healthcare system spends approx. \$8600 per capita caring for our population. This amount is nearly three times the average expended by other economically developed nations.



U.S. Health Care Costs

Ironically, U.S. health status is

AMONG THE LOWEST

in the developed world in terms of life expectancy, obesity, preventable hospitalizations and overall wellness.



...but the healthcare landscape has changed



APPROVED

MAR 2 3 2010

Barack Dama

 ACA set in motion a number of changes to healthcare delivery systems in America.

The healthcare reform changes initiated by the ACA and other reform activities have an immediate and long-term impact on EMS and out-of-hospital care.



- Revenue received for patient transports is flat while the costs of providing the service are escalating.
- Significant shift in payor mix (Medicare and Medicaid).
- How will local government afford EMS?
- There will be opportunities for EMS to provide alternative services and receive funding that is not based solely on transport.



It is not unreasonable to expect that the availability of a 24/7 clinically trained mobile workforce of the EMS System may be seen as an important component in the coordinated delivery of healthcare services.



EMS systems throughout North America are **EXPANDING**

THE ROLES of caregivers in COLLABORATION WITH

HEALTHCARE SYSTEMS to provide alternative solutions to

MATCHING INDIVIDUAL HEALTHCARE NEEDS with the

most APPROPRIATE AND AFFORDABLE services.



Triple Aim

The Triple Aim Model:

- + Improved experience of care for the patient (including outcomes and satisfaction)
- + Improve population health
- + Reduced costs



Triple Aim

EMS is uniquely positioned to help meet IHI

Triple Aim by transforming from a

transportation system focused on stabilizing

and transporting patients to a mobile,
integrated healthcare system focused on.....



Triple Aim

- ✓ Patient education, consultation and dispatch advice
- ✓ Preventive care, chronic disease management or post discharge follow up care
- ✓ Navigating patients to appropriate alternative healthcare destinations



Simply put, there may be ways to treat a patient calling 9-1-1 in a more effective manner than simply loading them into an ambulance and clogging the ED with routine care cases.



 MIHP is proposed as a restructuring of care, not a new way to spend additional health care money.

In contrast, the MIHP strategy is designed to support and augment other patient-centered delivery models.



- Cultural component, social services
- Patient navigation
- Care coordination
- Patient advocacy
- Education



- Mobile Integrated Healthcare Practice is a healthcare delivery strategy to improve access, outcomes and value.
- Providers will create patient-centered systems that offer services specific to the needs of their population.
- The MIHP systems rely on strategic partnerships working together – not just one agency alone.



"... medical directors from several of the nation's largest agencies questioned whether the current focus on community paramedicine programs is encouraging agencies to rush to create new programs, without first determining what the needs of their communities are and whether they are capable of providing those services."



A vision without resources is a delusion.



Golden Rule of EMS

To get the patient to the "right place" at the "right time."

➤ Is now "right place," "right time" and "right price."







