



THE FALCONER GROUP

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**SKAGIT COUNTY EMERGENCY MEDICAL SERVICES (EMS)
DELIVERY MODEL ADVISORY GROUP**

24 October 2016

The Honorable Lisa Janicki, Chair, Skagit County Commission
The Honorable Ken Dahlstedt, Skagit County Commission
The Honorable Ron Wesen, Skagit County Commission

RE: THE EMS MODEL DELIVERY ADVISORY GROUP'S FINAL REPORT

Dear Commissioners Janicki, Dahlstedt, and Wesen,

On behalf of the members of the Skagit Emergency Medical Services (EMS) Model Delivery Advisory Group, I present to you the Group's Final Report.

The report contains the consensus recommendations of fifteen of the eighteen Advisory Group members who were present at the last meeting of the Group on

Monday, 10 October. It also contains a Dissenting Opinion from three of the members who were not part of the consensus. Because Roger Mitchell, Tony Smith, and Mount Vernon Councilman Dale Ragan wanted to speak with one voice, they needed time to coordinate their dissenting opinion. I received it from them on October 19th. Given that our last meeting was on the 10th, the rest of the Advisory Group has not had the opportunity to review and respond to it.

I am sure everyone stands ready to answer any questions you may have.

While not part of the Advisory Group's report, I am also sending to you a letter from Reece Williams at his request. He presented it at the final meeting two weeks ago and asked that I forward a written copy of his letter to you.

Thank you for this opportunity to work with you, the Advisory Group members, and key staff from the County, service providers, and cities, and to serve the citizens of Skagit County on a very important issue.

Sincerely,

A handwritten signature in black ink that reads "Jim Reid". The signature is written in a cursive style with a large, sweeping initial "J".

Jim Reid
Facilitator, EMS Model Delivery Advisory Group

cc: Advisory Group Members
Tim Holloran, Skagit County Administrator
Kevin Chao, Interim Director, Skagit County Emergency Medical Services Department
Melinda Miller, Skagit County Prosecuting Attorney's Office
Jada Trammell, Operations Director, Central Valley Ambulance Association (CVAA)
Bryan Harrison, City Manager, City of Burlington

SKAGIT COUNTY EMERGENCY MEDICAL SERVICES (EMS)
DELIVERY MODEL ADVISORY GROUP

THE ADVISORY GROUP'S REPORT

TO THE

SKAGIT COUNTY COMMISSIONERS

24 October 2016

ADVISORY GROUP MEMBERS

COUNTY COMMISSIONERS:

Commission Chair **Lisa Janicki**
Commissioner **Ken Dahlstedt**
Commissioner **Ron Wesen**

CITY AND TOWN ELECTED OFFICIALS:

Anacortes Mayor **Laurie Gere**
Anacortes Councilmember **Matt Miller**
Burlington Mayor **Steve Sexton**
Burlington Councilmember **Bill Aslett**
Hamilton Mayor **Joan Cromley**
Mt. Vernon Mayor **Jill Boudreau**
Mt. Vernon Councilmember **Dale Ragan**
Sedro-Woolley Councilmember **Judith Dunn Lee**

FIRE DISTRICT COMMISSIONERS:

Larry Kibbee, District 13
Tom Walsh, District 11

SERVICE PROVIDERS:

Kirk Hale, Central Valley Ambulance Authority Executive Director
Richard Curtis, City of Anacortes Fire Chief
Tony Smith, Aero Skagit Emergency Service Director

CITY AND TOWN APPOINTED OFFICIALS:

Eron Berg, Sedro-Woolley Administrator
John Doyle, La Conner Administrator

FIRE CHIEFS' ASSOCIATION:

Mike Noyes, Chief, Fire District 11, and President, Skagit County Fire Chiefs' Association

HOSPITALS:

Tyler Dalton, Skagit Valley Hospital Trauma Coordinator

LABOR:

Dean Shelton, International Association of Fire Fighters (IAFF) Regional Representative

CONSUMERS:

Shane Sanderson, former Washington State DOH EMS Manager

VOLUNTEERS:

Roger Mitchell, Fire District 5

SKAGIT COUNTY:

Mark Raaka, Skagit County Emergency Medical Services

GOVERNANCE WORKGROUP MEMBERS

Mayor Jill Boudreau, Mount Vernon
Mayor Laurie Gere, Anacortes
Eron Berg, Administrator, Sedro-Woolley
Richard Curtis, Chief, Anacortes Fire Department
Kirk Hale, Executive Director, Central Valley Ambulance Authority
Mike Noyes, Chief, Fire District 11 and President, Skagit County Fire Chiefs' Association
Mark Raaka, Skagit County EMS
Shane Sanderson, former Washington State Department of Health EMS Manager
Dean Shelton, IAFF Regional Representative
Tony Smith, Director, Aero-Skagit EMS

With assistance from:

Melinda Miller, Skagit County Prosecuting Attorney's Office
Jada Trammell, Operations Manager, Central Valley Ambulance Authority
Bryan Brice, Chief, Mt. Vernon Fire Department

SKAGIT COUNTY EMERGENCY MEDICAL SERVICES (EMS)
DELIVERY MODEL ADVISORY GROUP

THE ADVISORY GROUP'S REPORT
TO THE
SKAGIT COUNTY COMMISSIONERS

THE RECOMMENDATIONS:

**ESTABLISH A PLANNING COMMITTEE TO CONTINUE TO EXPLORE THE
COUNTYWIDE EMS DISTRICT MODEL**

At their final meeting on 10 October 2016, fifteen of the eighteen Skagit EMS Advisory Group members in attendance reached consensus to recommend to the Skagit County Commissioners that a planning committee be created to continue to explore the Countywide EMS District for providing emergency medical services in Skagit County. The planning committee's tasks would include: 1) refine the steps needed to reach agreement among the parties on the establishment of the District; 2) address the legal issues and questions about establishing and operating it; and 3) build community support for the concept.

The Advisory Group members who support this recommendation also recommend that the planning committee be established and begin operating as soon as possible. They believe that a decision should be made by mid-2017 about whether or not to establish the Countywide EMS District. The urgency of making a final decision is based primarily on the members' interest in ensuring that the District, were it to be established, has sufficient time to operate before the November 2018 election in which the voters of Skagit County will be asked to approve an emergency medical services levy.

THE CONTEXT FOR THIS EXAMINATION OF SKAGIT COUNTY'S EMS SYSTEM

In Autumn 2015, the Skagit County Commissioners, having heard concerns about the Emergency Medical Services (EMS) system, hired a consultant to interview key stakeholders to better understand the concerns, needs, and interests of the community. Jim Reid of The Falconer Group conducted nineteen confidential interviews between late December 2015 and early March 2016.

The purposes of the interviews were to: 1) ask people with knowledge, expertise, and involvement in the EMS system in Skagit County for their assessment of its strengths and weaknesses; 2) identify their interests in the system and in a process to reexamine it; and 3) solicit initial or preliminary ideas for strengthening it.

Jim produced a summary of the key findings and common themes from the interviews (See Appendix A, page 28).

In March 2016 the County Commissioners appointed twenty-one citizens to serve on the EMS Delivery Model Advisory Group. They represented the three current service providers, cities and towns, Fire Districts and Fire Chiefs, local hospitals, volunteers, labor, consumers, and Skagit County. The three Commissioners also decided to attend the Advisory Group's meetings to ask questions and learn more about the concerns and needs of those who are involved in and affected by the EMS system.

THE ADVISORY GROUP'S PROCESS, FINDINGS, MUTAL INTERESTS, AND CRITERIA

The Advisory Group met eight times between late April and mid-October 2016. At its first meeting on April 25th, Advisory Group members adopted the key findings.

They concluded that the delivery of services by front-line staff is not the problem facing the system. On the contrary, the staff is the system's greatest strength. Rather, the governance structure is the problem.

It has led to confusion about who is really in charge. That has resulted in a lack of transparency, efficiency, and accountability. And many people fear that the current governance structure undermines the financial sustainability of the system.

At that meeting the Advisory Group also agreed on ten mutual interests (See Appendix B, page 30). These interests served as the foundation for working to reach agreement on the future of emergency medical services in Skagit County.

