

EMERGENCY MEDICAL SERVICES AUTHORITY – A PUBLIC TRUST

Regular Board of Trustees Meeting

May 27, 2020 at 1:00 p.m. via Videoconference/Teleconference

1111 Classen Drive, Oklahoma City, OK

1417 North Lansing Avenue, Tulsa, OK

Minutes:

NOTICE AND AGENDA for the Regular Meeting of the Board of Trustees for Emergency Medical Services Authority, a Public Trust, were filed May 20, 2020 at 2:44 p.m. with the City Clerk of Tulsa and with the City Clerk of Oklahoma City on May 20, 2020 at 2:49 p.m., more than 24 hours prior to the time set for the meeting.

Trustees Present:

Mr. Larry McAtee, Teleconference
Chief Bryan Wood, Teleconference
Ms. Jan Slater, Teleconference
Ms. Tammy Powell, Teleconference
Ms. Allison Petersen, Teleconference
Ms. Kelly Brader, Teleconference (1:03 p.m.)
Mr. Wiley Williams, Teleconference
Mr. Larry Stevens, Teleconference
Dr. Jeffrey Goodloe, Videoconference
Mr. Scott Vaughn, Videoconference

Others Present:

Jim Winham, EMSA-Videoconference
Angela McLain-Johnson, EMSA-Videoconference
Lora Conger, EMSA-Videoconference
Frank Gresh, EMSA-Videoconference
John Graham, EMSA-Teleconference
Johna Easley, EMSA-Videoconference
Adam Paluka, EMSA-Videoconference
Bryan Jones, EMSA-Videoconference
James Davis, EMSA-Videoconference
Jeremy Coombs, AMR-Videoconference
Heath Wright, AMR-Videoconference
Jim Orbison, Riggs Abney-Teleconference

A quorum was present, and the meeting was called to order at 1:01 p.m. by Vice Chairman Wiley Williams.

CONSENT AGENDA

1. Approval of Board Minutes from the EMSA Board of Trustees Special Meeting dated April 24, 2020 via tele/videoconference

Upon motion made by Ms. Slater and seconded by Chief Wood, the Board of Trustees voted to approve the Regular Meeting Board Minutes from April 22, 2020.

AYE: Ms. Petersen, Mr. McAtee, Ms. Petersen, Ms. Powell, Ms. Slater, Mr. Stevens, Mr. Williams, Chief Wood, Mr. Vaughn

NAY: None

ABSENT: Mr. Lakin

The motion is passed.

REGULAR AGENDA

1. **Chairman's Report** – Mr. Wiley Williams acted as Chairman in Mr. Lakin's place. He did not have a report.
2. **Approval of Adam Paluka as Assistant Secretary for the EMSA Board of Trustees** – Mr. Williams asked Mr. Winham to explain the circumstances behind this change. Mr. Winham said the former Assistant Secretary is longer with the company, and that Mr. Paluka has been suggested as the Assistant Secretary to carry on the business of the Board. Ms. Slater asked if this change would be permanent and Mr. Winham said it would be unless otherwise directed by the Board.

AYE: Ms. Brader, Ms. Petersen, Mr. McAtee, Ms. Petersen, Ms. Powell, Ms. Slater, Mr. Stevens, Mr. Williams, Chief Wood, Mr. Vaughn

NAY: None

ABSENT: Mr. Lakin

*** Ms. Brader joined the Board Meeting***

The motion is passed.

3. **Approval of Professional Services Agreements with University of Oklahoma Health Science Center (OUHSC) for Medical Direction** – Mr. Williams asked Mr. Winham for comments on the contracts, and Mr. Winham turned the floor to Ms. Easley. Before turning it over, Mr. Winham said he had concerns about where some of the money in the contract is going, and said he is personally not happy with these contracts because it is not apparent where some of these funds are distributed. Ms. Easley said both of these contracts for Dr. Goodloe and Dr. Knoles have been before the Medical Control Board and have been approved. She said Dr. Goodloe's contract has been approved by OUHSC and is awaiting final approval from the EMSA Board of Trustees. There is no change in the terms of Dr. Goodloe's contract or the amount of the contract. Ms. Easley provided the Board Members with an invoice from OUHSC so they could see how the contract is divided. She said from the contract it appears all of the contract goes to Dr. Goodloe, but the invoice shows that is not the case due to administrative fees and indirect costs taken by OUHSC. Ms. Easley said she will work in the next few months to try and get clarity about what exactly those administrative fees and indirect costs represent. The contract is a year in length and there is no automatic renewal.

