

Multnomah County Health Department

Code Change Amending MCC 21.416

Emergency Ambulance Contract Special Procurement

Multnomah County Board of Commissioners

October 10, 2013

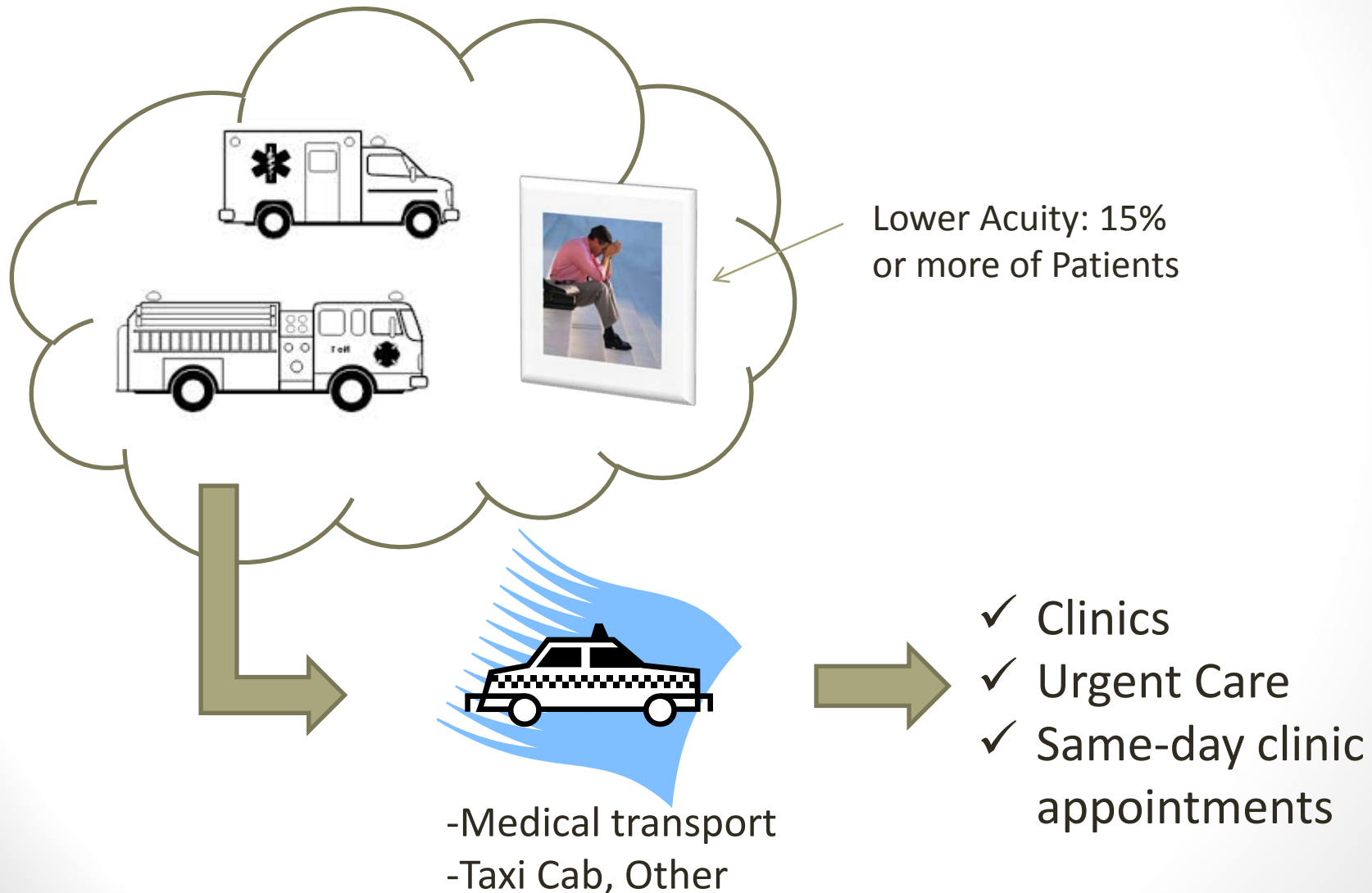
