EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust
Special Meeting, EMSA Board of Trustees
Wednesday, July 24, 2013 – 12:00 pm
EMSA Corporate Offices
1111 Classen Dr., OKC, OK 73103
1417 N. Lansing Ave., Tulsa, OK 74106

Minutes:

NOTICE AND AGENDA for the Special Meeting of the Board of Trustees of the Emergency Medical Services Authority, a Public Trust, was posted July 22, 2013 in the offices of the City Clerk of Oklahoma City at 11:46 am, with an added item to the agenda posted July 23 at 7:43 am and a full amended agenda was posted with the City Clerk of the City of Tulsa on July 22, 2013 at 4:24 pm, more than 24 hours prior to the time set for the meeting.

A quorum was present, and the meeting was called to order at 12:02 p.m. by Ms. Lillian Perryman.

TRUSTEES PRESENT

Mr. Larry Stevens
Dr. Ed Shadid
Mr. Clay Bird
Mr. Phil Lakin
Ms. Lillian Perryman
Mr. Mark Joslin
Mr. Joe Hodges
Mr. Larry McAtee
Dr. Charles Foulks
Dr. Jeff Goodloe

OTHERS PRESENT

Steve Williamson, EMSA
Kent Torrence, EMSA
Angie Lehman, EMSA
Ann Laur, EMSA
Kelli Bruer, EMSA
Tracy Johnson, EMSA
James Davis, EMSA
John Peterson, Paramedics Plus
John Smith, Paramedics Plus
Joe Wallace, Paramedics Plus
Jason Whitlow, Paramedics Plus
Chuck Smith, Paramedics Plus
Jason Likens, Paramedics Plus
Joanne McNeil, Paramedics Plus
Tom Wagner, AMR
Randy Strozyk, AMR
Jim Orbison, Riggs/Abney
Kris Koepsel, Riggs/Abney
Doug Dowler, City of OKC
James Blocker, OCFD
Kari Culp, Schnake/Turnbo/Frank
Vic Albert, Conner & Winters
Ziva Branstetter, Tulsa World

TRUSTEES ABSENT

Dr. Jim Rodgers

CONSENT AGENDA

1. Approval of Regular Board Minutes of June 26, 2013

Upon motion made by Mr. Stevens and seconded by Mr. Hodges, the Board of Trustees voted to approve the Regular Board Minutes from the 1:00 pm meeting on June 26, 2013.

AYE: Ms. Lillian Perryman, Mr. Clay Bird, Dr. Ed Shadid, Mr. Mark Joslin, Mr. Joe Hodges, Mr. Larry Stevens

NAY: None

ABSTENTION: Mr. Larry McAtee

ABSENT: Mr. Phil Lakin (absent for this vote), Dr. Charles Foulks (for this vote), Dr. Jim Rodgers

The Motion passed.

2. Approval of Interlocal Subsidy Agreement between the City of Edmond and EMSA

Upon motion made by Mr. Bird and seconded by Mr. Joslin, the Board of Trustees voted to approve the Interlocal Subsidy Agreement between the City of Edmond and EMSA.

AYE: Mr. Larry McAtee, Mr. Joe Hodges, Dr. Ed Shadid, Mr. Phil Lakin, Mr. Clay Bird, Ms. Lillian Perryman, Mr. Mark Joslin

NAY: None

ABSTENTION: Mr. Larry Stevens

ABSENT: Dr. Charles Foulks (for this vote), Dr. Jim Rodgers

The Motion passed.

REGULAR AGENDA

1. Chairman's Report

Ms. Perryman acknowledged the previous year had been eventful and somewhat difficult for EMSA at times, but all in all, it was a great year. She thanked the Board for their support throughout her term as chairperson. She also thanked Steve Williamson, Ann Laur and the entire EMSA staff, as well as the medics on the street, for their support.

2. Approval of EMSA Board of Trustees Slate of Officers
A. Mr. Clay Bird, Chair
B. Mr. Larry McAtee, Vice Chair
C. Dr. Jim Rodgers, Secretary/Treasurer
D. Ms. Ann Laur, Assistant Secretary

Upon motion made by Mr. Stevens and seconded by Mr. Joslin, the Board of Trustees voted to approve the EMSA Board of Trustees Slate of Officers.

