EMERGENCY MEDICAL SERVICES AUTHORITY - A Public Trust
Regular Board of Trustees Meeting
Wednesday, January 28, 2015 at 1:00 p.m. via Video Conference
EMSA Corporate Offices
1111 Classen Drive, Oklahoma City
1417 N. Lansing Ave., Tulsa, OK

Minutes:

NOTICE AND AGENDA for the Regular Meeting of the Board of Trustees for the Emergency Medical Services Authority, a Public Trust, were posted January 26, 2015 at 11:22 a.m., in the offices of the City Clerk of Tulsa; and with the City Clerk of Oklahoma City on January 26, 2015 at 9:45 a.m., more than 24 hours prior to the time set for the meeting.

TRUSTEES PRESENT

Mr. Phil Lakin
Mr. Larry McAtee
Ms. Allison Petersen
Mr. Stephen Rodolf
Dr. Jeffrey Goodloe
Dr. Jim Rodgers

Trustees Absent

Mr. Larry Stevens (Excused)
Mr. Joe Hodges (Excused)
Mr. Clay Bird (Excused)

OTHERS PRESENT

Stephen Williamson, EMSA
Kent Torrence, EMSA
Jim Winham, EMSA
Tracy Johnson, EMSA
Kelli Bruer, EMSA
Sara Bovaird, EMSA
Frank Gresh, EMSA
Angela Lehman, EMSA
Randy Strozyk, AMR
Sonny Geary, AMR
Michael Murphy, AMR
Tina Wells, AMR
Joanne McNeil
Lara O'Leary, AMR
Rick Ornelas, AMR
Major Blocker, City of OKC
Jim Orbison, Riggs/Abney
Hannah Jackson, Schnake/Turnbo

A quorum was present and the meeting was called to order at 1:00 p.m. by Mr. Larry McAtee.

CONSENT AGENDA

1. Approval of Board Minutes from EMSA's Regular Board of Trustees Meeting of January 28, 2015 at 1:00 p.m.

UPON Motion made by Mr. Phil Lakin and seconded by Mr. Stephen Rodolf, the Board of Trustees voted to Approve the Board Minutes from EMSA's Regular Board of Trustees Meeting dated January 28, 2015 at 1:00 p.m.

AYE: Mr. Stephen Rodolf, Mr. Phil Lakin, Dr. Jim Rodgers and Mr. Larry McAtee.

ABSTENTION: Allison Petersen.

NAY: None

The Motion was passed.

REGULAR AGENDA

1. Chairman's Report

There is no Chairman's Report today.

2. Chief Financial Officer's Report

Kent Torrence will be discussing the first six (6) months of our year. First, the highlights of the Eastern Division. We've had a year-to-date loss of $748,000 compared to the budgeted profit of $449,000 – that is a difference of $197,000, which is totally attributable to the fact that our utility fund revenue is less than budget by $1,235,000 – I will discuss this later. Capital spending is less than budget and that will reverse itself – Spending is less than what is budgeted – therefore the amount of money that we can request from utility fund when used is less than budget. This will reverse when we spend down our capital budget.

Our collection rate is 49% versus a budget of 44% - emergency transports are less than budget by 3.4% or 1,034 and non-emergency transports are 3.3% less than budget.

In the Western Division there was a net loss of $971,000 compared to a budgeted net loss of $2,036,000 – a difference of $1,065,000 which is mostly due to the contractor's expense less than budget by $724,000 (unit hour cost ratio is less and our volume is less – both under budget).

Collection rate in the West is positive to budget 53% versus 47%. Emergency transports slightly less than budget – 1.8% or 640; non-emergency transports are more than budget 219 or 7%.

Emergency and non-emergency transports in the East are 59,500 – in the West they were 71,300.

Aging is next and Angie is going to speak to that.

Angela Lehman points out that we are collecting more money for 60 days and in many cases we are getting paid before we run the reports. However, our 120+ is increasing because more of those payments are self-pay because of higher deductibles and co-pays. These patient responsibility cases are increasing the 120+.

