BLS / CARES Program Feasibility Analysis

Presentation to City Council
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Scope of Work

- **City operated CARES program feasibility**
  - Community outreach and assistance programs
  - AKA Citizen Advocates for Referral and Education Services
  - Alternative for non-acute calls for service

- **City operated Emergency Basic Life Support Transport feasibility**
  - BLS currently provided by private ambulance services
  - Decreasing availability of private services
  - Evaluate feasibility of creating a City owned and operated BLS program

CARES Program

- **Overall findings**
  - Yes, it is a feasible program to create / operate
  - Enhanced services to the community for non-acute incidents
  - Reduced demand on hospital and emergency room
  - No capacity for existing staff to administer a new CARES program
  - Many successful models in WA, nationally and internationally
  - Staff from other WA programs are more than happy to share their expertise

- **Collaborated with Fire Department staff to identify initial operating costs and program revenues**

Examples of CARES Programs

- **Local**
  - **Bellevue** (6.5FTEs)
  - **Tacoma** (14FTEs)
  - **Spokane** (1FTE + EWU social work student support)
  - **Poulsbo** (2.8 FTEs; operated in partnership with County FD and Olympic Peninsula Community Clinic)

- **Other States and International**
  - **San Diego**, CA
  - **Montgomery County**, TX
  - Emergency Care Practitioner Program (National Health Service, **United Kingdom**)
  - Community Paramedicine Program (Alice Springs Hospital, **Australia**)
  - Community Referral by EMS Program (**Toronto**, Canada)
  - Aging at Home Program (Renfrew County, **Ontario** Canada)

Program Benefits

Reductions in emergency calls for service

- 911 calls
- EMS encounters and costs
- Hospital emergency room visits
- Hospital readmissions

Community Benefits

- Improved health outcomes
- Increased community satisfaction with health care services

Operational Benefits

- Avoided or delayed cost of adding additional emergency response units
  - » Texas avoided $220K, cost of adding another ambulance
  - » San Diego reported EMS encounters declined by 38%, EMS charges declined 32%, Inpatient admissions declined 9%

Operating Models

- **5 to 7 days a week operation**
- **Limited operating hours, typically business hours**
- **Staffed full time or program coordinator with support from local MSW students or with local non-profit**
- **Diverse staff teams (embedded social workers, pharmacists along with trained EMTs)**
- **For Olympia CARES, assume 3FTEs**
  - » Program Administrator
  - » Social Worker
  - » Embedded EMT

  } *Field team*

Lessons Learned

- **Work with community partners early (social service providers and hospitals)**
- **Be mindful of the capacity of community services that are downstream**
- **Proper additional staff training is a must**
- **Consider having a multi-disciplinary response team**
  - » Envisioned for Olympia CARES – Program Administrator and Field team to include Social Worker and an EMT
- **Staff must have exceptional field communication skills (with patient and health care providers)**
- **Leverage expertise of other CARES programs**

