



MINUTES
GREENVILLE COUNTY COUNCIL
Committee of the Whole
June 16, 2015
4:06 p.m.
County Square – Conference Room D

COUNCIL MEMBERS

<p style="text-align: center;"><i>Mr. Bob Taylor, Chairman</i> <i>Mr. Butch Kirven, Vice Chairman</i> <i>Mr. Joe Dill</i> <i>Mr. Joe Baldwin</i> <i>Mr. Willis Meadows</i> <i>Mr. Sid Cates</i></p>	<p style="text-align: center;"><i>Mr. Jim Burns</i> <i>Mrs. Xanthene Norris</i> <small>arrived @ 4:09 p.m.</small> <i>Mrs. Liz Seman</i> <i>Mrs. Lottie Gibson</i> <i>Mr. Lynn Ballard</i> <i>Mr. Fred Payne</i> Absent</p>
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Pursuant to the Freedom of Information Act, notice of the meeting date, time, place and agenda was posted on the bulletin board at the County Square and made available to the newspapers, radio stations, television stations and concerned Citizens.

COUNCIL MEMBER(S) ABSENT:

None

STAFF PRESENT:

Joe Kernell, County Administrator
John Hansley, Deputy County Administrator
Mark Tollison, County Attorney
Dean Campbell, Assistant County Attorney
Jeff Wile, Assistant County Attorney
Kimberly Wunder, Assistant County Attorney
Theresa Kizer, Clerk to Council
Regina McCaskill, Deputy Clerk to Council
Paula Gucker, Assistant County Administrator, Public Works
Bob Mihalic, Governmental Relations Officer
Shannon Herman, Assistant to the County Administrator
Sandra Yudice, Assistant to the County Administrator
Tim Miller, EMS Director

CALL TO ORDER

Chairman Bob Taylor

INVOCATION

Councilor Butch Kirven

Item (3)

APPROVAL OF MINUTES

- (a) Councilor Seman moved to approve the minutes of the June 2, 2015 Regular Committee of the Whole meeting.

Motion carried unanimously.

- (b) Councilor Seman moved to approve the minutes of the June 9, 2015 Special Called Committee of the Whole meeting.

Motion carried unanimously.

Item (4)

EMS – MOBILE INTEGRATED HEALTHCARE PRACTICE (MIHP)

Joe Kernell, County Administrator, stated the County has been looking at the future of Emergency Medical Services (EMS) for a number of years. Mr. Kernell praised the EMS staff and cited the recent Cardiac Survivor's Ceremony which highlighted 37 individuals who were essentially brought back to life by EMS workers. EMS, a major component of Public Safety, has required revising due to the Affordable Care Act as well as other issues which have impacted the sustainability of the current model in terms of finances and service delivery. The residents and visitors of Greenville County deserved the best emergency medical care available. He added community-based services were also needed. Mr. Kernell, along with Shannon Herman, Assistant to the County Administrator, and Greenville Hospital System (GHS) staff members have completed a research project to address the changes needed.

Councilor Burns asked had an agreement between Greenville County and GHS been drafted.

Joe Kernell confirmed no agreement has been drafted.

Councilor Gibson inquired as to why the process was started and why the Committee who drafted the proposal did not include more people.

Joe Kernell stated there have been a number of individuals involved. He added the presentation was just a proposal for County Council to look at and then make decisions.

Councilor Gibson stated there had been a loud outcry from the community and, particularly, St. Francis Bon Secours about the EMS situation. She asked why St. Francis had not been involved in the planning stage.

Joe Kernell confirmed there had been discussions with all parties involved. The proposal addressed the concerns raised, such as branding of the ambulances and having one entity manage the operation. Mr. Kernell confirmed St. Francis was involved in the discussions.

Councilor Burns stated he was curious about the timing of the study. He stated in January, County Council asked for meetings to discuss the issue and were continuously told there would be discussions about the EMS issue. He asked if County Council was expected to make a decision about the proposal immediately.

Joe Kernell stated that would be up to County Council after they heard the proposal.

Council Burns stated he found it very disheartening that County Council had been asked to pass a budget which included \$2 million for EMS equipment, salaries, etc., and the proposal was being presented at a time when Council had asked for conversations to occur throughout the year. He stated the proposal appeared tainted and suggested a public forum for discussions.

Councilor Kirven stated he appreciated Councilor Burns' comments and suggested Council listen to the proposal before making any decisions.

Councilor Gibson asked if Councilor Kirven would have preferred to have the proposal information prior to the meeting.

Councilor Kirven replied he had it now and was interested in hearing what the proposal included.

