



COMPASS NAVIGATORS  
CONSULTING

Lisbon Emergency and Communities  
of Lisbon, Bowdoin and Bowdoinham

*Informed Community Self Determination Report*

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## Executive Summary

Lisbon Emergency is a high-performing, transport-capable EMS provider serving the communities of Lisbon, Bowdoin, and Bowdoinham. The organization demonstrates strong operational stability, supported by consistent staffing, modern equipment, disciplined leadership, and reliable service delivery across a geographically diverse service area. Current performance reflects a mature and well-managed system with effective use of mutual aid and a clear commitment to maintaining 911 response reliability. Importantly, Lisbon Emergency is not facing an operational crisis; it is operating from a position of strength within a changing EMS and healthcare environment.

The primary challenges identified in this assessment are structural rather than operational. A persistent gap between reimbursement and cost necessitates ongoing municipal support, while governance complexity, annual funding uncertainty, increasing call demand, and longer transport times place pressure on the organization's ability to plan for the future. These pressures do not indicate failure, but they do create risk if the system is expected to expand, modernize, or absorb additional responsibilities without a more predictable framework.

The recommended path forward is to stabilize the foundation before pursuing expansion. Lisbon Emergency and its municipal partners should focus first on multi-year funding alignment, clearer governance and accountability structures, and a transparent funding-to-service model that connects public investment to staffing, readiness, response capacity, and future service expectations. Once that foundation is strengthened, Lisbon Emergency will be better positioned to pursue regional collaboration, controlled revenue opportunities, and carefully structured future EMS models such as Community Paramedicine.

With thoughtful planning and continued community engagement, Lisbon Emergency is well positioned to sustain its current level of service while adapting to the evolving demands of modern EMS. The opportunity is not to replace what is working, but to align governance, funding, and operations so the system can remain strong, accountable, and sustainable into the future.

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## SECTION 1 – INTRODUCTION & PURPOSE

This report presents a comprehensive assessment of Lisbon Emergency, including its operational performance, financial structure, governance model, and future positioning within an evolving EMS and healthcare environment.

This dual role—part emergency response system, part healthcare provider—creates a level of complexity that requires thoughtful evaluation and long-term strategic alignment.

The purpose of this report is not to identify deficiencies in performance, but to evaluate how a strong and stable system can be best positioned for the future. Lisbon Emergency is currently delivering reliable, high-quality service. However, the environment in which it operates is changing. Financial pressures, workforce challenges, increasing call complexity, and broader shifts in healthcare delivery are all influencing how EMS systems must operate.

This report is designed to support informed decision-making by:

- Providing a clear understanding of current operations and system performance
- Identifying structural and financial realities impacting sustainability
- Evaluating governance alignment and organizational effectiveness
- Analyzing system demand, response capacity, and regional dynamics
- Outlining strategic options for maintaining and strengthening service delivery

The analysis is grounded in data, stakeholder input, and industry best practices, while also reflecting the unique characteristics of the communities served.

Lisbon Emergency operates within a regional municipal environment that includes different forms of local government and public approval. Bowdoin and Bowdoinham operate through town meeting processes, where residents directly approve municipal budgets, while Lisbon operates under a Town Council form of government with budget approval resting with the elected Council after public hearings and community input. Across all three communities, public understanding, transparency, and ongoing engagement remain essential to long-term EMS sustainability.

As such, this report is intended not only for organizational leadership, but also for municipal officials and community members who play a direct role in shaping the future of EMS within the region.

The central question addressed throughout this report is not whether Lisbon Emergency is performing well—it is.

The question is:

## How should Lisbon Emergency evolve to ensure that it can continue to meet community expectations in a changing and increasingly complex environment?

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### SECTION 2 – COMMUNITY PROFILE & SERVICE AREA

The service area for Lisbon Emergency includes the communities of Lisbon, Bowdoin, and Bowdoinham, each contributing distinct characteristics that collectively shape how EMS services are delivered across the region.

Together, these three communities represent a combined population of **16,075 residents** and **6,412 households**. The area has an average age of **41**, a median household income of **\$85,421**, and an average income per person of **\$40,442**. These figures are important not simply as demographic descriptors, but because they help define the type of EMS demand the system can expect over time.

Lisbon serves as the population and activity center of the three communities, with a more concentrated residential base, defined commercial areas, and higher call density. In contrast, Bowdoin and Bowdoinham extend the service area into more rural and dispersed environments, where longer travel distances, reduced population density, and variable road access create different operational demands. Together, these communities form a service area that requires flexibility in deployment, a strong understanding of geography, and the ability to operate effectively across both higher-density and rural response environments.

This balance matters. The region is large enough to support a staffed, transport-capable EMS system, but still rural enough that geography remains a defining operational factor. Response times, transport durations, and backup coverage are all shaped by the physical spread of the service area.

From a demographic perspective, the region reflects many of the broader trends seen across Maine. Population growth is modest, but the age distribution is shifting, with an increasing proportion of older residents. This has direct implications for EMS demand. Older populations utilize EMS services at higher rates, often present with more complex medical conditions, and frequently require longer on-scene care and coordination with receiving facilities. As a result, call volume alone does not fully capture system demand—call complexity and time-on-task are equally important drivers.

Socioeconomic factors also play a role. Variability in income levels across the service area contributes to payer mix challenges, including higher reliance on Medicare, MaineCare, and uninsured or underinsured populations. This directly impacts revenue capture and reinforces the broader financial challenges discussed later in this report.

Beyond the data, there is an equally important cultural component that defines these communities.

Lisbon, Bowdoin, and Bowdoinham share a strong sense of identity rooted in Maine's traditions of local governance, civic participation, and community connection. Town meetings remain a central part of decision-making, and residents maintain a direct relationship with how services are funded and delivered. This creates both an opportunity and a responsibility for EMS—services must not only perform well, but also be clearly understood and supported by the public.

Community traditions reinforce this identity. Lisbon's annual Moxie Festival celebrates one of Maine's most recognizable cultural icons and draws visitors from across the region. Bowdoinham is equally known for its strong sense of community, agricultural roots, and its connection to Merrymeeting Bay, one of Maine's most distinctive natural and recreational landmarks. Seasonal events, waterfront activity, outdoor recreation, and community gatherings throughout the year reflect the town's rural heritage and civic pride. Across all three towns, local fairs, festivals, and civic traditions reinforce a population that values participation, self-reliance, and community connection.

These events are not incidental to EMS operations. They introduce predictable surges in population, increase call volume variability, and require coordination and planning to ensure adequate coverage during peak periods. More broadly, they reflect a population that is engaged, observant, and invested in how services are delivered.

There is also a cultural expectation embedded within these communities that public safety services will be reliable, locally accountable, and responsive to community needs. This expectation reinforces the importance of maintaining strong service levels while also clearly communicating the realities of cost, staffing, and system limitations.

In practical terms, the combination of geography, demographics, and community culture creates a service environment that is both manageable and complex. Lisbon Emergency benefits from a defined service area and strong community support, but must also navigate:

- Increasing call demand driven by aging populations
- Extended response and transport times in rural areas
- Financial constraints tied to payer mix and reimbursement limitations
- Public expectations shaped by direct municipal involvement in funding decisions

These factors are not weaknesses—they are the operating environment.

Understanding this environment is essential, because it frames every decision that follows. Deployment models, staffing strategies, financial planning, and governance structure must all be aligned with the reality of the communities being served.

And importantly, these communities are not static. Demographic trends, healthcare system pressures, and regional growth patterns—particularly the proximity to the broader Lewiston-Auburn area—will continue to influence demand over time.

The implication is clear:

Lisbon Emergency is not simply providing a service within these communities—it is adapting to a changing environment that will require continued evolution in how that service is delivered.

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## SECTION 3 – CURRENT SYSTEM OVERVIEW

Lisbon Emergency operates as a transport-capable emergency medical service responsible for providing 911 response, limited interfacility transport (IFT), and participation in a broader mutual aid system. From an operational standpoint, the system is strong, stable, and capable. It is not a system in distress—it is a system that has matured operationally and now faces important structural and strategic questions about how it is organized and sustained.

At its core, Lisbon Emergency delivers consistent and reliable emergency response across its service area. Coverage within Lisbon is strong, supported by proximity, population density, and deployment efficiency. Coverage across Bowdoin and Bowdoinham remains solid when viewed within the context of rural EMS delivery, where longer response intervals are expected due to geography and road networks. The organization demonstrates the ability to manage both routine call volume and periods of increased demand, supported by mutual aid relationships that function as intended.

Internally, Lisbon Emergency reflects a high level of operational maturity. The organization has developed and maintained the foundational elements expected of a professional EMS agency:

- Established quality assurance and quality improvement processes
- Structured onboarding and field training programs
- Consistent equipment readiness and maintenance practices
- Modern clinical equipment and fleet investments
- Effective communication between leadership, providers, and partner agencies

These elements are not incidental—they are the result of deliberate development over time and reflect an organization that has invested in doing the fundamentals well.

Staffing stability is one of the most significant strengths of the system. Lisbon Emergency has maintained a consistent core workforce, particularly among full-time paramedic staff. In an EMS environment where turnover is often high and recruitment remains a persistent challenge, this level of stability is notable. It contributes directly to clinical consistency, operational reliability, and organizational cohesion.

At the same time, this stability exists within a constrained staffing model. While the organization has been successful in maintaining its current workforce, its ability to expand or adapt staffing levels in response to increased demand is limited by financial considerations and structural decision-making processes. This creates a system that is stable, but not inherently flexible.

From a facilities and capital perspective, Lisbon Emergency is well positioned. The organization has made meaningful investments in its station, fleet, and equipment over time. The current facility supports multiple ambulances, provides adequate operational space, and allows for future expansion if needed. Equipment platforms are modern and consistent with current standards of care.

This is an important point: Lisbon Emergency is not constrained by infrastructure. The system has the physical capacity to support increased volume or expanded services if operational and financial structures align to support that growth.

Where complexity begins to emerge is not in operations, but in governance and organizational structure.

Lisbon Emergency operates under a multi-layer governance model that includes a Board of Directors, organizational officers, and a broader membership structure with defined voting authority. This model reflects the organization's historical development and was designed to provide checks and balances across leadership and financial oversight.