AYE: Mr. Mark Joslin, Mr. Larry McAtee, Ms. Lillian Perryman, Mr. Larry Stevens, Mr. Phil Lakin, Mr. Clay Bird, Mr. Joe Hodges, Dr. Ed Shadid

NAY: None

ABSTENTION: None

ABSENT: Dr. Charles Foulks (for this vote), Dr. Jim Rodgers

The Motion passed.

3. Award of Ambulance Bid to American Emergency Vehicles

Mr. Williamson stated the RFP for the new ambulances to be purchased was advertised and conducted in accordance with the Oklahoma Public Trust Statute. Although EMSA received requests for the Ambulance RFP from three companies, only one bidder responded, American Emergency Vehicles (AEV). Mr. Williamson informed the Board that AEV is a quality company from which EMSA has purchased ambulances previously. The company is large enough to handle the volume of units required and the pricing is consistent with the previous agreement between EMSA and AEV. Mr. Williamson recommends the Board approve American Emergency Vehicles as the provider of new ambulances.

Dr. Shadid asked Mr. Williamson to confirm that the bid provides for a three percent increase each year over the next five years. Mr. Williamson confirmed the three percent increase, and stated that when the components are examined along with the cost of owning the vehicles, the cost is very good.

Upon motion made by Ms. Perryman and seconded by Mr. Stevens, the Board of Trustees voted to approve the award of the ambulance bid to American Emergency Vehicles.

AYE: Mr. Larry McAtee, Mr. Joe Hodges, Dr. Ed Shadid, Mr. Phil Lakin, Mr. Clay Bird, Mr. Larry Stevens, Ms. Lillian Perryman, Mr. Mark Joslin

NAY: None

ABSTENTION: Dr. Charles Foulks

ABSENT: Dr. Jim Rodgers

The Motion passed.

4. Comments by Paramedics Plus representatives Vic Albert and John Peterson

Mr. Vic Albert, of Conner & Winters, LLP, introduced himself as the outside legal counsel for Paramedics Plus. Mr. Albert handed out copies of a formal protest letter protesting the service provider selection process and recommendation by the Selection Committee for EMSA.

He stated questions need to be answered and certain information needs to be considered by the Board before a vote is held on the recommendation to accept AMR (American Medical Response) as the service provider for the five-year contract period that begins on November 1, 2013.

Mr. Albert explained the RFP bid process has two components; a pricing aspect to provide services over the term of the contract, and a qualifications aspect of the bidders. Five points should be considered as the bids are studied and recommendations by the selection committee are reviewed.

(1) The first point is in regard to the pricing component. The bid by AMR is more than $44,000,000 less than the bid by Paramedics Plus. How can AMR provide the service specified in the RFP for $44 million less than Paramedics Plus has done? If the 10.5% profit Paramedics Plus has made is taken off the table, AMR would still lose $27.5 million in performing this contract over the 5-year period

(a loss of $5.5 million per year). Why would AMR bid to lose millions of dollars per year?

AMR submitted its bid to EMSA in May, 2013. In June, 2013, AMR's parent company, Envision Health Care Holdings, filed a Registration Statement with the Securities and Exchange Commission to raise $100 million in an initial public offering of its stock. Mr. Albert believes AMR's financial undercutting of the bid to provide service to EMSA is an attempt to use the $250 million EMSA contract to drive up the interest in the public offering. He feels the EMSA contract is being used as a pawn in a larger financial plan AMR has to recapitalize its debt. Mr. Albert questions if the Selection Committee knew about the IPO (initial public offering), and submits the conclusion is that Paramedics Plus has been a victim of this financial planning by AMR. He suggests the EMSA Board obtain a legal review and opinion on the ramifications of knowingly participating in a transaction like this one.

(2) Mr. Albert stated it is their opinion the financial undercutting by AMR on the EMSA contract to be price fixing and an unfair trade breach which both federal and Oklahoma laws provide redress. Paramedics Plus and AMR are competitors in the market for emergency medical services. In litigation between the two companies over a contract in Alameda County, California, AMR is on record as saying they will do anything they can to derail the momentum Paramedics Plus has. Mr. Albert stated that the effort to undercut the bid is a price-fixing effort and potential anti-trust violation. He urged the Board again to obtain a legal review.