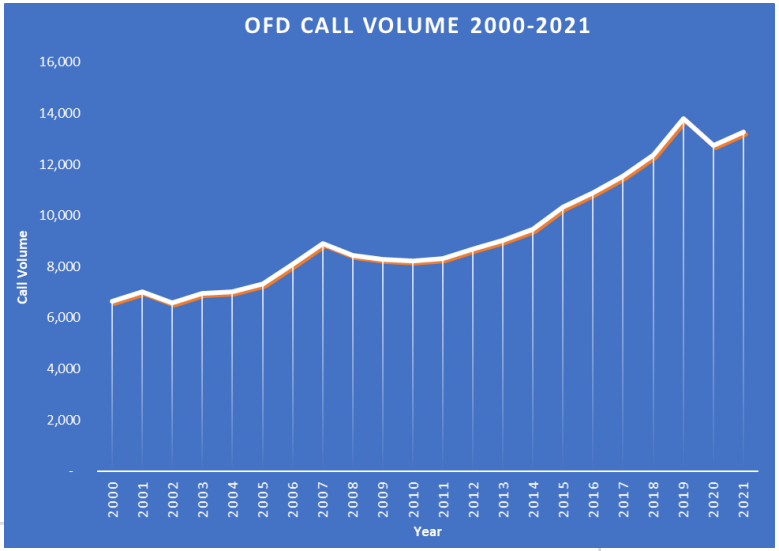
City of Olympia CARES Costs

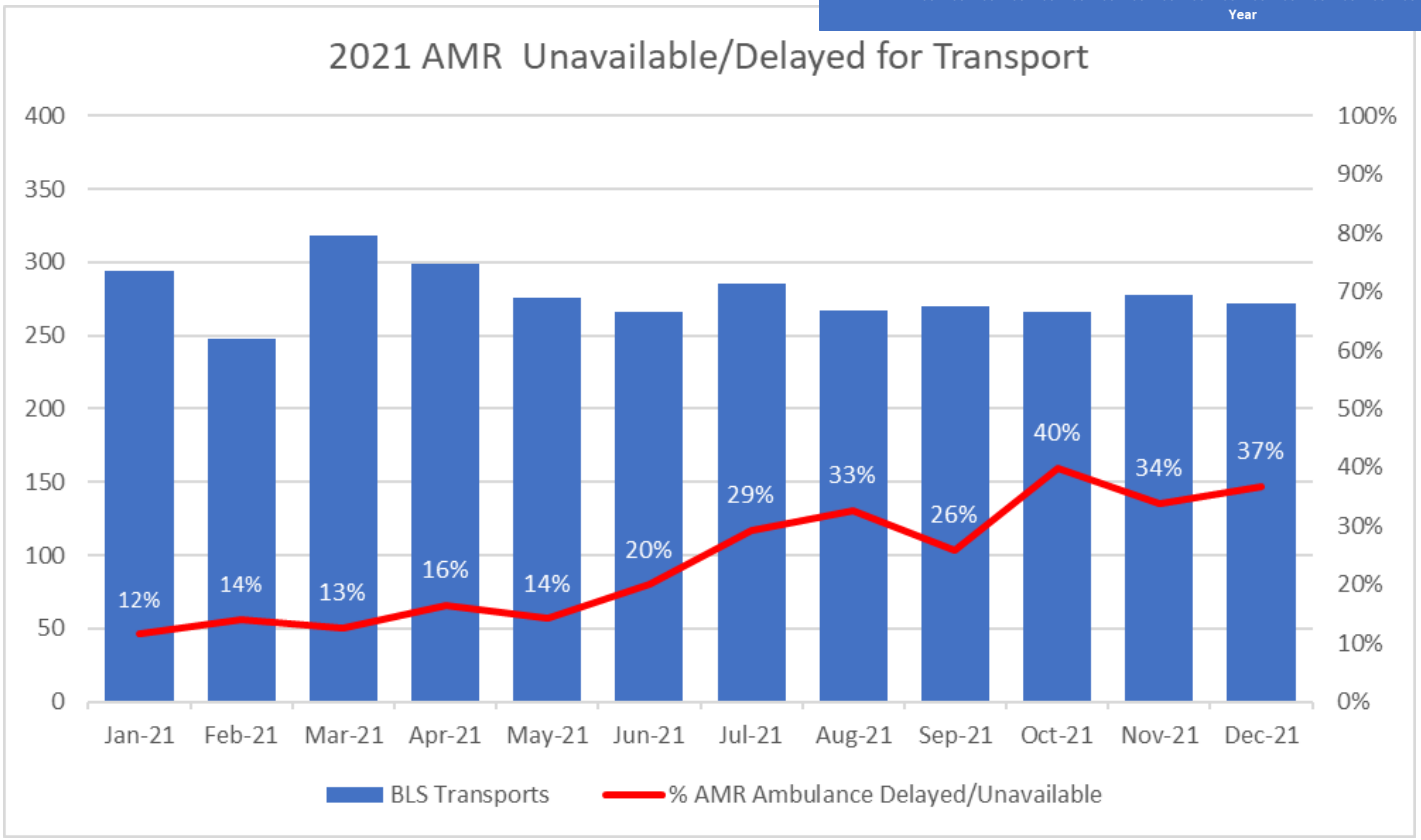
Description	Year 0 Cost ($000s)	Year 1-5 Cost ($000s)	Year 6-10 Cost ($000s)	Year 0-10 Total Costs ($000s)
Staff salary and benefits	$310	$1,692	$1,889	$3,891
Operating supplies	$6	$33	$37	$75
3rd party billing	$10	$55	$61	$126
Training	$3	$16	$18	$37
Vehicle operating	$4	$22	$24	$50
Total	**$333**	**$1,817**	**$2,029**	**$4,179**