In practice, however, authority is distributed across multiple groups:

- The Board holds fiduciary responsibility and budget oversight
- Officers manage operational leadership and day-to-day decision-making
- Membership retains voting authority on certain financial and organizational matters

While each of these elements serves a purpose, the combined effect is a diffusion of authority. Decision-making often requires alignment across multiple bodies, which can slow the organization's ability to respond to emerging challenges, complicate long-term planning, and create ambiguity around accountability.

This is not currently resulting in operational failure—but it does introduce friction.

On a day-to-day basis, the system functions well because leadership and staff are aligned and committed to maintaining service quality. However, from a structural perspective, there is not always a clear, singular pathway for decision-making, particularly when addressing larger strategic, financial, or organizational changes.

This becomes increasingly relevant as the system grows in complexity.

Lisbon Emergency is no longer a small, volunteer-based organization. It is a staffed, transport-capable EMS provider managing personnel, operating within a complex reimbursement

environment, and receiving municipal funding support. As the operational model has evolved, the governance structure has not fully evolved at the same pace.

This creates a subtle but important mismatch:

- The operational model reflects a modern, professional EMS service
- The governance model retains elements of a traditional membership-driven organization

This mismatch does not prevent the system from functioning effectively today, but it introduces risk when rapid decision-making is required or when the organization must respond to financial pressures or strategic opportunities.

Another defining aspect of the current system is its approach to interfacility transport.

Lisbon Emergency is not contractually obligated to provide IFT services, which is a significant operational advantage. Many EMS agencies are tied to hospital systems or regional agreements that require them to prioritize transport volume, often at the expense of 911 readiness. Lisbon has avoided this dynamic by engaging in IFT opportunistically—accepting transfers when resources are available rather than as a primary operational driver.

This approach provides flexibility and protects core emergency response capacity. It allows the organization to generate supplemental revenue without fully exposing itself to the operational risks associated with high-volume transport systems, including extended out-of-area coverage gaps and increased reliance on mutual aid.

However, it also means that Lisbon Emergency has not fully developed IFT as a structured and predictable revenue stream. This reflects a deliberate prioritization of 911 service reliability over revenue maximization. Whether that balance should remain unchanged is a strategic consideration explored later in this report.

Mutual aid is a critical component of the system’s design and performance. Lisbon Emergency both provides and receives mutual aid within a regional network of EMS providers. This system functions as intended, supporting coverage during peak demand periods and reinforcing overall system resilience.

At the same time, trends in mutual aid utilization—particularly increases in reliance—can serve as early indicators of system strain. Monitoring these patterns is essential for understanding when demand begins to exceed available capacity.

Taken together, the current system can be clearly characterized:

Lisbon Emergency is a high-performing, operationally mature EMS provider with strong staffing, modern infrastructure, and reliable service delivery. Its primary challenges are not operational—they are structural, centered on governance alignment, financial sustainability, and long-term strategic positioning.

This distinction is critical.

Because it means the path forward is not about correcting deficiencies—it is about aligning a strong and capable system with the realities of the environment in which it operates.

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## SECTION 4 – FINANCIAL STRUCTURE & SYSTEM PRESSURES

The financial structure of Lisbon Emergency reflects a reality that is not unique to this organization, but is increasingly defining EMS systems across Maine and the United States. The cost of providing ambulance services consistently exceeds the revenue generated through billing. This structural gap is not the result of inefficiency or poor management—it is a function of how EMS is funded at a national level.

At its core, EMS operates within a reimbursement framework that does not reflect the true cost of readiness. Medicare, which serves as the benchmark for most reimbursement models, pays based on transport rather than availability. This creates a fundamental misalignment: EMS systems are required to maintain 24/7 readiness, but are only reimbursed when a patient is transported.

National data reinforces this gap. According to the Centers for Medicare and Medicaid Services Ground Ambulance Data Collection System (GADCS), the **average cost per ambulance transport is approximately \$2,673**, while the **average reimbursement is approximately \$1,147**, resulting in a **gap of over \$1,500 per transport**. This gap is not theoretical—it is experienced in real terms by EMS agencies across the country.

Maine’s reimbursement environment introduces some additional structure, but does not eliminate the gap. MaineCare (Medicaid) reimburses at Medicare-equivalent rates, and commercial insurers are generally required to pay at a multiple of Medicare rates (often around 200%). While this improves overall revenue capture compared to some other states, it does not fully offset the cost-of-service delivery.

Compounding this challenge is payer mix. A significant portion of EMS patients are covered by Medicare, MaineCare, or are uninsured. Each of these categories yields lower reimbursement relative to cost. Even in a well-managed billing environment, collection rates are inherently constrained by these factors.

For Lisbon Emergency, this results in a financial model that is dependent on a combination of:

- **Fee-for-service billing revenue**
- **Municipal subsidy from the towns served**

- **Supplemental revenue sources**, including limited interfacility transport and other minor income streams

This blended model is typical for EMS systems of this size and type. It reflects the reality that ambulance services function as both a healthcare provider and a public safety service—requiring funding mechanisms that bridge both roles.

Municipal funding, therefore, is not a sign of system failure. It is a structural necessity.

The key question is not whether subsidy is required—it is how that subsidy is structured, justified, and managed over time.

One of the most important dynamics to understand is the relationship between volume and cost.

As call volume increases, certain costs remain fixed—facility expenses, core staffing levels, administrative overhead—while others increase incrementally. This creates an opportunity for improved efficiency through scale. Higher volume can dilute fixed costs, reducing the average cost per transport and improving overall financial performance.

However, this relationship is not linear.

Increasing volume does not produce a one-to-one reduction in subsidy requirement. Each additional call introduces variable costs—staff time, fuel, maintenance, and, most importantly, system utilization. As utilization increases, the system approaches a threshold where additional resources (additional staffing, additional units) are required to maintain service levels.

This creates a balancing point:

- **Too little volume**, and fixed costs are spread across too few transports, increasing cost per transport
- **Too much volume**, and the system becomes strained, requiring expansion that increases total cost

The goal is not simply to increase volume—it is to optimize it.

This is where interfacility transport (IFT) becomes an important consideration.

IFT represents one of the few areas where EMS agencies can generate more predictable revenue streams. Hospitals and healthcare systems require patient movement, and in many cases, this demand can be structured through agreements or consistent referral patterns. For some agencies, IFT becomes a primary driver of financial sustainability.

Lisbon Emergency has taken a more measured approach.

The organization currently engages in IFT opportunistically, accepting transfers when resources are available but not committing to a structured or high-volume transport model. This approach

prioritizes 911 readiness and minimizes the risk of leaving the service area uncovered due to long-distance transports.

This is a prudent approach—but it also limits revenue potential.

There is a natural tension between generating revenue through transport and maintaining reliable emergency response coverage. Entering into formal or high-volume IFT arrangements could provide increased financial stability, but it also introduces risk:

- Units may be committed out of the service area for extended periods
- Additional staffing may be required to maintain coverage
- System complexity increases, requiring more formal scheduling and dispatch coordination

Lisbon Emergency currently avoids these risks by maintaining flexibility. The organization is not obligated to take transports and can make decisions based on current system status.

This is a strategic advantage.

However, it also represents an area where future decisions could shift the financial model—either by maintaining the current balance or by selectively expanding transport activity in a controlled and deliberate manner.

Another emerging pressure within EMS finance is the increasing complexity of patient care.

Calls are becoming more clinically involved, requiring longer on-scene times, more advanced interventions, and greater coordination with healthcare facilities. This increases the cost per call, even if transport volume remains constant. In other words, demand is not only increasing in quantity—it is increasing in intensity.

At the same time, workforce costs continue to rise. Competitive wages, benefits, and retention strategies are necessary to maintain staffing levels, particularly in a tight labor market. These costs are largely fixed and must be supported regardless of call volume.

Taken together, these factors define the financial reality of the system:

- Reimbursement does not cover the cost of service
- Municipal subsidy is required and expected
- Volume can improve efficiency, but only within limits
- IFT presents both opportunity and risk
- Workforce and operational costs continue to increase

This leads to an important reframing.

There will likely always be a gap between reimbursement and cost per transport. The objective is not to eliminate that gap—it is to manage it.

Through thoughtful system design, collaboration with regional partners, and ongoing performance monitoring, Lisbon Emergency can increase volume in a way that improves efficiency and reduces per-unit cost. However, this must be done carefully, recognizing that increased volume also increases system utilization and can introduce new operational pressures.

In practical terms, this means:

Lisbon Emergency can pursue strategies that reduce reliance on municipal subsidy—but it cannot eliminate that reliance entirely.

The financial model will always require a balance between **revenue generation, cost control, and public funding support**.

The question moving forward is not whether the system is financially viable—it is.

The question is how to structure that viability in a way that is sustainable, transparent, and aligned with community expectations.

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## SECTION 5 – GOVERNANCE STRUCTURE & ORGANIZATIONAL ALIGNMENT

Lisbon Emergency operates within a governance structure that reflects its role as a community-based EMS provider, while also functioning within the broader framework of municipal funding and local government decision-making. The organization maintains a Board of Directors, operational leadership, and a membership structure, all of which contribute to oversight and internal accountability.

This internal structure, while not without areas for refinement, is not the primary constraint on the organization’s ability to operate effectively. Lisbon Emergency continues to demonstrate strong leadership alignment, consistent service delivery, and responsible stewardship of its resources.

The more significant influence on organizational direction comes from **external governance dynamics**, specifically the organization’s growing reliance on municipal funding and the realities of decision-making within small-town government.

Lisbon, Bowdoin, and Bowdoinham each maintain strong traditions of local governance and public participation in municipal decision-making. Bowdoin and Bowdoinham operate under a traditional town meeting form of government, while Lisbon operates under a Town Council form of government. In all three communities, municipal budgeting and policy discussions involve substantial public input through public hearings, open meetings, and community engagement. Final budget authority in Lisbon rests with the elected Town Council, whereas Bowdoin and

Bowdoinham budgets are approved through town meeting processes. Collectively, these structures reflect Maine’s long-standing tradition of transparent, community-centered local government and reinforce the importance of accountability, public trust, and clear communication in the delivery of emergency medical services.

Lisbon Emergency, for its part, has embraced transparency. The organization provides extensive information on its operations, structure, and financial considerations through multiple channels. In many respects, it may be **oversharing**—offering a level of detail that exceeds what is typically available for EMS agencies of similar size.

