

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

Call to Order

Alison Zerbe, Staff, called meeting to order at 9:02 AM.

Announcements

N/A

Roll Call

Todd Barton, Romney Behnam, Century Ambulance, Tony Chin, Jorge Curbelo, Jonathan Frasher, Adam Katzman, Fred Keroff, Wayne Lee, Charles Maymon, Jennifer Michalowski, Joseph O'Geen, Candace Pineda, Alison Zerbe, Michele Bachmann

Presentation on Chapter 3½ amendment proposal for Specialty Medical Transportation - Overview given by Alison Zerbe

Broward County has an ordinance (Chapter 3 ½) that dictates the COPCN process in the County. This process is intended for quality purposes and the contracting process between the COPCN holders and Broward County is intended to ensure all Broward County residents and visitors are able to get serviced and that COPCN holders provide emergency response to the County. Some examples of this are evacuations, shelter staffing, and COVID response.

Once a COPCN application is submitted, it goes through a process and requires specific recommendations and information dictated by the ordinance that is presented to Broward County Commission.

Background

- Broward County- Code of Ordinances/Chapter 3 ½- Emergency Medical Services and Nonemergency Medical Transportation Services dictates the certificate of public convenience and necessity (COPCN) application process
- Coastal Care Corporation d/b/a Cleveland Clinic Advanced Medical Transport submitted a COPCN application in August 2021
- County Commission denied approval with direction to the County Attorney's Office to look into and bring back potential inter-facility transfer and transport options consistent with the Board's comments on 12/7/2021
- Assistant County Attorney provided Chapter 3 ½ Specialty Medical Transportation Amendment proposal that was sent to Cleveland Clinic in January 2022
- Cleveland Clinic proposed additional changes to the amendment
- Original Chapter 3 ½ Specialty Medical Transportation Amendment proposal language was presented to the Broward Regional Emergency Medical Services Council on March 3.
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Amendment Summary

- Create a Class 5- ALS specialty transport category
- Transportation by EMS transport vehicle between 2 facilities licensed under Chapter 395, Florida Statutes, or to and from an airport, of and organ transplant patient or a patient on extracorporeal membrane oxygenation (ECMO)

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

- The patient compartment of an EMS transport vehicle providing a Class 5 transport must be staffed with a minimum of 1 State licensed paramedic and 1 physician (a medical intern or resident does not qualify as a physician under this sentence)
- Applicants for Class 5 transport must provide the names of the physicians that may attend a specialty transport

This subcommittee meeting was requested by the EMS Council at the March 3 meeting. The EMS Council requested that Medical Issues review this in depth and make a recommendation on how to proceed. County Commission already denied Cleveland Clinic's application for a Class 2. That cannot be revisited at this time. The amendment of Chapter 3½ regarding Cleveland Clinic's interests at the 12/7/2021 Commission meeting is what will be presented to the Commission before summer recess.

The amendment they put together would be a Class 5 Specialty Transport which does not exist at this time. They would be able to transport an organ transplant patient or an ECMO patient to and from the airport or to and from two licensed facilities under Chapter 395.

Cleveland Clinic Response

- Change the staffing requirements to the patient compartment of an EMS transport vehicle providing Class 5 transport must be staffed with a minimum of 1 State licensed paramedic and 1 State licensed emergency medical technician. Additionally, the team may include, Registered Nurses, Perfusionists, Registered Respiratory Therapists, additional paramedics and/or physicians as indicated by patient condition
- Asked us to consider conducting another survey a different way because their Chief Operating Officer that responded is no longer employed there, they believe the situation has changed, and they believe the survey was too subjective

DISCUSSION

At the EMS Council meeting Cleveland Clinic was able to further discuss their intentions, and they would like the amendment to read that they could have one Paramedic and one EMT and any additional staff. They wanted it to be more flexible.

This meeting is open to the public. Speakers not on the committee will be allowed three minutes to discuss.