Staff includes Program Supervisor (1.0FTE), Behavioral Health Specialist/Social Worker (1.0FTE), EMT (1.0FTE)
Annual inflation assumed at 2.0%

BLS Background

- Gradual degradation in private transport availability
- Concurrent with increase in total call volume
- Impact service levels for EMS resources





BLS Program Feasibility

- **Objectives**
  - Greater City control over services and costs
  - Enhanced services to the community by improving service reliability and timeliness in responding to emergencies
  - Reduce demand and improving use of EMS units
  - Program can be scaled up as City grows
  - Services can be augmented by CARES program for non-acute incidents

- **Funding Options**
  - Patient transport charges
  - State resources (GEMT)
  - Interfund loan
  - Ambulance utility rate

City of Olympia BLS Costs – 2 BLS Units

Description	Year 0 Cost ($000s)	Year 1-5 Cost ($000s)	Year 6-10 Cost ($000s)	Year 0-10 Total Costs ($000s)
Staff salary and benefits	$2,378	$12,977	$14,491	$29,846
Operating supplies	$450	$1,717	$1,917	$4,084
3rd party billing	$50	$535	$598	$1,183
Vehicles	$826	$1,177	$1,314	$3,317
Dorm Configuration	$30	-	-	-
Total	**$3,734**	**$16,406**	**$18,320**	**$38,460**

Staff includes Program Supervisor (1.0FTE), Program Assistant (1.0FTE), Firefighters (18.0FTEs).
Vehicles include 2 Ambulances and associated equipment.
Annual inflation assumed at 2.0%

Financial Evaluation

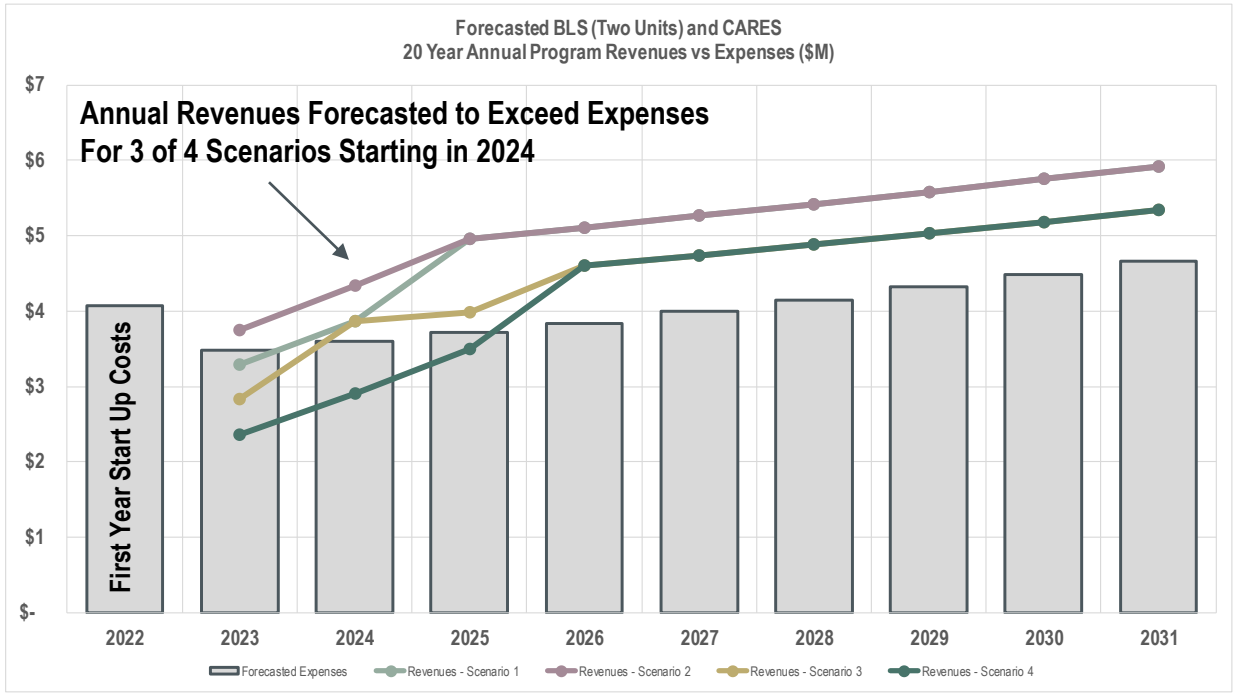
- **Short, Mid, and Long-Term financial forecast**
- **Collaborated with City staff and financial specialist familiar with BLS 3rd party billing**
- **Financial sensitivity analysis**
  - » Alternative revenue realization scenarios
  - » 2 BLS Units vs 1 BLS Unit configuration