However, transparency alone does not guarantee understanding.

The complexity of EMS operations, reimbursement structures, and governance can make it difficult for the average resident to fully interpret the information being provided. Detailed data, financial breakdowns, and structural explanations, while accurate, may not always translate into a clear understanding of **context, implications, or long-term impact**.

This creates an important dynamic:

- Information is available
- Transparency exists
- But shared understanding is not always achieved

Within these local government structures, where EMS funding decisions are made through public budget processes, this gap between information and understanding can influence decision-making in ways that are not always aligned with long-term system needs.

At the same time, Lisbon Emergency’s reliance on municipal funding has evolved. As that reliance has increased, so too has the expectation—both explicit and implicit—for **greater accountability, alignment, and oversight** from the communities that support the service.

This is a natural and appropriate progression.

Public investment brings with it a need for:

- Clear accountability for how funds are used
- Confidence in organizational decision-making
- Alignment between service delivery and community expectations

As a result, there is an emerging expectation that Lisbon Emergency’s governance structure will continue to evolve in a way that reflects this relationship.

This does not necessarily imply direct municipal control. However, it does suggest a movement toward:

- Greater clarity in governance roles and responsibilities

- More defined accountability structures tied to funding
- Increased alignment between organizational leadership and municipal stakeholders

At the same time, annual municipal budget and approval structures introduce inherent limitations when applied to a service that requires long-term planning, capital investment, and operational consistency.

In practice, this creates several challenges:

- **Short-term funding cycles** that complicate multi-year planning
- **Annual approval processes** that limit long-term commitments
- **Variability in political priorities**, influenced by community sentiment
- **Decision-making timelines** that do not always align with operational needs

These factors do not prevent Lisbon Emergency from operating effectively on a day-to-day basis. However, they do create a disconnect between:

- **What the organization needs to plan for**, and
- **What the funding and governance environment allows it to commit to with certainty**

This is particularly relevant in areas such as staffing, capital investment, program development, and regional collaboration—all of which require stability and predictability over multiple years.

As a result, Lisbon Emergency is often required to operate within a **shorter planning horizon than is ideal** for a service of its complexity and responsibility.

## Comparative Governance Model: Med-Care Ambulance as a Maine EMS Case Study

One governance structure frequently discussed in Maine EMS planning and regionalization efforts is the quasi-municipal regional EMS model. This structure blends elements of public oversight and municipal participation with the operational flexibility of an independent nonprofit organization. In practice, these models function as regional public-safety utilities: publicly accountable and municipally supported, but operationally independent from direct municipal government administration.

A well-established example of this structure is Med-Care Ambulance, a long-standing regional ambulance service operating in Oxford County. Med-Care is organized as a 501(c)(3) nonprofit corporation and is owned collectively by 11 member municipalities. Governance is provided through a regional Board of Directors representing those communities, while day-to-day operations remain under independent EMS leadership. Financially, the organization operates under a blended model in which the majority of operational revenue is generated through ambulance billing and fee-for-service reimbursement, supplemented by municipal per-capita subsidy contributions from participating towns. This structure allows communities to share the cost of maintaining regional EMS readiness while avoiding the need for any single municipality to independently operate a full-service ambulance department.

Importantly, Med-Care's labor and employment structure is independent from the municipal governments that fund and oversee the organization. Employees are represented through collective bargaining by Teamsters Local 340, but those agreements are negotiated directly between Med-Care leadership and the bargaining unit—not through the member municipalities. Municipal employee contracts from participating towns do not apply to Med-Care personnel. This separation provides operational flexibility while reducing the complexity of tying EMS compensation structures directly to municipal wage systems, public works contracts, or broader municipal labor negotiations.

Med-Care also participates in the Maine Public Employees Retirement System as a Participating Local District (PLD), allowing EMS employees to access public-sector retirement benefits while remaining employees of an independent regional service rather than a municipal department. This includes participation in MainePERS Special Plan 3C, which is commonly associated with public safety professions such as EMS, fire, and law enforcement.

From a governance perspective, the Med-Care model demonstrates that Maine communities can create a regional EMS organization that:

- Maintains public accountability and municipal representation
- Shares financial responsibility across multiple towns
- Preserves EMS-specific labor and operational flexibility
- Supports long-term strategic planning and capital investment
- Operates independently from broader municipal employment structures

This model is not presented as a direct recommendation for Lisbon Emergency, but rather as an example of an existing Maine EMS structure that addresses many of the same governance, funding, labor, and regionalization challenges currently being discussed statewide. It illustrates that EMS systems do not necessarily need to exist solely as either fully municipal departments or entirely independent nonprofits. Hybrid regional structures already exist in Maine and provide an alternative framework for communities seeking greater operational stability while maintaining local oversight and regional collaboration.

## Community Paramedicine as a Case Study in Structural Constraint

This limitation becomes most visible when considering future service expansion, particularly in areas such as Community Paramedicine.

Community Paramedicine represents one of the clearest opportunities for Lisbon Emergency to expand its role as a healthcare provider. A practical example would be a targeted program supporting oxygen-dependent patients and medically vulnerable residents during power outages and other high-risk events. Such a program could include pre-event outreach, scheduled check-ins, home safety assessments, medication and oxygen supply review, and coordinated referrals back to primary care and community partners .

This type of program is well aligned with the needs of Lisbon, Bowdoin, and Bowdoinham. These communities include aging populations, rural and semi-rural geography, and households that may be vulnerable during extended service disruptions. A properly designed Community Paramedicine program could reduce avoidable 911 calls, improve continuity of care, and strengthen Lisbon Emergency’s role within the broader healthcare system .

However, Community Paramedicine is not a simple extension of existing ambulance operations. Under Maine EMS rules and processes, it is a regulated clinical program requiring defined scope, medical direction, trained personnel, documentation standards, quality assurance, and ongoing data reporting. It must be built deliberately and supported by clear governance and funding structures .

The limiting factor is not the value of the concept—it is **implementation capacity**.

For Lisbon Emergency, that capacity is directly tied to municipal funding stability and governance alignment. The organization is funded by three separate communities, each with its own budget cycle, priorities, and expectations. While all three towns benefit from the service, annual funding uncertainty makes it difficult to commit to the multi-year staffing, training, and oversight required to launch and sustain new programs .

This creates a practical challenge. A Community Paramedicine program would require agreement on fundamental questions:

- Who funds the program?
- Which residents are eligible?
- How are referrals managed and prioritized?
- How are outcomes measured and reported?
- How is success defined across all participating communities?

These are not barriers to innovation—they are prerequisites for responsible implementation.

Without clear answers, Lisbon Emergency risks developing programs that are clinically valuable but financially unstable, operationally burdensome, or vulnerable to short-term budget changes before meaningful results can be demonstrated.

The same dynamic applies more broadly across the EMS system.

Lisbon Emergency must maintain 24/7 readiness regardless of fluctuations in demand. Municipal funding supports not only ambulance responses, but also staffing, training, equipment, compliance, medical oversight, and the capacity to respond when demand exceeds normal patterns. When that funding is uncertain or limited to annual cycles, the system may remain operationally effective in the short term but becomes strategically constrained over time .

This affects staffing, retention, capital planning, and the ability to expand services. Community Paramedicine, in this context, becomes more than a program opportunity—it becomes a **test case** for whether the system has the structural capacity to evolve.

A reasonable path forward would be a **limited Community Paramedicine pilot**, focused on a narrow patient population and designed to protect core 911 response capacity. Such a pilot would include defined scope, staffing, medical oversight, referral pathways, and measurable outcomes. If successful, it could provide a foundation for broader expansion within a more stable, multi-year funding framework.

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## Section 5 Closing Insight

The central lesson is clear:

Lisbon Emergency is not constrained by clinical capability or operational performance. It is constrained by the relationship between **governance, funding stability, and long-term planning capacity**.

As service expectations expand—whether through Community Paramedicine, enhanced coverage models, or evolving healthcare integration—the structure supporting the organization must evolve alongside those expectations.

The system has the capability to grow.

The question is whether the framework around it will allow that growth to occur in a deliberate, sustainable, and accountable way.

## SECTION 6 – MARKET ANALYSIS, SYSTEM DEMAND & RESPONSE CAPACITY

Understanding the performance and future needs of Lisbon Emergency requires looking beyond internal operations and examining the broader system in which it operates. EMS is inherently regional. Call demand, transport patterns, hospital destinations, and mutual aid relationships all extend beyond municipal boundaries. As a result, evaluating Lisbon Emergency in isolation provides an incomplete picture—true system performance is defined by how well it functions within its surrounding market.

A useful framework for this analysis is the concept of a **20-minute response and transport footprint**. This represents the practical area within which Lisbon Emergency can reasonably provide service, receive mutual aid, and interact with surrounding EMS agencies and healthcare facilities.

Within this footprint, Lisbon Emergency operates in a dynamic and interdependent environment that includes neighboring communities such as **Sabattus, Wales, and Durham**, along with connections into the broader Lewiston-Auburn region. While not all of these areas are within Lisbon Emergency’s primary service responsibility, they are operationally relevant through mutual aid, shared demand patterns, and overlapping response areas.

When viewed through this lens, several key dynamics emerge.

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### System Demand and Volume Trends

Lisbon Emergency’s call volume reflects a steady and predictable level of demand consistent with a service area of its size and demographic profile. However, volume alone does not fully capture system demand.

