



EMSCC 2008

*The Future of EMS in Canada -
Charting the Course Ahead*

Victoria, BC May 28 – 30, 2008



Funding EMS Costs

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Terminology Summary

- **Generally Accepted Accounting Principles (GAAP)**
- **CICA Handbook**
- **Matching Principle**
- **Capital vs Operating**
- **Amortization**

Five White Paper Funding Principles

- **Funding Incentives and Best EMS Practices Should Be Aligned**
- **Funding Should Be Based on Requirements for Preparedness**
- **Funding Should Be Equitable Across Communities**
- **Funding Should Be Adequate to Cover Costs**
- **Funding Should Be Stable, Predictable and Sustainable**

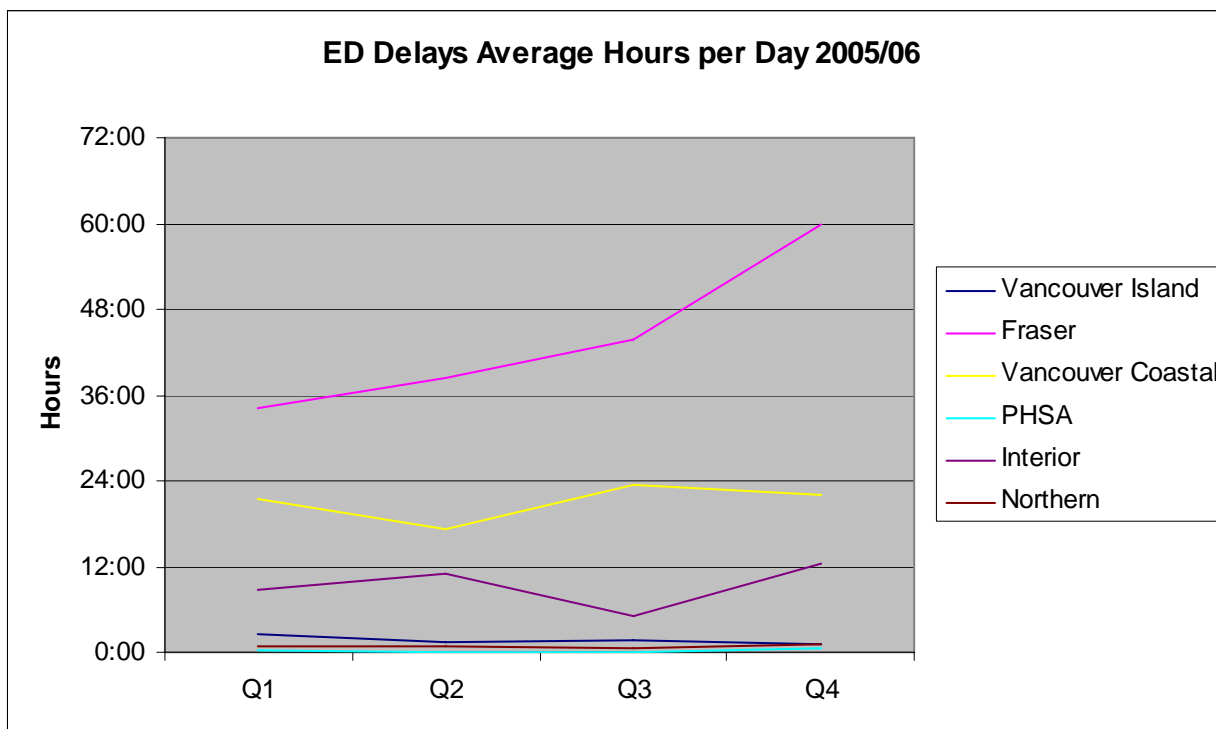
Funding Incentives and Best EMS Practices Should Be Aligned

- **Funding models are biased towards transports to emergency departments**
- **Alternatives to ED transport are sometimes more effective or clinically appropriate (Treatment on-site, walk-in clinics, social service or mental health organization)**
- **ED's are already overworked**