(3) Part of the $27.5 million shortfall projected in the formal protest letter will be made up, Mr. Albert stated, by AMR's intention to return to a 48 hour work week for medics and EMTs. The 42 hour work week was recently put into place in Tulsa, after Paramedics Plus worked with EMSA's encouragement and direction for more than a year, and is in the process of being implemented in Oklahoma City. The 42 hour week was encouraged to promote better quality patient care and better employee work attention, and Paramedics Plus had acted upon the advice and recommendation of medical professionals, including Dr. Goodloe.

Dr. Goodloe interrupted Mr. Albert at that point, stating he was an editor of the work Mr. Albert refers to, not the primary author, and he would not allow himself to be used in this manner.

Mr. Albert acquiesced, indicating Dr. Goodloe's point to be true. He continued, stating a 48 hour week will mean EMSA medics will work 26 more days per year at the same rate of pay now received for the 42 hour week.

Mr. Bird then stated the issues Mr. Albert is raising have been reviewed, and he feels discussion concerning these legal issues is not appropriate at this time.

Mr. Albert stated he will conclude in less than five minutes and asks the Board to let him continue, as the issues are important and should be heard out of respect for the fifteen years Paramedics Plus has been the contractor. Mr. Bird agreed, with the stipulation that it is not a reiteration of what has already been heard.

(4) Mr. Albert then asked if the Selection Committee reviewed or considered the head-to-head performance information from the Alameda County, California contracts for emergency medical service. For the years 2009 through November, 2011, AMR paid millions of dollars of fines for failing to meet medical response time requirements in the contract. From November, 2011 through present, Paramedics Plus has performed the operations in Alameda County, and the County saluted Paramedics Plus for their compliance with some of the most stringent response time requirements nationwide, and for performing consistently to meet or exceed 156 other contract requirements involving operations, administrative and quality measures. Mr. Albert does not believe this comparative record of the two companies was reviewed by the Selection Committee.

(5) Mr. Albert stated he will not detail everything that is in the formal protest under Item 5, but did call the Board's attention to the Compliance and Exclusion reports, the Divert Reports and the CQI (Continuing Quality Improvement) Summary they review each month regarding the performance of Paramedics Plus. He knows the Board is aware of the proven quality of performance Paramedics Plus has provided. He asked the Board to consider if the promises AMR has made on paper to operate this system at an annual multi-million dollar loss are driven by financial gain and goals.

Mr. Albert concluded by asking the Board to take the time to review the issues raised and table this vote for a month.

5. Review of Recommendation of Selection Committee Regarding Ambulance Service Provider

Mr. Williamson called the Board's attention to a handout they received regarding the recommendation of American Medical Response (AMR) as the successful bidder under the terms of the RFP for emergency and non-emergency ambulance service.

Mr. Williamson reviewed the process the Selection Committee followed in making their choice. Scoring was based on a point system with points allocated to each category in the required outline format of the proposal. Items pertaining to

quality had more weight than pricing, with each reviewer allowed to award up to a maximum of 300 points overall for quality.

AMR was awarded a total of 2,631 points for the quality categories, compared to 2,201 points awarded to Paramedics Plus.

Once quality scoring was completed, pricing sheets were opened by Kent Torrence, EMSA's CFO, and EMSA's auditors, who reviewed and approved the computation. The proposer judged to have the lowest price would be awarded 200 points. Points for the remaining proposal were awarded based on the inverse ratio of each proposer's price to the best price. For example, if proposer A's price is 20% higher than the best price, proposer A would be awarded 80% of the maximum number of points. Each proposer's point award was then multiplied by nine.

AMR won the pricing points in each of the four response time scenarios included in the RFP.

The total number of quality points received by each proposer was then added to the number of points each proposer was awarded in each of the four pricing scenarios.

The committee, at this point, had determined which proposer had prevailed according to the point structure.

Next, the Selection Committee discussed the issue of response time standards in the four different pricing scenarios. For emergency transports, pricing was listed for the standard of 8:59 versus 10:59.

Mr. Williamson reminded the Board of the white paper produced by the study EMSA commissioned of the University of Oklahoma School of Emergency Medicine. The provisions in the RFP were reviewed clinically by the study to affirm that both the standard of care and evidence based medicine were addressed within it. After discussion regarding all four scenarios, the Selection Committee agreed to choose between Scenarios 1 and 2, each with an emergency response time standard of 10:59.

