



EPISCOPAL HEALTH
FOUNDATION

REQUEST FOR PROPOSAL

SUBMISSION DEADLINE: MARCH 4, 2019

PROJECT TITLE:

**RECOMMENDATIONS FOR
EMERGENCY MEDICAL SERVICE
PROVIDED BY THE CITY OF HOUSTON**

BACKGROUND

About the Episcopal Health Foundation

The [Episcopal Health Foundation \(EHF\)](#) believes all Texans deserve to live a healthy life - especially the poor and those with the least resources. Our public health orientation leads us to focus on upstream work that goes beyond providing healthcare services in a doctor's office and seeks to address the underlying social, economic, behavioral, and environmental causes of poor health. We are most interested in work that takes a systems approach to improve community health, which leads us to focus on creating and supporting intentional connections between and among institutions aimed at not just improving healthcare delivery but transforming the health of an entire community. With more than \$1.2 billion in estimated assets, EHF operates as a supporting organization of the Episcopal Diocese of Texas and works to help improve the health and well-being of the 11 million people living throughout a 57-county region of Texas.

About EMS Service Delivery and the City of Houston

Emergency medical service across the United States is undergoing a renaissance with the advent of mobile integrated healthcare and community paramedicine practice, leading to the redesign of traditional emergency care strategies. Simultaneously, healthcare financing in America is rapidly changing, moving from a fee-for-service model to value-based payment strategies. EMS payments remain predominantly fee-for-service, but it is expected that this will change over the next several years, due in large part to governmental healthcare payors (i.e. CMS).

Several EMS systems in the U.S. have developed effective clinical operations and mature financial structures utilizing an expanded scope of services, both emergency and non-emergent, that can improve health outcomes and financial performance of taxpayer-funded services.

Houston's current EMS system operates in a traditional fire-based model utilizing fire truck first response (BLS) with ALS and BLS ambulance transport options. The system responds to calls for request solely via the 9-1-1 emergency call system. Houston EMS transports patients to a network of 44 hospitals and responds to approximately 300,000 9-1-1 calls per year, with an average first unit on scene time of just under 6 minutes. The department is staffed with approximately 3,800 EMT's and 500 paramedics.

The EMS model used by the City of Houston has remained relatively unchanged for decades. Changes in the EMS and healthcare sectors including the focus on population health have led national experts to design a bolder vision for EMS (EMS Agenda 2050) to completely redesign the EMS system such that it is fully integrated into the overall healthcare system.

PROJECT OVERVIEW

Purpose of the Project

The Houston Fire Department, through its EMS division, has been the emergency medical service provider to the residents and visitors to the City of Houston since the early 1970s. Given the rapidly changing landscape described above, it is the ideal time for a comprehensive evaluation of the existing structure and identification of opportunities to redesign the City's EMS system, in order to ensure EMS is optimally positioned to:

- a. Improve its clinical performance in the care of critically ill/injured
- b. Improve its ability to alleviate pain and suffering
- c. Pursue the Guiding Principles of the EMS Agenda 2050
- d. Become maximally cost effective particularly in terms of emergency vehicle response utilization (ambulance, squad, fire service heavy apparatus)
- e. Become maximally integrated into the overall Houston healthcare environment allowing for clinical and operational efficiencies
- f. Take advantage of anticipated changes to the healthcare payment structure, especially value-based healthcare finance strategies
- g. Optimize revenue from an expanded scope of service (e.g. mobile integrated healthcare)
- h. Achieve financial stability

The assessment of and recommendations regarding the EMS system will be presented to City of Houston leadership to consider in planning the future of EMS services.

Scope of Work

The contractor shall (1) conduct a comprehensive assessment of Houston EMS and (2) make recommendations for optimizing the structure of EMS services for the City of Houston.

The assessment shall include a scan of successful models throughout the country as well as an in-depth analysis of the City of Houston. As part of the assessment, the Contractor shall interview local healthcare stakeholders to include, but not limited to, representatives of the Mayor's Office, Houston Fire Chief and Command Staff, Office of the Medical Director, Office of Emergency Management, Harris County Medical Society, local medical schools/academic emergency departments, and leadership of local hospital systems/emergency departments. Interviews with thought leaders across the country should also be included, as appropriate.