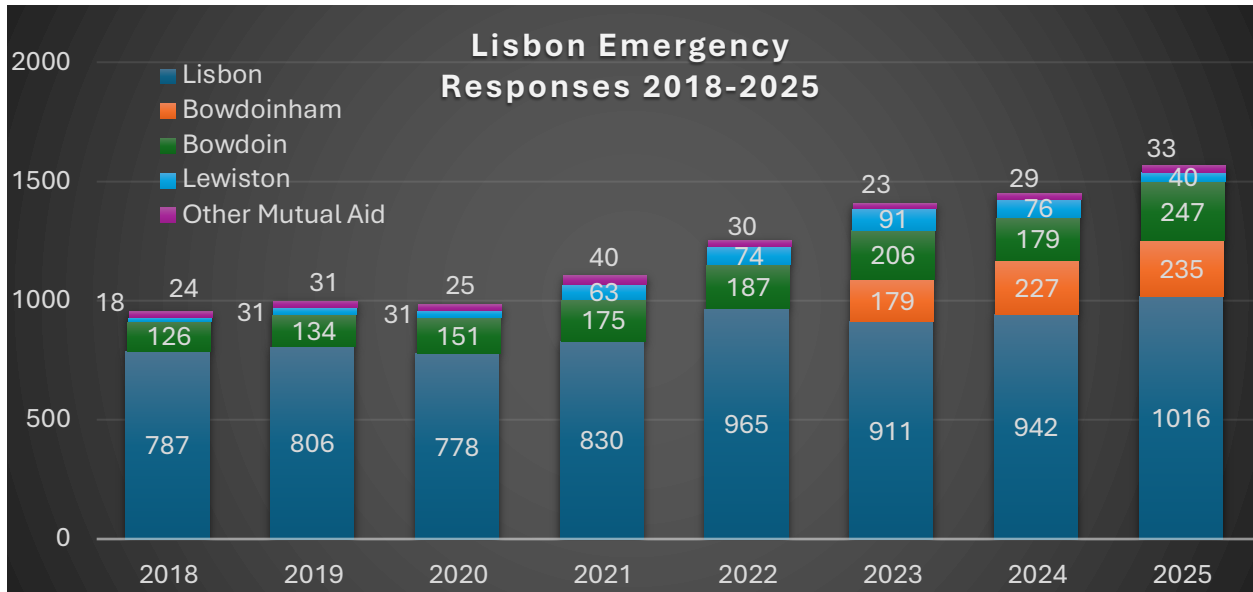


Figure 1 Lisbon Emergency Volume

More important is how that volume behaves:

- **Call concurrency**—multiple calls occurring at the same time—drives system stress
- **Call duration**—including on-scene time and transport time—affects unit availability
- **Transport distance**—particularly to higher-level care facilities—extends out-of-service intervals

As healthcare systems continue to regionalize specialized care, transport distances are increasing. Patients are more frequently being transported to facilities in Lewiston, Brunswick, or Portland depending on clinical need. This extends the time a unit is committed to a single call, reducing overall system availability even if call volume remains constant.

In practical terms, this means:

The system is experiencing increasing demand not only through volume, but through **time-on-task per call**.

This is a critical distinction, because it directly impacts how many resources are required to maintain reliable coverage.

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## Response Capacity and Erlang Analysis

To better understand how the system performs under varying demand levels, modeling tools such as Erlang-based analysis can be used to evaluate coverage probability and unit availability.

This type of analysis demonstrates a fundamental truth in EMS system design:

- A **single staffed ambulance** can handle a significant portion of call demand, but coverage reliability decreases rapidly as concurrency increases
- A **second staffed unit** dramatically improves coverage reliability, particularly during peak demand periods

For Lisbon Emergency, this means that while the current deployment model is effective for baseline demand, periods of overlapping calls introduce vulnerability. During these times, the system becomes increasingly reliant on mutual aid to maintain response coverage.

This is not a failure of the system—it is a characteristic of EMS operations at this scale. However, it highlights the importance of understanding where capacity thresholds exist and how often they are approached or exceeded.

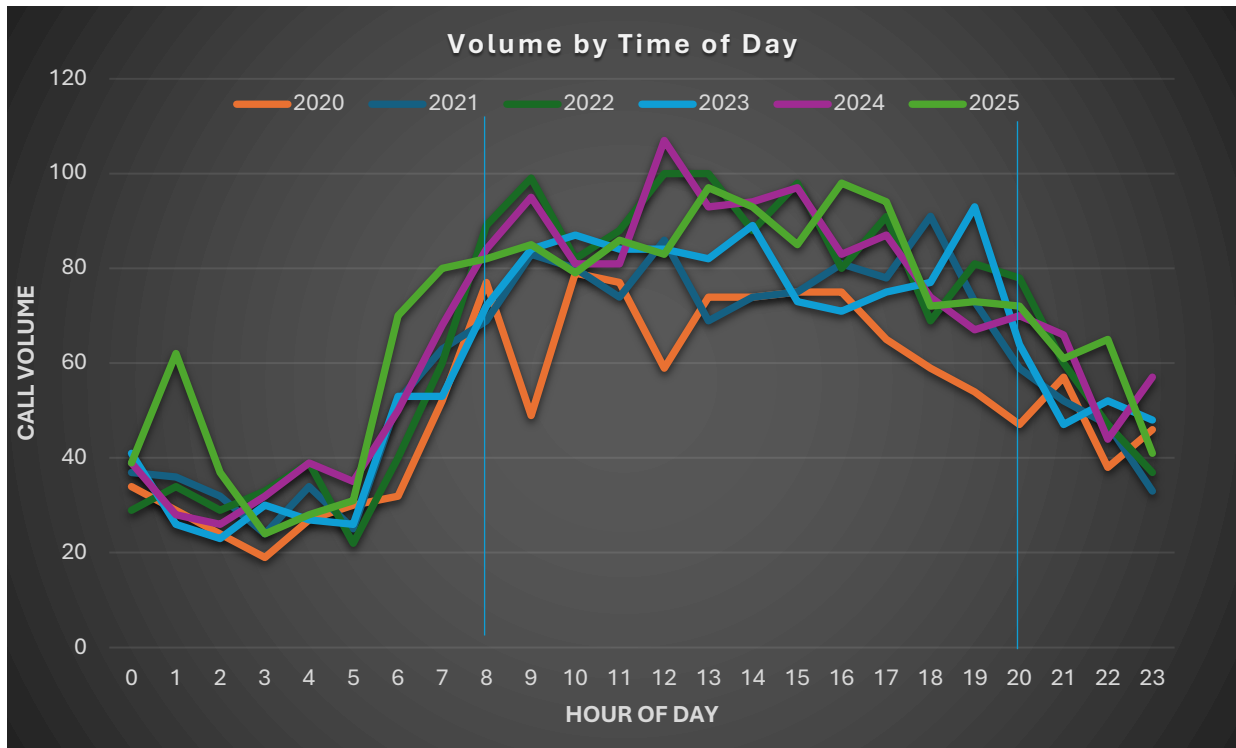


Figure 2 Lisbon Emergency Volume by Time of Day

# Mutual Aid Utilization

Mutual aid is a core component of the regional EMS system and functions as both a support mechanism and a performance indicator.

Table 1 Mutual Aid Activity

Lisbon, Bowdoin, Bowdoinham	2020	2021	2022	2023	2024	2025
<b>Total</b>	1,252	1,427	1,573	1,461	1,597	1,637
Mutual aid response to Lisbon Emergency Response Area	*39	*82	*78	21	93	44
*Prior to Lisbon Emergency assuming 911 coverage of Bowdoinham						
Lisbon Emergency responses	1,185	1,305	1,424	1,385	1,456	1,541
<b>Service Level</b>	95%	91%	91%	95%	91%	94%
	2020	2021	2022	2023	2024	2025 YTD 10/1
<b>Lisbon Only</b>						
<b>Total</b>	842	927	1037	953	1055	1053
Mutual aid response to Lisbon Emergency Response Area	12	20	16	12	35	22
Lisbon Emergency responses	830	907	1,021	941	1,020	1,031
<b>Service level</b>	99%	98%	98%	99%	97%	98%

Lisbon Emergency both **receives and provides mutual aid**, contributing to a network of shared coverage that enhances overall system resilience. This model is typical in Maine and is generally effective when balanced appropriately.

However, trends in mutual aid utilization provide important insight:

- **Increased reliance on inbound mutual aid** may indicate that local demand is exceeding available capacity
- **Frequent outbound mutual aid** may indicate that Lisbon Emergency is supporting neighboring systems that are experiencing similar pressures (which is the current state)

Table 2 911 Responses by Service

Lisbon, Bowdoin, Bowdoinham		911 Response (Scene) with Transport Capability				
Type Of Service Requested	Agency	2021	2022	2023	2024	2025
Emergency Response with Transport Capability	<b>Total</b>	1,434	1,573	1,462	1,597	1,637
	Lisbon Emergency Inc.	1035	1165	1318	1480	1518
	Northeast Mobile Health Services	66	31	<10	<10	<10
	Gardiner Fire & Ambulance Department	15	20	28	<10	<10
	United Ambulance Service	68	92	37	42	68
	Topsham Fire - EMS	214	232	43	40	35
	Durham Fire & Rescue	25	26	26	22	13
	<b>Lisbon Only</b>	<b>911 Response (Scene) without Transport Capability</b>				
First Responder / Non-Transport	<b>Total</b>	233	248	243	302	559
	Bowdoin First Responders	43	36	55	47	53
	Bowdoinham Fire & Rescue	79	85	119	137	178
	Richmond Fire Department	<10	<10	<10	<10	<10
	Town of Lisbon Fire Service	102	125	67	111	324

The balance between these two is important. A well-functioning system will both give and receive aid, but sustained increases in either direction can signal underlying capacity or deployment challenges.

Monitoring mutual aid trends over time is therefore essential. It allows leadership to identify when the system is operating within normal variability and when it is approaching or exceeding its functional limits.

## Geographic and Deployment Considerations

Geography remains one of the most significant factors influencing system performance.

Lisbon benefits from more centralized population and road access, allowing for efficient deployment and response. In contrast, Bowdoin and Bowdoinham introduce extended travel distances and more dispersed call locations. This creates a system where:

- Response times vary naturally based on location
- Unit positioning becomes critical to maintaining coverage
- Out-of-area transports have a greater impact on availability

Effective deployment strategies must account for these differences, ensuring that resources are positioned in a way that balances response time with overall coverage.

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## Regional Context and System Interdependence

The broader regional context further shapes system dynamics.

Within a 20-minute footprint, the combined population exceeds **100,000 residents** when including the Lewiston-Auburn metropolitan area. While this population is not part of Lisbon Emergency's primary service responsibility—being primarily served by **United Ambulance and Auburn Fire Department**—it remains highly relevant.

This regional population represents:

- A significant source of potential mutual aid support
- A destination for patient transport and higher-level care
- A system that Lisbon Emergency both interacts with and relies upon

At the same time, Lisbon Emergency may also provide mutual aid into surrounding areas, contributing to regional coverage during periods of high demand.

This reinforces an important point:

Lisbon Emergency does not operate as a closed system—it is part of a regional EMS ecosystem.