Councilor Gibson stated she had requested the information be presented to the Safety Committee prior to June. She assumed she was expected to glean what she could from the proposal and vote on it immediately. Councilor Gibson stated she was very disappointed and upset.

Chairman Taylor asked County Council to hold any comments until after the presentation.

Shannon Herman, Assistant to the County Administrator, presented the following:

Greenville County EMS as Part of a Mobile Integrated Healthcare Practice

Shannon Herman shared current changes and innovations to EMS as well as the concept of Mobile Integrated Healthcare Partnerships and the effect on Greenville County EMS. Ms. Herman provided a brief history of Emergency Medical Services which indicated EMS was historically part of the pre-hospital care continuum and was a component of three public arenas: Public Health, Public Safety and Healthcare. The Affordable Care Act brought changes in reimbursement policies and the intent was to provide better service to all people. There has been an initiative to allow trained paramedics to offer community-based healthcare for preventative care.

Mobile Integrated Healthcare Practice (MIHP) was developed to serve patients across the healthcare continuum. The idea was to bring the right care, by the right provider, to the right place, at the right time and for the right price. MIHP models were based on the "Triple Aim" concept of (1) enhancing the patient experience, (2) improving the management and quality of community health, and (3) reducing costs. Current healthcare models have restricted access to care in traditional settings, and a MIHP model supplements the care delivery paradigm.

Ms. Herman cited two models which have utilized the MIHP model of community healthcare: Pittsburgh, Pennsylvania's CONNECT and MedStar in Fort Worth, Texas. Both programs improved patient experience by providing the proper resources to improve health and optimal time to prevent further complications and readmittance while also improving long-term patient quality of life.

MIHP's were focused on assessing the collective health needs of a community and building the infrastructure and workforce to provide the needed care delivery models. Through the use of Community Paramedicine, Accountable Care Organizations (ACOs), and improved education and research through partnerships with Academic Medical Centers and EMS, MIHP's have improved the management and quality of community health and have shown significant positive results in patient and population healthcare quality and long-term medical results.

MIHP programs have reduced hospital readmissions through adjunctive mobile care and have the potential to generate significant cost savings. Private healthcare payers, such as insurance companies, have shown a willingness to fund MIHP programs that aim to reduce healthcare costs.

Nationwide pilot MIHPs have demonstrated sustainability in EMS service and business viability. Reduced visits, transports and readmissions to EDs, the most expensive level of healthcare provision, have exponentially improved patients' healthcare costs as well as public and private insurers and health providers' costs.

Greenville County has recognized the need and opportunity to maximize the role of EMS to provide the most expedient service for the sickest emergency needs patients and a preventative care delivery platform to improve patients' long-term quality of life as well as provide services for patients at every level in the care continuum regardless of provider choice. As a public, not-for-profit, academic healthcare delivery system and the only local Level 1 Trauma Center in Greenville County, GHS could help GCEMS build a mobile integrated healthcare practice (MIHP) model that would benefit all providers and citizens in our community. The model would also provide for an advisory committee composed of representatives from Greenville County, both healthcare systems within the County and members of the community to provide performance oversight of quality and fair delivery of emergent medical services for all patients and healthcare providers within the County.

Ms. Herman stated Greenville County EMS was divided into two operations: Dispatch (GCCOMM) and EMS Transport. There was a response time standard of 12 minutes 30 seconds county-wide for Priority 1 calls, which were the most life-threatening. EMS has operated as a fee for service operation and reported directly to the County Administrator, Joe Kernell. Ms. Herman added the fee for service did not adequately cover the cost for service. In 2014, Greenville County EMS operated on a net loss of \$5 million dollars per year. Call volume for EMS has increased about 5% annually.

Greenville County's payor sources look different from national models which have impacted the County in terms of revenue and reimbursement rates. In Greenville County, Medicare accounted for approximately 32% of the reimbursements while the national figure was 44%. Private insurance accounted for about 1/3 and direct patient billing a bit less than private insurance. Medicaid was a small subset of the payor sources at about 7%. There was a net collection rate of approximately 42% of net charges. Greenville County was unable to bring in revenue for the services that

were provided. Although medical costs have increased across the board, net collection rates have decreased.

Ms. Herman introduced Dr. Angelo Sinopoli and Dr. Martin Lutz to discuss the potential of the proposed partnership between Greenville County EMS and Greenville Hospital System.

Dr. Martin Lutz, Chief of Emergency Medical Transport Services at GHS, addressed Council. Dr. Lutz serves as the Medical Control Physician for Greenville County EMS as well as the Medical Director of the Greenville County Jail. Dr. Lutz also serves on the State Medical Control Board as the University of South Carolina School of Medicine Greenville Representative. The State Medical Control Board makes decisions on program implementation throughout the State of South Carolina.

