

# Multnomah County Health Department

*Code Change Amending MCC 21.416*

*Emergency Ambulance Contract Special Procurement*

*Multnomah County Board of Commissioners*

*Briefing: October 8, 2013*

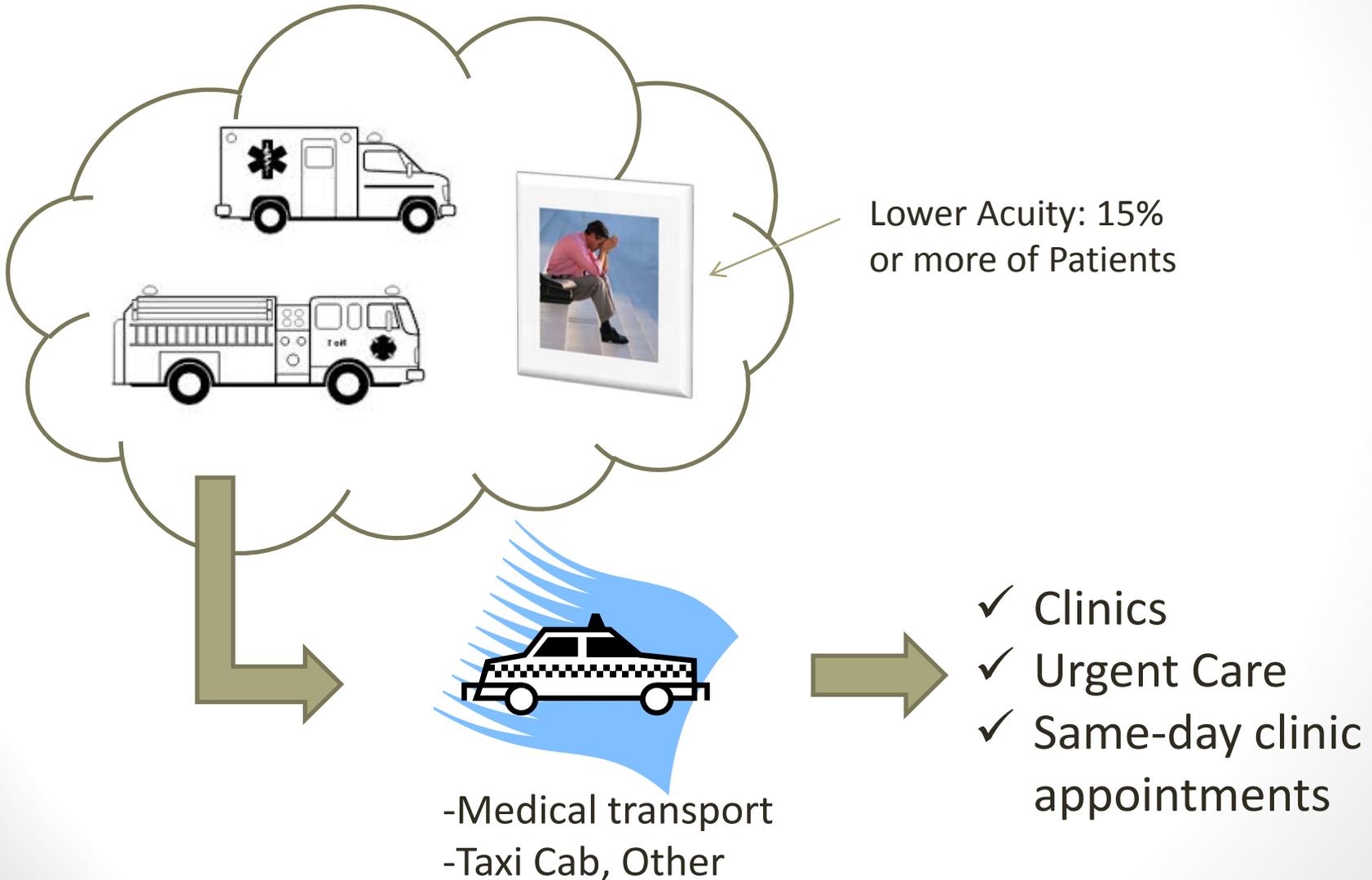
Justin Denny, MD, MPH, Health Officer  
Jon Jui, MD, MPH, EMS Medical Director  
Darrell Knott, BA-Biology, EMS Administrator