Mr. Williamson then explained that the difference between Scenario 1 and 2 is the way in which exclusions are calculated. Scenario 1 calls for overload exclusions to be calculated at 200% of demand for hour of day, day of week. Scenario 2 calls for overload exclusions to be calculated at 98% of demand for a rolling 52 week period.

The Board reviewed a chart depicting actual overload exclusions from the months of October, 2012, January, 2013 and May, 2013. The chart includes the calculations at both 200% of average demand and at 98% of demand for a rolling 52 week period, showing the reduction amount for each method.

The Selection Committee chose to go with Scenario 2 (with a calculation of 98% of demand for a rolling 52 week period), which results in a savings of almost $15 million over five years.

Dr. Shadid asked if the chart depicting the calculations is based upon the current 8:59 response time or upon a response time of 10:59. Mr. Williamson replied the calculations are based on an 8:59 response time.

Mr. Williamson then directed the Board's attention to the pricing summary sheet, to recap Scenario 1 and 2, overall. For Scenario 1, AMR's bid was approximately $32 million less than that of Paramedics Plus. For Scenario 2, AMR's bid was approximately $44 million less than that of Paramedics Plus, with an additional savings of almost $15 million, due to the calculation of overload exclusions in that scenario.

Ms. Perryman stated the review conducted by the Selection Committee was a thorough, intense review. She believes the Committee did an exceptional job in reviewing the tremendous amount of data available and in considering the information presented by both Paramedics Plus and AMR.

Mr. Hodges stated he would like to have a better understanding from the Selection Committee as to how they felt AMR could deliver the service at a price so much lower than Paramedics Plus. Did they think Paramedics Plus was overpricing? The $44 million over five years is $8.8 million per year in savings.

Ms. Perryman stated she believes one contributing factor could be that AMR, as such a large company, has access to product cost savings.

Mr. Bird stated he, too, felt the selection was an excellent process, with all committee members very engaged, and believes the entire committee was comfortable with the outcome. There were two quality providers bidding and the committee had confidence that both could deliver the service. It is a competitive process, so when one of those two came out on top regarding both quality and price, the committee felt AMR could provide the best value for the citizens served. Mr. Bird felt, going into the process, that due to the fact Paramedics Plus had been providing the service for 14+ years, it was theirs to lose.

Mr. Williamson stated the EMSA board and staff greatly appreciate Paramedics Plus and the job they have done over the past 14 years. The fact they were awarded two extensions of their contract without going to bid speaks to their quality. However, he said, at some point the time comes to recalibrate. Due to occurring changes in healthcare and other things that affect reimbursement, this bid will only allow for one possible extension.

Mr. Bird acknowledged the past year has been challenging for EMSA, but it has also been a good year, with greater engagement from the Board and new policies that have been put into place. The State audit was performed and the MRO (Management Review Office) conducted a review. Mr. Bird feels the bid process was in line with the goals EMSA set this year regarding cost savings and efficiencies, and the Selection Committee and their recommendation supports it 100%.

Dr. Goodloe then addressed the Board. He believes the Board, the staff and the citizens EMSA serves have every right to look to him as the Medical Director, and to the Medical Control Board he works for, as the clinical conscience of this system. It is a heavy responsibility he has great respect for, and it is one he and the Medical Control Board fully accept.

This system serves over 1.5 million citizens, and they have every right to expect this process to be exacting, deliberate and responsible; to be one that puts their interests first and foremost, not to the exclusion of fiscal responsibility, but to the preeminence of fiscal responsibility.

Dr. Goodloe stated both he and Dr. Reames, the Chairman of the Medical Control Board, are completely comfortable that the process was appropriately conducted throughout this bid review. He feels it speaks highly of the process that the quality of care was discussed and scored prior to the financial components of this bid being considered.

Dr. Goodloe stated there was a component of this bid response in which both bidders commented on their support for medical oversight. He assured the Board this aspect was not a deciding factor in either his or Dr. Reames' recommendation on the Selection Committee.

Paramedics Plus chose to indicate they would designate a liaison position to further support medical oversight efforts. It was sincerely appreciated and Dr. Goodloe feels it was made with their realization of the benefits of good medical oversight and the intent to promote good relationships with medical oversight.