British Columbia Ambulance Service

Growth in Emergency Department Delays



**In 2006 - 29,000 hours lost waiting in ED
Average of over 77 hours per day**



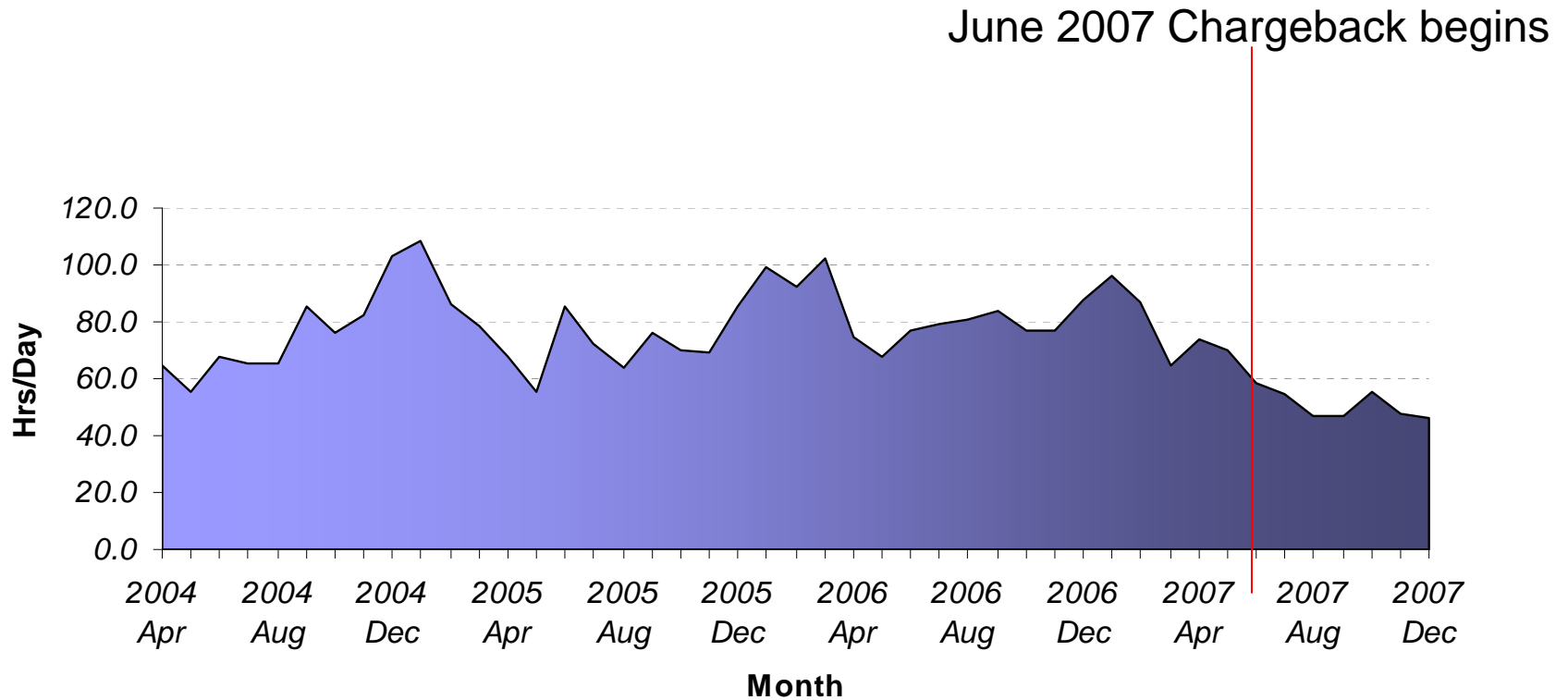
Extended Care Paramedic

- **Throne speech: paramedics can treat and release when appropriate**
- **Involves additional training**
- **Reduce unnecessary low acuity transports to Emergency Department**



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ED Delays Trend (April 2004 to Dec 2007)