Ms. Easley told the Board that Dr. Knoles' contract has also already been approved by the Medical Control Board. She said before the Board is an amended contract that adjusts the amount of the contract from \$80,000 to \$100,000 annually. The change would be effective July 1, 2020 and would be in effect until the contract ends in 2022. Ms. Salter asked if these positions are considered full time with the Medical Control Board. Mr. Winham said Dr. Goodloe is considered full time with the Medical Control Board. Mr. Winham told the Board that Dr. Knoles' raise is because he recently attained additional accreditation. Ms. Slater asked if Dr. Goodloe and Dr. Knoles do additional work for OUHSC. Dr. Goodloe asked to clarify the answer to Ms. Slater's question. Dr. Goodloe said his role is considered a full-time position, he said he also has academic and clinical responsibilities for the residency program in emergency medicine including working clinical shifts at Hillcrest Medical Center. Dr. Goodloe said initially Dr. Knoles worked with the Medical Control Board in a volunteer capacity, but he transitioned to a part-time role with the Office of the Medical Director working 20 hours per week. Dr. Goodloe said Dr. Knoles is one of three physicians with board certification in pediatric emergency medicine in Oklahoma. Dr. Goodloe said his quantity and quality of work as well as his qualifications were the reasons for his promotion from Assistant Medical Director to Associate Medical Director. Dr. Goodloe said he believes in transparency his take home pay from this contract is 40%. Ms. Slater asked if there was additional compensation for services provided by Dr. Goodloe and Dr. Knoles outside of the scope of their responsibilities for the Medical Control Board. Dr. Goodloe said he does get additional compensation within the parameters set by his academic rank and per hour pay for clinical services. Dr. Goodloe said that is also the case with Dr. Knoles, who is being promoted to an Associate Professor in Pediatrics and also does clinical services within the Children's Hospital Emergency Room.

Mr. McAtee asked about the concerns voiced at the start of the start of this discussion. Mr. Williams asked Mr. Winham to explain, and he said Dr. Goodloe is not being compensated enough for the services he provides 24/7/365. Mr. Winham said Dr. Goodloe is deeply involved with the system and it is a travesty he is not getting paid what he is due. Ms. Slater asked if there was something the Board of Trustees could do to about the situation. Mr. Winham said EMSA is working on this, but they are dealing a state organization (OUHSC) and there has not been much movement. Mr. Williams asked if OUHSC takes a large portion of Dr. Goodloe's paycheck and Mr. Winham said they take a large amount of his salary. Mr. Williams said he understood that many

professionals who are OU employees and have additional income streams are subject to the university taking a portion of those monies. Mr. Winham said the amount Mr. Goodloe turns over the University is almost 40% and he believes that is too high a percentage. Mr. Vaughn asked if EMSA gets any additional services from the University in exchange for the large portion of Dr. Goodloe's salary that they receive. Dr. Goodloe told the Board that OU takes 37% of his salary and that they have told him that is part of their FICA employer taxes as well as a Dean's Tax. He said there is additional money that is withheld that is unknown to him and EMSA. He said that while 37% is taken off the top, the take home pay after federal and state taxes is that he nets 40% of the total contract amount. Ms. Slater asked if there was an opportunity for Dr. Goodloe to contract with the Medical Control Board and then the MCB could contract back to OU or if there was anyway other way to handle this contract. Mr. Winham said that is one possibility and he is looking at other alternatives to rectify the situation. Ms. Slater said the contract can be terminated by either party with 30 days' notice. Mr. Winham agreed and said that the contract is only for one year.

- Upon motion made by Mr. Vaughn and seconded by Ms. Salter, the Board of Trustees voted to approve Dr. Goodloe's Professional Services Agreement with University of Oklahoma Health Sciences Center for Medical Direction.

AYE: Ms. Brader, Ms. Petersen, Mr. McAtee, Ms. Petersen, Ms. Powell, Ms. Slater, Mr. Stevens, Mr. Williams, Chief Wood, Mr. Vaughn

NAY: None

ABSENT: Mr. Lakin

- Upon motion made by Ms. Peterson and seconded by Mr. Stevens, the Board of Trustees voted to approve Dr. Knoles' Professional Services Agreement with University of Oklahoma Health Sciences Center for Medical Direction.