American Medical Response chose to commit a cash value of $100,000 annually, specifically designated for clinical personnel. It will not go to medical oversight, equipment, travel, etc., but instead goes distinctly to salary and benefits of someone associated with medical oversight.

Either one of the components would further the good work medical oversight is committed to. Dr. Goodloe does not want anyone, winner or loser of the bid, or any citizen, to believe an opinion of the Medical Director or the Medical Control Board can be bought. This is a distinctly unique practice of medicine serving the acute unscheduled care needs in these communities, and he and the Medical Control Board are committed to it.

The bid process, in both his and Dr. Reames opinion, was done exceedingly well, looking out for the patients' interests and the continued success of our EMS system in meeting patients' interest.

Dr. Foulks appreciates the work Dr. Goodloe does as Medical Director, but as a non-emergency physician, he is a little concerned regarding response times in Scenarios 1 and 2 vs Scenarios 3 and 4. He asked Dr. Goodloe, in regard to Priority 1 calls (life threatening illness requiring emergency response), if he would be as comfortable with Scenarios 1 and 2, with response time standards of 10:59, versus Scenarios 3 and 4, with response time standards of 8:59, in a life threatening call for his own family.

Dr. Goodloe replied he will call 911, as the rest of the community does, in a medical emergency. He stated neither he nor the Medical Control Board physicians could rest at night if they hadn't set in place appropriate clinical standards in the system.

Dr. Goodloe stated he is completely comfortable with the change in response time standards, as he understands they honestly do not confer a detriment to clinical outcomes. There is good science that backs this up, and the 10:59 versus 8:59 in the life threatening emergencies only refers to the ambulance transport component piece of the system.

The EMS system is an integrated network of fire department EMS professionals and ambulance transport EMS professionals. One is not better than the other, nor is one more important than the other. They have the same mission. They have complementary functions and literally function on the same set of protocols in the same curriculum that supports their understanding and training of those protocols.

The response of the system is not going to substantially change with 8:59 versus 10:59 in these life-threatening emergencies. Most people don't realize, nor do they need to, that this is part of how the system works.

The fire department will continue to get prompted for response on the most time sensitive calls; cardiac arrest, heart attacks, severe trauma and breathing difficulties. They will continue to respond as they do, arriving on scene to these emergencies within four to five minutes, about 85-90% of the time. Whether the ambulance arrives up to 8:59 or up to 10:59, is not going to make the critical difference.

Dr. Goodloe stated that Dr. Tom Blackwell wasn't chosen to author the EMS system design study by accident. He has been the long-time Medical Director in Charlotte, North Carolina, for an EMS system that bears more than a passing resemblance to the infrastructure in Tulsa and Oklahoma City. He is well thought of clinically and academically, and has trained a number of EMS physicians through EMS fellowships he has established. Dr. Blackwell's expertise was sought because he is well published in the peer-reviewed literature specifically on the issue of response times.

What is known largely through his work and through the work of others is that critical response time difference actually lies at the 4 to 5 minute range, not the 8 vs 9 vs 10 vs 11 minute range. This system is able to successfully meet that 4 to 5 minute range because the fabric of the fire department and EMSA work together like they do. Fire stations are strategically located, directly related to a time/distance equation, with various things such as traffic flow and the population of the area taken into consideration.

In addition, the ambulance transport vehicles are also dynamically located based on historically determined data of call volumes, time and locations. Our system has produced excellent clinical success regardless of who the contractor has been over the years. Dr. Goodloe believes the response time standard of 10:59 is an opportunity to help us operate a safer system. He honestly worries about the safety of the EMTs and medics and about the safety of the public around them as they travel to calls trying to meet well-intentioned response standards, but not clinically validated response standards.

In addition, ours is not the only community looking at response time standards with increasing scrutiny. Evansville, Indiana, which has known difficult economic times in the past few years, raised its response time standards from 8:59 to 12:59, a full two minutes beyond the 10:59 being recommended here. In their system, they looked at parameters of these life threatening cases; at patient pulse rates, blood pressures, and oxygen concentration levels. They looked at the time of initial system contact with the patient and then looked at the time when that patient was taken to a hospital. They found absolutely no difference in the clinical status of the patients in their system whether the ambulance got there within 8:59 or 12:59. And their city enjoys the same type of two-tiered, mulit-agency system that we do.