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Jon Jui, MD, MPH, EMS Medical Director
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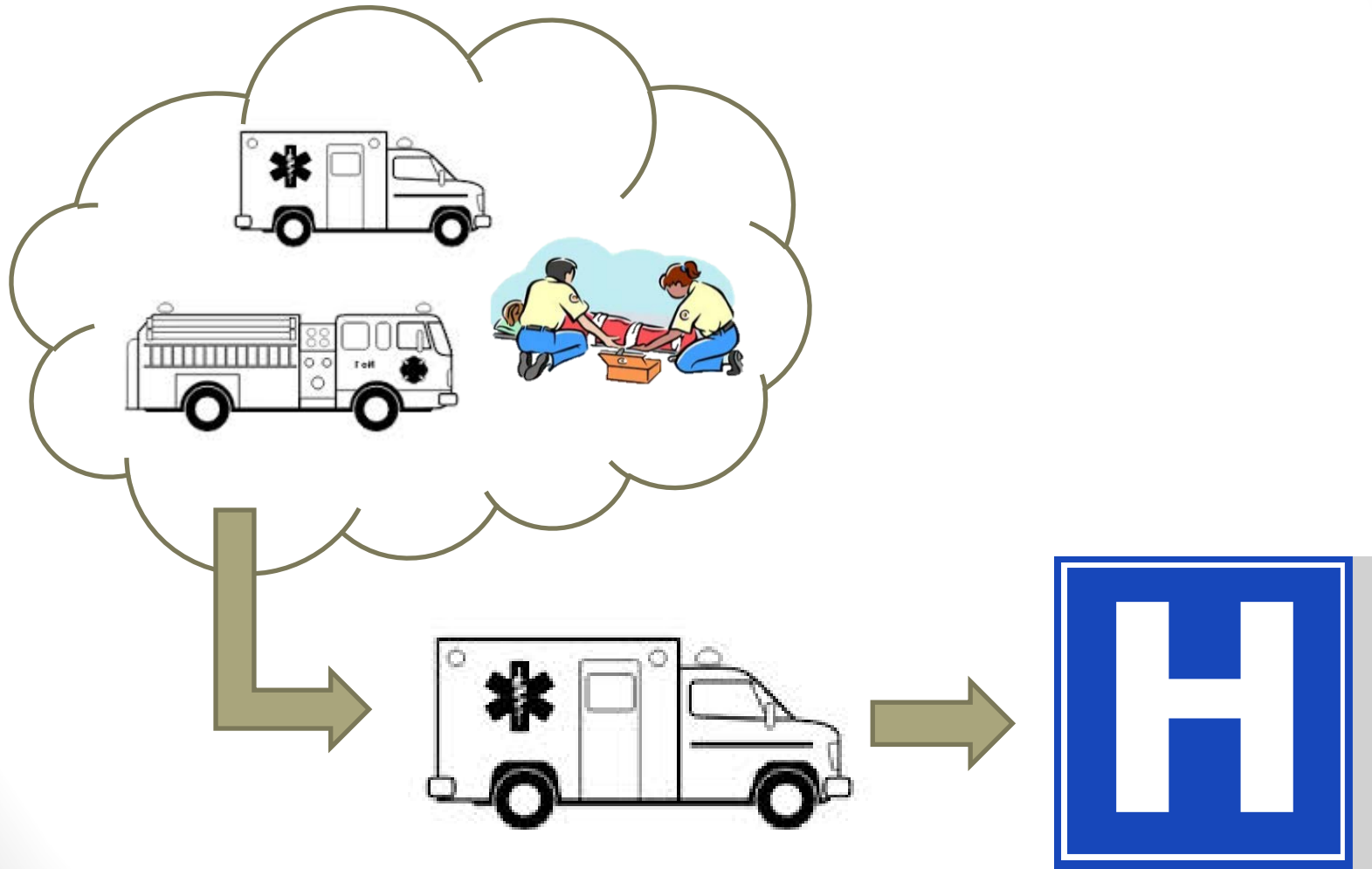
Code change amending MCC 21.416