In July the Advisory Group reached agreement to study and assess five governance models: 1) the Current Delivery System; 2) a Fire-Based Model; 3) the Skagit County EMS Department Model; 4) the Public Safety Model; and 5) the Countywide EMS District Model. The Advisory Group briefly discussed the Hospital-Based and Private Service Delivery Models before eliminating them from further consideration.

The Group also approved the criteria by which to consider and evaluate alternative governance models (See Appendix C, page 31). The criteria reflected the mutual interests of the parties.

THE ADVISORY GROUP'S VISION FOR THE FUTURE

The members of the Advisory Group presented individual visions for the future of emergency medical services and the delivery of those services in Skagit County. From their visions emerged this collective vision.

- The system is focused on patients (patient-centric) and delivers the highest quality care.
- The right level of resources is provided to the right place at the right time.
- The system is countywide, delivering services equitably and seamlessly to rural, suburban, and urban areas and residents.
- The EMS System is recognized as much more than ambulance transport; it is seen as part of the comprehensive system of care.
- Hallmark qualities of the system are innovation, best practices, responsiveness, effectiveness, efficiency, accountability, and consistently and predictability balanced with flexibility and adaptability.
- Responsibilities and lines of authority are clear and accurately understood. Governance and decision-making are transparent and accountable.
- The partnership among the stakeholders creates a synergy that enables the system to be as strong and vital as possible.
- Service providers are cohesive and cooperative and share resources for the good of patients.
- The system is properly funded and, therefore, stable and fiscally sustainable.
- The system can demonstrate successful results based on a set of clear standards and performance metrics.
- Refinements and improvements to the system are based on evidence, metrics, and stakeholder and public support.
- Employees have a mix of skills, talents, and strengths.
- Employees are respected, treated fairly, and supported.
- Our EMS system is a purposeful blend of career and volunteer resources, each augmenting the other.
- Public education and prevention are key components of the system.

THE GOVERNANCE WORKGROUP'S PROCESS AND RECOMMENDATIONS:

At its fifth meeting on 18 July 2016, the Skagit EMS Delivery Model Advisory Group established a workgroup from among its members to assess five governance models and recommend a governance structure that will most effectively achieve the mutual interests of the Advisory Group members.

The governance workgroup met six times between mid-July and early October. Early in its process it applied the ten criteria to the models and recommended to the Advisory Group that the Fire-Based and Public Safety Models did not merit further examination. The Advisory Group members agreed and on 8 August authorized the governance workgroup to more deeply assess the remaining three models. In late August most Advisory Group members indicated a preference for the Countywide EMS District and asked the workgroup to more thoroughly develop a proposal regarding the particulars of the model, including how it might be implemented and a rough estimate of its budget.

THE WORKGROUP'S RECOMMENDATION: ESTABLISH A PLANNING COMMITTEE TO CONTINUE TO EXPLORE THE COUNTYWIDE EMS DISTRICT MODEL

Fifteen of the eighteen Skagit EMS Advisory Group members in attendance at their final meeting on 10 October reached consensus to recommend to the Skagit County Commissioners that a planning committee be created to continue to explore the Countywide EMS District for providing emergency medical services in Skagit County. The planning committee's tasks would include: 1) refine the steps needed to reach agreement among the parties on the establishment of the District; 2) address the legal issues and questions about establishing and operating it; and 3) build community support for the concept.

The Advisory Group members who support this recommendation also recommend that the planning committee be established and begin operating as soon as possible. They believe that a decision should be made by mid-2017 about whether or not to establish the Countywide EMS District. The urgency of making a final decision is based primarily on the members' interest in ensuring that the District, were it to be established, has sufficient time to operate before the November 2018 election in which the voters of Skagit County will be asked to approve an emergency medical services levy.

The three members who dissented from this recommendation have presented their arguments in a *Dissenting Opinion* found on pages 11-27 of this Report.

The Skagit Countywide EMS District:

The Skagit Countywide EMS District would be established according to the provisions of RCW 36.32.480, which outlines the requirements for Emergency Medical Services Districts. It would be a quasi-municipal corporation with independent taxing authority (per Article VII, Section 1 of the State of Washington Constitution).

The Countywide EMS District would assume the responsibilities of one of the three current service providers, the Central Valley Ambulance Authority (CVAA). The other current providers of emergency medical services in Skagit County, the Anacortes Fire Department and Aero-Skagit, would continue to provide services. The County's EMS Department would become part of the District. There has been discussion that in the future the Countywide EMS District might take over the responsibilities of Aero-Skagit. From its inception, the District could provide centralized billing services for all service providers.

A governing body consisting of key representatives of the interested and affected parties would provide leadership and policy direction to the District's staff. One potential structure that should be considered is a Board consisting of nine members. Eight of the members would represent Skagit County, the cities and towns, and the Fire Districts. The ninth member would be the Board's chairperson and selected by the other members. A Director or CEO would manage the District's daily operations and report to the governing body. The Director would need to be a skilled leader who has the capacity and energy to build positive relationships among the many parties in Skagit County who have a stake in EMS policy and service delivery issues.

Benefits of the Countywide EMS District:

The principal benefits of the Countywide EMS District model of governance will be:

1. The organization is mission-driven, focused exclusively or primarily on emergency medical services.
2. The District includes a geographic mix of rural, suburban, and urban citizens and organizations.
3. The Board reflects broad, inclusive, fair, and equitable representation of the interested and affected parties.
4. The Board could include a mix of skills, including elected policy-makers, service providers, and experts in the field. (Each party represented on the Board should have the right and responsibility to determine its representative.)
5. A smaller “backbone” organization with fewer layers of bureaucracy will be more flexible, transparent, and accountable, particularly in the expenditure of funding.
6. This model maintains the roles and responsibilities of the existing providers while eliminating competition between them.
7. The District continues the countywide levy while offering a more regional perspective of EMS and more seamless countywide service provision.
8. By making employees of what is now the Central Valley Ambulance Authority (CVAA) public employees, the District offers provides employees more certainty, stability, and ownership of the system, which should increase pride and job satisfaction.

In addition to these benefits, a Countywide EMS District will be different from the current and past governance structures for the EMS System in two ways: 1) it will be a separate, independent legal entity; and 2) the composition of its Board will be inclusive and representative of the various parties and interests with a stake in EMS.

Establishing the Countywide EMS District:

The parties involved:

Representatives of Skagit County, the four cities within the county—Anacortes, Burlington, Mt. Vernon, and Sedro Woolley—and the county’s four towns—Concrete, Hamilton, La Conner, and Lyman—must reach agreement to create the Countywide EMS District. The agreement would be in the form of an Interlocal Agreement. They will also need to negotiate and agree on a path to implementation, including the timing for making the District operational.

While these nine parties must formally agree to establish the District, the support of the fire districts, hospitals, other key stakeholders, and the public will be needed.

Once the Interlocal is signed, the County Commission would need to hold public hearings and adopt an ordinance approving the establishment of the District.

There is urgency to implementing the District:

There is urgency to establishing and implementing the Countywide EMS District because the sooner it begins operating, the sooner it can begin to apply for and receive GEMT funding.

The State of Washington’s plan for providing GEMT funds to eligible agencies is expected to be in place by mid-2017. Once in place, the plan would allow eligible agencies to be reimbursed for specific expenses dating back to July 2016.

Who is eligible appears to still be unclear or uncertain. But the Advisory Group believes that the Countywide EMS District will be eligible. On 29 August the Advisory Group suggested that during an interim period between now and when the District begins operating, Skagit County might become the centralized billing agent through whom GEMT funds would be applied for and distributed. The workgroup concluded that the process of getting the County to be the approved centralized billing agent would be laborious. It might require so much work that it would constitute a major step toward establishing Skagit County as the governing agency for EMS. Therefore, the sooner the District begins operating, the sooner it can begin to apply for and receive GEMT funding.

Funding the District's Operations:

The Countywide EMS District would submit a levy to the voters for funding. It would be a new levy, different from the existing one that is managed by Skagit County. The existing levy would not be renewed.

GEMT funding and grants from a variety of sources would provide the District with additional funding options.