Ambulances will still respond in a timely manner. Part of this change looks at reducing the use of red lights and sirens in the non-life-threatening cases. In life-threatening cases, the lights and sirens will continue to be used, although there is pretty good science to suggest there is really not much time savings at all with that, either. Speed can save a life, but it can take one, too, and we must be very careful with our thought regarding that.

Dr. Goodloe spent the extra time to answer Dr. Foulks question because he wants the Board and citizens in the community to know that the issue of changing the response time standard had been carefully studied by the Office of the Medical Director, the Medical Control Board and the Selection Committee.

Dr. Foulks thanked Dr. Goodloe for his answer, and stated that to put it simply for the guy on the street, outcomes won't change because the first responding times won't change – they are not being affected by this contract. The first emergency responders will arrive and take care of the patient, with EMSA arriving shortly after to join in the effort and make sure the patient is transported to a receiving hospital where physicians await.

Dr. Goodloe agreed.

Mr. Phil Lakin stated the Selection Committee heard the same information just shared in their conversations and discussions. It was very helpful to Mr. Lakin, being completely outside the medical profession, to receive the assurances from Dr. Goodloe, especially with respect to the speed at which any one of our citizens will be provided with good quality services.

He stated the scores are in front of the Board and they can see the totals. The Selection Committee did not have anything to do with the prices and they are what they are. The real crux of the conversation dealt with the quality of care our system could continue to provide to our citizens. Mr. Lakin relied on the professional medical opinions in making his decision.

Mr. Lakin then asked Mr. Williamson, regardless of whether it is Paramedics Plus or AMR, what would happen if EMSA uses the prices provided and the contractor doesn't perform?

Mr. Williamson replied that there would be an opportunity to cure the deficiency, and if not cured, they would be fired, their $5 million performance bond taken and EMSA would go out for bid within a year.

Mr. Williamson stated the contract would be negotiated after the Board makes its decision. The contract, as it has been for the last 30 years, is the RFP and the

response. It is a performance-based contract, the performance being spelled out in the RFP and the response, which means performance criteria will not be lessened.

Dr. Goodloe stated that Mr. Williamson is well known in the ambulance provider business, having been an executive in the field for 35 years, with people from all over the country seeking his opinion regarding system design, and the appropriateness of system financing. Dr. Goodloe asked, for the board's benefit, the citizen's benefit and his own benefit, if Mr. Williamson believes either of these bids represent capricious, irresponsible, unsustainable operations at the price they've been bid?

Mr. Williamson replied no, that he believes both AMR and Paramedics Plus to be excellent, serious companies, and cavalier bidding or sub-standard performance would cost them far greater than under bidding or any profits they would make.

Dr. Shadid stated it appears from the numbers that the decision we are making to induce the cost savings is achieved by going from 9 minutes to 11 minutes. In Scenarios 3 and 4, there is no significant cost difference between the two companies (about 2%), but when Scenario 2 is looked at in comparison with Scenarios 3 and 4, there is a cost savings of about 17% to 18%. He feels the decision being made is whether to use Scenario 3 or 4 versus Scenario 1 or 2 to induce a $45 million savings.

Mr. Williamson stated that the process was to look first at the clinical outcomes of the 10:59 versus the 8:59, in which the Medical Control Board said the 8:59 did not lead to better outcomes. Next, exclusions were considered, to see at what cost exclusions should be lessened, and that is what led the group to price the various scenarios.

Mr. Bird added that when the RFP was initially discussed by the Board, they were made aware that the option of a 10:59 response time standard was based on clinical evidence, and that cost savings would also result, as well. At that time, Mr. Bird requested the 8:59 response time standard be priced, too, because he felt most citizens do believe faster is better when it comes to responding to emergencies. He thought it would be helpful to actually see the difference in cost between the two options. Once the Selection Committee saw the evidence that there was no difference clinically between the two response time standards, and saw the pricing of the two response time standards, it became clear to them that Scenario 2 was the best choice.

Dr. Goodloe assured the Board that in the discussion by the Medical Control Board regarding the 8:59 and 10:59 response time standards, there was no mention whatsoever regarding the fiscal impact of the different standards. Discussion focused solely on what the evidence from the study showed regarding clinical outcomes.

Dr. Goodloe stated there is an honest check and balance in this system, allowing us to study just one element, if desired. Then, when the parts need to be married together, we have the benefit of that, as well. He believes this is exactly what is being done by the Board today.