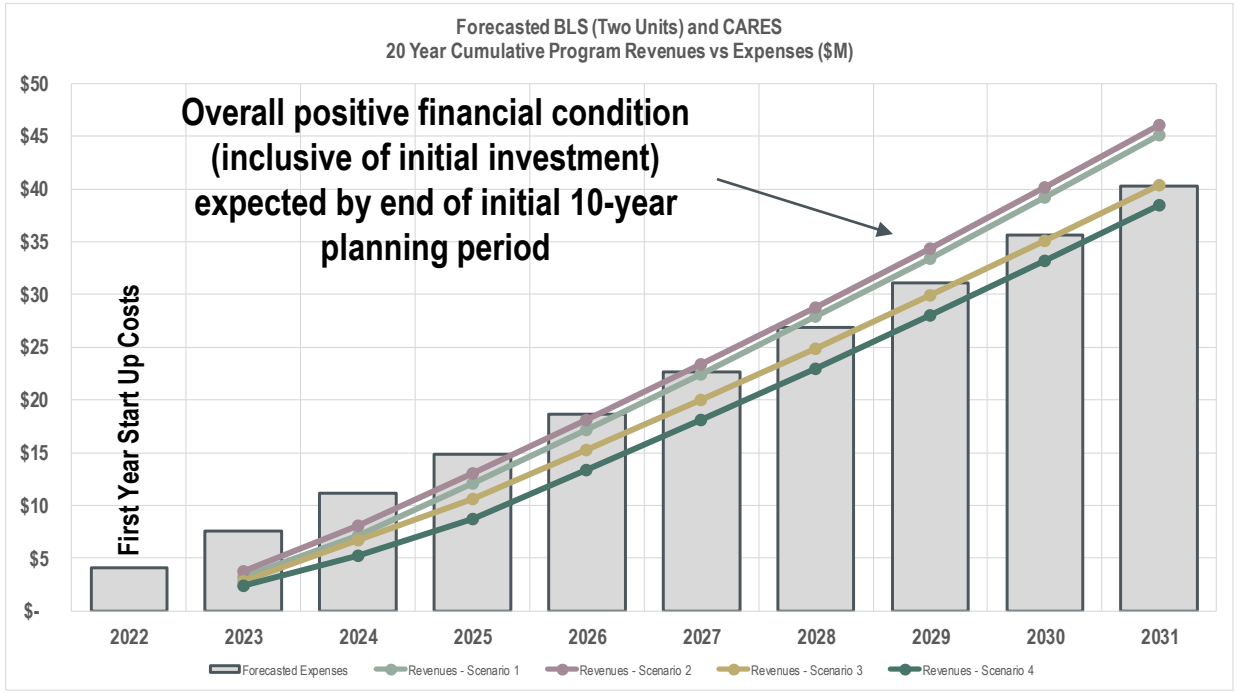
Four Scenarios Tested – 2 BLS Units

Description	Year 1	Year 2-5	Year 6-10
Avg Annual No. of BLS incidents	3,200	3,447	3,939
Avg Annual No. CARES incidents	800	862	985
Revenue Realization			
Scenario 1	n/a	50% - 80%	80%
Scenario 2 (Optimistic)	n/a	60% - 80%	80%
Scenario 3 (Best Guess)	**n/a**	**40% - 70%**	**70%**
Scenario 4 (Pessimistic)	n/a	30% - 70%	70%