To allay concerns about the distribution of funding currently and in the future, the District's governing body may want to agree upon a formula for the distribution of levy funds among the service providers.

The District's Potential Budget and Service Delivery:

At the request of the Advisory Group, the workgroup examined the previously published Public Financial Management (PFM) Report to develop an estimated budget for the Countywide EMS District and consider performance standards that might be adopted to guide service delivery decisions. The workgroup's response to the Group's request is provided in a Power Point presentation that accompanies this report.

The Advisory Group strongly recommends that a system of Key Performance Indicators (KPIs) be developed and approved under the future governance model to give decision-makers, customers, and stakeholders confidence that the system is performing as intended. In addition to the KPIs, the system should include a systematic approach to gathering, analyzing, and reporting data and information, and a publicly issued "scorecard" or "dashboard" to publish progress in how the delivery of services is achieving or advancing the District's policy and service delivery goals.

The majority of Advisory Group members also suggest that once established, the Countywide EMS District governing board should move expeditiously to address some key service delivery issues. Among them are: 1) standards of service; 2) dispatch and deployment, including the use of BLS and ALS providers; 3) the roles and responsibilities of fire districts in the new system and how the District works with them; 4) the roles and responsibilities of volunteers in the new system and how the District works with them; and 5) performance-based contracts.

Two Other Suggestions to Consider:

The other ideas are worthy of consideration because they could result in cost efficiencies. The two ideas are:

1. The boards of the Countywide EMS District Board, Skagit 9-1-1, and the County's Emergency Management Department could be served by one administrator; and
2. The three agencies could share the same building and administrative and operational resources, including administrative staff such as finance, human resources, legal, and information technology.

Dissenting Opinion

Abstract.

On 10 October 2016 the Skagit County Emergency Medical Services (EMS) Delivery Model Advisory Group (DMAG) voted to recommend to the Board of County Commissioners (BoCC) *“that a planning committee be created to continue to explore the Countywide EMS District for providing emergency medical services in Skagit County.”* The undersigned voted in opposition.

The undersigned made a good faith effort to agree with the DMAG’s draft *Advisory Group’s Report to the Skagit County Commissioners* [sic] dated 6 October 2016 et seq (the “Report”). We could not. As stated at the 10 October 2016 EMS DMAG meeting, the undersigned are exercising their acknowledged right, as provided by EMS DMAG’s adopted Ground Rule #18, to provide their own report to the “Skagit County Commissioners” (Board of County Commissioners, “BoCC”), that report hereinafter referred to as the “Dissenting Opinion” or “Dissent”. By Rule #18 and agreement, the Dissenting Opinion will be incorporated, unedited and in its entirety, in the final report submitted to the BoCC.

It is important to note that the draft Report was sent to DMAG members on Thursday 6 October 2016 at 3:52 pm. The final meeting of the DMAG, at which we were required to vote on the Report, was merely 3 ½ days later and over a weekend. That abbreviated opportunity for DMAG members to read and analyze the Report may have precluded thoughtful discussion and vetting of the details. Please also note that the Report was not a unanimous consensus of the governance work group.

Adopted Ground Rule #18: *“If the Advisory Group members make a good faith effort to achieve consensus but find that it is not possible, their report to the Skagit County Commission will include alternatives that reflect the members’ various preferences. Each alternative will be fully and accurately described, with its strengths and weaknesses clearly documented. The Advisory Group will then submit the report with the various alternative recommendations to the Skagit County Commissioners, who will make the final decision.”*

For the record, the undersigned first followed EMS DMAG adopted Ground Rule #17 by making their concerns known to the rest of the DMAG at the 29 August 2016 DMAG meeting, in advance of the 6 October 2016 draft of the *Advisory Group’s Report to the Skagit County Commissioners* [sic], and at the governance work group’s meeting on 6 October 2016. Please note that the concerns of the undersigned were not addressed or resolved.

Adopted Ground Rule #17: *“If Committee members cannot support an emerging agreement of the entire group, we are obligated to make our concerns known, and the rest of the group is obligated to listen with an interest in resolving them. Everyone is expected to try work to address the concerns, including asking the concerned party (parties) to clarify the underlying interests or about other dynamics that could be interfering with an agreement. Advisory Group members are obligated to try to find an alternative that meets the interests of the concerned party (parties) as well as their own.”*

How and Why Our Dissenting Opinion is Necessary

The reasons why we are constrained to dissent may be briefly stated:

1. Failure to adhere to, comply with, and fulfill the BoCC’s mandate in forming the EMS DMAG and the essentially identical mandate adopted by the EMS DMAG.

2. The overarching interest of the undersigned, throughout our active participation in the DMAG, and now through this dissenting opinion, is ensuring the optimal delivery of quality pre-hospital Emergency Medical Services in Skagit County. While pre-hospital patient care is excellent, delivery of that care may benefit from analysis and improvements.
3. The undersigned applied our vast experience and expertise in EMS, in proper committee procedures and process, and in Skagit County government, to an evaluation of the work product of the DMAG and the process that produced that work product. We find lack of proper procedures and process precluded an acceptable result and work product from the DMAG. We also found significant concerns that were never adequately addressed during the DMAG's process.
4. The unanimous aspect of the DMAG's adopted definition of consensus was abandoned and ignored for the most important decision of the Group's tenure – the final recommendation to the BoCC. Despite a lack of unanimous agreement, the work group's recommendation is still being sent forward to the BoCC. Apparently unanimous consensus means unanimous even when it isn't unanimous. Hence the need to provide the BoCC with our dissenting opinion.
5. The DMAG's final work product and recommendation failed to “*make decisions based on facts, information, and best practices*” as required. No data were gathered or analyzed.

Our audience for this Dissenting Opinion is the Board of County Commissioners. We are quite aware that our Dissenting Opinion is a significantly longer document than the *Advisory Group's Report to the Skagit County Commissioners* [sic] dated 6 October 2016 et seq (the “Report”). Our purpose is to provide the BoCC with the discussion and rationale that was not provided in the Report itself or DMAG's minimal discussion of the Report. Our Dissenting Opinion is not all-inclusive; there is much more that we could have discussed. Had the Report addressed the DMAG's mandate; had it been detailed and thorough; and had it been the work product of sufficient data gathering, analysis, and evaluation, perhaps our Dissenting Opinion would not need to be so lengthy. Or maybe we would not have needed to dissent at all.

Concerns of the Undersigned Not Addressed by the Report Along with Fully and Accurately Described Alternatives

1. Concerns about the DMAG's mandate

- EMS DMAG had a mandate from the Board of County commissioners to, quote:

“discuss and analyze both the current and potential service delivery models”
- On 25 April 2016 the EMS DMAG adopted Ground Rules that said, quote:

“discuss and analyze models for delivering emergency medical services”
- On 6 June 2016, DMAG's third meeting, AP Triton, LLC made a presentation on Ground Emergency Medical Transport (GEMT). Note that this replaced, in whole, the DMAG's *Proposed Process and Timeline* adopted at the first DMAG 25 April 2016 meeting. The previously agreed-to agenda for that third meeting (6 Jun 16) was *Initially Discuss and Analyze the Models* to include:
 - Agree on criteria by which alternative service delivery models will be evaluated
 - Identify the models
 - Discuss the alternative models in light of criteria and parties' mutual interests

- Discuss any additional information that the Advisory Group may have requested in the context of discussing the models
- The lure of reimbursement dollars through GEMT derailed the focus of the DMAG from gathering and analyzing data in support of evaluating *delivery* models to chasing control and dollars through a change in the EMS governance structure. Re-establishing *delivery*, not governance, as DMAG's mandate never happened.

2. Concern about the Report's Recommendation and a Squandered Opportunity. All we've done is "kick the can down the road".

Careful reading of the draft *Advisory Group's Report to the Skagit County Commissioners* [sic] dated 6 October 2016 et seq (the "Report") reveals that the actual work group recommendation is:

"The workgroup recommends that a planning committee be created to continue to explore the Countywide EMS District for providing emergency medical services in Skagit County."

