

# Rural EMS Transformation

## *Re-Imagining Role(s)*



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## Tale of Two 'Times'

BC (*Before Coronavirus*)



AC (*After Coronavirus*)



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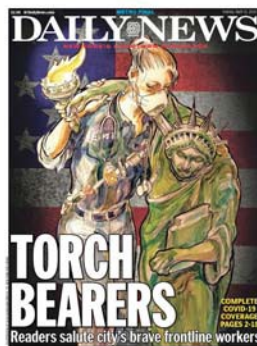
## Before Coronavirus

- “EMS”
- Paid for Transport to the ED
  - Supplier vs. Provider
- Public Safety vs. Healthcare
- “So, what does EMS stand for again?”



## After Coronavirus

- More than “EMS”
- Paid for care and navigation
- Part of front-line healthcare
- Community recognition



# Patient Navigation



## Ambulances: CMS Flexibilities to Fight COVID-19

The Trump Administration is issuing an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. The goals of these actions are to 1) to ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls); 2) remove barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states so the healthcare system can rapidly expand its workforce; 3) increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home; 4) expand in-place testing to allow for more testing at home or in community based settings; and 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.



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# Patient Navigation

## *CMS Hospital without Walls (Temporary Expansion Sites)*

- During the Public Health Emergency (PHE) for the COVID-19 pandemic, we are temporarily expanding the list of allowable destinations for ambulance transports. During the COVID 19 PHE, ambulance transports may include any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or SNF, community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other location furnishing dialysis services outside of the ESRD facility, and the beneficiary's home.



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## Role Innovations: Rural/CAH Challenges

- Become part of the solution

- Closures
- Can EMS help fill the gap?



### 1 In 4 Rural Hospitals Are At Risk Of Closure And The Problem Is Getting Worse

Forbes, Feb 24, 2020

<https://www.forbes.com/sites/claryestes/2020/02/24/1-4-rural-hospitals-are-at-risk-of-closure-and-the-problem-is-getting-worse>

### Rural Hospital Closures Reduce Access to Emergency Care

Center for American Progress, September 9, 2019

<https://www.americanprogress.org/issues/healthcare/reports/2019/09/09/474001/rural-hospital-closures-reduce-access-emergency-care/>

### A QUARTER OF RURAL HOSPITALS AT 'HIGH RISK' OF CLOSURE, COVID-19 LIKELY TO MAKE IT WORSE

Health Leaders, April 8, 2020

<https://www.healthleadersmedia.com/finance/quarter-rural-hospitals-high-risk-closure-covid-19-likely-make-it-worse>



## Role Innovations: Rural/CAH Challenges

- Station-based clinics

- Enhanced telemedicine with diagnostics
- Appointment and on-demand



# Telemedicine Waivers

**EXPANSION OF TELEHEALTH WITH 1135 WAIVER:** Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and *including in patient's places of residence starting March 6, 2020*. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. *Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.*

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

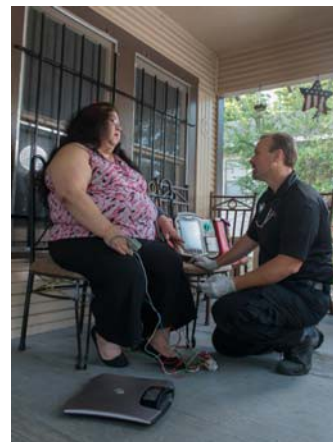
*Covered health care providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency.* This Notification does not affect the application of the HIPAA Rules to other areas of health care outside of telehealth during the emergency.

<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>



## Role Innovations: Rural/CAH Challenges

- **Home visits**
  - Scheduled & episodic
    - Enhanced training for 'routine' emergencies
      - Sutures, medical device troubleshooting
  - On-site telemedicine
    - Contracts with payers/health systems
- **Transport to Alternate Destinations**
  - Local urgent/primary care centers





## Role Innovations: Rural/CAH Challenges

- **Transport to Alternate Destinations**
  - Local urgent/primary care centers



## Role Innovations: Medical Care Provider

- **Physician extender role**
  - Facilitate telemedicine
  - Contracts with Physicians
- **Healthcare Navigator**
  - Episodic and scheduled



[CMS-1744-IFC]

RIN 0938-AU31

**Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Interim final rule with comment period.

“..... We note that in specifying that direct supervision includes virtual presence through audio/video real-time communications technology during the PHE for the COVID-19 pandemic, *this can include instances where the physician enters into a contractual arrangement for auxiliary personnel as defined in § 410.26(a)(1), to leverage additional staff and technology necessary to provide care that would ordinarily be provided incident to a physicians’ service (including services that are allowed to be performed via telehealth). For example, physicians may enter into contractual arrangements with a home health agency (defined under section 1861(o) of the Act), a qualified infusion therapy supplier (defined under section 1861(iii)(3)(D) of the Act), or entities that furnish ambulance services in order to utilize their nurses or other clinical staff as auxiliary personnel under leased employment (§ 410.26(a)(5)).* In such instances, the provider/supplier would seek payment for any services they provided from the billing practitioner and would not submit claims to Medicare for such services. For telehealth services that need to be personally provided by a physician, such as an E/M visit, the physician would need to personally perform the E/M visit and report that service as a Medicare telehealth service.”