AYE: Ms. Brader, Ms. Petersen, Mr. McAtee, Ms. Petersen, Ms. Powell, Ms. Slater, Mr. Stevens, Mr. Williams, Chief Wood, Mr. Vaughn

NAY: None

ABSENT: Mr. Lakin

4. **President's Report**

- a. **Operational Compliance Report**-Frank Gresh, Chief Information Officer – Mr. Gresh presented the operational compliance and exclusion numbers for the eastern and western divisions for April 2020. Mr. Gresh said all areas were in compliance expect for Priority 4 calls, pre-scheduled non-emergency transports, in the Western Division. There was one late call out of seven total calls for 85% compliance.
- b. **Financial Report**-Lora Conger, Chief Financial Officer – Ms. Conger discussed the revenue and expense analysis she sent to the Board prior to the meeting. Ms. Conger said revenue remains

over budget, but she is starting to see a downward trend due to COVID-19. She said the Realization Rate continues to improve and she expects it to be aligned with the budget by the end of the fiscal year. Ms. Conger said operating expenses are over budget, but that is related to the contractor expense which is in line with the variance in revenue. She said net income is still positive for the year. Ms. Conger then showed a patient revenue per day chart and the effect that COVID-19 has had on this number, dropping almost \$50,000. She said she does not expect the revenue per day to recover this fiscal year. Ms. Petersen asked Ms. Conger if she expects EMSA to be able to recover the patient revenue from transports in the midst of COVID-19 or if there will be more write-offs. Ms. Conger said she thinks there is a delay in payment, mostly for those patients paying the cost of their transport out of pocket. Ms. Conger was unaware if there was a delay with third party payors and asked Ms. McLain to clarify in her report. Ms. Conger did note that in the midst of COVID-19, EMSA did suspend sending patients to collections and that will delay some cash payments related to those accounts. She said some of the CARES Act does address these figures. EMSA has received \$1.3 million in CARES Act funds to reimburse EMSA for COVID related expenses. Mr. Williams asked if the \$1.3 million is reflected in the income statement, and Ms. Conger said that money will show up in the April financials. She said it will be recorded as deferred revenue and will sit on the balance sheet as a liability.

Ms. Conger then presented key points for the FY2021 Budget. She said she is still working to finalize the budget and it will be presented for approval at the June 2020 Board of Trustees Meeting. Ms. Conger said there is no Emergency Transport Rate Increase in next year's budget. She said they are budgeting for a 15% reduction in transport volume for the first six months of the upcoming fiscal year due to COVID-19, but she said this is just an estimate and it is hard to know what is on the horizon. She said there will be a 3% subsidy increase for both Eastern and Western Divisions. Finally, she said there will be no salary increases for Team Members in FY21 and capital acquisitions will remain the same.

Ms. Conger then presented information about comparative Non-emergency transport rates across Oklahoma. She showed how EMSA is far below market rate in both the Eastern and Western Divisions as calculated by a fair market study EMSA commissioned in July of 2019. Ms. Conger said this disparity results in EMSA leaving money on the table that would have been paid by private payors. She said the transport margin is also very slim for non-emergency transports. EMSA's non-emergency rate has not been adjusted since 2009. Ms. McLain said the Office of Inspector General and HHS have communicated that our rate should be set at least at fair market value and according to the 2019 market assessment, EMSA is below fair market value for non-emergency transports. Ms. Slater asked what a fair market number for EMSA's non-emergency transport rate would be. Ms. McLain said it would probably be a range between \$600 and \$1,100, and EMSA is not meeting that minimum. Ms. Conger said that a rate of \$800 for non-emergency transports would put EMSA comfortably in that range. Ms. Conger said that adjusting the rate to that number would be a big change, and that is why she brought this issue to the Board's attention for discussion. Ms. Conger also shared the Patient Revenue distributions with the Board showing the margin with patient revenue is very small – only 2% for non-contracted expenses. Mr. Vaughn asked if Medicare paid for non-emergency transports and asked what that rate is. Ms. McLain said they do as long as the transport is medically necessary – she said EMSA's rate is set on the Medicare rate around \$350. Mr. Vaughn asked how much revenue EMSA is leaving on the table from private payors by having the non-emergency rate set so low. Ms. Conger said that more than \$3 million