Todd Barton, AMR, on March 3, 2022 the representative from Cleveland Clinic stressed they were experiencing long wait times for airport calls. They stressed that they had patients waiting on the tarmac with no ambulance responding.

From 2019 to the present, AMR responded to 2,799 airport transports within Broward County. None of these were requested by Cleveland Clinic. Out of 2,799 requests, only 25 had Cleveland Clinic as the destination.

All AMR telephone calls are recorded, and Mr. Barton conducted a search. The few requests that were for Cleveland Clinic were placed by the air brokers and not requested by Cleveland Clinic. This is concerning because Cleveland Clinic states they are experiencing long wait times when

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

it's the brokers setting up these calls and making the transports. Mr. Barton also asked the other private providers in Broward County; they stated they had no requests from Cleveland Clinic.

The EMS industry has been taxed with COVID the last couple of years; not as many students applying. Mr. Barton wanted to know where they would obtain these EMTs and paramedics and commented they would have to take them from other providers. AMR is opposed to having this resource.

Dr. Fred Keroff, EMS Medical Issues Committee, asked if Mr. Barton had a breakdown of what facilities requested the calls or are they typically through the air broker? Mr. Barton didn't have the breakdown, but the majority come through the brokers. Dr. Keroff also asked if he had the transport destinations? He didn't, but he stated only 25 went to Cleveland Clinic.

Dr. Wayne Lee, EMS Medical Issues Committee, asked if Cleveland Clinic had a contract with someone other than AMR? They don't have a contract with AMR directly and Mr. Barton couldn't speak for other providers in Broward County.

Jennifer Michalowski, Cleveland Clinic, answered that Cleveland Clinic has contracts with three of the EMS providers. Primarily, in 2021 they were using Century Ambulance. Dr. Lee wanted to know Century's response to the data. Ms. Michalowski wanted to know that of the data captured, was the ETA unacceptable? Mr. Barton said that lost transports were recorded in the CAD system.

Ms. Michalowski commented that when dispatch gets unacceptable ETAs, she uses the chain of command. She said that most of the time AMR is delayed. Her AMR contact is Mike Fulton. Mr. Barton informed her that Mike Fulton is the AMR Palm Beach County Operations Manager so if she is referring to Broward County, Mike Fulton wouldn't have the information that she needs. She requested the contact for Broward County. Mr. Barton will provide the contact.

Charles Maymon, MCT Express, applauded staff for working to give Cleveland Clinic exactly what they requested at the 12/7/2021 Commission meeting. Mr. Maymon supports this creation of Class 5.

Mr. Maymon said from 2019 to present their organization has performed 1,886 transports in Broward County. Forty-one went to Cleveland Clinic. The requests were mainly from air brokers. Sometimes brokers fail to request a private ambulance. That's when people call 911.

MCT Express has offered Cleveland Clinic the opportunity to operate an ambulance under MCT Express' license. To date Cleveland Clinic has not responded to MCT's offer. Mr. Maymon said that model has existed for approximately 26 years within Memorial Health Systems and Joe DiMaggio's Children's Hospital.

Dr. Keroff understood that at Joe DiMaggio's Children's Hospital, the private provider owns the ambulance and it's there for specialty transports. He asked what would be the advantages/disadvantages of Cleveland Clinic having their transport agency as opposed to contracting with another private transport who has the vehicle on site and ready to transport?

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

Charles Maymon commented that MCT Express would provide the vehicle and an EMT 24-hours/7days a week and Cleveland Clinic could provide more staff for transports depending on the level of care the patient needed. It would give Cleveland Clinic all the flexibility they need. MCT Express would be billing and collecting payment.

Alison Zerbe reminded the subcommittee that the County mandates the rates that the ambulance providers can charge, however, they will only get reimbursed Medicaid/Medicare allowable for those patients, which is lower than the County's mandated rates.