Mr. Williamson added that we have new engineered software that will tell us by demographics and carriers when is the best time for us to submit the claim – hopefully to have the deductible met.

Dr. Goodloe interjects about how well the authority is factoring the fiscal impact of the environment that we are in – he just returned from National Association of EMS Physicians and they discussed the Mobile Integrated Healthcare Practice and the concept of having an EMS-based service line that would be contacting patients immediately post hospital discharge – they want to discuss medications that were filled, promote ongoing health in order to reduce hospital readmission and to improve their experience.

The Board previously discussed the development of mobile integrated health and Steve wisely said he was trying to hold off. I think we will eventually get there but right now, we are being financially responsible – Kent would be bringing us non-reimbursable activity each month instead of the good numbers you see today.

Kent Torrence carries on with the patient receipts in the East that are actually $200,000 more than what we budgeted. Operating expenses are $600,000 less than budget. $491,000 of $600,000 is due to the contractor expenses being less. Capital expenditures are $500,000 less than budget due to timing – those expenditures comprised of our ambulances and our cot-loading systems that we have not spent yet. Bottom line is our cash is exactly in line with our budget for the first 6 months.

In the West, patient receipts are $300,000 more than budget. Our operating expenses are $200,000 less than due to contract expenses. Capital expenditures are $800,000 less due to timing.

Next item on the agenda relates to our credit facility requesting approval of our renewal of our $2 Million credit facility in accordance with the corporate borrowing policy that has been in place since 2007. There is currently no borrowing against credit line – it is merely a safeguard against unanticipated things that might happen regarding cash, mainly our cash receipts. So, we could now have a vote on the approval of this renewal.

2(a). Approval of Renewal of $2,000,000 Revolving Credit Line

UPON Motion made by Mr. Phil Lakin and seconded by Mr. Stephen Rodolf, the Board of Trustees voted to Approve the Renewal of $2,000,000 Revolving Credit Line.

AYE: Mr. Stephen Rodolf, Mr. Phil Lakin, Dr. Jim Rodgers, Mr. Larry McAtee and Ms. Allison Petersen.

NAY: None

The Motion was passed.

3. President's Report

Mr. Williamson said that the first item is the Compass Point datasheet – the items we are most interested in are the past due 120+. Next are the new claims and pre-verifying productivity. We have really been hit this month with confirmed flu cases – we have a lot of people out sick so we are just a little behind.

Our quality improvement scores where our goal was at >92%, we are switching companies so we will not get into that today but we feel very good about what our scores

are. The one hour downtime in Technology – Frank did a nice job in getting that done and updating our patient accounting software.

Compliance and Exclusion Reports – in the East was 94% on Priority 1's, 98% for Priority 2's and 93% for the Bixby, Jenks and Sand Springs areas. In the West – they were not compliant this month. West was 89% - we were penalized $20,000 because they were below 90%. Also in the West, we have had staffing shortages. There are over 20 right now in the Academy.

There is a manpower issue statewide – they are trying everything from signing bonuses to longevity bonuses. The Medical Control Board also knows about this issue and we are waiting to see if AMR can fix the problem. This is not a new issue to EMSA – our past contractor had it and we've had it in the East too. It is cyclic – right now it is really hurting us because the flu has hit so hard!! We have bed waits at every hospital because of the flu.

Randy Strozyk with AMR states that they have addressed this matter and are working on it. The standards at EMSA are very high but that will not stop us from being above 90%. The folks we hire go through extensive screening and once we sign a new employee, it is four (4) months of extensive training. This is a very popular place – Medics have been coming from Utah, St. Louis and around the Country.

Dr. Goodloe states that EMSA is a great system and he is so proud to see individuals come from all over the Country to work here.

Kelli Bruer is going to discuss the new patient satisfaction survey – we have only submitted one month worth of data and it takes at least 3 months to get statistically valid numbers. We switched our vendor because they would not move to an HCAHPS comparable score. Our new vendor has been doing this for a little while – we are one of 69-70 providers – so I thought that was a very good benchmark. We will be splitting these out by divisions.

