

What does the future of Fort Worth's EMS system look like? Council committee nears decision

by Emily Wolf

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Fort Worth's EMS committee will make a recommendation on the future of emergency care in the city come April — and its decision could have ripple effects across the county.

Committee members received a draft of the complete EMS evaluation report from Fitch & Associates March 19, after [nearly five months](#) of research, analysis and discussion. The members are tasked with [considering four different options](#):

- Keeping the current MedStar system, with changes to its governance structure.
- Creating a fire-based EMS model, with either civilian or sworn positions.
- Establishing a third-service model alongside police and fire within the city.
- Switching to a private contractor model.

“These are all viable options,” Hilary Shine, a consultant working with the city, said. “So in their professional estimation, none of these are options that would not work and could not be successful, depending on the policy decision that’s made.”

Among the options, maintaining the current system would be cheapest, while establishing a fire-based EMS system staffed by sworn firefighters would cost the most.

This is the first time in more than a decade that Fort Worth has taken a comprehensive look at its EMS system, which MedStar currently manages. Fort Worth has relied on MedStar for emergency medical services since 1986, and the EMS provider also services more than a dozen smaller communities. But as the public utility struggles with rising costs and declining reimbursements, council members chose to explore what alternative models would look like.

The EMS committee will meet twice more, on April 16 and April 30, before making a recommendation to the entire City Council.

Some of Fitch's recommendations are applicable to all of the four options. These include consolidating existing 911 communication centers; making Fort Worth City Council the governing authority of the EMS system; and separating 911 calls and interfacility transports.

District 2 council member Carlos Flores, who chairs the EMS committee, said interfacility transports have become a topic of conversation with local hospitals, who have suggested it as an area of improvement within the current system. Currently, MedStar is responsible for both responding to emergency calls and transporting patients from one care facility to another.

“Right now, MedStar is the sole provider of (interfacility transports),” Flores said. “And so from a market standpoint, they’re interested in seeing if perhaps, from a price standpoint, could there be other options?”

Fitch also presented cost estimates for each of the four models for the other cities who rely on MedStar, should they choose to participate. Assistant city manager Valerie Washington said discussions with those cities revealed anxieties about what Fort Worth's decision would mean for them financially.

“I do think there is some general concern that the city of Fort Worth isn’t going to take their interests in mind, even though we keep reassuring them that we are,” she said. “And we mean that.”

The estimates outline what it would cost each city to participate in each model, based on either population and incident distribution or unit hour cost. Fort Worth, which accounts for the majority of 911 calls handled by MedStar, would bear the brunt of the cost.

“Everyone would pay their fair share, proportional to what they’re using,” Washington said.

Cost Allocation Considerations – Option 1



- Option 1
- Change in Governance Model
- **Current Provider**
- Assumptions
 - **Est. \$3.2m in cost** to be distributed
 - Est. \$181.28 Unit Hour Cost
 - 911 Only

Community	Unit Hours	Population & Incident Distribution	Residual Public Funding X UHC
Blue Mound	161	\$4,884	\$3,623
Edgecliff Village	308	\$8,326	\$6,946
Forest Hill	2,186	\$43,043	\$49,355
Fort Worth	126,156	\$2,713,868	\$2,848,040
Haltom City	4,049	\$107,680	\$91,397
Haslet	424	\$7,884	\$9,570
Lake Worth	1,348	\$20,794	\$30,441
Lakeside	212	\$4,266	\$4,775
Naval Air Station	13	\$190	\$291
River Oaks	735	\$18,144	\$16,584
Saginaw	2,076	\$54,666	\$46,865
Sansom Park	950	\$16,639	\$21,456
Westover Hills	30	\$1,414	\$668
Westworth Village	491	\$8,202	\$11,076
White Settlement	2,610	\$51,590	\$58,913

Cost Allocation Considerations – Option 2



- **Option 2**
- Change in Governance Model
- **Fire Department - Civilian**
- Assumptions
 - Est. upper limit of **\$10.5m** in cost to be distributed
 - Est. \$178.65 Unit Hour Cost
 - 911 Only