Annual incidents growth rate assumed at 3.0%

Four Scenarios Tested – 2 BLS Units





Four Scenarios Tested – 1 BLS Unit

Description	Year 1	Year 2-5	Year 6-10
Avg Annual No. of BLS incidents	3,200	3,447	3,939
No. of transports for 1 BLS Unit	1,750	1,885	2,154
Avg Annual No. CARES incidents	800	862	985
Revenue Realization			
Scenario 1	n/a	50% - 80%	80%
Scenario 2 (Optimistic)	n/a	60% - 80%	80%
Scenario 3 (Best Guess)	**n/a**	**40% - 70%**	**70%**
Scenario 4 (Pessimistic)	n/a	30% - 70%	70%

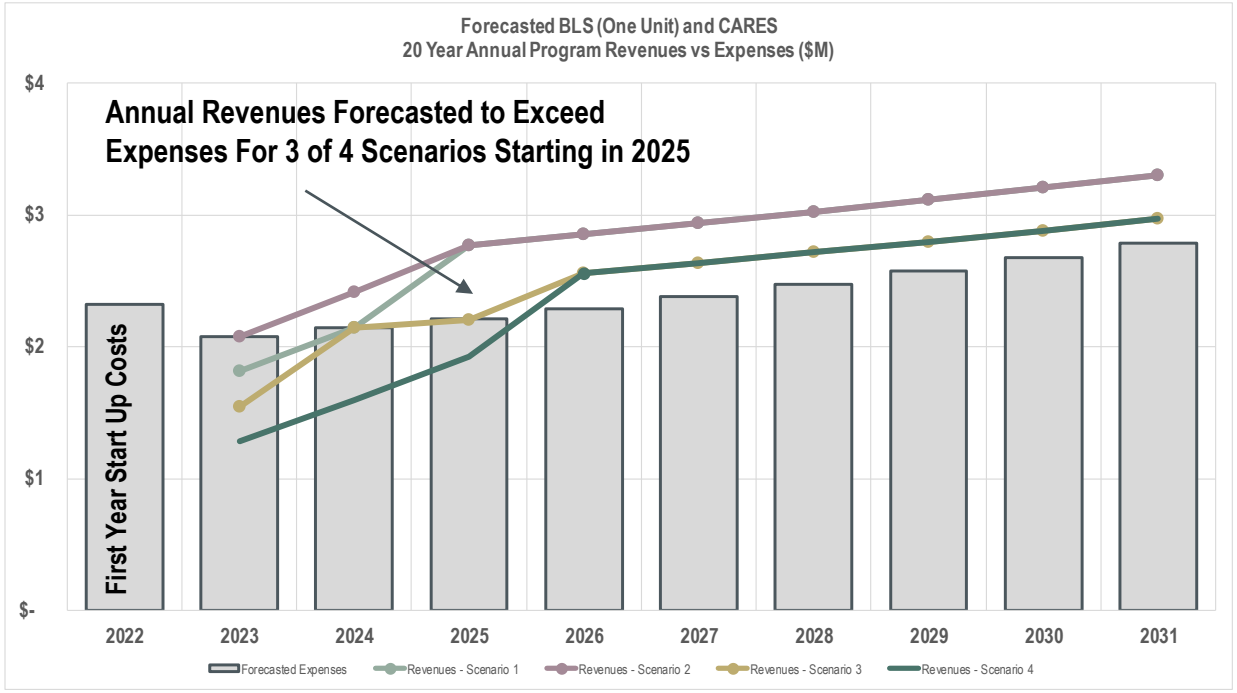
Annual incidents growth rate assumed at 3.0%