Mr. Williamson wants to discuss the huge numbers that we are paying per transport. This is an initial take on this and we are just running this by the Board. Something that we've looked at recently is how many times a person used an ambulance in a 12 month period. We have categorized from the most transports to the least. The first person on the list used the ambulance 179 times in a 12 month period – then see how many time we go to St. John with this patient, etc. Then if you look at the diagnosis, were they admitted?

On this sample we are going to break it out to the top 10 with greater than 24 transports in a year – there were 49 for the East and 40 for the West. For the top 10 users in the East (we, of course, will use #1 through #10 – no identity of the patient needed) – there were 859 transports, 475 of those were Medicare or Medicaid or both, and 384 were self-pay. If you look at the gross charges for these 10 people – it is $1,123,000 for 2014.

Contractuals on that 1 million are $413,527 or 35%, bringing our net charges we can collect to $779,000 and payments received are $142,003, which is 18% of that $800,000 and write-offs are $266,000 or 34% - we then paid $347,895 for the service of transport.

Several of these top 10 are from John 3:16 or Salvation Army Day Center. I want to look at time of day and then day of week for these top 10 transports – it wouldn't take long if we pay a paramedic and EMT to stay there and triage instead of transporting them to the ER. I want to look first at a nurse call for these people, then I am looking at a full-time case manager to work with these high-end users to find other ways in the system to take them instead of taking an ambulance to an already crowded emergency room if that's not really the care that they need.

We will then drill down through a whole list – probably down to maybe 12 or 14. We are going to look and see where we pick them up as Allison Petersen suggested.

Mr. Lakin said that he knows this is a public meeting but when does this information get shared with the mainstream.

Mr. Williamson explained that this is new – we are just putting this together. I do not ever want to build a perception that we are trying to leave people out. We are trying to better our entire system.

Dr. Rodgers added that we want to spend on preventative medicine – we don't want people getting sick.

Mr. Williamson added that when a unit is tied up taking the number one person from John 3:16 to the hospital – there might be a cardiac arrest that needs them at that exact time.

Dr. Rodgers also added that it would be very important to see how many admissions came out of the 859 transports.

Dr. Goodloe likes the concept of a Case Manager – we have fiduciary responsibility and we also have patient responsibility and we don't have to sacrifice one for the other. There have been some isolated examples where I have stepped in and said that we did not have to send an ambulance to this particular patient with this particular complaint. I send a field supervisor to validate the health and welfare of that individual – if another example of a chronic condition then we do not have to transport.

You are displaying adequate workload to justify at least one case manager who can work with me and Dr. Braithwaite, our new Associate Medical Director, in overseeing better healthcare plans. Many of these patients live a homeless existence where they are not only presenting with a substance abuse, they are presenting with trauma from assaults. They end up being admitted not because of the abuse but because they have a femoral fracture, they get hit by a car, they have a subdural hematoma because of head trauma.

4. Medical Director's Report

We do have many challenges that we have talked about today. We have had a difficult flu season and the honeymoon is over as far as the new Emergency Departments at St. Francis and Hillcrest. Bed waits are back up and folks are working diligently to take care of all patients as quickly as possible.

We do have work to do and part of that can be through some innovative thinking like we were talking about in terms of frequent utilizers of EMS services. Are there potentially some transports that we can save that then reduces demand on these emergency departments? Absolutely. In the interim, the clinical care seems to be quite good.

Dr. Braithwaite, our new Associate Medical Director will start on February 15, 2015. She will be a wonderful asset – she has already started working at Hillcrest as an Emergency Physician and our residents love her. Dr. Braithwaite will work approximately 20 hours a week – she will do wonders for our system.

5. New Business

There is no New Business at this time.

6. Trustees Report

There is no Trustees Report at this time.

7. **Next Meeting** is Wednesday, February 25, 2015, at 1:00 p.m., at **EMSA Corporate Offices,** 1111 Classen Dr., Oklahoma City, OK 73103 and 1417 N. Lansing Avenue, Tulsa, OK 74106

8. Adjourn

Mr. McAtee adjourned the meeting at 2:25 p.m.