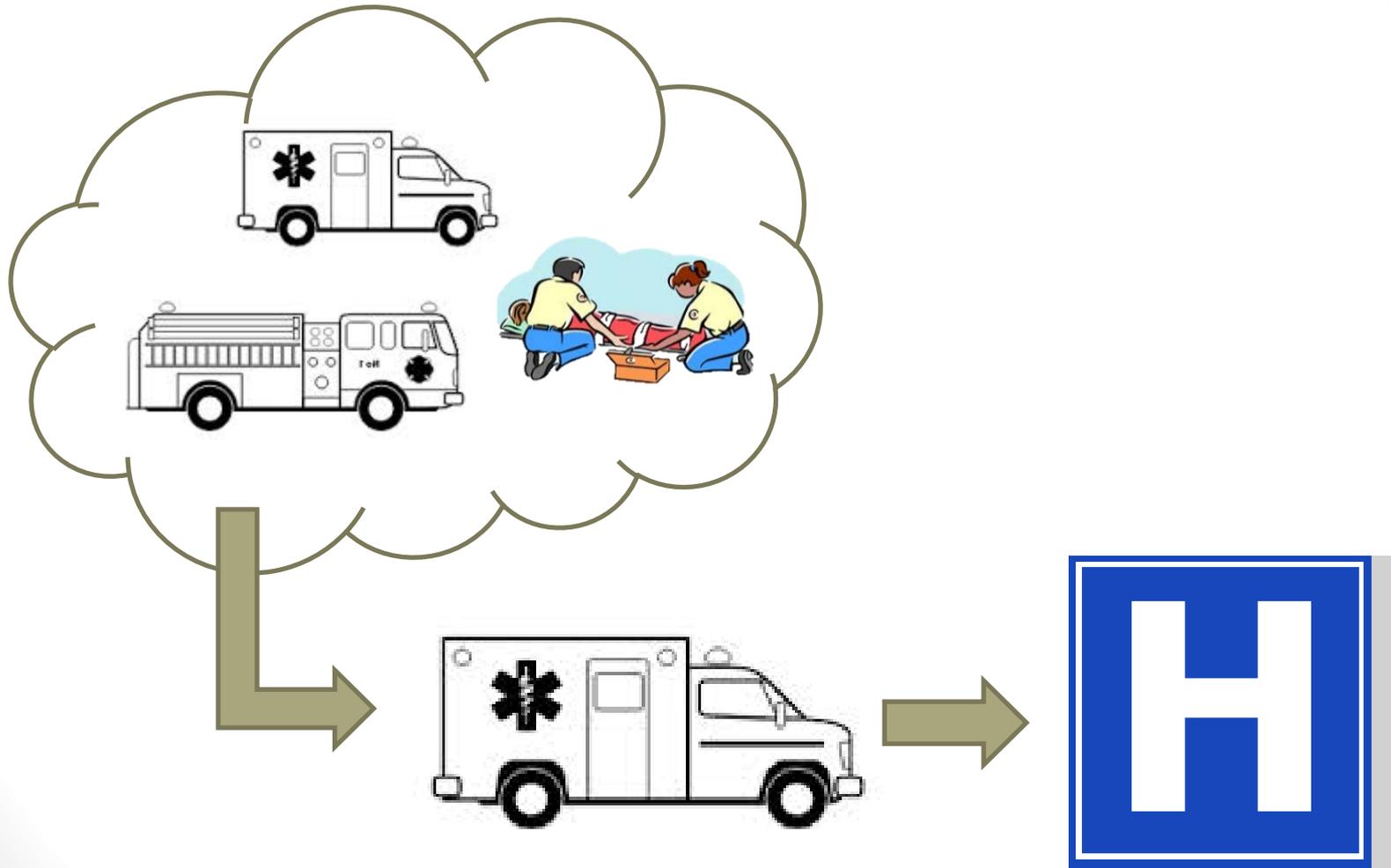
# Code change amending MCC 21.416

Facilitation of health care innovation:  
Lower Acuity Pilot Program

# Lower Acuity Program Response Model



# Current MC-EMS Response Model



# Code Change Amending MCC 21.416(H)

- Current code requires emergency patients be transported to emergency department by ambulance
- Proposed EMS Lower Acuity Program code changes will allow for transport of eligible 911 emergency patients to clinics and urgent care settings using taxi cabs, non-emergency medical transport and private vehicles



# Emergency Ambulance Services: Special Procurement

Proposal to extend the County's Emergency Ambulance Services contract through a special procurement process