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

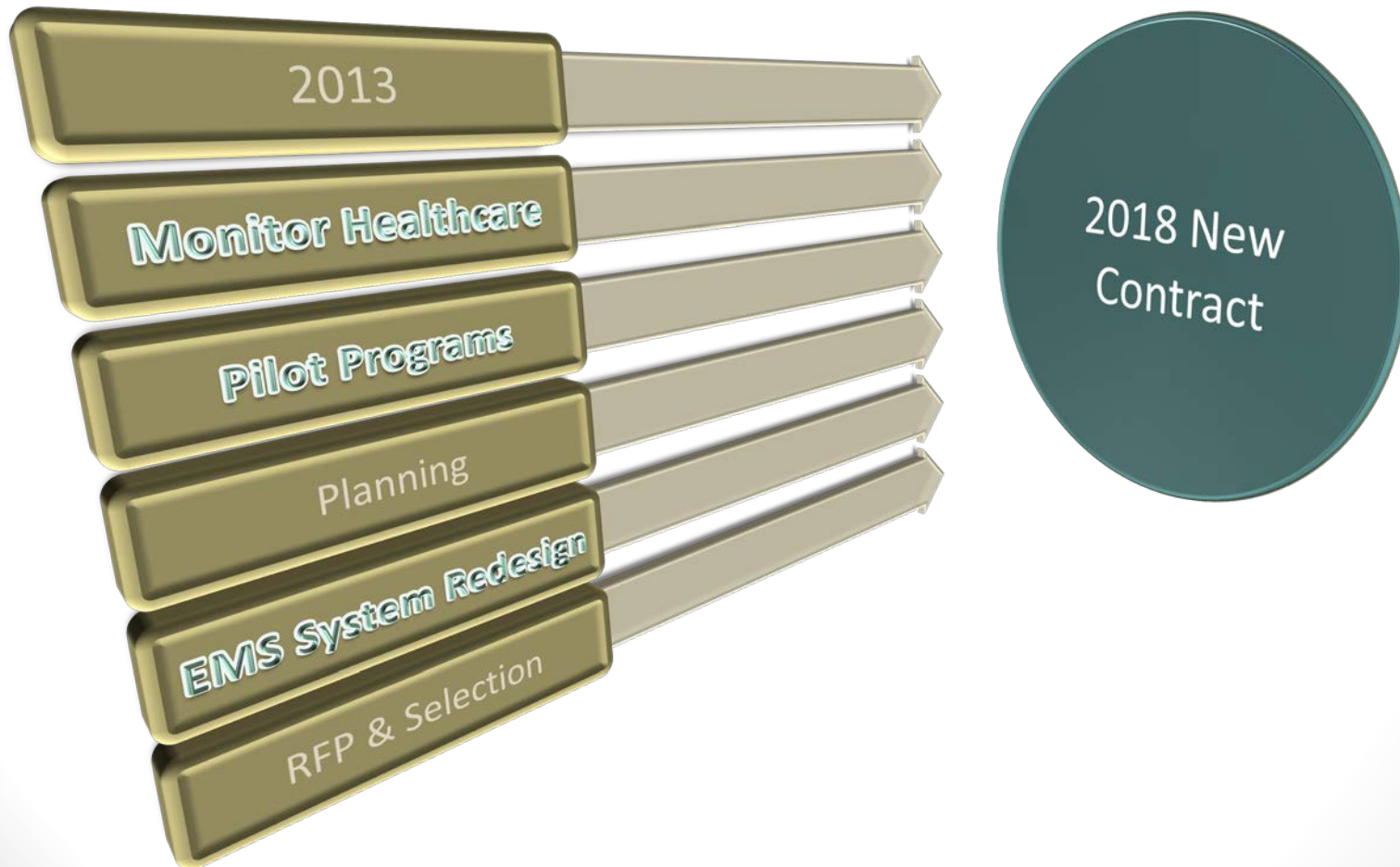
2010: 3-year extension

2013: 2-year extension

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