Dr. Lee asked what doors would open creating the Class 5? He mentioned that maybe Broward General, Holy Cross, etc., wants to do the same thing and is that a concern? Dr. Keroff was surprised, at the Commission meeting, that the Fire Chiefs were in favor of this. Ms. Zerbe stated that the Medical Examiner's office was opposed to this because it's not a Cleveland Clinic issue, it's a whole system issue. We have to be cautious of providers doing high reimbursement transports and not serving the low reimbursement transports timely. They want to do what is best for all the residents and visitors of Broward County.

Dr. Lee said that what they are talking about today is a change in Chapter 3½ and creating a Class 5. It seems like a lot more people would be looking at the Class 5 and it opens the door for anybody to apply.

Dr. James Roach, Cleveland Clinic, said that the Fire Chiefs voted to approve this. The reason it went to the Commission is because Dr. MacDougall and Alison Zerbe had a concern with it.

There is a big problem with response time of the private ambulances in Broward County. Cleveland Clinic has COPCNs in other counties, Martin, and Vero.

Because of the staffing issue, brought up at the Commission meeting, it's as if they are using the government to protect the private business so they can make profits. Dr. Roach thinks that if other hospitals want to do this it would be good for competition and for the patient. Without competition it would allow the providers to show up 4 or 5 hours later without accountability. Cleveland Clinic, a not-for-profit, wants to service their patients. It's not about taking over the private ambulance industry.

Dr. Roach said it was not just about the Class 5. They want a COPCN to do all of their transports. He wanted to make sure the scope of this is on the table.

Dr. Keroff said the ability to staff, not staff, and staffing shortages --- "welcome to the new norm" is a non-issue from his perspective. He is in favor of competition, but if you open up the door, would it have a negative impact on providing services by fire rescue? He was surprised the Fire Chiefs were in favor.

Dr. Roach stated the reason the Fire Chiefs were in favor was there was an issue that the fire rescue is doing a lot of interfacility transports and transports from the airport. Fire rescue has no

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

interest in doing interfacility transports. Having a private ambulance or anyone doing them is a benefit to fire rescue.

Dr. Lee wished there was someone from the Fire Chiefs at this meeting. Dr. Roach said that it would be interesting to hear from the Fire Chiefs who is in opposition.

Dr. Keroff asked Dr. Roach again why Cleveland Clinic wanted to have a COPCN versus contracting with a private ambulance company.

Dr. Roach said that during the pandemic they were transporting many ECMO patients in Martin County and were seeing many benefits with the continuum of care and would like to be able to provide the same service in Broward County.

Ms. Michalowski said when there's a need for transport they acquire a COPCN: Indian River, Martin, St. Lucie, and Okeechobee Counties. The model is to obtain a COPCN to understand the needs of their patients and to train their staff to those needs. Their protocol is a special protocol that all their surgeons, specialty physicians, etc., have input.

Ms. Michalowski also explained that if they ever do turf calls to private ambulance, it is because insurance is a factor. Some insurance is very specific, so providers are chosen by their contracts with payors. If transport is going to be faster with Cleveland Clinic and they cannot get reimbursed, they provide the transport and write it off to a charity account. Ms. Michalowski provided the 90 pages of financial accounts for the Cleveland Clinic to Broward County. Millions of dollars were written off as charity in Florida alone which has a positive impact in putting patients first. Their business model helps Cleveland Clinic pay for staffing and overhead. What Charlie has proposed will allow MCT to collect the revenue. As a not-for-profit, they do have to cover their overhead and operate a business so that will not work for them.

Chief Jonathan Frasher, EMS Medical Issues committee, said that he sees some value transporting ECMO patients with a higher level of care. He asked if the COPCN for Cleveland Clinic would also do their own transports for psych, OB, and pediatrics, or would they use a private ambulance company? He does interfacilities currently because the hospital calls 911. EMS has an interfacility license and they do them on a regular basis. The hospital calls 911 to keep them in their system but when EMS gets there, they take the patient to the facility according to the patient's needs. Chief Frasher asked Dr. Roach if they would do regular transports that wouldn't be paying as much.