# Current Ambulance Contract

2005: 5-year contract

2010: 3-year extension

2013: 2-year extension



# Special Procurement Extends Ambulance Contract

2005: 5-year contract

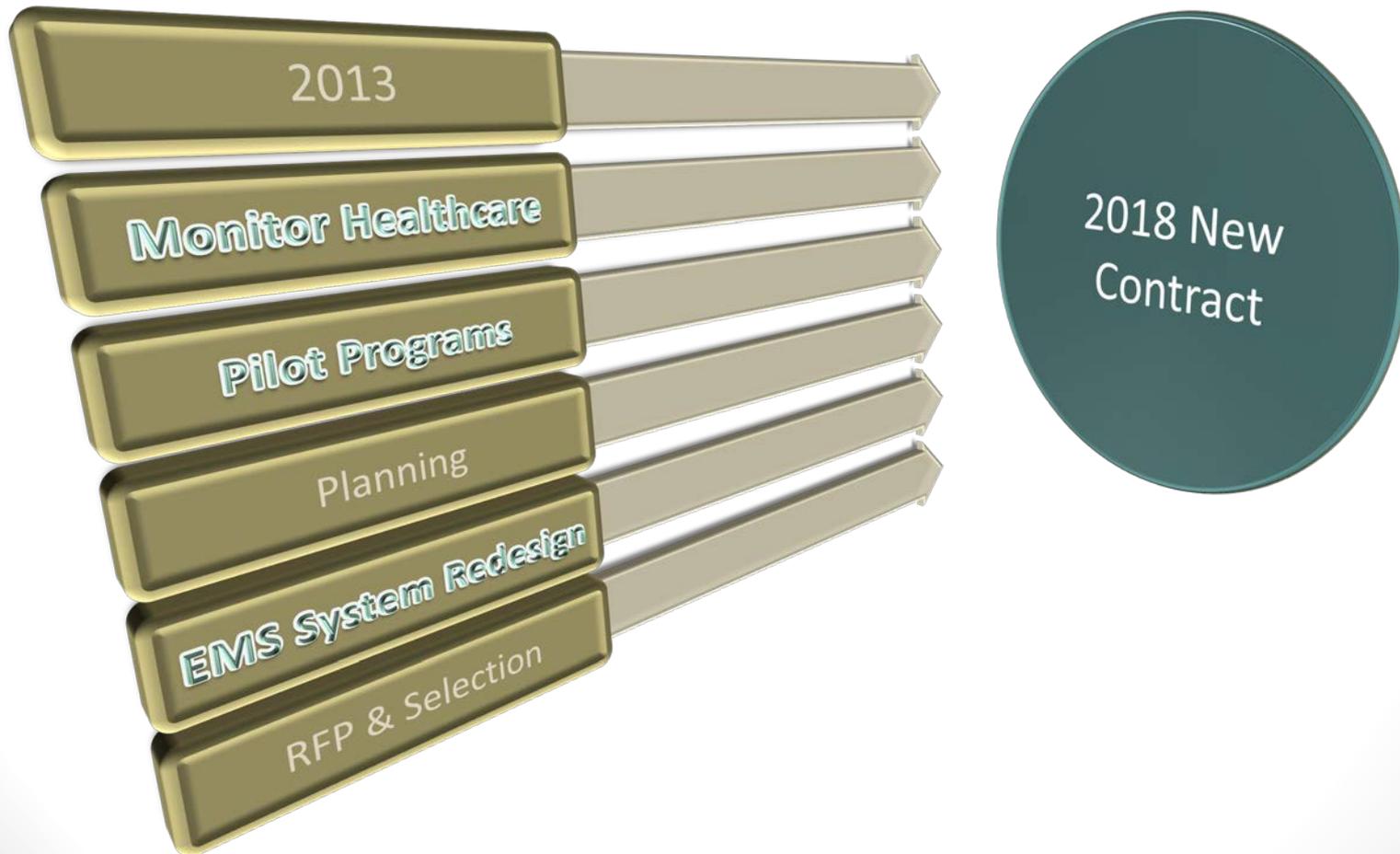
2010: 3-year  
extension

2013: 2-year  
extension

**2018: 3-year extension  
*w/mid-point  
assessment***



# Contract Pathway: With Special Procurement



# Recommendation of Division

- MCHD recommends approval of a Special Procurement to extend the contract to 9/1/2018 or until a clear pathway is seen through the changes in EMS funding through health care reform
  - Allows testing of innovative pilot programs
  - On-going collaboration with CCOs and EMS stakeholder to develop roles allowing a smooth transition to a redesigned EMS system
  - Avoids a hasty launch of a long term contract in the midst of rapidly changing health care reform process