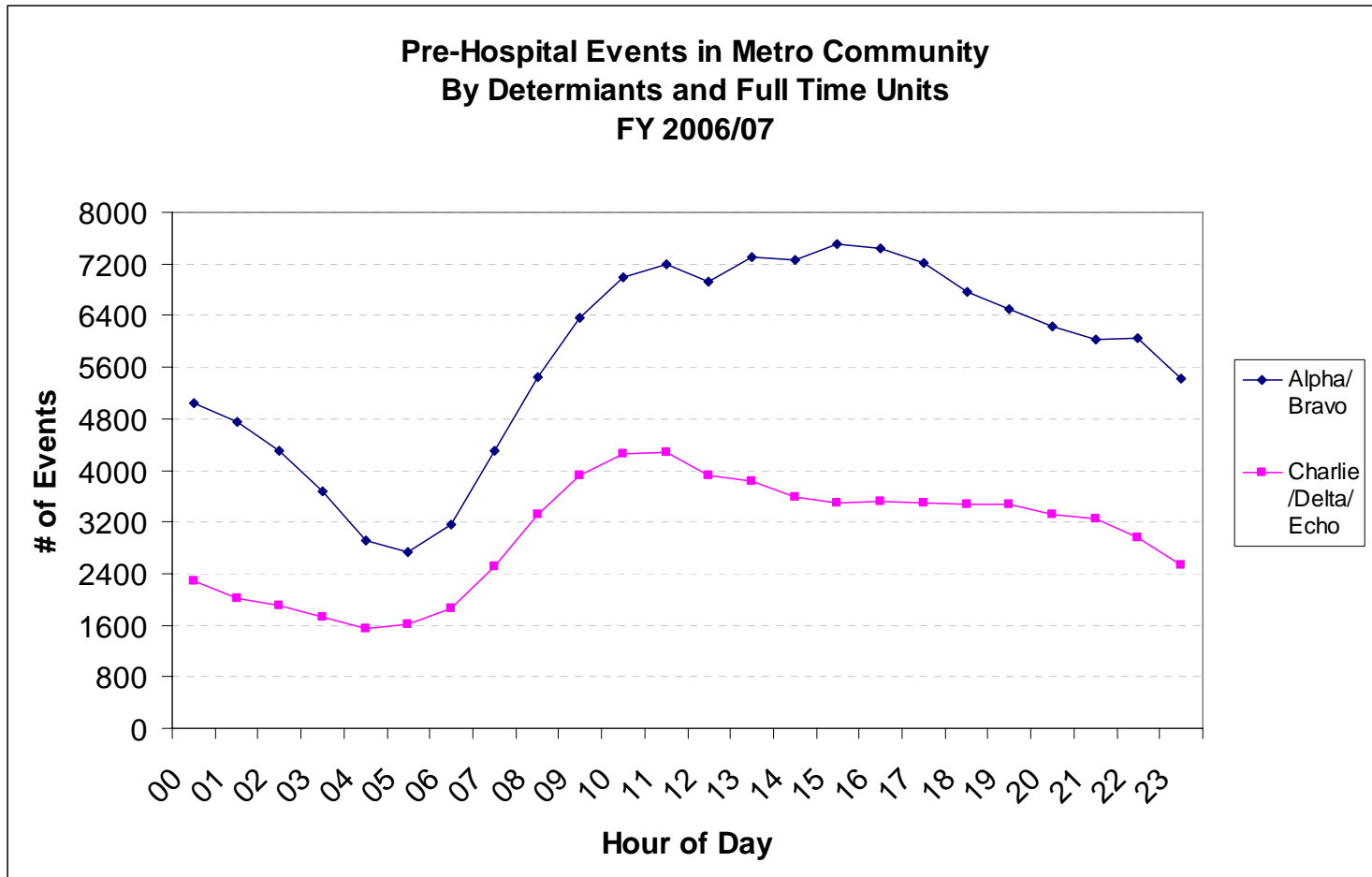


Funding Incentives and Best EMS Practices Should Be Aligned

- **Only 10% of patient calls for EMS actually have life threatening emergencies**



Pre-H events composition





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Cultural Change

- **'Right care, right provider at the right time'**
- **Resource Allocation Plan – Prioritise Responses**
- **Reserve paramedic resources for higher acuity calls**
- **Educate callers on alternate and potentially more appropriate health services**

Funding Incentives and Best EMS Practices Should Be Aligned

- **If compensated, EMS would be a lower cost alternative to do more assessing, treating, diagnosing and education, scheduling appointments, non-emergent follow-up**



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Community Paramedics

- **Integration Opportunities for Paramedic profession**
- **Job fit – P/T Paramedic role with P/T HA role (hospital/long term care) – HA jobs which allow for 911 response?**
- **Cultural issues – paramedic alignment to Emergency Services (fire, Police) and not Health sector**
- **Professional and union clashes between professions (CCT experiences)**
- **Budget implications unknown (infrastructure and growth)**