So, after eight DMAG meetings, each with an average attendance of 17.9 members out of 20, approximately 429 hours of collective meeting time, the results are to "kick the can down the road" and form yet another group to "explore" EMS in Skagit County.

Perhaps if the DMAG had stayed with the BoCC's mandate for evaluation of *delivery* models, all that time and work may have resulted in a recommendation for optimal EMS delivery for Skagit County; something the BoCC could approve and we could begin implementing.

It should also be noted that it is possible that, at the final meeting on 10 October, some DMAG members may have thought they were voting for a recommendation to implement a County EMS District, not just another study group to "explore" an EMS District. It should be noted that the exact wording of what DMAG was voting on was *not* read aloud by the Facilitator when the vote was called as would be standard practice had we been operating under Roberts Rules of Order (which we were not).

3. Concerns about Fallacies and Falsehoods in the Report

It is very concerning that there are both fallacies and falsehoods in the *Advisory Group's Report to the Skagit County Commissioners* [sic] dated 6 October 2016 et seq (the "Report"). Had we reviewed the Report, section-by-section, as would normally be the customary procedure, many of the fallacies and falsehoods could have been brought to light for everyone's consideration. Instead, despite a clarifying question regarding the order of the process, we voted for or against the work group's recommendation *before* and without reviewing the Report in detail.

One must wonder if the final vote might have been different if the order of the process had been proper and if fallacies and falsehoods in the Report had been brought to light *prior* to the vote. This dissenting opinion is a way to get those fallacies and falsehoods addressed on the record.

Fallacies:

Fallacy #1 – Page 7 of the Report:

"more flexible, transparent, and accountable, particularly in the expenditure of funding."

With the proposed County EMS District as a “*separate, independent, legal entity*” with eight members, none of whom are elected, and a chairperson appointed by the other eight members of the proposed District Board, and the board *not* accountable to the BoCC or to residents/taxpayers/EMS Levy payers, how can it be “*more flexible, transparent, and accountable, particularly in the expenditure of funding.*”? “Happy Talk” and platitudes, without supporting facts and details, doesn’t make it true.

Fallacy #2 - Pages 7 & 8 of the Report:

“...with fewer layers of bureaucracy will be more flexible, transparent, and accountable, particularly in the expenditure of funding.”

Lacking accountability and oversight, how can the proposed EMS District board be “*transparent and accountable*”? The Report does *not* describe exactly to whom the proposed District Board would be accountable. Certainly the proposed board's inequitable representation scheme eliminates accountability to the 41% of residents in unincorporated Skagit County. Given that that same 41% contributes half of the EMS Levy, yet has only 13% of the County's EMS calls, but has no direct representation on the proposed District Board, there is taxation without representation and lack of accountability.

How can you rationalize that the proposed District Board, with nine members, that the county EMS department answers to and then, in turn, gives direction to providers, has any fewer layers than three County Commissioners overseeing an EMS Director/Department that gives direction to providers? You can't.

Fallacy #3 – Page 6 of the Report:

“The organization is mission-driven, focused exclusively or primarily on emergency medical services.”

How is this statement supported? How do we know, with any certainty, what a currently non-existent, self-directed board, accountable to no one will declare as their mission? We can't. One of the *Key Findings of the Interviews* of prospective members of the DMAG was:

“Many people stated the EMS in Skagit County is “surprisingly highly politicized and needlessly personalized.” “The politics are more broken than the system.” Reasons given for this condition were: a) historic mistrust between the County and cities and among the cities; b) long-standing rivalries between communities, including between urban and rural areas; c) the belief that the local Fire District (or firehouse), like the local high school, helps define identify of communities, particularly in rural areas; and d) long-held assumptions that may be more myth than reality.”

The undersigned do not believe that the concerns raised, like “*highly politicized*”, “*historic mistrust*”, “*long-standing rivalries between communities, including between urban and rural areas*”, etc are going to magically disappear through the formation of the proposed County EMS District. With the proposed, highly inequitable representation scheme for the District Board, the concerns may actually be heightened, not lessened.

Reviewing the discussions that have taken place at DMAG meetings, it is far more likely that the proposed District Board will be money and control driven rather than mission driven.

Fallacy #4 – Page 7 of the Report:

“(Each party represented on the [proposed District] Board should have the right and responsibility to determine its representative.)”

In this scheme, the proposed District Board is essentially selecting and self-appointing itself. As such, they are *not* accountable to anyone other than their own special interest group. They are *not* accountable to the BoCC or to the County's residents, taxpayers, or EMS Levy payers. If residents or taxpayers or EMS Levy payers are dissatisfied with a particular [proposed] District Board member, or with the entire board, what recourse do they have ? None ! There is no recall provision, no political pressure to provoke replacements, no ballot box to oust incompetence, underperformance, misfeasance, or malfeasance. The proposed District Board is the antithesis of a democratic republic where ultimate authority and power is derived from the citizens and the government itself is run through elected officials.

Fallacy #5 – Page 7 of the Report:

"The District continues the countywide levy while offering a more regional perspective of EMS..."

The undersigned are *not* attorneys and do *not* intend to appear to be providing legal advice to the BoCC through this discussion. That said, we have identified facts based on reading applicable RCW's and WAC's that appear *not* to have been considered in statements made in the Report.

Our understanding is that, as a newly formed, "*separate, independent, legal entity*", the proposed District could *not*, in fact, "*continue the countywide levy*". The current EMS Levy "belongs" to the BoCC. As a newly formed, "*separate, independent, legal entity*", this new junior taxing district would have to begin the levy process anew. That process, according to WAC 458-19-060 (2), provides that "*An emergency medical service (EMS) levy is a regular voter approved levy.*", a fact totally ignored and not discussed in the Report.

Under RCW 84.52.069 (2) and WAC 458-19-060 (2), *Emergency medical care and service levies*, an EMS levy can be imposed for six consecutive years, ten consecutive years, or permanently. The proposed EMS District Board, as a "*separate, independent, legal entity*", composed of *unelected* members and *not* accountable to the BoCC, could impose a permanent EMS levy of up to \$0.50 per thousand dollars of the assessed value of property in the taxing district. To do so "*...must be specifically authorized by a majority of at least three-fifths of the registered voters thereof*". Unhappy citizens would have to use a complicated and cumbersome referendum procedure (RCW 84.52.069 (4)) to address any grievances.

The Report statement shown above in this fallacy is contradicted by the Report's own section entitled *Funding the [proposed County EMS] District's Operations*" on Page 8:

*"The Countywide EMS District would submit a levy to the voters for funding. It would be a new levy, different from the existing one that is managed by Skagit County. **The existing levy would not be renewed.**" [emphasis is ours]*

So, the Report does not even agree with itself; in one place it says the current EMS levy will be continued and later says the existing levy will not be renewed. One has to wonder what else in the Report was misrepresented.

"To allay concerns about the distribution of funding currently and in the future, the District's governing body may want to agree upon a formula for the distribution of levy funds among the service providers."

The Report acknowledges that their "*...concerns about the distribution of...Levy funds...*"

The concept of the governing body agreeing on a formula to distribute EMS Levy funds may or may not be a good one, however what is important is that we do *not* need to restructure

our EMS system to do so. *If* such a formula is contemplated, let's be sure that the property owners that pay the EMS Levy are proportionally and equitably represented in any such formulaic calculation.

Fallacy #6 – Report Page 7:

"There is urgency to establishing and implementing the Countywide EMS District..."

This is directly contrary to the *Mutual Interests of the Parties #9* as adopted by the DMAG which clearly states:

"9. Any changes to the system should be made in an orderly manner over time."

"The State of Washington's plan for providing GEMT funds to eligible agencies is expected to be in place by mid-2017." [emphasis is ours]

"Who is eligible appears to still be unclear or uncertain"

"...the plan would allow eligible agencies to be reimbursed for specific expenses dating back to July 2016."

The fact is that GEMT funds are not available at this time. Period. Based on what we *think* we know, only Anacortes Fire Department EMS is eligible. Getting the County to be eligible and restructuring to make CVAA and Aero Skagit eligible is fraught with details and difficulties not fully known or understood at this time. GEMT reimbursement "*back to July 2016*" is not a certainty. *If* reimbursement becomes retroactive to July 2016 only Anacortes FD EMS would be eligible and an entity that did not exist (the proposed District or the County) would not be eligible.