Decisions made locally—regarding staffing, deployment, or transport practices—have direct implications for regional performance, and vice versa.

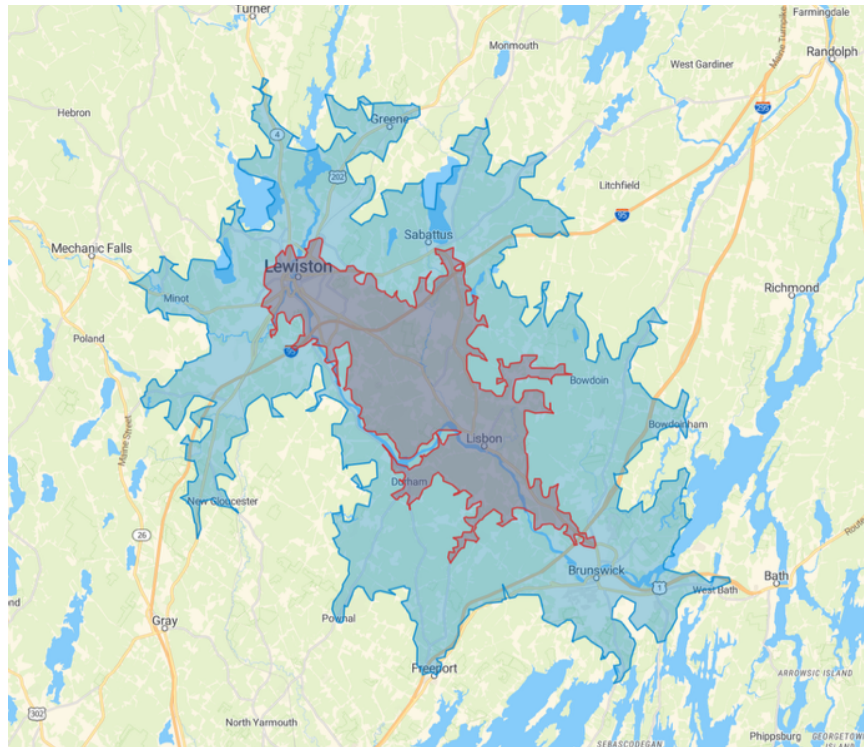


Figure 3 Twelve- and Twenty-Minute Drive-Time Footprint from Lisbon Emergency

## Key Takeaways

From a market and system perspective, several conclusions can be drawn:

- Demand is increasing not only in volume, but in **complexity and duration**
- System capacity is generally strong, but **vulnerable during periods of concurrency**
- Mutual aid is functioning effectively, but trends must be **closely monitored**
- Geography continues to play a significant role in **response variability and unit availability**
- Lisbon Emergency operates within a **larger regional system**, where interdependence is unavoidable

These factors do not indicate a system underperforming—they describe a system operating within the normal constraints of modern EMS.

However, they do highlight the importance of **proactive system management**.

As demand continues to evolve, maintaining current performance levels will require:

- Ongoing monitoring of volume and concurrency trends
- Evaluation of deployment and staffing models

- Strategic use of mutual aid relationships
- Consideration of how regional collaboration can improve overall efficiency

The goal is not simply to maintain the current system, but to ensure that it remains **resilient and adaptable** as conditions change.

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## SECTION 7 – FUTURE DISCUSSION & POSITIONING

The future of EMS is already beginning to take shape, and the trajectory is clear: systems that remain static will struggle, while those that adapt intentionally will remain viable and effective. Lisbon Emergency is well positioned today, but maintaining that position will require a forward-looking approach that anticipates—not reacts to—change.

One of the most significant shifts occurring within EMS is the gradual transition away from a purely transport-driven model of care. Historically, EMS has been defined by its ability to respond rapidly, transport patients, and return to service. That model is increasingly being challenged. Healthcare systems are placing greater emphasis on **appropriate utilization, care navigation, and cost control**, which is beginning to influence how and when EMS resources are used.

Nationally, leaders such as **Matt Zavadsky, MS-HSA, EMT**, have emphasized that EMS must evolve beyond its traditional role. The future system will include more **triaged responses, scheduled or lower-acuity 911 calls**, and alternative care pathways that reduce unnecessary transports while still meeting patient needs. This is not a theoretical concept—it is already being implemented in various forms across the country.

For Lisbon Emergency, this has several implications.

First, the demand profile will continue to change. While overall call volume may increase gradually, the more significant change will be in **call type and complexity**. More patients will present with chronic conditions, behavioral health needs, and non-emergent complaints that still require evaluation but may not require transport. This will place increased emphasis on clinical decision-making and system flexibility.

Second, the concept of “**standing by**” for calls will evolve. EMS systems are traditionally designed to maintain constant readiness, but there is growing discussion around more dynamic deployment models, including scheduled response for certain call types or tiered response systems that better match resources to patient need. While these models are not yet fully implemented in most Maine systems, they represent a direction that will likely influence future planning.

Third, **interfacility transport will remain a critical—but carefully balanced—component of EMS operations**. Healthcare systems such as MaineHealth, Central Maine Healthcare, and St.

Mary's continue to generate demand for patient movement. This represents an opportunity for revenue, but also introduces risk if not managed appropriately.

Lisbon Emergency is in a unique position in this regard.

It is under no obligation to accept interfacility transports and currently does so only when resources allow. This provides flexibility and protects 911 response capacity. However, it also means that Lisbon Emergency could, if it chose to do so, enter into more structured transport arrangements with reliable referral sources.

The caution is clear:

Expanding transport activity without careful system design can overstress resources, reduce local coverage, and increase reliance on mutual aid. Any movement in this direction must be deliberate, data-driven, and supported by appropriate staffing and deployment strategies.

Fourth, **regionalization will continue to shape the EMS landscape.**

Healthcare is becoming more centralized, with specialized services concentrated in fewer locations. This increases transport distances and extends unit out-of-service times. At the same time, EMS systems are increasingly expected to function as part of a **regional network**, rather than as independent municipal services.

For Lisbon Emergency, this reinforces the importance of:

- Strong mutual aid relationships
- Awareness of regional system demand
- Participation in broader discussions about system design and resource allocation

The organization is already functioning within this regional framework. The next step is to engage with it more intentionally.

Fifth, **workforce dynamics will remain a defining challenge.**

Recruitment and retention pressures are unlikely to ease in the near term. EMS systems that maintain stable staffing will have a significant advantage, but sustaining that stability will require continued attention to compensation, work environment, and organizational structure.

Lisbon Emergency's current staffing stability is a strength—but it should not be assumed to be permanent. Future planning must account for the possibility of workforce disruption and ensure that systems are in place to respond.

Finally, there is an emerging opportunity in **expanded EMS roles within the healthcare system.**

Programs such as community paramedicine, mobile integrated healthcare, and alternative destination models are gaining traction. These programs allow EMS agencies to provide care that reduces unnecessary emergency department utilization while improving patient outcomes.

Additionally, federal and state funding opportunities are increasingly supporting these models, creating potential new revenue streams that are not tied directly to transport.

Lisbon Emergency is not required to pursue these opportunities immediately—but it should be aware of them and positioned to engage when appropriate.

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## Positioning for the Future

Taken together, these trends point toward a clear conclusion:

The EMS system of the future will be more complex, more integrated with healthcare, and more dependent on flexibility and collaboration.

Lisbon Emergency is well positioned to succeed in that environment—but only if it continues to evolve.

This does not require rapid or disruptive change.

It requires:

- Awareness of emerging trends
- Willingness to evaluate new approaches
- Alignment of governance and operational structure
- Continued engagement with regional partners
- A commitment to maintaining core service reliability while adapting to new demands

The organization does not need to predict every aspect of the future.

But it does need to prepare for it.

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## Key Takeaway

Lisbon Emergency should view the future not as a threat, but as a **strategic opportunity**.

The system is strong enough today to make proactive decisions. That is a position many EMS agencies do not have.

The goal is not to change what is working.

It is to ensure that what is working today continues to work **in a very different environment tomorrow.**

## SECTION 8 – STRATEGIC OPTIONS & PATHWAYS FORWARD

The preceding sections of this report establish a clear and consistent conclusion: Lisbon Emergency is a strong, capable, and operationally sound EMS system. The challenges it faces are not rooted in performance, but in alignment—specifically the relationship between governance, funding stability, and the organization’s ability to plan and evolve.

As demonstrated in Section 5, the most significant constraint is not operational capacity, but **structural limitation**. The current model requires Lisbon Emergency to function within a short-term funding and decision-making environment while being expected to deliver long-term service stability and increasingly complex healthcare functions.

The purpose of this section is to outline practical pathways forward that address that constraint.

These are not mutually exclusive options. In practice, the most effective approach will be a **deliberate combination of strategies**, implemented over time, that align governance, funding, and operations.

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### Option 1 – Governance Alignment Within the Existing Model

The most immediate and least disruptive opportunity is to improve alignment within the current structure.

This approach does not require fundamental organizational change. Instead, it focuses on **clarifying roles, improving decision-making pathways, and strengthening alignment with municipal stakeholders.**

Key elements include:

- Clearly defining **who has authority to make financial, operational, and strategic decisions**
- Aligning **accountability with decision-making authority**

- Establishing more consistent and structured **communication with municipal leadership outside of annual budget cycles**
- Refining Board structure to reflect the level of **public funding and accountability expected by partner communities**

This approach addresses many of the friction points identified in Section 5 without introducing significant disruption to current operations.

It is also a necessary foundation for any future changes.

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## Option 2 – Multi-Year Funding Alignment and Financial Predictability

The most critical structural constraint identified in this report is the lack of **multi-year funding stability**.

Lisbon Emergency is currently required to operate within an annual funding cycle while managing a service that depends on long-term commitments to staffing, capital investment, and system development. This mismatch limits strategic planning and introduces risk.

Addressing this constraint requires a shift toward:

- **Multi-year funding agreements or commitments**, even if reviewed annually
- Development of a clear **“funding-to-service” model**, demonstrating what taxpayer investment provides in terms of staffing, coverage, and capability
- Greater transparency not just in data, but in **decision-relevant communication** that connects cost to service outcomes
- Defined expectations for **service levels, performance metrics, and system capacity** tied to funding

This approach does not remove community control. It enhances it by providing **predictability and clarity**, allowing both the organization and the municipalities to plan more effectively.

