GOVERNMENT OF THE DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

Fiscal Year 2018 Budget Oversight Hearing

Testimony of
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Chief

Before the
Committee on the Judiciary and Public Safety
Council of the District of Columbia
The Honorable Charles Allen, Chairperson

John A. Wilson Building
Room 123
1350 Pennsylvania Avenue, NW
Washington, DC 20004

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9:30 a.m.

Good morning Chairman Allen, Council Members and staff. I am Gregory M. Dean, Chief of the D.C. Fire and Emergency Medical Services Department ("the Department"). I am here today to testify in support of Mayor Muriel Bowser's Fiscal Year 2018 Proposed Budget entitled "DC Values in Action, A Roadmap to Inclusive Prosperity." For those of you watching from home, my testimony is available on the Department's website at fems.dc.gov.

Earlier this month, Mayor Bowser presented the District's 22nd consecutive balanced budget. It reflects the ideas and priorities of District residents and fulfills our commitment to deliver for District residents each and every day. Mayor Bowser's FY 2018 budget makes strategic investments in education, affordable housing, transportation, infrastructure, public safety, job training, and employment services that keep residents on the pathway to the middle class. These investments reflect the key priorities identified by District residents at Budget Engagement Forums held during the budget formulation process.

When I appeared before you in March, I testified about our progress in FY 2016 and FY 2017, as well as the ambitious agenda our Department has moving forward. I am pleased to tell you that Mayor Bowser's proposed FY 2018 budget will allow us to keep this agenda on track. My testimony today will focus on how we will use these resources to maintain progress for our Department and also to begin to address other historic challenges.

The Mayor's proposed FY 2018 gross operating budget for the Department is $254.2 million. This is a slight decrease of less than one percent over the FY 2017 approved gross budget of $254.3 million. The budget is comprised of $249.3 million in Local funds, $3.1 million in Federal Grant funds, and $1.8 million in Special Purpose Revenue funds.

The Department's proposed operating budget includes the following enhancements:

- $1 million for implementation of the Integrated Healthcare Collaborative recommendations;
- $4.9 million for the hiring of an additional forty-eight (48) Firefighter Emergency Medical Technicians and Firefighter Paramedics to begin to fully budget to the Department's "staffing factor," or "fill ratio";
- $1.3 million to right-size our apparatus maintenance budget;
- $130,000 to purchase ten additional (10) medical dispensing units (MDUs) to improve providers' access to, and efficient inventory management of, controlled medications; and
- $12 million to continue our contract with American Medical Response (AMR) to provide transport of Basic Life Support (BLS) patients.

The Department's proposed capital budget includes:

- $3.5 million for small capital improvements to maintain and improve our stations in FY 2018;
- Allocated funding of $45 million for a new apparatus maintenance facility starting in FY 2022, to replace our current facility, which is too small and outdated to fully meet our apparatus repair needs;
- $20.5 million for a new Fireboat facility starting in FY 2021; and
- $16.3 million for the renovation of Engine 23 and the relocation of Engine 26 in FY 2019.

Third Party Provider Contract

Mayor Bowser's budget continues to fund our third party provider contract with AMR to provide transport of BLS patients. Since launching just over one year ago, this contract has helped to stabilize our EMS system, by improving our Department's unit availability, our ambulance response times, our ambulance reserve and "up time," and our overall number of training hours. We need to fund the contract in FY 2018 while we continue to work on our long-term goals in all areas of Department operations.

Nurse Triage Program

First and foremost among these goals is addressing the District's historic practice of relying on 9-1-1 and our Department resources for non-emergency calls. To accomplish this, Mayor Bowser's budget includes $1 million to support implementation of the recommendations of the Integrated Healthcare Collaborative (IHC). As the Mayor relayed in her recent State of the District Address, when our emergency services are used for non-emergency calls, it decreases the resources available for our most critical patients. The District's calls to 9-1-1 are out of proportion with its population. While the District is the twenty-seventh largest city in the United States, the Department's call volume is the eighth highest – putting us in the company of much larger cities like New York, Chicago and Los Angeles for call volume. Put another way, we have the highest per capita EMS call volume in the nation. This high call volume has long been a strategic challenge of our Department, and one that we look forward to addressing in a responsible way with all of our stakeholders, including the Council and this Committee.

In April 2016, the Department's Interim Medical Director, Dr. Robert Holman, convened the IHC with the goal of reducing non-emergency calls to 9-1-1 by improving patients' access to the most appropriate medical services. The IHC found that a significant percentage of 9-1-1 callers do not actually need an ambulance or an emergency room. And that these callers would be better served medically by seeing their own primary care physicians or accessing health care services at urgent care or community clinics. In its final report, which is attached to my testimony, the IHC made the following recommendations:

- *Implement a Nurse Triage Line accessed through the 9-1-1 system.*
- *Leverage existing non-emergency medical transportation services and consider expansion of those services to transport low acuity callers to the appropriate health care services.*
- *Utilize existing grant funding opportunities for onboarding to a Health Information Exchange (HIE) organization, a web-based care planning, and/or a specialized registry.*
- *Continue to leverage the FEMS Street Calls program to connect High Volume Utilizers with comprehensive preventive and primary care services.*
- *Revise the existing FEMS Patient Bill of Rights.*
- *Clarify the DOH definition of urgent care in the Certificate of Need process.*
- *Ensure that managed care organizations accommodate requests for members to access same-day care from providers who are not their primary care provider of record for acute illness and injury.*

- *Develop a customized outreach strategy to educate residents about IHC recommendations and changes, to change behavior about using primary care, and decisions about where to go for healthcare and how to access it.*

The Department's proposed FY 2018 $1 million budget enhancement will fund the nurse triage, Health Information Exchange (HIE), and customized outreach process recommendations.[1] The Department of Health Care Finance will fund the transportation recommendation for Medicaid patients within its existing resources, while the Department will work closely with the Department of Health to ensure implementation of the Certificate of Need and same-day care recommendations.