Fallacy #7 – Report Page 7:

"This model maintains the roles and responsibilities of the existing providers while eliminating competition between them."

The "*existing [transport] providers*" were not competing for service area; they were not competing for employees; they were not competing in their scope of work; they were not competing for patients; they were not competing for equipment; and they were not competing based on performance metrics.

The "*existing [transport] providers*" might be considered to compete for EMS Levy dollars but actually they do not. Each existing transport provider submits a budget request and each budget is approved, allocated, and contracted according to the County's available funding projections. The proposed County EMS District Board would have the exact same need to approve, allocate, and contract the transport providers. No perceived "competition" is eliminated.

The primary way that perceived "competition" might be removed is to eliminate one or more of the existing transport providers. It is difficult to imagine that Anacortes Fire Department EMS would be eliminated, or that up-river residents would tolerate the elimination of Aero Skagit, or that Fire Protection Districts outside of the cities would tolerate elimination of Central Valley Ambulance Authority. If the *sub rosa* agenda of some is elimination of CVAA or Aero Skagit they may find considerable resistance from citizens, taxpayers, and EMS Levy payers as well as EMS delivery providers who depend on these transport providers.

Fallacy #8 –Report Page 7:

“By making employees of what is now the Central Valley Ambulance Authority (CVAA) public employees, the District offers provides employees more certainty, stability, and ownership of the system, which should increase pride and job satisfaction.”

It appears to us that “By making employees of ...CVAA public employees” in order to provide “more certainty, stability, and ownership of the system” the proposed District is creating an all new inequity amongst the employees of the three transport providers.

As for “increased pride and job satisfaction” is the Report suggesting that CVAA employees currently do not have sufficient pride and job satisfaction ? Is the Report suggesting that CVAA employees’ pride and job satisfaction is ephemeral to the extent that becoming a “public employee” is the answer ? It is possible that the Report underestimates and demeans some CVAA employees by suggesting they have no more pride and satisfaction than their paycheck and benefit package ? In our experience, including that with many CVAA employees, people in skilled service industries, like EMS, tend to be very high on Maslow’s hierarchy of needs, deriving self-actualization from what they do, not what they get paid.

If we are going to discuss pride and job satisfaction, how does the Report’s contention that it will increase for CVAA employees, to the exclusion of Anacortes Fire Department EMS employees and Aero Skagit employees, relate to the approximately ten-fold greater number of volunteer EMT’s and volunteer firefighters who are the underappreciated, underutilized, and rarely acknowledged first line of our County’s EMS delivery, and their pride and job satisfaction ?

Fallacy #9 – that the Report is fact-based:

The DMAG adopted *Mutual interests of the parties #7* – to “make decisions based on facts, information, and best practices”. Unfortunately, the Report is the application of *subjective* inputs, not the required “facts, information, and best practices”. From the *Summary* of the 8 July 2016 DMAG meeting, “Advisory Group members also reached agreement on ten criteria that will be used to assess the five models.” “Criterion #5”, identical to Mutual interest #7, was assigned by the DMAG as a whole to the work group, however it was one of the 8 (of 11) Criteria that the subgroup did not evaluate for each of the various alternatives.

If you review the 8 Aug meeting’s *Advisory Group’s Additional Direction to the Workgroup* you find numerous questions the workgroup was asked to consider, “the Advisory Group members identified questions the workgroup should try to answer in taking the analysis of the three models to the next level of clarity, specificity, and certainty.” In the *Workgroup’s Findings and Recommendations* dated 24 August 2016:

It [the work group] applied the eleven criteria (including “GEMT Eligible”) to the models to identify the pros and cons of each model. After two hours of focused and thorough discussion, the workgroup had [only] considered three[of the 11] criteria.

the workgroup did not have time to apply the other criteria to each of the models

The workgroup’s discussion was also guided by fourteen questions that the Advisory Group had asked it to answer. Some of the questions were directly answered during the course of applying the three criteria to the models. More were indirectly answered while a few were not discussed.

So, by their own admission, not having done what the Advisory Group requested, the work group considered its work complete and issued a Report and recommendation.

The workgroup's *Findings and Recommendations* were woefully incomplete and entirely subjective for numerous reasons, including these facts:

- 70% of the 10 assigned criteria were *not* evaluated (64% of the 11 criteria listed)
- 0% of 14 "Questions" had quantitative data associated with the answer
- 50% of 14 "Questions" were *not* answered at all
- 43% of 14 "Questions" had equivocal answers

The work group used a scoring model for the incomplete evaluations they performed. Scoring models are completely *subjective* despite assigning a number to a given score. Scoring models give a false sense of meaningfulness because the pseudo-quantitative scores are tallied and compared. The apparent "best choice", is actually based solely on subjective, *not* quantitative inputs. Scoring model results are *not* based on "*facts, information, and best practices*" as *Mutual interests of the parties #7* and the identical *Criterion #5*" required.

The work group's evaluation of potential alternatives was premature, capricious, and arbitrary, not data driven or fact-based. Essentially no data were gathered, analyzed, or used.

Falsehoods:

Falsehood #1 - Page 7 of the Report re: the proposed County EMS District Board:

"The Board reflects broad, inclusive, fair, and equitable representation of the interested and affected parties."

"The Board could include a mix of skills, including elected policy-makers, service providers, and experts in the field."

"...the composition of its Board will be inclusive and representative of the various parties and interests with a stake in EMS."

"Representatives of Skagit County, the four cities within the county - Anacortes, Burlington, Mt. Vernon, and Sedro Woolley - and the county's four towns - Concrete, Hamilton, La Conner, and Lyman - must reach agreement to create the Countywide EMS District"

"While these nine parties must formally agree to establish the District..."

This is perhaps the most egregious falsehood in the Report.

Actually, the Report names just eight "parties" that must agree to form the proposed District – the four cities and the four towns. Blatantly and egregiously missing is representation of 49,000 residents of unincorporated Skagit County (41% of the county total) who just happen to pay 49% of the EMS Levy yet have only 13% of all EMS calls.

The District Board composition apparently envisioned in the Report is, in fact, a District Board controlled by the cities. Only a maximum of 2-3 board members would be from outside the cities. 41% of Skagit County residents have no direct representation. The proposed composition of the County EMS District Board is unacceptable.

Apparently, the workgroup opposed EMS transport providers from sitting on the proposed District Board, however the City of Anacortes is proposed to be a member which introduces a conflict of interest given that Anacortes Fire Department EMS is also a transport provider. There are other, potential conflicts of interest in the proposed District Board composition.

A related question regarding formation of a potential District, unanswered or apparently not contemplated by the Report, is whether each Fire Protection District must also agree, approve a resolution or ordinance, and execute interlocal agreements with Skagit County. It would seem that they would.

The composition of the proposed District Board has no oversight; it is self-regulating and unaccountable.

Falsehood #2 – Page 6:

“There has been discussion that in the future the Countywide EMS District might take over the responsibilities of Aero-Skagit.”

We are unaware of any such public discussion in DMAG or workgroup meetings.

4. Concerns About the DMAG’s Failures in Procedures and Process

- The BoCC provided the DMAG with a mandate through its description of what the prospective members were being invited to do:

*“The Advisory Group will discuss and **analyze both the current and potential service delivery models**, and make recommendations on the model that will most effectively achieve the stakeholders’ mutual interests in the future.”*
[emphasis is ours]

The DMAG did not do that.

- The DMAG, itself, adopted “The Advisory Group’s Purpose”:

*“To prepare for the November 2018 emergency medical services levy, the Advisory Group will **discuss and analyze models for delivering emergency medical services** to the public and recommend to the Skagit County Commissioners the model that most effectively and efficiently achieves the stakeholders’ mutual interests.”* [emphases are ours]

The DMAG did not do that.