Without this step, many of the future-oriented strategies discussed in this report will remain difficult to implement.

---

## Option 3 – Controlled Operational and Revenue Optimization

Lisbon Emergency has intentionally prioritized 911 readiness over revenue generation, particularly in its approach to interfacility transport. This has preserved service reliability and operational control.

There is an opportunity to **optimize—not fundamentally change—this balance**.

This includes:

- Identifying and utilizing **idle system capacity** for additional revenue generation
- Establishing **clear thresholds** for accepting interfacility transports based on system status
- Exploring limited, structured relationships with referral partners that do not compromise coverage
- Utilizing staffing models such as **callback or supplemental coverage** when appropriate

This approach allows Lisbon Emergency to improve financial performance while maintaining the flexibility that currently serves as a strength.

It reinforces the principle that **revenue generation should support the system, not drive it**.

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## Option 4 – Regional Collaboration and Shared System Efficiency

Lisbon Emergency already operates within a regional EMS environment. The next step is to engage with that system more intentionally.

This does not require consolidation, but it does require **coordination**.

Potential opportunities include:

- Strengthening mutual aid agreements to reflect current demand patterns
- Exploring shared services such as **training, recruitment, or administrative functions**
- Coordinating deployment strategies where feasible to improve overall system efficiency
- Evaluating opportunities for expanded service coverage to neighboring communities

Increased regional volume can improve financial efficiency by spreading fixed costs across a larger service base. However, as noted previously, this must be carefully managed to avoid overextending the system.

This approach emphasizes **economies of scale through collaboration**, not expansion for its own sake.

---

## Option 5 – Structured Expansion into Future EMS Models

The evolution of EMS toward a healthcare-integrated model presents both opportunity and responsibility.

Programs such as **Community Paramedicine and Treatment in Place** represent logical next steps for Lisbon Emergency. However, as demonstrated in Section 5, these programs cannot be implemented informally or opportunistically.

They require:

- Stable funding
- Clear governance authority
- Defined program structure and accountability
- Measurable outcomes

A practical and responsible approach is to begin with **targeted pilot programs**, such as a Community Paramedicine micro-pilot focused on a specific patient population.

These pilots should be:

- Clearly scoped
- Properly staffed
- Supported by medical direction
- Evaluated using defined metrics

This allows Lisbon Emergency to begin participating in the future EMS model without overextending its current system.

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## Long Term – Now and Into the Future (5–10 Year Outlook)

Looking ahead, the EMS system will continue to evolve toward:

- Increased clinical complexity
- Greater integration with healthcare systems
- Expanded expectations for non-transport care
- Continued financial pressure from reimbursement limitations

Lisbon Emergency is well positioned to operate in this environment—but only if its structure evolves alongside these demands.

This requires:

- Governance that supports **timely, accountable decision-making**
- Funding that provides **predictability and stability**
- Operations that are **data-driven and adaptable**
- A regional presence that reflects **coordination and collaboration**

The organization does not need to change what is working.

It needs to ensure that what is working today can be sustained in a different environment tomorrow.

---

## Key Takeaway

The options presented in this section are not competing choices—they are components of a unified strategy.

Lisbon Emergency does not need transformation.

It needs **alignment**.

Alignment between:

- Governance and accountability
- Funding and service expectations
- Operations and demand
- Local control and regional reality

The system is strong.

The opportunity is to ensure that strength is sustained through deliberate, coordinated action.

Lisbon Emergency does not need to reinvent itself.

It needs to **refine, align, and position itself for the future**.

The strength of the organization today provides a solid foundation. The decisions made moving forward will determine how that strength is sustained.

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## SECTION 9 – RECOMMENDATIONS & DECISION FRAMEWORK

The analysis presented throughout this report leads to a clear conclusion:

Lisbon Emergency is a strong, capable, and reliable EMS system. Its challenges are not operational—they are structural, centered on governance alignment, funding predictability, and the organization’s ability to plan for the future.

The path forward is not defined by a single decision, but by establishing the right sequence of priorities. Lisbon Emergency must first ensure that its **foundation is stable and aligned**, and then build from that position to pursue broader opportunities, including regional collaboration and expanded service delivery.

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## Primary Recommendation – Stabilize the Foundation, Then Expand Strategically

The most effective path forward is a **phased approach**:

1. **Align governance and funding structures**
2. **Establish predictability and clarity in service expectations**
3. **Leverage that stability to pursue regional and service expansion opportunities**

Without the first step, the others remain difficult to sustain.

---

## Recommendation 1 – Establish Multi-Year Funding Framework (Highest Priority)

The most critical action is to move beyond a purely annual funding model.

Lisbon, Bowdoin, and Bowdoinham should work with Lisbon Emergency to establish a **multi-year funding framework**, even if formal approval remains annual.

This framework should:

- Define **baseline service levels** (staffing, coverage, response expectations)
- Identify key **cost drivers** (personnel, capital, operations)
- Provide a **3–5 year financial outlook**
- Allow for annual adjustments while maintaining long-term direction

This framework does not require binding multi-year appropriations, but rather a **shared planning model** that provides predictability for staffing, capital investment, and service levels, while preserving annual town meeting authority.

Importantly, this level of predictability is essential not only for operational planning, but for **treating current and committed employees fairly, supporting longevity, and creating the conditions necessary to recruit and retain highly qualified and motivated staff.**

This step directly addresses the primary constraint identified in Section 5 and enables all other recommendations.

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## Recommendation 2 – Clarify Governance and Accountability Structures

As municipal funding has increased, so too has the expectation for **clear accountability and alignment**.

Lisbon Emergency should continue to refine its governance structure to ensure:

- Clear definition of **decision-making authority**
- Alignment between **authority and responsibility**
- Stronger, more consistent **connection with municipal leadership**

This does not require a complete restructuring, but it does require intentional evolution to reflect the organization’s current role and funding model.

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## Recommendation 3 – Define “Funding to Service” Relationship

A critical component of long-term alignment is ensuring that all stakeholders understand:

“What does this level of funding provide?”

Lisbon Emergency should develop a **clear, accessible funding-to-service model**, outlining:

- Staffing configuration and unit availability
- Expected response performance
- System capacity and limitations
- Ability to support additional services or expansion

This should be communicated in a way that translates complexity into **decision-relevant understanding**, bridging the gap between transparency and comprehension identified earlier.

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## Recommendation 4 – Implement Data-Driven Operational Monitoring

Lisbon Emergency should continue to strengthen its use of data to guide decision-making.

This includes:

- Tracking **call volume, concurrency, and time-on-task**
- Monitoring **mutual aid trends**
- Evaluating **coverage reliability by time of day**
- Publishing **clear, recurring performance metrics**

The goal is not more data—it is **actionable data** that informs staffing, deployment, and funding decisions.

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## Recommendation 5 – Pursue Regional Collaboration (Strategic Opportunity)

With governance and funding alignment in place, Lisbon Emergency should more intentionally pursue **regional collaboration and partnership opportunities**.

The organization’s central location and operational strength position it well to:

- Support neighboring communities such as Sabattus, Wales, and Durham
- Improve regional coverage reliability
- Increase system efficiency through shared resources
- Generate additional, controlled service volume

A practical first step could include a **targeted agreement with a neighboring community for supplemental or peak-time coverage**, allowing Lisbon Emergency to test regional deployment in a controlled, measurable way.

Regionalization should be approached deliberately, with:

- Clearly defined service agreements
  - Alignment between service expectations and funding
  - Protection of core 911 coverage within Lisbon’s primary service area
- 

## Recommendation 6 – Maintain Controlled Growth in Revenue Activities

Lisbon Emergency should continue its disciplined approach to interfacility transport and other revenue-generating activities.

This includes:

- Utilizing **available capacity** without compromising readiness
- Avoiding commitments that reduce operational flexibility
- Ensuring that revenue supports, rather than drives, system design

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## Recommendation 7 – Pilot Future EMS Programs Carefully

Programs such as Community Paramedicine should be pursued as **structured pilots**, not immediate expansions.

These pilots should:

- Be clearly defined in scope
- Include dedicated staffing and oversight
- Be supported by medical direction
- Produce measurable outcomes

Future programs such as Community Paramedicine are not standalone initiatives—they are **dependent on the stability created through governance and funding alignment**.

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## Decision Framework for Municipal Leadership

The decisions facing Lisbon, Bowdoin, and Bowdoinham can be framed as follows:

### 1. Maintain Current Model

- Continue annual funding and current structure
  - Lowest disruption
  - Continued limitations on long-term planning
- 

### 2. Align and Stabilize (Recommended Minimum Step)

- Establish multi-year funding framework
  - Clarify governance and accountability
  - Improve communication and decision clarity
  - Strengthen workforce stability and retention
- 

### 3. Align, Stabilize, and Expand Strategically (Preferred Long-Term Path)

- Build on a stable foundation
- Pursue regional collaboration opportunities

- Expand service capacity where appropriate
  - Position Lisbon Emergency as a regional asset
  - Enhance recruitment and retention through system stability
- 

## Implementation Priorities (Next 6–12 Months)

1. Develop and present a **multi-year financial and service model**
  2. Clarify governance roles and decision pathways
  3. Establish a **funding-to-service communication framework**
  4. Implement a **performance dashboard**
  5. Initiate **exploratory regional discussions** with neighboring communities
- 

## Final Perspective

Lisbon Emergency is not at a point of crisis—it is at a point of opportunity.

The system is strong, stable, and trusted. The immediate need is not expansion, but **alignment**.

Once that alignment is achieved, Lisbon Emergency is well positioned to:

- Strengthen its financial sustainability
- Improve system efficiency
- Expand its role within the regional EMS system
- Support and retain a highly qualified and motivated workforce

Without this alignment, Lisbon Emergency will continue to operate effectively in the short term, but will remain constrained in its ability to plan, grow, and adapt to increasing system demands.

The path forward is clear:

**Stabilize first. Then grow deliberately.**

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## CLOSING & ACKNOWLEDGMENTS

This report reflects a comprehensive review of Lisbon Emergency, its operations, structure, and position within a broader and evolving EMS landscape. The findings throughout are consistent and clear:

Lisbon Emergency is a strong, capable, and reliable organization, delivering high-quality service to the communities it serves. It is not a system in need of correction—it is a system in need of alignment and thoughtful evolution.