Dr. Shadid stated that in Oklahoma City last year, fire responded first to Priority 1 calls 84% of the time. He asked Dr. Goodloe to verify if, in his opinion, fire arrives in 4 or 5 minutes, it will not affect the outcome of the call whether the second responding team arrives in 9, 10, 11 or 12 minutes, because the patient received medical treatment when the first team arrived, at that 4-5 minute mark.

Dr. Goodloe agreed, and explained that emergency physicians and medics have a much better understanding of the medical science now than 40 years ago. They used to think other things much more important than they are in the setting of cardiopulmonary resuscitation – things such as intubation, giving adrenaline or starting IV's. The reality is that success as a system is based on things such as when a bystander can start CPR before the first unit arrives. Our system is very successful in this by having our dispatchers give phone initiated instructions. It is treatment such as early CPR, timely defibrillation or shock of the heart that makes the difference. When medics arrive, whether it is fire or EMSA to the scene first, there is prompt continuance of treatment if CPR has been started, or an initiation of chest compressions if not. It is CPR and the ability for the first responder to arrive when medics can timely defibrillate or shock the heart that makes the difference.

Dr. Goodloe is very comfortable in the capabilities of the basic life support companies because the difference makers in the real-time critical illnesses are not at the paramedic level to the extent we used to believe them to be.

Dr. Goodloe assured the Board that the difference maker in the Priority 1 cases is in the 4 to 5 to 6 minutes arrival time, not in the 8, 9, 10 or 11 minute debate.

Dr. Shadid then asked how the CAD2CAD interface is working as far as the response time of getting fire out with the new interface.

Dr. Goodloe replied it is his belief that the real success is not so much the CAD2CAD speed, although there is some efficiency to it. Instead, he believes what has really made a critical difference is the fact the fire department supported the

concept of not responding on every call. Now the strategically placed fire companies in their stations are more available for the life threatening calls. Dr. Goodloe is not criticizing the fact that fire departments in the system responded to every call at one point. However, if a team is committed to a call where there is a sprained ankle, then it cannot simultaneously take care of someone with a heart attack two blocks away. There has been a real benefit to the selective response to higher priority calls from the fire departments. Fire is now first on scene 83-84% of the time due to the availability of the number of companies, now they are not responding to every call.

Dr. Shadid then asked Dr. Goodloe how efficient the process is of call takers interpreting the calls and making the decision whether or not to send fire. Are they doing well? Could they do better?

Dr. Goodloe responded the dispatchers are doing well, and he believes it will improve to the extent more efficient questioning becomes available in this medical priority dispatch system. The system being used is a real strength. It is the most widely used, organized medical dispatch system in the world, and has been in existence for 20 to 30+ years. In Dr. Goodloe's opinion, it is the absolute best option to use for medical call processing. There is an ongoing academic clinical discussion with leaders in this medical priority dispatch system to find ways to make their process even more efficient, but they must be careful to do so in validated ways that won't let high priority cases slip through the cracks.

Dr. Goodloe stated our system responds to over 200,000 calls per year. What must be realized is that whether the Board makes a decision about going with contractor A or B, or going with a response time standard of 8:59 or 10:59, the system will continue to make over 200,000 responses. There is no contractor or response time standard that can guarantee clinical perfection.

Mr. Bird thanked Dr. Goodloe, and asked the Board for further comments or questions.

Mr. Lakin stated he would like to reiterate that the scores for the presentations and the responses to the RFP were already tabulated before any of the financial information was viewed. Therefore a provider could not have been selected based upon the financial data prior to scoring and reviewing all of the applications. He believes the process was well done. The members of the Selection Committee had different opinions with respect to the scores they provided, but in the end, one provider won in both categories.

Mr. Joslin agreed and stated it was clear there is protection in place to assure performance from whichever provider was selected.

Mr. Hodges asked Mr. Orbison, as the Board's legal counsel, if he has any concerns about the Board moving forward with the vote today.

Mr. Orbison stated the Board has devised and operated a very good process, and sees no reason not to proceed.

Dr. Shadid asked for clarification regarding the amount of money, $100,000 or $200,000, that was discussed for the Medical Director to use to hire an Assistant Medical Director. Who would AMR write the check to?