- DMAG’s adopted Ground Rule #16:

“16. Decisions will be made by consensus. Consensus is defined as the unanimous agreement of the members.” [emphasis is ours]

- We do not disagree with consensus decision-making; it has numerous benefits. What we find impractical, unrealistic, and atypical is that consensus, in DMAG’s application, is defined as “*unanimous agreement*”.
 - That is atypical; most organizations use a simple majority or super-majority to define consensus.
 - In its customary and normal applications, consensus has two main components: agreement and support. A member of the group is saying “I will support the group’s decision even if there are portions with which I disagree.

- Unanimous consensus, however, is binary – either a member agrees or doesn't agree; there is no intermediary position of not agreeing but being willing to support the decision.
- Unanimous consent creates undue pressure for members experiencing or perceiving significant peer pressure to capitulate their own opinions and concerns.
- Unanimous consent creates undue pressure on introverted people, especially in a group of 20+ members, with guests in the room, and televised meetings to capitulate their own opinions and concerns.
- Unanimous consent puts undue pressure for members who may disagree with bosses that may also be members.
- Similarly pressure is created on members who, for “political” reasons cannot express their opinions and concerns openly.
- A member may participate in unanimous consent for interim proposals (like a work group formation) in order to keep the process moving forward, knowing and saving the possibility of dissent for the final work product.
- The unanimous aspect of the DMAG's adopted definition of consensus was abandoned and ignored for the most important decision of the Group's tenure – the final recommendation to the BoCC. Despite a lack of unanimous agreement, the work group's recommendation is being sent to the BoCC. Apparently unanimous consensus means unanimous even when it isn't unanimous.
- DMAG adopted *Ground Rules*, the related *Key Findings and Mutual Interests*, the *Mutual Interests of the Parties*, and the *Process and Timeline* were all abandoned and/or ignored when convenient to do so.
- Despite warnings to the contrary, the Facilitator unilaterally altered the adopted *Process and Timeline* to accommodate A.P. Triton's GEMT presentation. That was the beginning of the end. The DMAG did not have a voice in this change of the adopted *Process and Timeline*. We suggest the reader compare the *Process and Timeline* meeting agendas, adopted by the DMAG on 25 April, with the actual agendas for the seven meetings that followed.
- There was no formal vote of the DMAG to abandon the mandate of delivery model and replace that with governance. Some DMAG members may have participated in a consensus agreement to proceed with this interim change in order to keep the overall process moving. Again, this is the fallacy of 100% consensus. Besides, agreement to form a work group and assign it questions and criteria to evaluate does not ensure that that is what the work group will do. In fact, the “governance” work group did not do what the greater DMAG assigned it to do left us with an already postponed final meeting to adopt or not adopt a recommendation in the work group's Report having had only 3 days to study it. We remind everyone that the governance work group's Report and recommendation was not by unanimous consent as required but was submitted anyway.
- The “governance” work group's Report has a “kick the can down the road” recommendation, not a detailed actual recommendation of a preferred and well-evaluated system as The DMAG was originally asked to provide.
- The DMAG's agreed-upon formation of a data and information subgroup, intended for data gathering and analysis, was thwarted and, therefore, never accomplished. As a result, no data were used in any DMAG's evaluations.
- DMAG's 10 October 2016 final meeting – the Facilitator called for a vote on the governance work group's (Report's) recommendation before performing a section by section review of the Report. The actual recommendation being voted upon was not read out loud to the Group prior to the vote to ensure everyone knew what they were voting on. The DMAG's members had been given a mere three days prior to review the Report. One member pointed this out, asked for clarification, and commented that the process was “backward” but the Facilitator dismissed those concerns. In fact, no section-by-section review of the Report ever took place at the final meeting.

- The DMAG did not utilize Roberts Rules of Order, therefore members had no established procedural tools during meetings. We are aware that a consensus based decision process is not always compatible with using Robert's Rules of Order.
- In our view it was a principal responsibility of the Facilitator to keep DMAG "on task", meaning adhering to the BoCC's mandate for DMAG formation. If governance had been the BoCC's intended focus, they may have selected an entirely different advisory group membership with different skill sets. We also recognize that keeping the DMAG "on track" was not the sole responsibility of the Facilitator.

5. Concerns About a Lack of Equitable Representation on the Proposed County EMS District Board

Please see Falsehood #1 above for details and discussion.

Please see Exhibit A.

The proposed EMS District Board is eerily similar to the defunct and dysfunctional EMS Commissions of the past. That said, even the EMS Commission was better because the the Commission members and the Commission were appointed by, served at the pleasure of, and were accountable to the BoCC.

6. Concerns About a Lack of Discussion About the Role of EMT's and of Volunteers in our EMS System

According to the Skagit County EMS Department website:

"The 300+ EMTs that are members of the career and volunteer fire departments are the backbone of our EMS system."

"The closest emergency unit, whether it is an ALS or BLS ambulance, or a fire engine, will be dispatched to assist. Having the closest unit respond allows for the emergency to be rapidly stabilized and treatment to begin quickly. This type of system is referred to as a "tiered response system." A tiered response system allows for the fastest response time possible and provides the necessary amount of responders to handle the emergency." [emphasis is ours]

At "300+" EMT's, that is 5 times the number of Paramedics in our EMS system. The DMAG never truly discussed or acknowledged the roles, responsibilities of our EMT's that are said to be "*the backbone of our EMS system*". Perhaps that's because some were far more interested in control, dollars, and governance than they were in delivery of EMS patient care.

Most EMT's in our EMS system are volunteers. What formal mechanism is there for their collective concerns to be input into our system ? There is none.

Because we have a "*tiered response system*", in rural Skagit County, with the possible exception of Aero Skagit's service area, the first person to touch a patient in response to a 9-1-1 dispatched call is likely to be a volunteer firefighter. What formal mechanism is there for their collective concerns to be input into our system ? There is none.

Given that the DMAG derailed to focus on governance, we never fully discussed and evaluated delivery models; the role of BLS agencies that are mostly comprised of volunteer EMT's and firefighters, or BLS transport.

Determining and quantifying the role and participation of volunteer EMT's and firefighters in our EMS system was a data point we had intended to pursue back in the days when the DMAG was gearing up to evaluate delivery systems. That never happened.

7. Concerns About the Proposed County EMS District Concept

There are many such concerns. Many are the subject of separate sections elsewhere in this document. Here is a brief list:

- The proposed District Board is self-appointed by its component agencies
- Residents, taxpayers, and EMS Levy payers have zero participation on who controls and operates the EMS system that affects every person in our county. In contrast, in our current system, residents, taxpayers, and EMS Levy payers have direct access to, and control of, the BoCC that is the ultimate EMS authority in the county.
- The District Board's chairperson is elected by the other 8 members of the District Board which furthers the self-appointed nature of the board
- The EMS District Board is not accountable to anyone other than itself
- There is no oversight of the County District Board that operates the proposed "*separate, independent, legal entity*"
- A county EMS District may not be the panacea some expect it to be. If implemented we may be trading a headache for an upset stomach. The recommendation to pursue a County EMS District was not a data-driven, fact-based decision.
- Unintended consequences of restructuring our current EMS system to a County EMS District may have an adverse effect on the one thing we all agree on – that, currently, our pre-hospital EMS patient care is excellent.
- The proposed County EMS District structure removes any formal recourse (eg. the ballot box) for patients, taxpayers, and EMS levy payers if they do not like or approve of the actions taken by, or membership of, the District Board
- The representation of all residents, taxpayers, and EMS Levy payers is grossly inequitable. Please see the discussion of this concern at "*Falsehood #1*" in this document.
- We may chase the lure of GEMT dollars, significantly change our EMS system to do so, only to find that GEMT has been cancelled as so many government programs are.

8. Concerns about failure to incorporate DMAG members' Vision of the Future of EMS in Skagit County

At the 18 July 2016 DMAG meeting each DMAG member (and public guests) was given the opportunity to express their vision of the future of EMS in Skagit County. Not all of the visions expressed were captured in the meeting *Summary*. Below are some of the visions expressed that were not addressed or discussed in detail during the DMAG's process:

- "*The system is focused on patients (patient-centric)*"
- "*The right level of resources is provided to the right place at the right time*"
- "*The system is countywide, delivering services equitably and seamlessly to rural, suburban, and urban areas and residents.*"
- "*Hallmark qualities of the system are innovation, best practices, responsiveness, effectiveness, efficiency, accountability, and consistently and predictability balanced with flexibility and adaptability.*"
- "*Our EMS system is a purposeful blend of career and volunteer resources, each augmenting the other.*"
- "*Public education and prevention are key components of the system.*"

Notably, those DMAG members' visions not adequately addressed or discussed typically had to do with delivery of patient care.