Dr. Roach answered that when the patients are in the ER and there is an emergency situation, as per the Broward County protocols, they will have to call 911 if they get an unacceptable response from the private providers. Essentially, they would like to do any calls that are necessary.

Ms. Zerbe reminded everyone that what they are describing would be a Class 2 COPCN which was already denied by Commission. What they are discussing today is an amendment to Chapter

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

3½ to accommodate some of Cleveland Clinic's concerns. Dr. Roach said they will be reapplying for the Class 2.

Dr. Lee said that what Dr. Roach has described has been a problem for many years. Dr. Lee is sensitive to how to solve this. He is not too concerned about the staffing argument because the Chapter 3½ change has allowed for non-EMT drivers.

Dr. Roach said that the private ambulances need to be competitive. It is not the job of public service to cater to a private company. Dr. Keroff commented that Cleveland Clinic is a private entity. Dr. Roach said they are not asking for the government to protect Cleveland Clinic.

Dr. Lee brought up the SB1222, hospital care at home, signed by the governor and asked if this would be addressed in the Class 5.

Ms. Zerbe said that the language is specific in the amendment and that an ECMO or organ transplant patient could be transported to and from the airport or two licensed facilities under 395. Those are the only transports allowed currently under the proposal.

Ms. Michalowski asked if there would have to be a new Class every time a new action is considered? Ms. Zerbe said the Class 5 was specific to Cleveland Clinic's concerns raised at the 12/7/2021 Commission meeting and a way the Commission could help the challenges of Cleveland Clinic.

Dr. Lee wanted to know what the arguments would be if Cleveland Clinic reapplied for Class 2. Dr. Roach said they will have lawyers, lobbyists, support staff, etc., to handle the next application but the arguments will be the same. He said that the companies should be more competitive with their pay and benefits.

Ms. Zerbe mentioned she receives calls from ambulance companies in California that want to open in Florida monthly. Having a free market in business is good but she reminded everyone to keep in mind that some of the largest payers in the South Florida area is Medicare and Medicaid and their reimbursement rates are very low and in some cases haven't been updated in over 20 years. This presents a challenge when trying to be competitive by offering employees more money and better benefits. Their hands are tied in certain situations, and we don't want the Medicaid and Medicare recipients to suffer in a free market.

Also, all private ambulance providers have a contract with Broward County to do emergency backup services. They must do what Broward County asks them to do in emergency situations. When they were activated during COVID, they staffed vaccination sites, they did at-home programs for vaccinations and testing, they staffed testing sites, they evacuated people during hurricanes, and they staffed shelters during hurricanes. They also have a fee forgiveness program for residents of Broward County.

These are things to think about in the future because this subject is going to come up more often. A. Zerbe mentioned for them to study other counties, i.e., Atlanta who has an open market for

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

COPCN. From her years of experience, open markets in the ambulance business result in system and quality issues.

Dr. Roach said that regarding open markets, there are no facts to substantiate that statement. Other people may say it's a great thing. He has not done the analysis, but they need objective factual data to make a conclusion.

Dr. Lee asked if what we are doing now even has a purpose if they are going to reapply for a Class 2 COPCN anyway. Should they just wait and see what happens with the second application?

Ms. Zerbe said that this language for the Chapter 3½ will go in front of Commission for this special transport amendment proposal. It probably will go to Commission before Summer break. Whatever recommendation is made today is going to be based off the amendment presented for a Class 5. They have to revisit Class 2 at another date.

Ms. Michalowski commented that Cleveland Clinic looks forward to being another partner to call upon for emergency backup and mass casualty support.

Ms. Zerbe said that if there weren't any other public speakers she wanted the committee members to speak freely and discuss their recommendation and ideas.

Candace Pineda's, EMS Medical Issues Committee, concern was, although Cleveland Clinic has COPCN in other counties, Broward County is unique, and the current system seems to work well. She had concerns about opening up for multiple agencies to transport and what that would do to the current system.