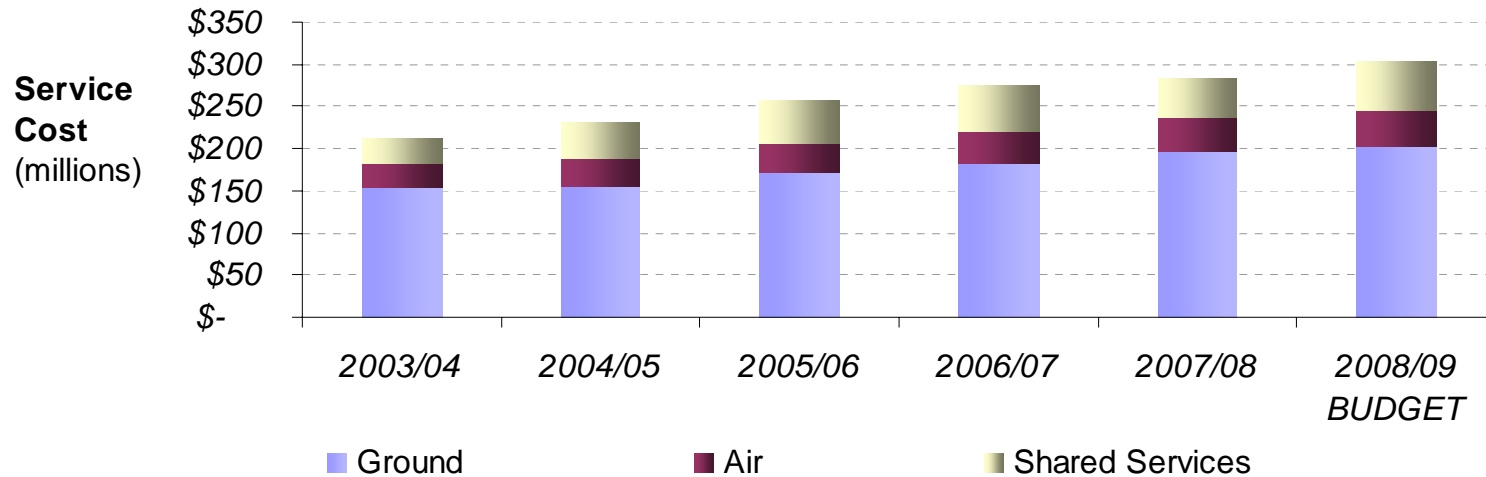
Funding Should Be Based on Requirements for Preparedness

- **To enable the ambulances and crews to be prepared to respond requires considerable infrastructure costs to support them**
- **Infrastructure costs to include communications networks and computer systems, training, medical direction and licensing**
- **Funding model should be proactive in responding to community needs**