# Monitoring Health Care Reform

- Changes affecting insurance coverage and health care delivery:
  - Affordable Care Act
  - Developing Coordinated Care Organizations (CCOs) in Oregon
  - Cover Oregon
- Emergency Medical Services in the next 3-5 years?
  - Current fee for service is not likely a viable option
  - EMS may become an integrated range of community based health care services provided by one or more entities

# EMS Pilot Programs

Promote:

- Working with Payers and CCOs
- Testing innovative ideas
- Engagement with stakeholders
- Exploration of triage opportunities
- EMS system alignment and best practices

# EMS Frequent Caller Innovation Pilot



## How

- Services: Consult w/existing providers, care coordination, case management
- Funded by CMMI / HSO Commons Innovation grant

## What

- Redirect frequent 911 callers to more appropriate care

## Who

- **MCHD Social Workers**
- Fire & Ambulance
- Hospitals, clinics
- Mental Health & Addiction Services
- Health Share of Oregon
- Aging & Disability Services

## Where

- Needs driven: clinics, shelters, community settings

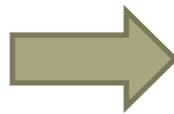
# Lower Acuity Program Response Model



Lower Acuity: up to 15% of Patients

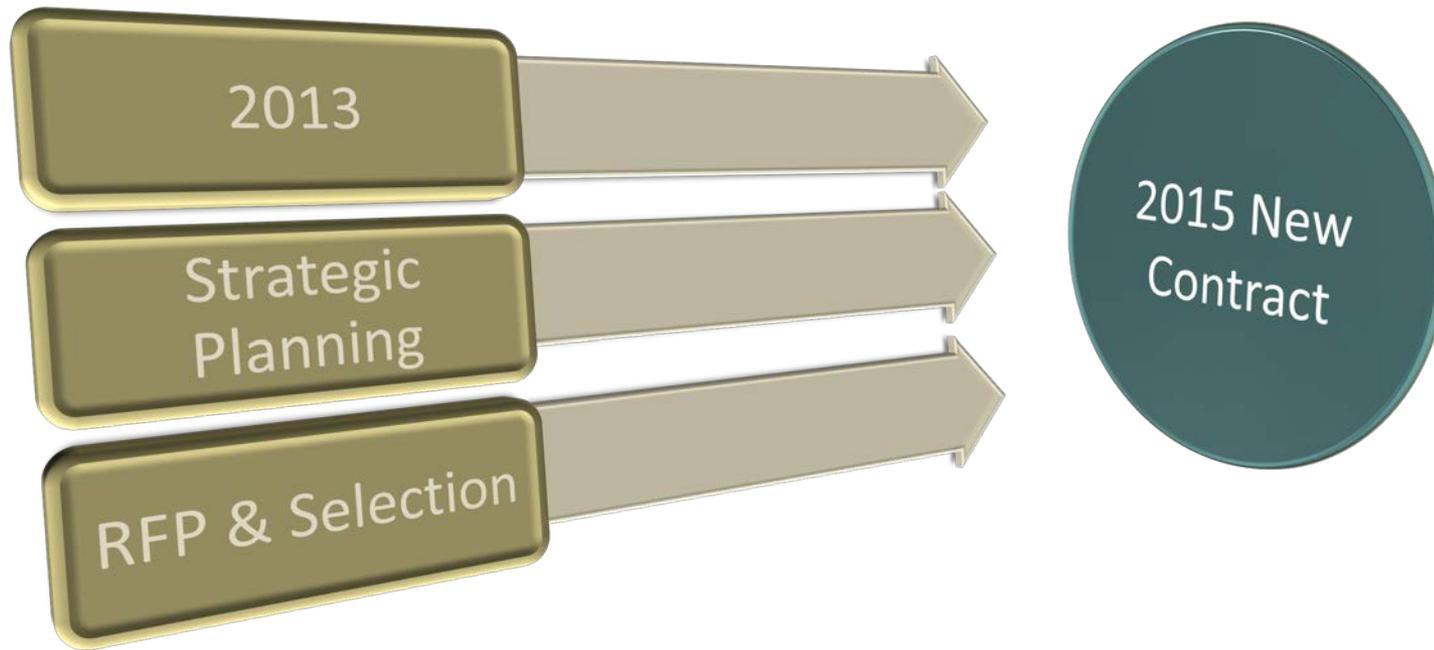


-Medical transport  
-Taxi Cab, Other



- ✓ Clinics
- ✓ Urgent Care
- ✓ Same-day clinic appointments

# Contract Pathway: Without Special Procurement



# Costs of An Ambulance RFP