Under the nurse triage model, 9-1-1 call takers will screen calls and redirect lower acuity calls to triage nurses for further assessment. With the guidance of algorithmically driven protocols, a nurse will further assess and direct a caller toward non-emergency department destinations, to include self-care advice, or non-EMS transport to primary care or urgent care clinics. The nurse will assist the patient with both scheduling the appointment and arranging for insurance-funded, same day transportation. In some cases, the nurse may recommend a standard EMS transport to a hospital emergency department. In other cases, our Department providers may still respond to the caller to assess the patient in person, and then redirect the patient to the triage nurse if it is determined that an ambulance transport is not necessary. Our proposal is based on the experience of similar programs in Fort Worth, Texas; Louisville, Kentucky; and Mesa, AZ.

To operationalize the nurse triage program, the Department's internal Patient Bill of Rights policy will have to be revised to guarantee that patients "receive a medical evaluation and a determination of appropriate medical care" and "if transported, to be transported in a clean and properly maintained vehicle to an appropriate medical facility." This would be a change to the current policy, which guarantees patients transport no matter how non-critical their condition.

To be clear, our priority with this initiative is to ensure that we are connecting patients with the right medical resource for their condition. Our goal is not simply to say "no," but to connect patients with medical care that will lead to better overall health outcomes. This initiative also carries with it the potential of significant cost benefit savings over the long-term, not only for the Department, but for the whole health care system. Most importantly, it is critical to our ongoing efforts to strengthen our delivery of EMS to those patients whose lives depend on our being able to respond to them quickly, competently and compassionately.

Budgeting to the Staffing Factor

Mayor Bowser's proposed budget also funds forty-eight (48) new positions to fully budget every operational position to the Department's staffing factor. Our staffing factor is 1.4, which means that for every one operational FTE, we actually need 1.4 people to ensure coverage of our 349 operational seats[2] after accounting for a predictable level of employee leave and other factors that currently require a portion of these seats to be covered every day using overtime. Budgeting to our full staffing factor will help ensure that we have a sufficient number of employees to cover every seat on every unit on every shift, and put us on the path to reduced overtime spending.

[1] Consistent with the recommendation of the report, the Department will continue to fund the Street Calls program in its FY 2018 budget.

[2] These 349 seats are comprised of every seat on our 33 engine companies, 16 ladder trucks, 17 medic units, 22 Basic Life Support (BLS) units, special operations units and some supervisors.

The Department's inability to fully budget to the staffing factor over the years is a significant factor in its recent overspending on overtime, among other factors, including a major increase in Paid Family Leave hours since 2014, the need to keep up with call volume through the occasional deployment of additional resources, increased training hours, and the more expensive cost of overtime since resolution of the *McKissick* litigation with Local 36 in FY 2015.

Apparatus and Medical Dispensing Units

Our budget proposal also right-sizes our Apparatus Division budget with an increase of $1.3 million in non-personal services funds. The proposed level of NPS funds is consistent with historical spending; in recent years we have required annual reprogrammings from other priorities in order to keep the shop running. While the infusion of new ambulances and the AMR contract have resulted in improved rates of preventive maintenance for ambulances, our aging fire apparatus fleet continues to be expensive to maintain. We will see new engines and ladder trucks come into the fleet later this year as we stay on our replacement plan, but in the meantime we need to appropriately budget for the upkeep of all of our units as they are replaced.

The budget also funds the addition of ten new medical dispensing units to be deployed in our stations and hospitals in order to provide our personnel with more efficient access to medical supplies and medication. We have ten such units in the field now and, since introduction of the units in FY 2014, the Department has realized a reduction in spending on pharmaceuticals as a result of less overstocking and waste of medication and supplies that expire due to inefficiencies in distribution.

Budget Support Act

Regarding the Budget Support Act (BSA), we support the Affordable Emergency Transportation and Pre-Hospital Medical Services Amendment Act of 2017. The legislation requires private insurance providers to pay the full amount of the District's charged rate for ambulance transport. In detail, the bill requires a health insurer, hospital, medical service corporation, or health maintenance organization to reimburse the District for the cost of emergency ambulance and pre-hospital medical services at the rates established by the District. Currently, these entities reimburse the District at their own reimbursement rates, which often do not cover the full amount billed for services. The remaining unreimbursed portion of the bill is either paid by the patient or another insurance or payment provider, or the obligation goes unpaid. The legislation will not increase, and in some circumstances will decrease, the amount citizens will pay out of pocket.

Mr. Chairman, I am proud of the progress we are making as an agency, but we have even more work to do, and I look forward to your ongoing partnership as we do so. Mayor Bowser's proposed FY 2018 budget is more evidence of her unwavering commitment to this Department, our goals as an organization, and the safety and well-being of the citizens of our great city. It assures we are taking firm action on our shared DC Values. It also provides a roadmap to inclusive prosperity for all by creating a safer, stronger District of Columbia.

Thank you for giving me the opportunity today to explain our Department's budget request and to ask for the support we need to continue our progress. I look forward to engaging the Council in discussion about why these budget proposals are so critical to our daily operations.