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Service Delivery Costs

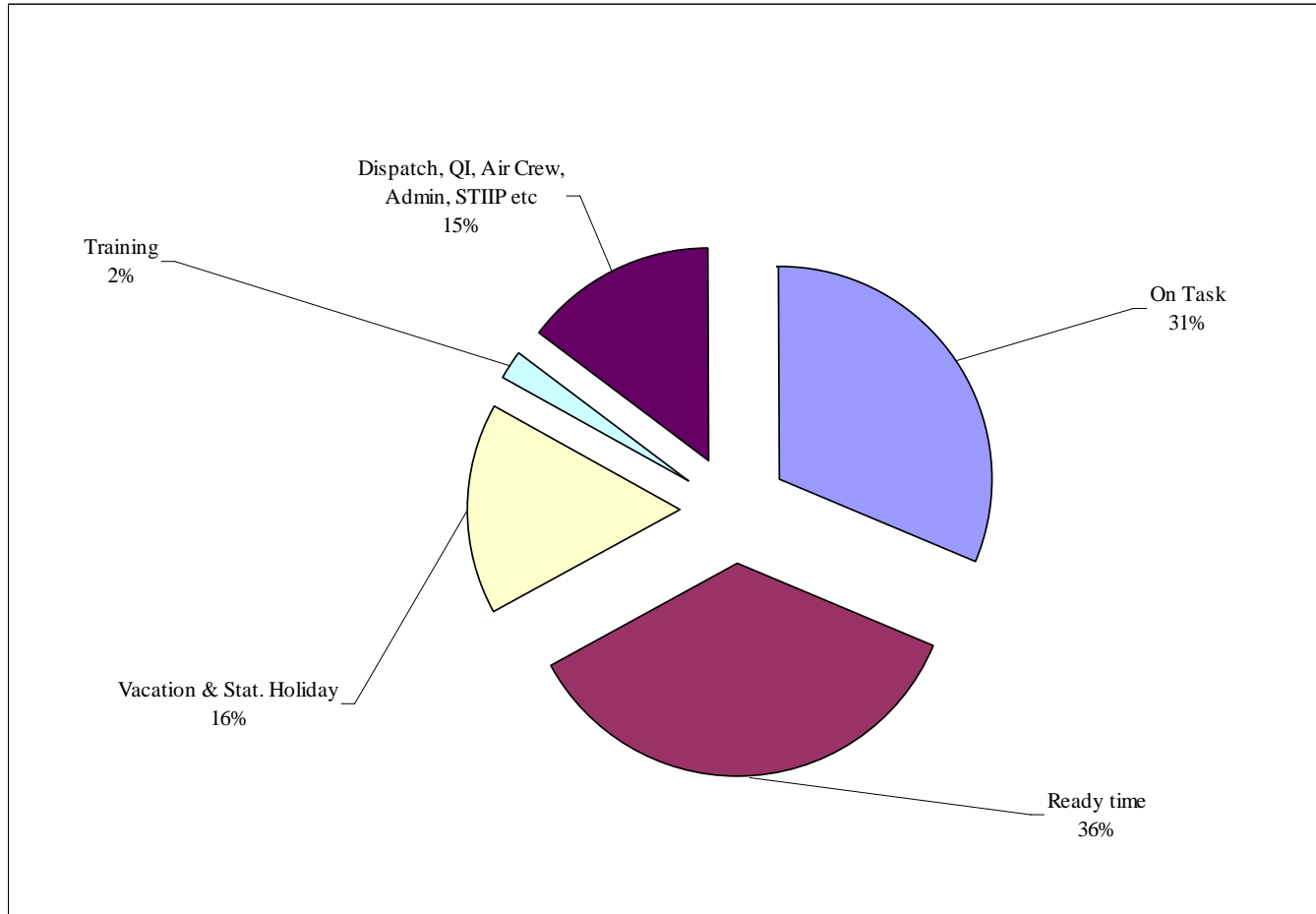




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Utilization of CUPE Resources

(excludes Fox Standby)



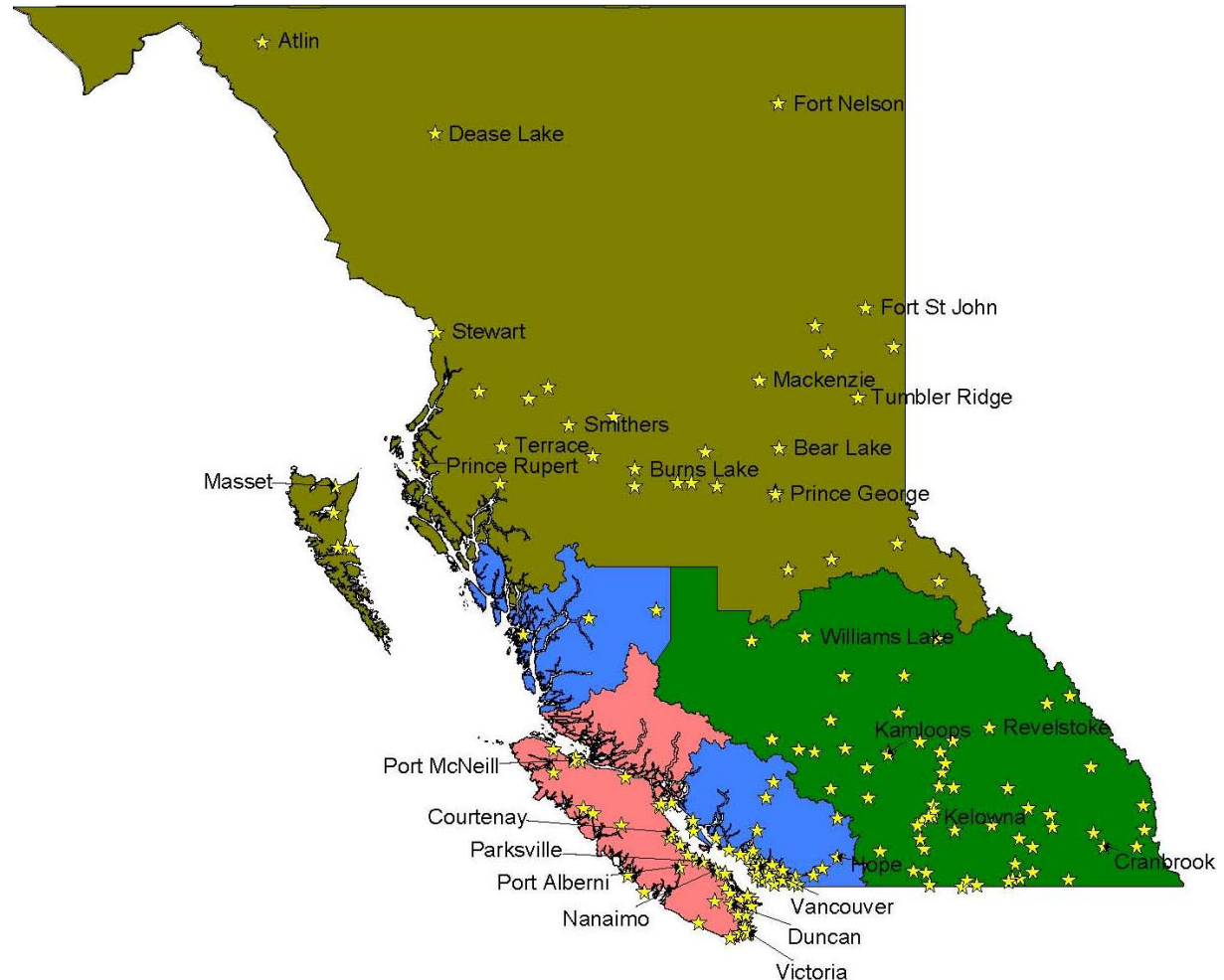
Funding Should Be Equitable Across Communities

