



# Air Ambulances & Emergency Preparedness in California

California Association of Air Medical Services

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## About Cal-AAMS

- Established as a chapter of the national Association of Air Medical Services (AAMS).
- Mission: To provide a forum for the providers involved with the air medical industry. Our goal is to promote the highest level of industry safety and commitment to delivering excellence in clinical care while transporting the critically ill or injured.
- Vision: AAMS represents a unified voice for the entire air medical and critical care medical transport community. Through common effort, we will improve the health outcomes of the populations we serve.
- [www.calaams.org](http://www.calaams.org)

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## Our Members:



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## Access to Air Ambulances in California

- Approx. 62 air ambulance aircraft operated by Cal-AAMS members
- Approx. 18,500 patients transported annually
- Approx. 5500-6000 Medi-CAL patients annually



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## Air Ambulance Facts

- Most common staff configuration is a team consisting of a Pilot, Registered Nurse, & Paramedic
  - Specialty trained and certified
- Available 24/7/365 for emergency and non-emergency air ambulance patient transports
- Helicopter or airplane aircraft
  - Specialized interior requires FAA supplemental-type certification
- Extensively regulated by both state and federal authorities
  - DOT: uniform aviation safety and economic authority via the FAA
  - CA: regulates all aspects of healthcare (scope of practice, meds, equipment), as well as insurer payment for services

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## Air Ambulance Facts

- Requested for critically ill or injured patients by a physician in a facility, or by a first responder acting under physician-approved guidelines.
  - Time-sensitive illnesses or injuries: trauma, cardiac, vascular
  - Specialty transports: burns, neonatal, pediatric, obstetrical emergencies
  - Long distances: minimize out-of-hospital time
- Critical Care and Emergency Advanced Life Support
  - Specialized equipment manufactured to be capable, lightweight, and portable
  - Extensive supply of medications
  - ICU-level care during transport
- Decrease out-of-hospital time while providing ICU-level care
  - 2:1 provider to patient ratio
  - Air ambulances must have RN on board (CHP provides air rescue)

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## Air Ambulance Economics

- Large coverage area, like trauma centers
  - But no DSH support
- 24-hour readiness for response to emergencies, like Fire Departments
  - But no tax support
- Respond and provide care without knowledge of ability of the patient to pay
  - Dependent upon reimbursement by a third party payer

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## Air Ambulance Economics

- Primarily dependent on reimbursement for services provided (may take weeks or months)
- Most patients (approx. 70-80%) transported are on some type of government insurance provider, or uninsured
  - Medicare, Medicaid (Medi-CAL), VA, TriCare, etc.
- Remaining 20-30% are insured by commercial insurance
- Xcenda Cost Study, commissioned by AAMS in 2015
  - Medicare typically pays 40% less than the actual cost of the service

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## Disaster Response

- Essential to disaster planning
- Work in tandem with fire service, law enforcement, state and federal authorities
- Ability to provide disaster surge capability is 100% dependent upon day-to-day availability

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## Hurricane Ian

- Operation was coordinated using both military medevac and civilian air ambulances
- GMR has FEMA contract and brought in additional ambulances, to supplement in-state resources (e.g., Air Methods Corporation, and other FL air ambulances)
- FEMA (GMR): Eight air ambulances and 320 ground ambulances. AMC utilized another 7 air ambulances
- FEMA (GMR) Evacuated hospitals in affected area
  - 67 air ambulance transports over 19 days
  - 680 ground ambulance transports
  - 20 neonatal transport via isolette
- AMC transported nearly 100 more patients post-Ian
- **ZERO** air ambulance accidents/incidents

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## Urgent Air Ambulance Issues

- Workforce retention/recruitment
- Workforce wellness/peer support
- Supply chain for required specialized equipment
- Increased fuel costs (2 gal/min)
  
- Reimbursement challenges
  - Medi-CAL funding
    - EMATA supplement
  - Erosion of commercial insurance reimbursement
  - Base closures affect underserved and challenged populations first

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Our teams are dedicated to safe and swift transportation while delivering the highest quality of patient care for every patient in need

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