Dr. Lee said that he liked what Dr. Roach said and this Class 5 is very narrow. Although it may open up to other agencies, he's inclined to vote for the amendment.

Dr. Keroff commented that the Class 5 was a narrow scope but is under impression it will be tweaked. Now the language requires that a physician be on the vehicle during transport, but Cleveland Clinic would prefer it to be an EMT and a Paramedic. He mentioned he needed clarity on the language. Would it be limited to ECMO and organ transplant to and from an airport or to and from a 395 licensed healthcare facility?

Ms. Zerbe replied, yes, it is specific language based on what was said at the Commission meeting.

Ms. Zerbe mentioned that if an ambulance company had a COPCN at either the pick up or drop off location of the patient, they could pick up or drop off in Broward County without having a COPCN in Broward County. Also, any facility can do their own ambulance transport without a COPCN if they do it as a charity without charging the patient.

Ms. Zerbe clarified to Dr. Lee that if they have a Class 2 COPCN they do not need a Class 5.

Ms. Michalowski wanted to clarify a sentence. Currently it reads: The patient compartment of the EMS transportation vehicle providing Class 5 ALS specialty transport must be staffed with a
Page 7 of 10

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

minimum of one state-licensed paramedic and one physician. A medical intern nor a resident does not qualify as a physician under this sentence.

Cleveland Clinic proposed an option that would allow them to tailor the team to the patient's needs. This is the current standard of care in all their other counties. So, it reads: the patient compartment of an EMS transport vehicle providing Class 5 transport must be staffed with a minimum of 1 State licensed paramedic and 1 State licensed emergency medical technician. Additionally, the team may include, Registered Nurses, Perfusionists, Registered Respiratory Therapists, additional paramedics and/or physicians as indicated by the patient condition

Dr. Lee said that he agreed and that makes the most sense.

Ms. Pineda asked if this was something they needed to vote on. Adam Katzman, Assistant County Attorney, said that if this subcommittee was making a recommendation that would go to the EMS Council, they would have to formulate a motion either as written or with the proposed change.

Dr. Keroff is in favor of making that change to the language. Mandating that a licensed physician has to be on board is extremely restrictive.

Dr. Lee has always been troubled by the transfer issue. The National Association of EMS Physicians points out that if you start doing interfacility transfers, there needs to be someone/physician in charge of that transfer at the transferring hospital. If Cleveland Clinic is en route with a patient and there is a problem, how would that be handled in Cleveland Clinic's model?

Ms. Michalowski said that, for example, if there is a problem with a stroke victim and they call back to the receiving physician while en route, they explain the problem and medications given. They ask if they want them to continue to the by-plane. The physician usually says no, and they will meet them in Cat scan. They are providing a report prior to arrival which is helpful in transitioning care.

Cleveland Clinic is onboarding new doctors that bring new procedures and new technologies. She can keep her staff of 100 updated but, with these third parties and other entities, they are not having the same level of communication. She finds out about patient opportunities for improvement after the transfer has been completed.

Dr. Lee commented that in the National Association of EMS physicians, they're generally talking about transferring from a smaller hospital to a more complex hospital. They are making the point that the sending hospital needs to be in charge and available. In Cleveland Clinic's case, they're almost always the receiving facility/doctor.

With the last speaker Ms. Zerbe asked Attorney Katzman if the subcommittee had to make a recommendation/motion or could this be a discussion. Attorney Katzman said that it was up to the subcommittee.

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

Four subcommittee members were present: Candace Pineda, Chief Jonathan Frasher, Dr. Lee, and Dr. Keroff. Dr. Lee said that it seemed they should vote on the suggested language change.