- Funding needs to factor in service area size, population, complexity, utilisation, level of care and response times
- Rural communities may cost more especially if EMS is primary health care provider
- Placing stations 8 minutes apart is impractical
- Basing funding solely on volume is a disservice for those who live in remote/rural areas



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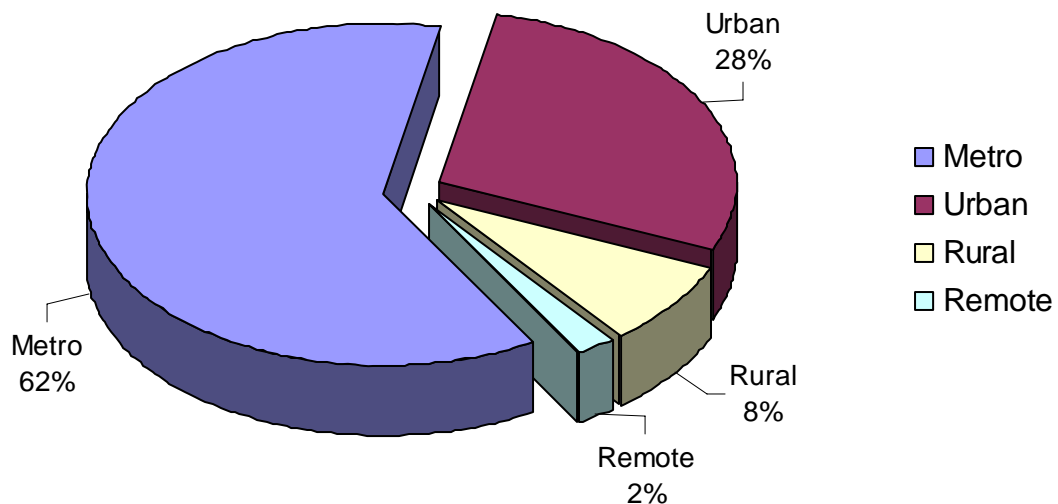
Station Locations





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Station Types and AMPDS Event Call Volume 2007/08



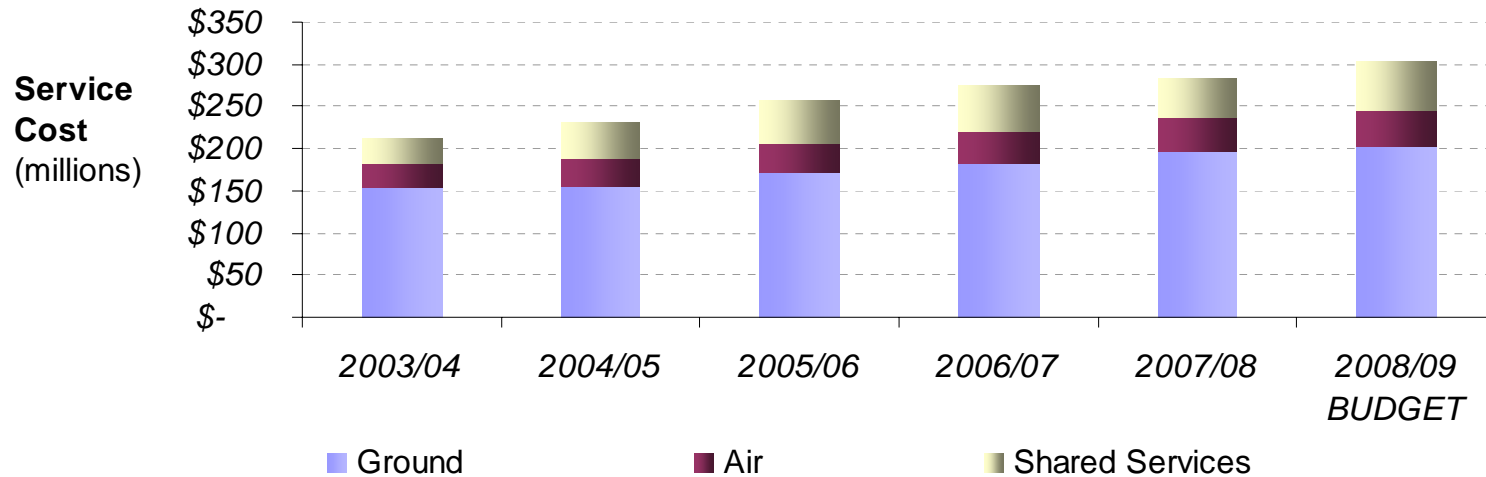
Funding Should Be Adequate to Cover Cost