Dr. Lutz stated Emergency Department visits and admissions of Greenville County Jail inmates have decreased 50% by providing internists and orthopedic specialists to perform medical examinations at the jail as opposed to inmates being transported out. This method has saved money and was much safer.

The mission of Greenville County EMS was to provide exceptional pre-hospital care in a timely and efficient manner to the residents of Greenville County. Dr. Lutz stated he feels Greenville County EMS has certainly fulfilled the mission and added Greenville County EMS, in his opinion, was the envy of the State of South Carolina.

The EMS Nurse Triage Program has been a great success. As the only such program in the state, phone calls determined to be of a lower acuity are transferred to a nurse. Approximately 48% of those calls were handled by the triage nurse. That number represents the best percentage in the entire country. The Nurse Triage Program has diverted over \$1 million in expenses.

The Emergency Department of GHS has changed from contracted physicians to employed physicians. Five new Emergency Department physicians were recruited for three specific reasons: 1) to teach within the medical school, 2) to lead within the Emergency Department and 3) help transform EMS. Dr. Lutz added all five physicians were EMS trained and were on the EMS Advisory Board, which has been established to provide policy, education, and research.

Dr. Lutz stated if GHS was charged with operating and managing the Greenville County Emergency Medical System, a Health Advisory Committee would be formed to oversee transparency in transport destination, which has been a major concern. The Committee would be comprised of leaders from GHS and St. Francis Bon Secours medical systems, as well as other community representation to insure open discussions.

Dr. Lutz concluded by stating Greenville County EMS was a critical component in the implementation of a Mobile Integrated Healthcare Practice (MIHP) for the residents of Greenville County.

Dr. Angelo Sinopoli, Vice President of Clinical Integration and Chief Medical Officer, addressed Council. Dr. Sinopoli stated he has seen dramatic changes in health care in the past 30 years but has seen the most changes within the past three years. He predicted major changes in the next 3-5 years. Dr. Sinopoli stated the current fee for service model was unsustainable.

Dr. Sinopoli stated prior to the EMS Nurse Triage Program implementation, EMS transported 5000 individuals to the Memorial Emergency Department alone. Data was not collected from the other Emergency Departments in the County. Complaints included headache, constipation, and medication refill requests which were clearly not appropriate for the Emergency Department. Although keeping patients out of the Emergency Department for non-emergency illnesses decreased dollars to the hospital system, it has allowed EMS personnel to respond to critical cases and the Emergency Department was able to better serve those who were actually in need of emergency medical services and provide better healthcare for the community. Dr. Sanopoli stated in the future, employers and healthcare entities would pay a medical system, such as GHS, a flat fee to manage the health needs of employees or groups of individuals and would hold the medical system accountable for quality and costs. He stated Greenville County EMS was crucial to the success of this type of healthcare.

GHS has invested millions of dollars in the last few years in population health efforts, infrastructure, data systems, and care management systems, etc., in an effort to support community healthcare. GHS has relationships with federally-funded clinics in the community and has diverted unfunded patients to these clinics.

Dr. Sanopoli stated GHS has been running its own ambulance company for a number of years and feels integrating functions with Greenville County EMS would be an advantage for the citizens of Greenville County. Dr. Sanopoli stated with the resources that were currently available, GHS had the capability to provide intense training to paramedics.

Dr. Sanopoli concluded by stating Greenville County and GHS have shared very similar visions for the community. An enhancement of the existing partnership between the two entities would continue to demonstrate that commitment. They could be proud of what has been accomplished and what can be accomplished in the future. The proposal presented was not about market share but was about the best healthcare for the community. Dr. Sanopoli stated the MIHP program would provide better quality medical care, better patient experience, patient choice, transparency, and save money.

Joe Kernell stated costs for EMS and healthcare in general have climbed and there was not enough revenue to cover the costs. For FY 2016-2017, expected revenue for EMS was \$8.4 million and expenditures were \$13.3 million which calculated to a loss of \$5.1 million and if you back out dispatch operations the net loss was about \$3.5 million. Those figures did not include capital projects.

As part of an intergovernmental partnership between Greenville County and GHS, patient choice was always first and foremost and would continue to be so. The proposed Advisory Committee would include healthcare providers from both hospital systems along with Greenville County Government representatives to insure transparency.

Joe Kernell proposed transferring operations of EMS to GHS effective October 1, 2015 which would give all parties time to work through the details and a transition plan. Any agreement would include Performance Standards such as response times, patient care, patient satisfaction, etc. GHS would invest in programs to utilize EMS personnel for Community Health Programs. Greenville County would contribute \$1.5 million per year plus equipment, supplies, facilities and ambulances. Greenville County would maintain Dispatch Services.