Following the assessment, recommendations shall be developed that address the following elements:

- I. Clinical outcomes for critically ill/injured persons (trauma, STEMI, stroke, cardiac arrest)
- II. Alleviation of pain and suffering

- III. Developing a People-Centered EMS System which is:
 - a. Seamless and integrated into the overall healthcare system
 - b. Socially equitable
 - c. Adaptive and innovative
 - d. Sustainable and efficient
 - e. Reliable and prepared
 - f. Inherently safe and effective
- IV. Effective and efficient utilization of the following:
 - a. Emergency ambulance (ALS/BLS) and ALS quick response vehicles
 - b. Emergency medical technician (EMT) and paramedic staffing
 - c. Non-EMS public safety resources (cost/benefit-based Fire Department heavy apparatus first response)
 - d. Police first aid
- V. Integration into the overall Houston healthcare environment allowing for clinical and operational efficiencies, including:
 - a. Coordinated transport of critical/serious cases to appropriate critical care centers (Trauma Centers, Stroke Centers, Cardiac Cath Centers, etc.)
 - b. Balanced distribution of emergent and non-emergent EMS patients across the care network
 - c. Coordinated transport or referral of non-emergent/non-urgent cases to alternate care sites within benefit networks where possible
 - d. Utilization of telemedicine techniques to optimize care and efficiencies
 - e. Integration of hospital and EMS quality assurance and metrics to facilitate feedback to all parties
- VI. Response to anticipated changes to the healthcare payment structure, including:
 - a. CMS payment model restructuring pursuing the Triple Aim
 - b. Private insurance industry incentive-based payments
- VII. Optimization of EMS Model and Staffing
 - a. Operational plan, to include efficient, cost-effective utilization of apparatus
 - b. Infrastructure requirements
 - c. Administrative requirements
 - d. Compliance with State and Federal regulations and guidelines
 - e. Financial Impact
 - f. Staffing Impact
 - g. Establish a system of collaboration with hospitals to measure EMS clinical performance indicators to include, but not limited to:
 - i. Return of Spontaneous Circulation Rates
 - ii. Survival to Hospital Discharge Rates
 - iii. OPC/CPC Scores among survivors
 - iv. Patient Satisfaction Scores
 - v. STEMI care
 - vi. Non-traumatic Shock care

- vii. Asthma care
- viii. Trauma care

VIII. Impact to Community Health Measures (e.g. EMS Compass measures)

Deliverables

Deliverables include (1) a comprehensive assessment of the current landscape, including interviews with local healthcare stakeholders as defined above, identification of current constraints, and analysis of relevant national models and trends. Following the assessment, (2) recommendations must be developed for the re-structuring of emergency medical services provided by the City of Houston in order to improve patient care outcome measures, including establish a system of collaboration with hospitals to measure EMS clinical performance indicators, as well as achieve financial stability.

The recommendations should focus on structural, operational, and financial considerations, as outlined above.

APPLICATION PROCESS

If you or your organization is interested in this opportunity, please submit application materials to asteiner@episcopalhealth.org by 5:00 pm CT on Monday, March 4, 2019. Your application should include:

1. A cover letter describing your areas of expertise and prior experience relevant to the work described in this request for proposal.
2. A 3-4-page proposal that includes a timeline, budget, and a work scope describing how you plan to execute the deliverables outlined in the "Project Overview" section above.
3. Information about all individuals and organizations you may use to support the development and execution of your proposal, including their resumes, their areas of expertise, and prior experience in the area encompassed by the scope of work.
4. At least two references for similar projects completed within the last five years. Each reference should describe the project, dates of work, outcomes achieved, and a client reference that includes name, title, email, and phone contact.

Proposals will be scored with an even weight placed on 1) qualifications and experience and 2) quality of the proposal submission.

Please direct all questions to Anna Steiner at asteiner@episcopalhealth.org.