annually is likely not recouped. Ms. Slater asked how many of EMSA's non-emergency transports are paid for wholly by the patient. Ms. McLain said she did not have the exact number, but it was much smaller than the self-pay rate for emergency transports - the reason being most of EMSA's non-emergency transports are inter-facility transfers. Ms. Conger said non-emergency transports represent about 14% of EMSA's total transport volume annually. Ms. Slater asked what the collection rate was for patients who self-pay for their non-emergency transport and Ms. Conger said while that is hard to know exactly, she thinks it is about 30%. Mr. Vaughn asked if we are charging less than the cost to EMSA for non-emergency transports and Ms. Conger said she believed that would be the case. Mr. Vaughn also said most of the increase in payment, if the non-emergency transport rate were to be increased, would be paid by the commercial carriers. Mr. Vaughn then asked when Ms. Conger would like the new rate to be in effect, and she said July 1. Mr. Winham told the Board the rate increase would have to be approved by the City Councils in both Oklahoma City and Tulsa. He said the rate increase was not an agenda item and could not be voted on at this meeting, but he did want to have a discussion and bring it to the Board's attention. Ms. Slater said she recommended studying the increase further and other Board Members agreed.

- c. **Patient Financial Services Report**-Angela McLain-Johnson, Chief Revenue Officer – Ms. Johnson presented the call volume trends for Eastern and Western Divisions. She said call volume for both emergency and non-emergency calls is lower than budgeted due to COVID-19. Ms. Johnson explained there is a corresponding drop in the number of transports. She said this does affect cash collections to the amount of about \$1 million, and she said some of the \$1.3 million EMSA received from the CARES Act will go offsetting that decrease and will reimburse EMSA for COVID-related transports. Ms. Johnson said self pays have gone up by 3 percent in each division, she said that means patients with commercial insurance who would have called 911 in the past stayed home, and the volume of patients who self-pay for their transports remained the same as before COVID. Ms. Slater asked what percentage of patients EMSA is transporting are for COVID or COVID-like symptoms, and Ms. Johnson said it is a small amount. Ms. Slater asked if we believe there will be an increase of COVID infections in the future. Mr. Winham said he believes that a second wave and deferred to Dr. Goodloe. Dr. Goodloe said he expects a much bigger second wave during the fall and winter months based on various decisions from local, state, and national leaders as well as Oklahomans personal behaviors.
- d. **Key Performance Indicators Report**-Adam Paluka, Deputy Chief Public Affairs – Mr. Paluka presented the Key Performance Indicators for April 2020. Patient Satisfaction scores remained excellent with both divisions coming in above 97%. He said there was one critical system that went down in April, but the IT Team was able to rectify the issue quickly. Mr. Paluka reminded the Board that Educational Demonstrations were still suspended because of COVID-19, but there have been attempts to do virtual visits and videos to stand-in for in-person visits. He said social media numbers were very good in April because of several Facebook Live events that garnered a large audience – mainly the unveiling of the Oklahoma City Memorial ambulance and academy graduations. He said in April there were a large amount of COVID meetings with City officials and that those meetings have since been suspended.
- e. **President Commentary**-Jim Winham, Chief Executive Officer – Mr. Winham discussed the Personal Protective Equipment that EMSA has been distributing and how the PPE levels the

Authority has on-hand are tracked. Mr. Winham praised the Team Members of the RMRS who were responsible for distributing and tracking the PPE items amid the COVID-19 Pandemic. Mr. Winham also updated Board Members on EMSA's plan to return Team Members to headquarters locations in Oklahoma City and Tulsa. He said EMSA is lagging what other industries might do in an effort to be prepared for a possible second wave of COVID-19. He said he is starting to see call and transport volume tick up to pre-COVID levels. He said that anecdotally as he is out and about, he is seeing fewer and fewer people wearing masks. Mr. Winham said currently there are five Team Members quarantined in Oklahoma City and one person quarantined in Tulsa. He said the PPE supply in both divisions is great, and EMSA is currently stockpiling those items in the event the local COVID-19 situation worsens. He said he did want to discuss the Medical Provider's Care Act which was just signed into law. This law requires EMSA to report any incidents where an EMSA medic is assaulted while on the job to the Oklahoma State Department of Health. EMSA is also now required to put a sign on the outside and inside of the ambulances that state the law and its consequences/fines by November 1st. Ms. Powell asked how many EMSA medics get assaulted while on the job. Mr. Winham said EMSA usually sees one or two medic assaults in some form or fashion each day, and it is a lot more frequent than people realize. Ms. Slater asked what OSDH will do with that information. Mr. Winham said he did not know what they will do once that information is collected.