- Funding should be indexed to inflation and growth
- Adequacy of funding should be based on more comprehensive model of EMS
- Should include research and management training
- Should include public funding regardless of who's providing the service to ensure user fees are reasonable and won't be dependent on the financial resources in each community served



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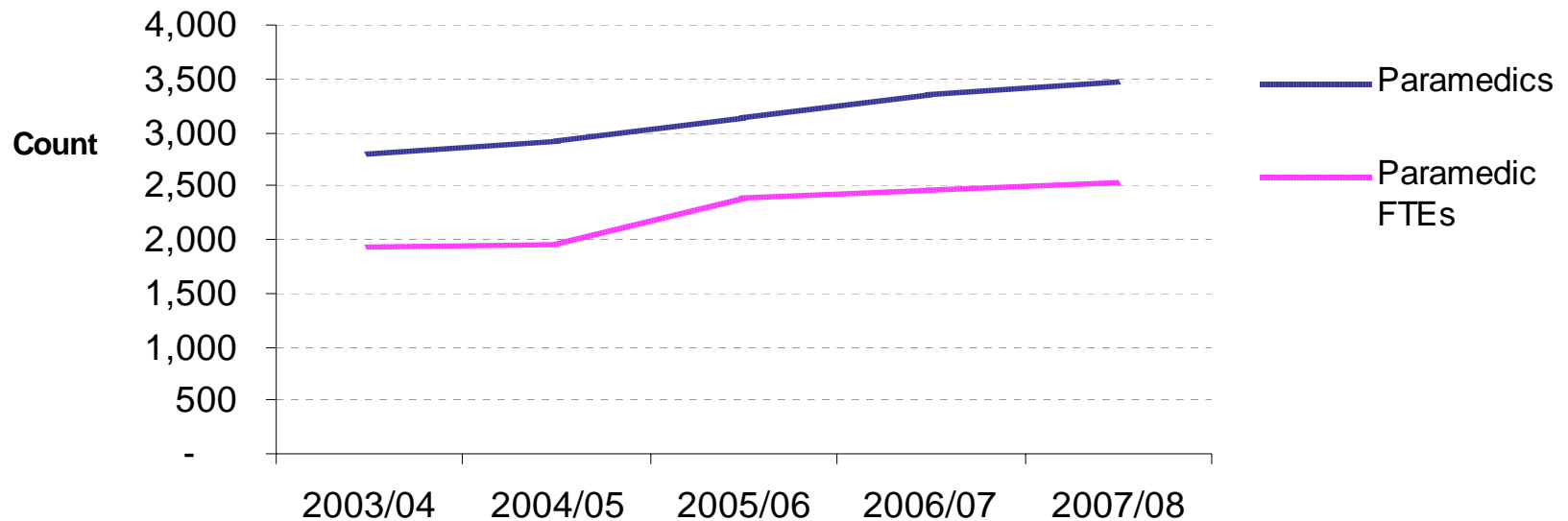
Service Delivery Costs





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Staffing Trend





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AMPDS and Transfer Call Volume Trend