MOTION to Accept the proposed change by Ms. Michalowski which states the patient compartment of an EMS transport vehicle providing Class 5 transport must be staffed with a minimum of 1 State licensed paramedic and 1 State licensed emergency medical technician. Additionally, the team may include, Registered Nurses, Perfusionists, Registered Respiratory Therapists, additional paramedics and/or physicians as indicated by the patient condition

Motion made by Dr. Keroff

Seconded by Candace Pineda

Dr. Keroff, Candace Pineda, Chief Frasher and Dr. Lee voted affirmatively. Motion passed unanimously.

Ms. Michalowski suggested a recommendation from the group to reconsider their Class 2.

Dr. Keroff said that was a separate issue and he wanted to keep the discussion to the establishment of Class 5.

Dr. Lee agreed with Dr. Keroff.

Ms. Zerbe stated that per the ordinance, Chapter 3½, they can't revisit Class 2 at this time.

SUBCOMMITTEE DISCUSSION:

MOTION to Accept the changes that Ms. Michalowski has put forth in terms of who staffs it and to support the language of creating a Class 5 with the very narrow focus for ECMO and organ transplant patients for transport to and from the airport and from other 395 licensed facilities.

Motion made by Dr. Keroff

Seconded by Dr. Lee

Ms. Zerbe clarified that they were accepting the Class 5 recommendation with the changed language regarding the staffing but keeping the rest of the language the same as proposed. Dr. Keroff said, "Yes," to the clarification.

Ms. Pineda said to keep ECMO and organ transplant only and nothing else. With this Ms. Pineda approved. Chief Frasher voted, "Yes."

Dr. Lee wondered if it should be broadened beyond ECMO and organ transplants. Dr. Roach said any recommendation that would modify Class 5 would be helpful and patients would benefit from Cleveland Clinic's team. Dr. Keroff said that when you start expanding this, you are giving them a carte blanche to transport anything.

DRAFT
Medical Issues Committee of the
Broward Regional EMS Council
April 11, 2022, 9:00 AM
MINUTES

Dr. Lee said that moving a patient from the airport to a hospital becomes a challenge. The issue is more about airport transports; more of an airport Class 5.

Dr. Keroff didn't have an issue with broadening transport to and from the airport but wanted to limit it to ECMO and organ transplant patients to a 395 licensed facility.

Dr. Keroff asked to remove the motion and make a subsequent motion.

Ms. Michalowski wanted to use the Medicare definitions, but Ms. Zerbe said that could affect the billing and that's why it's called specialty transport instead of specialty care transport.

Dr. Roach said that if someone is having an MI on an airplane and they land in Fort Lauderdale why wouldn't they pre-alert 911 and have the Broward EMS rescue standing by.

Dr. Lee said that's exactly what should happen. This is not intended for that scenario. He sees value in an ECMO or organ transplant patient because that's a higher level of care but, other than that, you're drifting into all ALS patients that should be run by 911. That is two different things. If you have an emergency on an airplane, 911 should meet them at the door. This is not intended for that but if you have a cardiac patient that is being transported from Panama to Broward County, he thinks Cleveland Clinic should be allowed to pick up that patient.

Ms. Pineda asked if this pick up is for the international programs. Ms. Michalowski agreed for patients, from a country without the technology, coming to and going from Cleveland Clinic.

FINAL RECOMMENDATION:

MOTION to recommend the language for Class 5 specialty transport be transportation by EMS transport vehicle between 2 facilities licensed under Chapter 395, Florida Statutes, of an organ transplant patient or a patient on extracorporeal membrane oxygenation (ECMO) and transport to and from an airport of an Advanced Life Support (ALS) patient.

Motion made by Dr. Keroff

Seconded by Dr. Lee

Dr. Keroff, Candace Pineda, Chief Frasher and Dr. Lee voted affirmatively. Motion passed unanimously.

Ms. Zerbe reminded everyone that this is a recommendation, and the Broward County Commission makes the final decision. She will make sure all parties know the Commission meeting schedule. No schedule TBD.

Next Meeting Dates

TBD

Adjourned

10:48 AM