9. Concerns about Ground Emergency Medical Transport (GEMT)

- The undersigned believe lure of GEMT dollars is what derailed the *delivery* advisory to become governance advisory
- According to the 3 October 2016 *Skagit County GEMT Study*, prepared by A.P. Triton, consultants who could benefit from Skagit County EMS chasing GEMT:

"The purpose of this study was to take an objective look..." [emphasis is ours]

How "objective" are the consultants who would most likely to be chosen to "guide" Skagit County to participation in the GEMT program ?

"Without a fundamental change in the structure they will not be include [sic] in the upcoming GEMT program."

So, in black and white, fundamentally changing our EMS governance structure is required to participate in the GEMT payment scheme.

"It is also our belief that through a well-planned transition of the organizational structure of CVAA and Aero Skagit that those agencies will be allowed to be included in the upcoming GEMT program." [emphasis is ours]

Please keep in mind, everyone agrees that the current patient care is excellent. CVAA and Aero Skagit play an important role in achieving that patient care. What will be the consequences of changing the "organizational structure" of those two transport providers? Notice, too, that Triton says "*upcoming* GEMT program", reminding us that we are proposing changes to excellent patient care in order to pursue a program that isn't even available yet.

"While the levy was designed to augment the entire system, the majority of this subsidy is to provide services that are not supported by the current reimbursement or call volume."

Is this a "chicken and the egg" question ? Was the EMS Levy instituted to be a subsidy to "*augment*" the system or was the EMS Levy the intended, primary source of funding and fee for service reimbursements were the augmentation. Given that the EMS Levy is a known and budgetable amount each year, whereas fee for service reimbursement are not, we suspect the EMS Levy came first as the primary funding of ongoing transport operations.

"A second option...each provider would be under contract for a fixed cost to the County. The County would assume the role of the provider of record and bill and collect for all ambulance services."

"A third and viable option would be for the each of the two non-governmental providers to restructure and become a part of County EMS."

"...the County assumes the role as provider of record they also assume the "risk" or liability for the financial aspects of ambulance services."

In each of the above options, should the County "*assume the role of provider*" then the County, by definition, also would assume all of the attendant liabilities, something the County is typically loathe to do.

"When a city or county considers zoning or in some cases franchising ambulance services the single most important consideration is the economic distribution of calls based upon the payer mix and revenue for that zone" [emphasis is ours]

We disagree. We believe "the single most important consideration" is optimal EMS patient care. Perhaps, if DMAG had adhered to our mandate, that single most important consideration would have been manifested in DMAG's final work product.

"...we [A.P. Triton] remind providers to not balance their budgets or create their EMS systems on these types of Federal programs." [emphasis is ours]

In this instance, we strongly agree with A.P. Triton's advice.

"Although there is no indication that these Federal programs will be going away anytime in the near future, healthcare is changing and the potential for changes in these programs always exists."

re: GEMT: *"There is much discussion on the future of these programs with **many rumors projecting they will be gone by 2017**, but the reality is there is no formal position from the Federal government as to when these program will if ever end." [emphasis is ours]*

*"...any discussions concerning **the future of ambulance reimbursement should be viewed as mere speculation at this point.**" [emphasis is ours]*

*"...**GEMT/IGT should NOT be considered part of the revenue stream for a stable system.**"*

Even A.P. Triton, with possible self-serving motivations, advises us not to base our EMS system on GEMT dollars. We agree. Imagine the practical and political fallout if the County restructures our EMS system in order to chase GEMT dollars and the GEMT program goes away.

"...while there is a decrease in the GEMT reimbursable rate per transport for CVAA there is an increase in revenue due to volume."

A.P. Triton unwittingly paraphrases a standard old joke from the business world, "We lose money on every sale but we make it up in volume".

"The CVAA deployment model has more than sufficient capacity to accept more call volume. However, it would be better to match the delivery model with system demands." [emphasis is ours]

If CVAA "has more than sufficient capacity to accept more call volume" then why are we "messaging" with it just to chase the lure of GEMT dollars ? We agree that matching the delivery system is beneficial – too bad the DMAG derailed to looking at governance instead of delivery as we were asked to do.

re: Aero Skagit - *"As the most rural ambulance transportation provider there is a tremendous need to have an ambulance stationed within this rural portion of the county."*

We agree. Residents of Aero Skagit's service area are very happy with their ambulance service. Why risk "messaging" with a good thing just to chase the lure of GEMT dollars ?

"The provider's billing and collection policy determines to the greatest degree the

reimbursement rate.”

“The reason there is disparity in the revenue collected amongst various providers is attributable to two main areas, billing and collections.”

We agree except that the revenue “disparity” is call volume-driven. If billing and collection “policy” is the primary determinant of reimbursement then why not “fix” that in Skagit County by way of administrative change rather than governance change? This is precisely why we feel that the DMAG work group’s premature, arbitrary, and capricious dismissal of the current system with improvements was unwarranted. A billing and collection policy change could be one of those “improvements”.

“...when a patient is not transported due to the advice or insistence of the paramedic or EMT there is a loss of revenue that results from these actions.”

We believe that over half of the EMS calls result in no transport of the patient. Unfortunately, this was one of the key data points we wanted to determine in the early days of DMAG when it was preparing to evaluate EMS delivery models.

“...many calls that should be billed and paid at an ALS rate are often reimbursed at the BLS rate, while some that should have been collected at either the ALS or BLS rates are not found to meet any reimbursement criteria and are left unpaid.”

Again, this was one of the key data points we wanted to determine in the early days of DMAG when it was preparing to evaluate EMS delivery models. It is possible to effect change in this loss of revenue through administrative and contractual changes that do not require restructuring the governance.

“The amount of funds that are available depends on the model that has been chosen for the delivery system.” [emphasis is ours]

If only DMAG had adhered to its mandate to evaluate delivery systems perhaps we would better understand optimal funding associated with the various delivery models.

“It should be noted that while there is a requirement in order to participate in the GEMT program that contracted providers be paid on a fixed rate for service there is no requirement that each contracted provider be paid at the same rate.”

“...each provider would become part of the County services and employees would become County employees.”

Imagine the problems associated with having all three transport agencies under one “governance” roof, and all their employees being County employees, yet paying different transport agencies’ employees at different rates! Currently, that is, in fact, what’s done precisely because the three agencies are separate.

“Skagit County EMS IS [sic] a unit of government and would qualify for the GEMT program if they provided ambulance services either directly or through a contracting scenario. In order for both Aero-Skagit and CVAA to directly capture GEMT revenue both transport providers must be restructured into a recognized unit of government. In order for Skagit County or Skagit County EMS to be eligible to collect GEMT revenue they must either directly provide ambulance services or contract for ambulance services that they (County or EMS) are providing under their own NPI and Medicaid provider number.”

"Compliance for contracting includes the prohibition of "passing" GEMT funds to private enterprise such as contracted ambulance services."

We believe there are too many details, too many unknowns, and too many possibilities for disruption of our EMS to chase GEMT funds as a knee-jerk reaction. Clearly, for all three current transport providers to qualify for the yet unavailable GEMT funds, there would have to be major organizational structure changes. No matter what those changes might be, the County, as provider, becomes liable for the patient care and for contractual funding of the EMS operations.

"So far commercial insurance has not challenged these charges as they are looked upon in the same manner as if a patient presented in the emergency department of a hospital and were evaluated and treated by the ED Physician."
[emphasis is ours]

"With commercial insurance, reimbursement is much more based upon whether the service a covered benefit or not." [sic]

"So far" are the magic words. It appears that A.P. Triton is suggesting that we shift the funding burden to "commercial insurance". As commercial insurance consumers, that just means we are indirectly shifting more burden onto ourselves (individual Skagit County residents). There is no free lunch. With the apparent, imminent collapse of the *Affordable Care Act* (that most agree has turned out to *not* be affordable), if communities like ours place additional claims pressure on "commercial insurance" the result will most likely be increased rates or a decrease in benefits covered – like coverage for ambulance services.