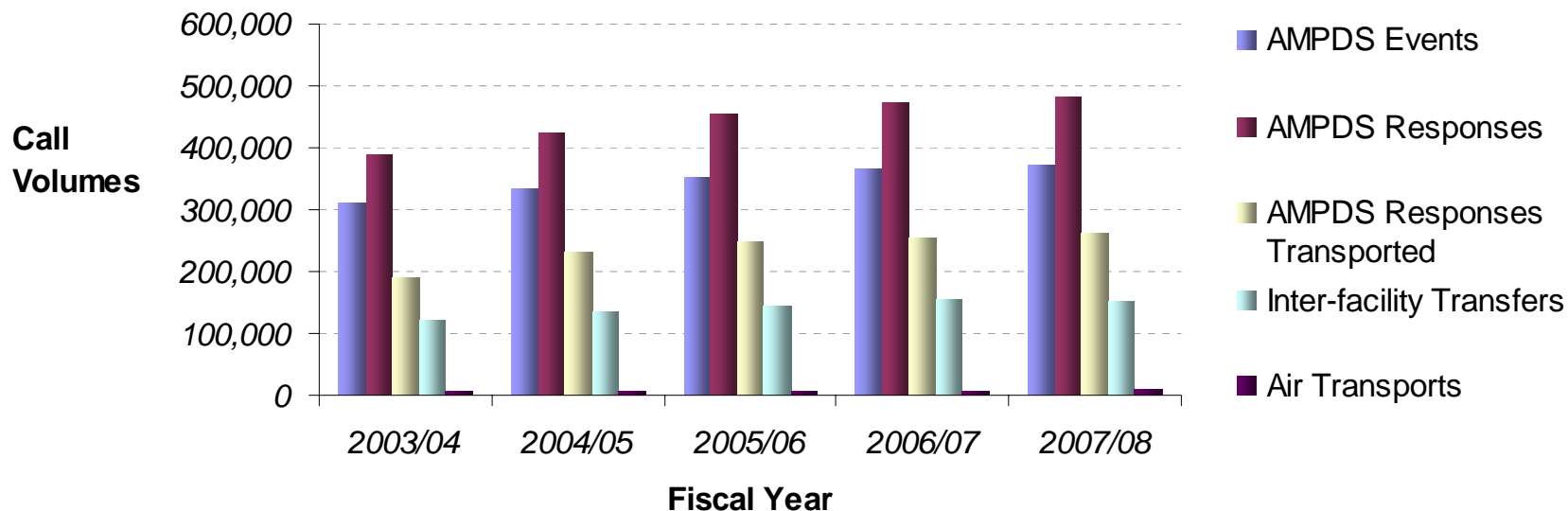
AMPDS Events Inter-facility Transfers





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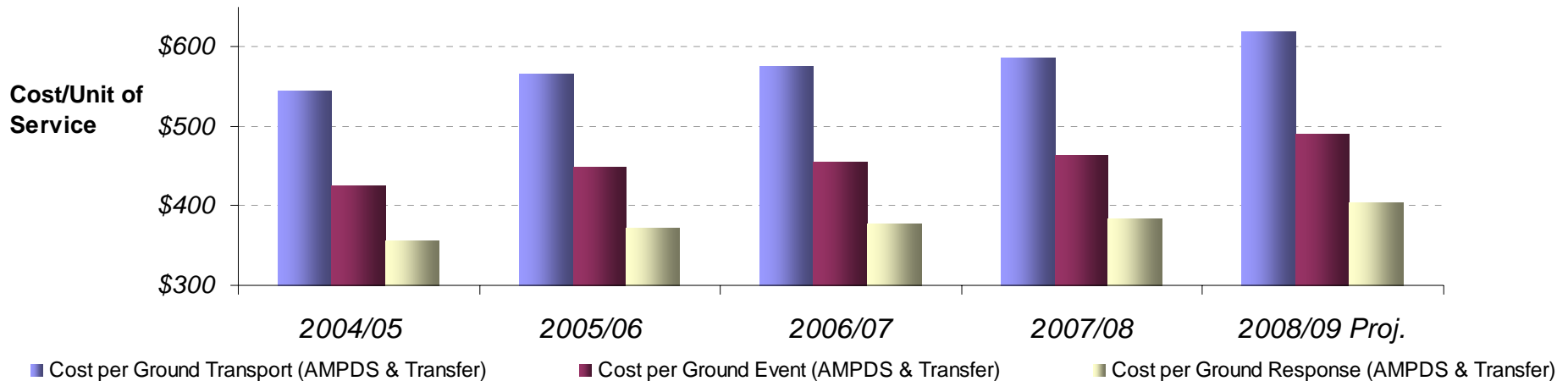
Call Volumes





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Ground Costs per Unit of Service



Funding Should Be Stable, Predictable and Sustainable

- **Currently funding is based on annual budget that limits future planning**
- **EMS should receive funding for core, infrastructure and innovation funding for collaborative initiatives that align with policy priorities**

Who responds to patient needs and who pays?

- **Public (represented by elected officials municipal, provincial, federal)**
- **Patients**
- **EMS providers**
- **Physicians**
- **Health Authorities**
- **Other related providers (Mental Health, Social)**
- **Charitable foundations**
- **Corporate donations**



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Questions?

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