The challenges identified are not unique to Lisbon Emergency. They are the same pressures being experienced across EMS systems at the local, regional, and national level:

- A structural gap between reimbursement and cost
- Increasing call complexity and time-on-task
- Workforce constraints and rising operational costs
- Growing reliance on regional coordination and mutual aid

What distinguishes Lisbon Emergency is its position.

It has the benefit of strong leadership, stable staffing, modern infrastructure, and a highly engaged community. These are not conditions of a system trying to recover—they are the conditions of a system well-positioned to plan.

That position creates an opportunity.

An opportunity to make deliberate, informed decisions before external pressures force reactive ones.

An opportunity to align governance with operations in a way that supports long-term sustainability.

An opportunity to engage municipal partners and the public in a transparent discussion about what EMS is, what it costs, and how it should be structured moving forward.

An opportunity to strengthen regional relationships and participate in shaping the broader EMS system, rather than simply reacting to it.

Throughout this process, one theme remains consistent:

There is no single solution.

The future of Lisbon Emergency will not be defined by one decision, but by a series of coordinated actions that collectively strengthen the system. Governance, finance, operations, and regional engagement are not separate issues—they are interconnected components of a single system.

Success will come from recognizing that interdependence and acting accordingly.

It is also important to recognize the role of the community in this process. In a public municipal funding environment, the future of EMS is not determined solely by organizational leadership—it is shaped collectively through elected officials, public budget processes, community input, and municipal decision-making. This creates a responsibility to ensure that decisions are grounded in clear information, thoughtful analysis, and open communication.

Lisbon Emergency has earned the trust of its community through consistent performance. Maintaining that trust will require continued transparency and engagement as the system evolves.

Finally, it is important to acknowledge the individuals and organizations who contributed to this process.

Thank you to **John Cordts**, **Amy Cailler**, and the members of the community panel for their time, insight, and willingness to engage in thoughtful discussion. Their perspectives helped ensure that this report reflects not only operational and financial realities, but also the values and expectations of the communities served.

Their participation reinforces an important point:

This is not just an organizational assessment—it is a community conversation about the future of emergency medical services.

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## Final Thought

Lisbon Emergency does not need to become something entirely new.

It needs to continue becoming what it already is:

A professional, community-centered EMS system that is aligned, sustainable, and prepared for the future.

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## Consultant's Role and Credentials

This report was prepared by **Charles McMahan, MBA, CAFO, Paramedic**, an independent third-party consultant with 40 years of experience in Emergency Medical Services at municipal, hospital-based, and nonprofit levels. Mr. McMahan's background includes:

- Project Lead, MaineHealth EMS (Franklin, Stephens, IFT)
- Chief Operating Officer, Capital Ambulance (Bangor, Maine)
- Regional Operations Manager, Northern Light Medical Transport
- Chief, Orono Volunteer Rescue Squad (Orono, Maine)
- Director, MedComm Dispatch & Billing, Meridian Mobile and LifeFlight of Maine

Holding an MBA in Management and Finance, Mr. McMahan has deep expertise in EMS system planning, fiscal management, and regional coordination strategies. His evaluation is based on detailed operational data, Maine EMS reports, and site-level consultation with Lisbon Emergency staff, leadership and board members, representatives of local governments, public safety agencies and other supporting regional EMS partners.

Danielle Berube has served as Old Town's finance director since 2017. Previously, she was an accounting manager at Northern Light Health/EMHS for eight years, and held senior accountant roles at LifeFlight of Maine and Meridian Mobile Health for ten years.

# Appendices

## Demographics

# ANALYSIS REPORT

## Lisbon, Bowdoin and Bowdoinham Maine

### Demographics



Area

USA

Number of inhabitants	16,075	338,079,058
Number of households	6,412	130,499,663
Average Age	41	39
Median household income	\$85,421	\$80,164

Most represented class of worker

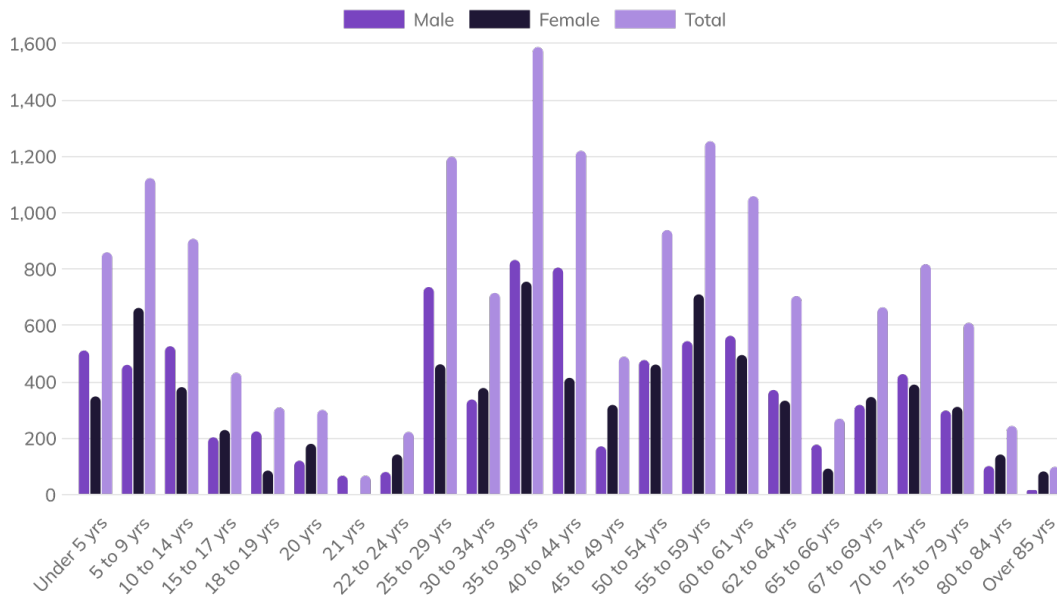
Private for-profit wage and salary workers

Private for-profit wage and salary workers

→ Population

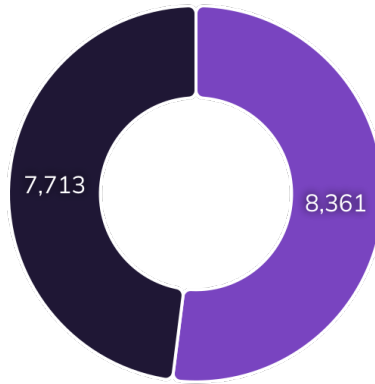
Population	16,075
Average income per person	40,442

Population age and gender



## Gender distribution

Male Female



# Staff Interview Summary

## Lisbon Emergency Staff Perspectives

As part of the Lisbon Emergency assessment process, staff interviews were conducted to better understand internal perceptions of operations, leadership, culture, organizational stability, and future concerns. These interviews provide an important frontline perspective that complements the financial, governance, operational, and community-level analysis included elsewhere in this report.

Overall, staff feedback reflects a notably positive internal culture. Interviewees described Lisbon Emergency as a supportive workplace with approachable leadership, reliable equipment, and a strong sense of team identity. Staff generally reported feeling valued, listened to, and confident in the organization's current operational direction. Leadership communication, training, QA/QI processes, and day-to-day expectations were viewed favorably. This aligns with the broader organizational baseline assessment, which identified Lisbon Emergency as an operationally mature EMS system with strong clinical capability, stable staffing, modern equipment, and a positive internal culture.

A consistent theme across the interviews was the strength of the agency's identity as an EMS organization. Staff expressed pride in Lisbon Emergency's mission, history, and role in the communities it serves. This sense of identity appears to be a meaningful retention factor and should be considered carefully in any future governance or structural change. In organizational terms, culture is not simply morale; it includes shared purpose, trust, communication patterns, and the informal norms that shape how work gets done.

The most significant concern raised through the interviews was uncertainty surrounding the possibility of integration with the fire department or a broader municipal restructuring. Staff concerns were not framed as opposition to collaboration with fire services, but rather as apprehension about loss of EMS identity, changes in workplace culture, reduced autonomy, and potential effects on retention. This uncertainty appears to be a larger risk than any specific operational issue identified in the interviews. Prolonged ambiguity may create unnecessary stress and could weaken the stability of an otherwise strong workforce.

Several operational concerns were also identified. Some staff noted the challenge of covering geographically dispersed service areas, particularly farther outlying communities. This concern is consistent with the region's rural and semi-rural land use pattern, where lower density, longer travel distances, and limited commercial infrastructure create inherent EMS deployment challenges. A small number of interviewees also raised concerns about consistency in SOP application, suggesting that even when policies are appropriate, communication around enforcement and expectations may benefit from additional clarity.

Staff also recognized opportunities for thoughtful growth. Some interviewees expressed interest in limited interfacility transfer activity or other revenue-producing work, provided that such

activity does not compromise 911 readiness. This is consistent with the broader report finding that Lisbon Emergency has more operational control than hospital-based systems because it is not obligated to accept transfers and can choose them only when resources safely allow.

The staff interviews reinforce a central finding of this assessment: Lisbon Emergency is not an organization in operational distress. Rather, it is a clinically capable and culturally strong EMS agency facing strategic uncertainty related to governance, long-term structure, and funding alignment. The interviews suggest that any future change process should be deliberate, transparent, and attentive to preserving the strengths that staff believe make the organization successful.

**Key implications for the final report:**

- Preserve and protect the positive EMS culture as a strategic asset.
- Communicate clearly regarding any future fire/EMS integration or governance change.
- Address SOP consistency through clear expectations and transparent application.
- Evaluate service-area geography and deployment impacts as part of long-term planning.
- Consider limited IFT growth only with defined guardrails that protect 911 readiness.
- Treat staff trust and retention as critical measures of any future organizational model.