**2015:
Contract
Ends**

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

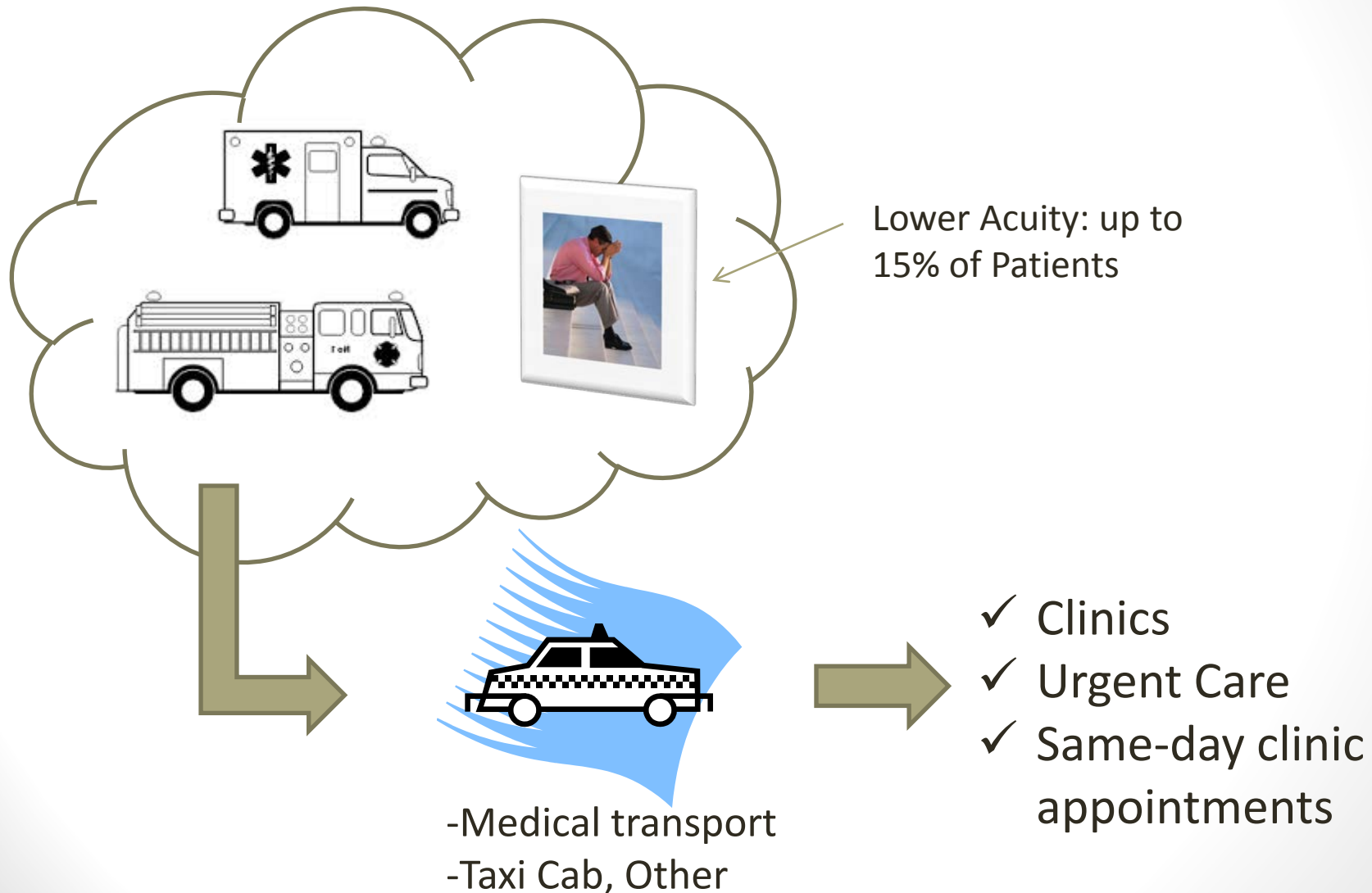
Who

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