Current Greenville County EMS employees would be given the choice to remain a county employee or become an employee of GHS. Any employee who chose to remain a Greenville County employee would be leased to GHS. Any new hires would be GHS employees.

GHS agreed not to place its branding or logo on any vehicle provided by Greenville County including any future replacement ambulances. Mr. Kernell stated a 10 year term appeared to be most appropriate and could only be terminated with good cause.

Councilor Dill asked how would transport fees be based and would costs increase to the patient.

Dr. Sanopoli stated transport costs for the patient were not expected to rise under the proposed plan.

Councilor Baldwin inquired about the County's liability in regards to individuals transported or not transported to the hospital. He also asked if GHS would simply manage the system or would they take over the system.

Joe Kernell stated GHS would operate the system but it would continue to be a partnership between Greenville County and GHS. Currently, the Medical Control Officer determines who can become a paramedic and this would not change.

Councilor Cates stated it appeared to him the more often the paramedics are actually assisting a citizen, no matter what the situation may be, the more money the County would make.

Joe Kernell stated EMS personnel should be assisting individuals who actually need emergency care, not non-emergency situations.

Councilor Cates asked why GHS wanted to take over an operation that currently loses \$5 million per year.

Dr. Sanopoli stated the medical expertise available would create efficiencies that would save money. He added if, under the current fee for pay system, all calls were reimbursed at the rate charged, he would agree no change was needed but that was not the case.

Councilor Baldwin asked would a transported patient receive one bill from GHS or separate bills, one from the GHS and one from EMS.

Dr. Sanopoli stated the individual would receive separate bills.

Councilor Burns stated Council had been told at the beginning of the presentation there was no agreement in place but the hand-out indicated "agreement terms" and the agreement has been approved.

Joe Kernell stated there was no agreement. Terms of a potential agreement have been presented to County Council for consideration.

Councilor Burns stated Mr. Kernell indicated earlier GHS has agreed to "take the employees." He added Administration has worked on an agreement with GHS.

Joe Kernell stated there was no agreement. Points and terms have been presented to County Council for consideration. He added the proposed plan would save the County money, if approved by County Council and implemented.

Councilor Ballard stated they have heard “patient choice” all the time but the numbers did not bear that out. The numbers bear out market share; month after month, year after year. Market share was how EMS transported. He added he was particularly interested in the heart situation as one of the 10 best heart hospitals in the country was located at St. Francis, yet the market share still went to GHS. In the Capital Budget, there was \$1 million each year for ambulances; this year and next year. The \$750,000 in the FY 2016 and FY 2017 Budgets was for an agreement between Greenville County and the South Greenville County area. Councilor Ballard asked Joe Kernell to verify the information.

Joe Kernell stated the FY 2016-2017 Budget allocated money for the purchase of five new ambulances in each of the next two years, which was included in the Vehicle Plan. There was also \$600,000 budgeted for Operating Funds in the EMS budget each of the next two years. Mr. Kernell stated Greenville County recently purchased two ambulances for \$128,000.00.

Councilor Norris stated she has met some of the GHS officials and her greatest concern was the same as when Greenville County Schools decided to integrate. A process was developed; people came together, communicated and received feedback. Councilor Norris stated Council members did not know about this proposal. She added she had received phone calls from the community asking about the proposal and she had no answers for them. She stated she liked the word “partnership” but she felt there had not been a good process or partnership in regards to this proposal.

Councilor Gibson stated she was glad to hear some information shared and it was obvious that quite a bit of work had gone into the proposal. She stated Council needed to study the proposal before a decision was made. Councilor Gibson stated she worked with the inmates in the jail and the numbers did not support claims made tonight by GHS regarding service providers. Councilor Gibson stated there was a large gap in diversity among the physicians at GHS. She also stated EMS personnel lack training.

ACTION: Councilor Kirven moved to hold the item until the July 21st Regular Committee of the Whole Meeting.

Councilor Burns requested the proposal be placed online for the public to preview.

ACTION: Councilor Kirven called for the question. The question was called by a vote of eight in favor (Dill, Baldwin, Cates, Taylor, Norris, Seman, Kirven, Payne) and four opposed (Meadows, Burns, Gibson, Ballard).

Motion to hold the item until the July 21st Committee of the Whole Meeting carried unanimously.

Item (5)

ADJOURNMENT

ACTION:

Councilor Ballard moved to adjourn the meeting at 5:53 p.m.

Motion carried unanimously.

Respectfully submitted:

Theresa Kizer, Clerk to Council