# Erlang Calculators – Service Level Prediction

Table 3 Lisbon Emergency - NIGHT

**Tool for Estimating Ambulance Scheduling using Erlang C Method**

**Inputs:**

Annual Number of calls	610		
Time Frame Years	1		
Total Minutes	262800		
Average Length of Call (AHT) (seconds)	3360	56	minutes
Maximum Time to Respond Time (Out of Chute) (seconds)	300	5	minutes

**Determine number of calls per hour**

n_avg (# calls/h)	0.1393
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**Determine the Traffic Intensity (A)(hour basis)**

# of calls in hour basis	0.1393
Avg time per call (min)	56
Call-minutes per hour	7.799
Traffic intensity (A) , call-hours per hour (Erlang unitless)	0.1300

Initial guess for N ambulances required	1.0	2	3
Probability a call has to wait, P <sub>w</sub>	13.00%	0.79%	0.03%
Service Level	88.0%	99.3%	100.0%

**Average Speed of Ambulance to become Available**

Average Speed of Ambulance to become Available (seconds)	502	14	0
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**Percentage of Calls Answered Immediately (list item #16 in ref)**

Percentage of Calls Answered Immediately	87.00%	99.21%	99.97%
Utilization (% of time ambulance busy)	13.00%	6.50%	4.33%

**Summary**

Number available ambulances	1	2	3
Calculated Service Level	88.0%	99.3%	100.0%
Probability a call has to wait	13.0%	0.8%	0.0%
Average Speed of Ambulance to become Available (seconds)	502.0	14.3	0.4
% of calls Answered Immediately	87.0%	99.2%	100.0%

Table 4 Lisbon Emergency - DAY

**Tool for Estimating Ambulance Scheduling using Erlang C Method**

**Inputs:**

Annual Number of calls	1027		
Time Frame Years	1		
Total Minutes	262800		
Average Length of Call (AHT) (seconds)	4080	68	minutes
Maximum Time to Respond Time (Out of Chute) (seconds)	300	5	minutes

**Determine number of calls per hour**

n_avg (# calls/h)	0.2345
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**Determine the Traffic Intensity (A)(hour basis)**

# of calls in hour basis	0.2345
Avg time per call (min)	68
Call-minutes per hour	15.944
Traffic intensity (A) , call-hours per hour (Erlang unitless)	0.2657

Initial guess for N ambulances required	1.0	2	3
Probability a call has to wait, P <sub>w</sub>	26.57%	3.12%	0.26%

Service Level	74.8%	97.3%	99.8%
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**Average Speed of Ambulance to become Available**

Average Speed of Ambulance to become Available (seconds)	1477	73	4
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**Percentage of Calls Answered Immediately (list item #16 in ref)**

Percentage of Calls Answered Immediately	73.43%	96.88%	99.74%
Utilization (% of time ambulance busy)	26.57%	13.29%	8.86%

**Summary**

Number available ambulances	1	2	3
Calculated Service Level	74.8%	97.3%	99.8%
Probability a call has to wait	26.6%	3.1%	0.3%
Average Speed of Ambulance to become Available (seconds)	1476.6	73.3	3.9
% of calls Answered Immediately	73.4%	96.9%	99.7%

Table 5 EXECUTIVE SUMMARY: FINANCIAL OVERVIEW

## EXECUTIVE SUMMARY: FINANCIAL OVERVIEW

Fiscal Years 2024 & 2025 Comparative Analysis

### TOP HIGHLIGHTS

Metric	2025	2024
Total Revenues	\$1,765,738	\$1,289,420
Total Expenses	\$1,553,810	\$1,347,121
Change in Net Assets (Surplus/Deficit)	\$211,928	-\$57,701
Total Assets	\$1,169,001	\$955,824
Total Liabilities	\$106,949	\$105,700
Net Assets	\$1,062,052	\$850,124
Ending Cash Position	\$355,004	\$160,944

### KEY INSIGHTS & ANALYSIS

- ✓ POSITIVE: Revenue increased significantly YoY - Total revenues grew from \$1.29M to \$1.77M (+37%)
- ✓ POSITIVE: Organization returned to profitability - Net surplus of \$211,928 in 2025 vs. deficit of (\$57,701) in 2024
- ✓ POSITIVE: Strong cash position improvement - Cash nearly doubled from \$161K to \$355K
- ✓ POSITIVE: Town support more than doubled - Increased from \$410K to \$902K (key revenue driver)
- ⚠ CAUTION: Payroll costs increased - Rose from \$975K to \$1.08M (10.8% increase)
- ⚠ CAUTION: Low current ratio (0.17) - May indicate liquidity concerns
- 📈 Operating margin improved from -4% to +12% - Significant operational turnaround

### RECOMMENDED ACTION ITEMS

5. REVIEW BAD DEBTS: New bad debt expense of \$4,846 appeared in 2025. Implement collection procedures if needed.
6. PLAN FOR VEHICLE: \$18,457 deposit on vehicle suggests upcoming capital expenditure. Ensure financing is in place.
7. LONG-TERM DEBT: Good progress reducing LT debt from \$106K to \$71K total. Continue debt reduction strategy.

### KEY FINANCIAL RATIOS

Ratio	2025	2024
Operating Margin	12%	-4%
Personnel Cost Ratio	71%	73%
Public Support %	51%	32%
Current Ratio	17%	0%



Table 7 Alternative Fire Based EMS Model Proforma

<b>Lisbon EMS to Lisbon FD/EMS</b>			
<b>Projected P&amp;L EMS Operations-Multiple Scenarios</b>			
	<b>Current LE Model</b>	<b>4 Paramedics</b>	<b>4 Paramedics &amp; 4 EMTs</b>
<b>Staffing</b>			
<b>Operational Hours</b>		<b>1 Truck 12hr/Day</b>	<b>1 Truck 24hr/Day</b>
<b>Transports</b>	<b>1250</b>	<b>736</b>	<b>736</b>
	<b>Current Budget</b>	<b>Fire/EMS</b>	<b>Fire/EMS</b>
<b>Income</b>	<b>Budget 26-27</b>	<b>Budget 26-27</b>	<b>Budget 26-27</b>
Ambulance Billing	765,000	502,818	502,818
Collection Agency	1,000		
Charitable Donations	200		
Interest Income	4,000		
Event Coverage	6,600		
Misc Income (WC Rollover)	5,000		
<b>Total Income</b>	<b>781,800</b>	<b>502,818</b>	<b>502,818</b>
<b>Expense</b>			
<b>Staffing Expense</b>			
Wages		421,877	843,755
Health, HRA & GTL Insurance		77,184	154,368
Maine State Retirement		55,688	111,376
Medicare		32,274	64,547
Paid Family Medical Leave		2,109	4,219
Payroll	1,317,227		
Health Insurance	48,000		
Employee Health	1,500		
Employee Benefits	3,500		
Education & Training	15,000	3,000	23,000
Food Allowance	500	500	500
Uniforms	8,000	2,000	4,000
Worker's Comp	55,000	36,281	72,563
<b>Total Staffing Expense</b>	<b>1,448,727</b>	<b>630,914</b>	<b>1,278,327</b>

<b>Lisbon EMS to Lisbon FD/EMS</b>			
<b>Projected P&amp;L EMS Operations-Multiple Scenarios</b>			
<b>Operational Expense</b>			
<b>Fees</b>			
Bank Fees	60	-	-
Credit Card Fees	120	-	-
ALS Intercept Fees	900	1,000	1,000
Dispatching-2% Revenue	12,000	12,000	12,000
Medical Director	12,500	5,000	5,000
Medical Billing-4.5% Revenue	31,400	22,627	22,627
Postage	300	-	-
Accounting Fees	9,000	-	-
Legal Fees	3,000	-	-
Licenses & Permits	1,500	750	750
<b>Supplies</b>			
Building Supplies	3,000		
Bottled Water	720	-	-
Medical Oxygen	4,500	3,600	3,600
Medical Supplies-4.5% Revenue	33,000	22,627	22,627
Medication	500	500	500
Office Supplies	2,800	-	-
Chief Miscellaneous	1,000	1,000	1,000
<b>Utilities</b>			
Cable TV, Internet, Phone	6,000		
Trash Removal	2,650		
Electricity	8,100		
Heating Oil	4,000		
Propane	900		
Water & Sewer	1,300		
<b>Repairs and Maintenance</b>			
Building Service Contract	750		
Building Repairs & Maint.	6,500	-	-
Landscape & Plowing	5,500	-	-
EMS Equipment & Repairs	8,000	6,000	6,000
Registration & Inspection	300	300	300
Vehicle Repairs & Maint	23,000	15,000	30,000
Vehicle Fuel	23,000	4,819	4,819
<b>Equipment</b>			
Radio, Pagers & Equipment	3,000	4,000	4,000
Computers	15,000	3,000	3,000
PR & Community Outreach	1,500	-	-
Business Auto/Liab Insurance	50,000	6,000	6,000
<b>Total Operating Expenses</b>	<b>275,800</b>	<b>108,222</b>	<b>123,222</b>

<b>Lisbon EMS to Lisbon FD/EMS</b>			
<b>Projected P&amp;L EMS Operations-Multiple Scenarios</b>			
<b>Capital Items</b>	<b>135,000</b>	90,800	90,800
<b>Total Expenses</b>	<b>1,859,527</b>	<b>829,936</b>	<b>1,492,350</b>
<b>Amount to Allocate</b>	<b>1,077,727</b>	<b>327,118</b>	<b>989,532</b>
Town of Bowdoin -20%	188,545		
Town of Bowdoinham-20%	188,545		
Town of Lisbon-60%	565,636	327,118	989,532
<b>Town Allocations</b>	<b>942,727</b>	<b>327,118</b>	<b>989,532</b>
Remaining Balance	135,000	-	-
<b>Local Averages</b>	<b>Lisbon Emg.</b>	<b>Fire Model</b>	<b>Fire Model 2</b>
Average Collected Revenue per Transport	\$ 625.44	\$ 683.18	\$ 683.18
Average Cost per Transport	\$ 1,487.62	\$ 1,127.63	\$ 2,027.65
Average Gain/(Loss) per Transport	\$ (862.18)	\$ (444.45)	\$ (1,344.47)
<b>National Comparisons</b>			
<b>PWW Financial Index December 2025</b>	<b>Northeast</b>	<b>National</b>	
Average Charge	\$ 1,222	\$ 1,517	
Average Collected	\$ 444	\$ 616	
<b>Medicare Ground Ambulance Data Collection</b>	<b>Nonprofit</b>	<b>Rural</b>	<b>Public Safety</b>
Average Medicare Payment	\$ 329	\$ 329	\$ 329
Mean Cost per Transport	\$ 2,578	\$ 2,458	\$ 3,545
Median	\$ 1,199	\$ 1,256	\$ 1,969