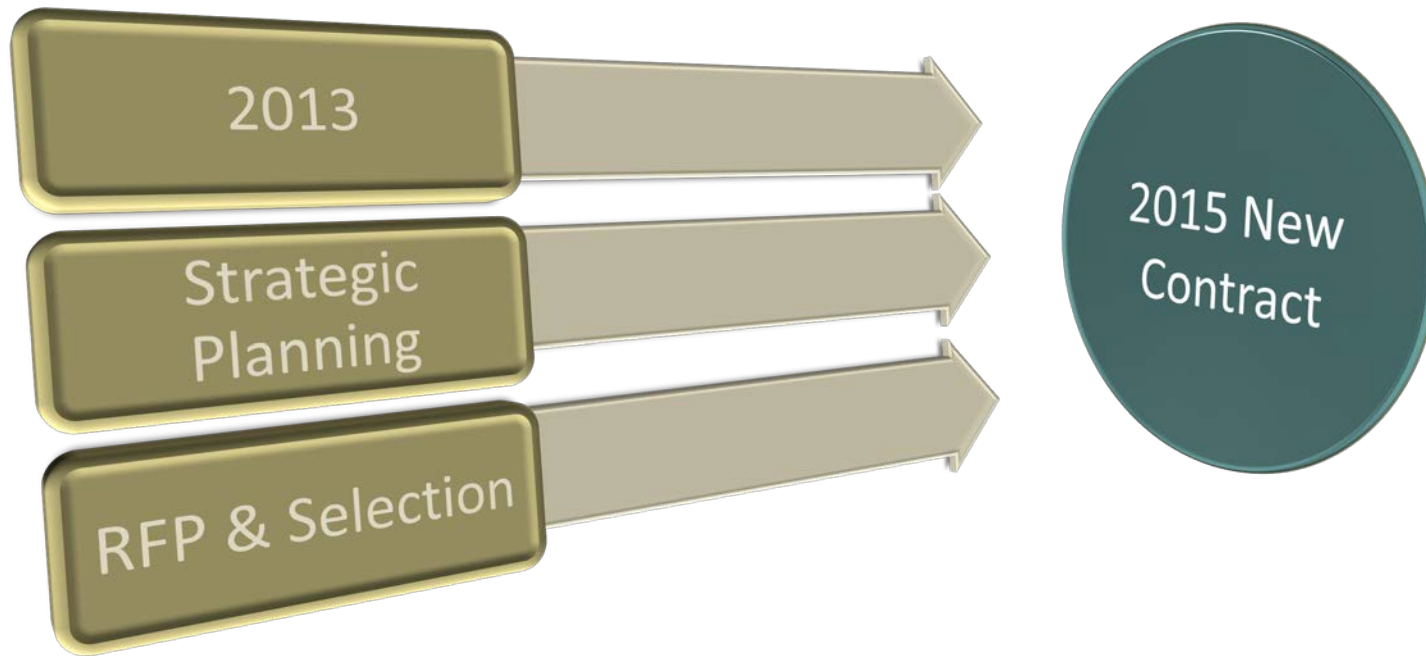
Where

- Needs driven: clinics, shelters, community settings

Lower Acuity Program Response Model



Contract Pathway: Without Special Procurement



Costs of An Ambulance RFP