Community	Unit Hours	Population & Incident Distribution	Residual Public Funding X UHC
Blue Mound	161	\$16,026	\$11,889
Edgecliff Village	308	\$27,321	\$22,793
Forest Hill	2,186	\$141,235	\$161,945
Fort Worth	126,156	\$8,904,880	\$9,345,133
Haltom City	4,049	\$353,325	\$299,897
Haslet	424	\$25,869	\$31,401
Lake Worth	1,348	\$68,229	\$99,884
Lakeside	212	\$13,998	\$15,667
Naval Air Station	13	\$624	\$956
River Oaks	735	\$59,534	\$54,416
Saginaw	2,076	\$179,372	\$153,774
Sansom Park	950	\$54,597	\$70,402
Westover Hills	30	\$4,641	\$2,193
Westworth Village	491	\$26,912	\$36,342
White Settlement	2,610	\$169,280	\$193,309

Cost Allocation Considerations – Option 3



- **Option 3**
- Change in Governance Model
- **City of Fort Worth 3rd Service**
- Assumptions
 - Est. upper limit of **\$15.3m in cost** to be distributed
 - Est. \$193.58 Unit Hour Cost
 - 911 Only

Community	Unit Hours	Population & Incident Distribution	Residual Public Funding X UHC
Blue Mound	161	\$23,352	\$17,324
Edgecliff Village	308	\$39,811	\$33,213
Forest Hill	2,186	\$205,799	\$235,977
Fort Worth	126,156	\$12,975,682	\$13,617,194
Haltom City	4,049	\$514,844	\$436,992
Haslet	424	\$37,695	\$45,755
Lake Worth	1,348	\$99,420	\$145,545
Lakeside	212	\$20,397	\$22,829
Naval Air Station	13	\$909	\$1,392
River Oaks	735	\$86,749	\$79,292
Saginaw	2,076	\$261,371	\$224,071
Sansom Park	950	\$79,556	\$102,586
Westover Hills	30	\$6,762	\$3,195
Westworth Village	491	\$39,214	\$52,955
White Settlement	2,610	\$246,665	\$281,678

Cost Allocation Considerations – Option 4



- **Option 4**
- Change in Governance Model
- **Purchase Unit Hour Model**
- Assumptions
 - Est. upper limit of **\$9.4m in cost** to be distributed
 - Est. \$159.39 Unit Hour Cost
 - 911 Only

Community	Unit Hours	Population & Incident Distribution	Residual Public Funding X UHC
Blue Mound	161	\$14,347	\$10,644
Edgecliff Village	308	\$24,459	\$20,405
Forest Hill	2,186	\$126,439	\$144,979
Fort Worth	126,156	\$7,971,988	\$8,366,119
Haltom City	4,049	\$316,310	\$268,479
Haslet	424	\$23,159	\$28,111
Lake Worth	1,348	\$61,081	\$89,420
Lakeside	212	\$12,532	\$14,026
Naval Air Station	13	\$559	\$855
River Oaks	735	\$53,297	\$48,715
Saginaw	2,076	\$160,581	\$137,665
Sansom Park	950	\$48,877	\$63,026
Westover Hills	30	\$4,155	\$1,963
Westworth Village	491	\$24,092	\$32,534
White Settlement	2,610	\$151,546	\$173,057

After the EMS committee meeting, MedStar CEO Ken Simpson said he's confident in the EMS system his organization has created, and pointed toward the [national recognition](#) MedStar has received for its services.

Fort Worth Fire Chief Jim Davis said the consultant process has been fair, open and collaborative. The sooner the council can provide direction moving forward, he said, the more peace of mind those affected will have.

"Over the next couple of weeks, our council is going to have to make some decisions on the direction that they want to go," he said. "And once they set that policy, I think the fire department will be in the position to help execute that policy at a high level. Whichever direction they go we'll support."