5. **Chief Medical Officer's Report**-Dr. Jeffrey Goodloe, Chief Medical Officer – Dr. Goodloe said he is also very discouraged when he sees reports of EMSA medics being verbally or physically assaulted – but that is the sad reality for medics across the country. He said some of those assaults are due to a medical issue that is outside the control of the patient, such as severe chronic dementia or sudden changes in environmental awareness due to head injuries. Dr. Goodloe said he hopes those incidents are not lumped in with assaults where the perpetrator is aware of what they are doing. He said he hopes OSDH uses the data to encourage prosecution of perpetrators, but he does not think that will be the case. Dr. Goodloe said he would let his COVID-19 updates that are sent to the Board via email stand as his updates on the situation from the Office of the Medical Director and encouraged Board Members to contact him with any questions they may have. He said he is appreciative of all of the work the medics in the EMS system are doing. He said OMD is always pushing for an optimal clinical standard of care. Dr. Goodloe told the Board he has sent them the annual report for OMD and MCB activities.

Dr. Goodloe said he wanted to share with the Board that on multiple occasions he believes he has hit a highly concerning roadblock to advance clinical services in the EMS system. He said is incumbent on the Board of Trustees that we directly discuss his concerns that he believes are shared by the EMSA Executive Team. He did not want to get into specifics because of ongoing legal activity between EMSA and its contracted service provider, Global Medical Response. He told the Board he would like them to hold an Executive Session in June or a Special Meeting before the June Board Meeting to discuss these concerns. He has been told that advancements in clinical care that he would like to implement cannot happen because of the money that is tied up in legal proceedings. Dr. Goodloe said he fears the Board does not understand the clinical consequences if this dispute is not resolved. He said he is formally calling for a Special Executive Session for purposes of discussing the ongoing legal issues with its labor contractor and how that is incurring a clinical cost. Mr. Williams said as acting Chairman he would take that recommendation under advisement, and he heard and understood Dr. Goodloe's concerns. He said there is a lot going on with that litigation. Dr. Goodloe said he wanted to be clear that he has no personal discord with

any of the in-state labor contractor management or leadership. He said he believes their interests align well with the Authority and the medical oversight. Ms. Slater thanked Dr. Goodloe for the COVID-19 updates and Mr. Williams and Mr. Winham concurred.

6. **New Business** – No new business.
7. **Trustees’ Reports**-Trustee Wiley Williams reported on property that EMSA is interested in acquiring for its Western Division headquarters, which would be purchased by the City of Oklahoma City. Mr. Williams said he reviewed the documents related to the potential purchase, and he found some one-sided language and terms not in the favor of the City of Oklahoma City or EMSA. He has sent the documents back to the seller with some revisions. He said the site has some environmental issues that the Department of Environmental Quality addressed in the late 1990s, and the site was cleaned up enough to get DEQ’s blessing to allow the site to continue to be used as a place of employment. However, there are issues now that would make it so that any purchaser of the property could not move any dirt on the property until there is a revised order from DEQ. Mr. Williams said the seller wants to put terms in the contract that would indemnify the seller in perpetuity for any environmental issues/claims that arise on the property after it is sold. It is Mr. Williams’ legal opinion as a representative of the City of Oklahoma that if they are going to indemnify the City of Oklahoma City, that indemnification would apply to EMSA as well. Mr. Williams said that is the major hurdle for closing this contract. He said the City of Oklahoma City has agreed to purchase the property for its appraised value. He is waiting to hear back from the seller’s attorney and expects a response to Mr. Williams’ concerns very soon. Mr. Williams said Mr. Winham and other members of the EMSA Leadership Team met with members of the Oklahoma City Council, and those members appear supportive and are very interested in purchasing the property for EMSA. Mr. Winham detailed why the property is a good fit for EMSA and is hopeful the issues can be resolved, and the purchase can move forward as planned.
8. **Next Meeting** – Wednesday, June 24, 2020 at 1:00 p.m. via videoconference/teleconference.
9. **Adjourn** – The meeting was adjourned by Mr. Williams at 2:15 p.m.

Adam Paluka, Assistant Secretary

Date