Dr. Goodloe explained that the AMR bid, as submitted, indicated AMR would provide $100,000 annually to go to the support of clinical personnel for medical oversight. Dr. Goodloe stated the money will not go to a salary adjustment for him or for anyone who presently works in the office during the five year term of this contract. It allows his office to consider hiring an additional person or persons. It does not specify the person must be a physician or an Associate or Assistant Medical Director. Dr. Goodloe stated it is unusual to see a system of this size with one physician tasked with the day to day oversight, and he could not possibly do it without the support of incredibly talented medics who work in his office and the support of the Medical Control Board.

The priority, if AMR were to be awarded the contract, would be to work in cooperation with the University of Oklahoma to explore how to successfully recruit an established, experienced EMS physician that could be an assistant or associate Medical Director. Dr. Goodloe has not had any substantive conversations with the University regarding this, but his Chairman of Emergency Medicine at OU indicated, even before this bid process began, that he would have interest in supporting the concept of recruiting an additional EMS physician.

Dr. Shadid stated his reason for asking is due to legal questions in the past regarding a vendor paying for travel expenses, and he would like to hear, from legal counsel, why the vendor is writing a check to the Office of the Medical Director. Would there be an issue if this were to occur?

Mr. Williamson explained that just as Dr. Goodloe is hired and paid through a contract with the University of Oklahoma; if Dr. Goodloe and the Medical Control Board choose to hire a person for this position, he or she would also be hired and paid through a contract with the University of Oklahoma.

Dr. Shadid asked Mr. Williamson to confirm his understanding of the process, that AMR would give EMSA the $100,000 and then EMSA would give it to the University by way of a new contract. Mr. Williamson confirmed.

Dr. Goodloe stated it is exactly as he would want the process to work. There should be no appearance of a conflict of interest regarding medical oversight in the contract. He appreciates it is clearly written in the bid that the money is designated for clinical personnel, and therefore cannot be used for any other purpose.

Mr. McAtee then referred back to the question posed by Mr. Albert at the beginning of the meeting, when he asked the Selection Committee if they knew there was an IPO filed by AMR. Mr. McAtee stated the answer is an emphatic yes; that he had asked a question regarding this and it was discussed.

6. Selection of Ambulance Service Provider

Upon motion made by Ms. Perryman and seconded by Mr. Joslin, the Board of Trustees voted, upon the recommendation of the Selection Committee, to approve American Medical Response (AMR) as the successful bidder under the terms of the RFP for Provision of Ambulance Services, with Alternative Pricing 1 (Scenario 2).

AYE: Ms. Lillian Perryman, Mr. Joe Hodges, Dr. Charles Foulks, Dr. Ed Shadid, Mr. Phil Lakin, Mr. Clay Bird, Mr. Larry Stevens, Mr. Larry McAtee, Mr. Mark Joslin

NAY: None

ABSTENTION:

ABSENT: Dr. Jim Rodgers

The Motion passed.

7. President's Report

Mr. Williamson reviewed the compliance reports for the month of June, 2013. The eastern division was in compliance in Priority 1, 2 and 3 categories and was in the 88th percentile for Priority 4 calls, which is a non-emergency category. The western division was in full compliance in all categories. There were no areas of discrimination in either division. Mr. Williamson noted the exclusion reports and graphs are on the website for the Board's review.

Mr. Williamson reported that the Oklahoma City office was unfortunately flooded again the previous night. The reoccurring flooding is due to the recent construction in the area. Preparations are being made (sandbags) for the rain expected on Friday. Mr. Williamson stated that the flooding issue is another reason to hasten the process of planning the new building in Oklahoma City.

8. Medical Director's Report

Dr. Goodloe stated the divert reports and CQI reports are on the website and asked if there were any questions regarding these. As there were none, Dr. Goodloe concluded his report, due to the amount of information covered during the meeting.

9. New Business

None.

10. Trustees' Reports

None.

11. Next Meeting – Wednesday, September 25, 2013 – 1:00 PM via video conference – EMSA Administrative Offices, 1111 Classen Drive, Oklahoma city, OK 73103 (Western Division) and 1417 N. Lansing Ave., Tulsa, OK 74106 (Eastern Division)

12. Adjourn

The meeting was adjourned at 1:38 pm.

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Ann Laur, Assistant Secretary