"This rate structure would have no impact on Medicare/Medicaid reimbursements. Additional revenue would come in the form of higher reimbursement from commercial insurance and private pay."

Once again, the "additional revenue...from commercial insurance and private pay" is due to potentially shifting more the burden to ourselves as individuals. At the end of the day, taxpayers pay for government funding whether it's from Medicare/Medicaid, GEMT, or some other federal or state program. Individuals, through employer-provided health insurance ("commercial insurance"), individually paid health insurance, or private pay, are paying their own way and would be affected by increased insurance rates much like the enormous increases of the past few years.

"The goal of any ambulance system public or private should be to create a system that generates enough calls at a rate that sustains the system."
[emphasis is ours]

We strongly disagree. Unfortunately, sick and injured *people* generate EMS calls. The *system* does *not* generate calls; the EMS system *responds* to EMS patient calls.

"GEMT funding and grants from a variety of sources would provide the District with additional funding options."

Grants ? What grants ? To our knowledge grants were never discussed in the DMAG. Besides, grants take a relatively long time to find, apply for, and receive an award. If they come from federal or state government, they typically have "strings attached" that may or may not be acceptable. Grant dollars, aka "soft money" are *not* a dependable source of funding *ongoing* operations and should *not* be relied upon for budgetary or planning purposes.

SUMMARY of Our Dissenting Opinion:

Everyone has an agenda. Ours is patient care. Optimizing EMS pre-hospital patient care delivery for every resident in Skagit County. For others it may be control or dollars.

Had the DMAG adhered to the mandate given to us by the BoCC, and formally adopted by the DMAG, we might be writing the majority report instead of the dissenting opinion. But the DMAG did not do that.

Had DMAG gathered the necessary data, analyzed it, used it to evaluate alternatives, and arrived at a data-driven, fact-based, reasoned conclusion, we might be its strongest advocates. But DMAG did not do that.

The proposed composition of the County EMS District Board is sufficient to make the Report's proposal to form a County EMS District a non-starter. It has grossly inequitable representation, is self-appointed, is accountable to no one, has no oversight, and citizens have no recourse if they do not approve of the District Board's actions or members.

We feel that an opportunity has been lost; an opportunity to optimize *Delivery* of EMS patient care. But the DMAG did not do that.

Thank you for your time and consideration of our Dissenting Opinion.


Roger Mitchell, Member Dale Ragan, Member Tony Smith, Member
EMS Delivery Model Advisory Group EMS Delivery Model Advisory Group EMS Delivery Model Advisory Group

19 October 2016

APPENDIX A

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

KEY FINDINGS FROM THE INTERVIEWS

Approved by the Advisory Group Members on 25 April 2016

CONTEXT FOR THIS PROCESS

At the request of the Skagit County Commissioners, consultant Jim Reid of The Falconer Group, conducted seventeen interviews of nineteen people between 22 December 2015 and 8 March 2016. Most interviews lasted between thirty and sixty minutes, and most, but not all, were conducted by telephone.

The purposes of the interviews were to: 1) ask people with knowledge, expertise, and involvement in the Emergency Medical Services (EMS) system in Skagit County for their assessment of its strengths and weaknesses; 2) identify their interests in the system and in a process to reexamine it; and 3) solicit initial or preliminary ideas for strengthening it.

At its first meeting on 25 April, the Advisory Group adopted these findings.

KEY FINDINGS FROM THE INTERVIEWS

These key findings reflect the overarching themes from the interviews.

1. Everyone is proud of the quality of services currently delivered. For a county whose residents live in communities more suburban, rural, or isolated by mountains and forests than in urban centers, and for a system in which there are multiple providers, the quality of service is considered exceptional. "The citizens are well served. The public doesn't see any gaps. On the front lines, we work well together."
2. The employees and volunteers who provide services were universally praised for their dedication, passion, skills, and high quality work. They are considered the system's greatest resources and assets.
3. Many people expressed pride that Skagit County is one of only a small number of counties in the State of Washington that has a countywide levy to raise and distribute funding for EMS. Interviewees consider the countywide levy an indicator of a sophisticated system; the voters' approval of the levy is seen as a reflection of high caliber services.
4. The multi-year contracts between Skagit County and service providers that were recently agreed to are seen as positive signs of cooperation and as providing stability, certainty, and consistency for the system.

5. A frequent interest expressed during the interviews was that the EMS system must be as efficient and accountable as possible before the EMS levy comes up for renewal by Skagit County voters in November 2018.
6. Many people stated the EMS in Skagit County is "surprisingly highly politicized and needlessly personalized." "The politics are more broken than the system." Reasons given for this condition were: a) historic mistrust between the County and cities and among the cities; b) long-standing rivalries between communities, including between urban and rural areas; c) the belief that the local Fire District (or firehouse), like the local high school, helps define identity of communities, particularly in rural areas; and d) long-held assumptions that may be more myth than reality.
7. Two assumptions that may be most polarizing in discussions about the future of EMS are: a) the cities are seeking more EMS funding to finance their fire departments. Their EMS operations are "over-financed and underperforming;" and 2) cities won't and don't provide services outside their boundaries. These perceptions, which are strongly refuted by city officials, need to be addressed.
8. Based on all the interviews, three options appear to be considered viable to explore: a) the status quo; b) a fire-based system; and c) a County managed system. Among those who appear to lean toward the third option, there is concern that the County may be reluctant to assume this risk. One reason for the different positions appears to be an emphasis on quality of service versus an emphasis on efficiency and/or accountability.
9. Many people believe that if the system needs to change, changes would be more easily implemented if a guarantee were given that no current positions will be eliminated because of the changes. One comment seemed to summarize the sentiment of many: "We should be willing to pay a little bit more for a smart transition."
10. Some people believe that a weakness of the EMS system is the absence of criteria for basing the decision about the level of support that should be dispatched to serve patients. There is a perception that this lack of criteria can result in a higher level of service being provided than is necessary. Some people recommended that the system borrow or learn from the criteria used by King County's EMS program to dispatch services.

APPENDIX B

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

THE PARTIES' MUTUAL INTERESTS

Approved by the Advisory Group Members on 25 April 2016

These are the ten mutual interests of the Skagit County Emergency Medical Services Delivery Model Advisory Group members. The Advisory Group reached agreement on them at its first meeting on April 25th. These interests will serve as the foundation for working to reach agreement on the future of emergency medical services in Skagit County.

1. Deliver high quality services.
2. Provide the right level of services at the right time to the right place.
3. Ensure the system is sustainable, efficient, and accountable.
4. Ensure that response times to service calls are appropriate given the location.
5. Provide stability and certainty to employees, patients, and the public.
6. Make service delivery and decision-making as simple as possible.
7. Make decisions based on facts, information, and best practices.
8. In discussing the future of the system, have thoughtful, respectful, and civil deliberations.
9. Any changes to the system should be made in an orderly manner over time.
10. Preserve the volunteer and community-based elements of the system

APPENDIX C

SKAGIT COUNTY EMS DELIVERY MODEL ADVISORY GROUP

CRITERIA TO EVALUATE GOVERNANCE MODELS

Approved by the Advisory Group Members on 18 July 2016

At its meeting on 18 July the Advisory Group developed and agreed on these ten criteria by which to assess and evaluate the governance models.

1. Focused on patient care.
 - Deliver high quality services.
 - Provide the right level of services at the right time to the right place
 - Ensure that response times to service calls are appropriate given the location.
2. Fiscally sustainable and operationally efficient and accountable.
3. Provides stability and certainty to the public, patients, employees, and volunteers.
4. Makes service delivery and decision-making as simple as possible.
5. Makes decisions based on facts, information, and best practices.
6. Preserves the volunteer and community-based elements of the system.
7. Fairly distributes shared revenues to provide equitable levels of service countywide.
8. Provides a framework of clear leadership and government oversight.
9. Flexible and adaptable to changing conditions.
10. Eligible for GEMT funding.