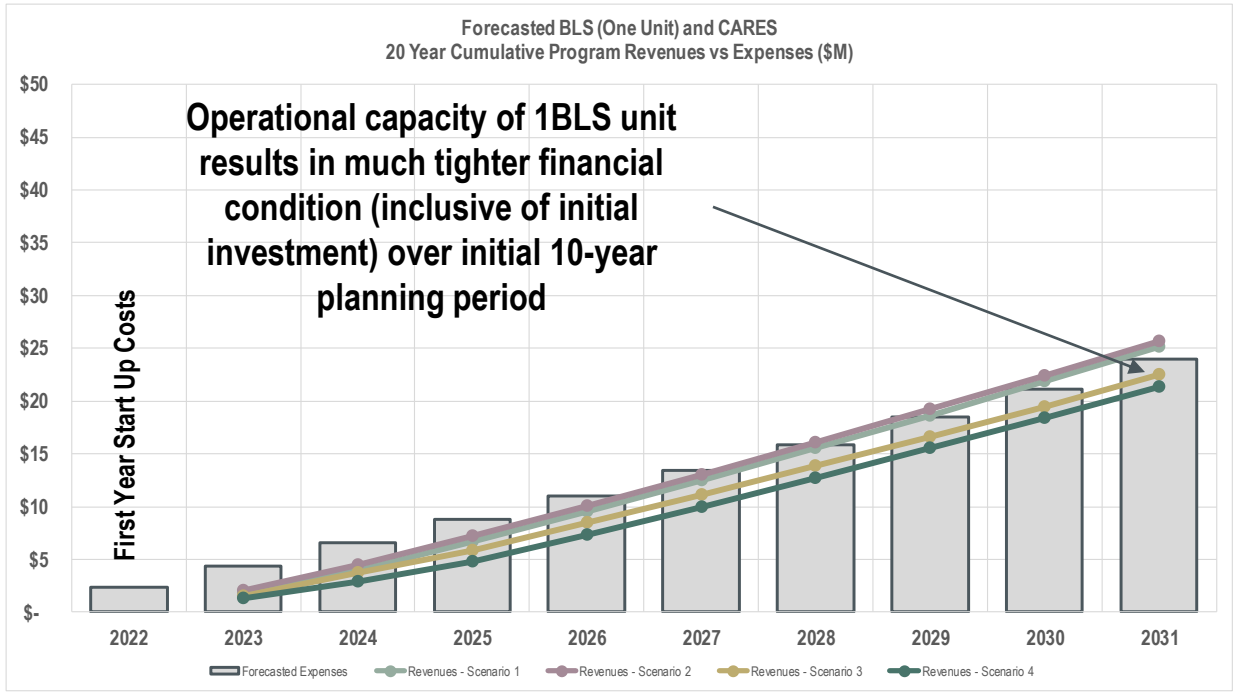
City of Olympia BLS Costs – 1 BLS Unit

Description	Year 0 Cost ($000s)	Year 1-5 Cost ($000s)	Year 6-10 Cost ($000s)	Year 0-10 Total Costs ($000s)
Staff salary and benefits	$1,298	$7,083	$7,910	$16,291
Operating supplies	$225	$858	$958	$2,042
3rd party billing	$50	$535	$598	$1,183
Vehicles	$413	$588	$657	$1,658
Total	**$1,986**	**$9,065**	**$10,123**	**$21,174**

Staff includes Program Supervisor (1.0FTE), Program Assistant (1.0FTE), Firefighters (9.0FTEs).
Vehicles include 1 Ambulance and associated equipment.
Annual inflation assumed at 2.0%

Four Scenarios Tested – 1 BLS Unit





Considerations For 1 BLS unit

- **No. of annual incidents will not change**
- **No. of transports will be limited due to capacity of 1 BLS Unit; Vision is to move to 2 BLS Units over time**
- **Risk mitigation strategies**
  - » Apx 1,450 transports (in first year) will need service
- **Engage in early discussions with private partners (Olympic Ambulance & AMR)**
  - » Potentially create a contractual relationship with Olympic as a secondary response component?
  - » Private partnership to cover the timing gap period until 2nd City BLS Unit

Conclusions

- **BLS/CARES program can be financially self sufficient in long term**
  - » 2 Unit BLS configuration optimal
    - – Improved services to community
    - – Fully address present level of transport demands
    - – Overall positive financial operations forecasted over initial 10-year planning period
  - » In near term, program may require ongoing financial investment
  - » CARES explore public/private partnership
  - » Holistic approach to service delivery to the community

- **Program funding dependent on many variables**
  - » Number of calls for BLS and CARES services
  - » Reimbursement for transport
  - » WA State GEMT reimbursement

- **If City elects to fund with existing resources, important to closely monitor incidents, program costs, and transport revenues and recalibrate financial projections every 3-5 years**

Next Steps

- Begin accumulating reserves in anticipation for start up costs
- Explore public / private partnership options for CARES
- Refine start up cost estimates
- Organizational management logistics

Questions?

Thank you!

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