## Role Innovations: Follow-Up Care

- Safe Transitions
- On Demand Services
  - Hospital in the Home
  - SNF Avoidance



## Role Innovation: Medical Care Providers

- Subscription services
  - “EMS on Demand”?
- SNF avoidance
  - Care in the home
- Hospital in the Home
  - Scheduled and episodic (between other care providers)



## Role Innovation: Patient Navigation

- From an “EMS” call
  - Treatment in Place
    - With or without telemedicine
    - Referral to PCP
  - Alternate destinations
    - Urgent care/primary care centers/MD Offices

### Potential COVID-19 Related Illness

If you are sick with COVID-19, it is important you stay home. A

follow the steps below to help protect other people in your

home and community.

#### Instructions after your EMS call:

• **Stay home.** People who are sick with COVID-19

are able to recover at home. Do not leave, except to

get medical care. Do not visit public areas.

• **Stay in touch with your doctor.** Call before you get

medical care. Do not go to get care if you feel worse or

you think it is an emergency.

• **Avoid public transportation.** Avoid using public

transportation, ride sharing, or taxis.

• **If you develop emergency warning signs for COVID-19,**

get medical attention or call 911.

#### Emergency warning signs include:

• Difficulty breathing or shortness of breath

• Persistent pain or pressure in the chest

• New confusion or inability to arouse

• Bluish lips or face

#### COVID-19 Evaluation & Testing Resources:

MedStar Health: <https://www.medstarhealth.org/covid19>

MedStar of the South: <https://www.medstarofthesouth.com/covid19>

MedStar of the North: <https://www.medstarofthenorth.com/covid19>

MedStar of the West: <https://www.medstarofthewest.com/covid19>

MedStar of the Midwest: <https://www.medstarofthemidwest.com/covid19>

MedStar of the South: <https://www.medstarofthesouth.com/covid19>

MedStar of the North: <https://www.medstarofthenorth.com/covid19>

MedStar of the West: <https://www.medstarofthewest.com/covid19>

MedStar of the Midwest: <https://www.medstarofthemidwest.com/covid19>

### Actions You Should Take:

• **Stay away from others.** As much as possible, you

should stay in a separate, well-ventilated room and

avoid people in your home. Use a separate bathroom,

if available.

• **Call ahead.** If you have a medical appointment, call

your doctor's office or emergency department, and let

them you have or may have COVID-19. This will help

the office protect themselves and other patients.

• **Cover.** Cover your mouth and nose with a tissue when

you cough or sneeze.

• **Dispose.** Throw used tissues in a lined trash can.

• **Wash hands.** Immediately wash your hands with

soap and water for at least 20 seconds. If soap and

water are not available, clean your hands with an

alcohol-based hand sanitizer that contains at least

60% alcohol.

• **Do not share.** Do not share dishes, drinking glasses,

napkins, eating utensils, towels, or bedding with other

people in your home.

• **Wash thoroughly after use.** After using these items,

wash them thoroughly with soap and water or put in the

dishwasher.

• **If needed, seek additional help by contacting your**

doctor or medical facility, or in an emergency, call

911.

#### Additional Resources:

For more information, visit <https://www.cdc.gov/covid19> or call 1-877-328-4271.

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### About Your EMS Call

You were evaluated by EMS personnel and determined to have symptoms consistent with a respiratory illness. You have reassured vital signs and appear well today. A decision was made to not transport you by ambulance to the Emergency Department in an effort to prevent potential spread and possible further exposure of COVID-19. Our evaluation and determination to not transport are NOT considered to be a formal diagnosis of COVID-19, and our evaluation is not a substitute for formal medical evaluation by your healthcare provider. If appropriate, inform your doctor that EMS was called, and provide the information the EMS personnel recorded on this brochure.

Please review the information in this brochure. You will find contact information at the bottom for any further questions.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

EMS Agency: \_\_\_\_\_

Response #: \_\_\_\_\_

### EMS Assessment at the Time of Call:

RR: \_\_\_\_ HR: \_\_\_\_ BP: \_\_\_\_

Temp: \_\_\_\_ O2 SAT: \_\_\_\_

MedStar

If you have any questions or comments regarding this brochure, contact MedStar at 817-925-5776 or info@medstar11.org



### Home Care Instructions

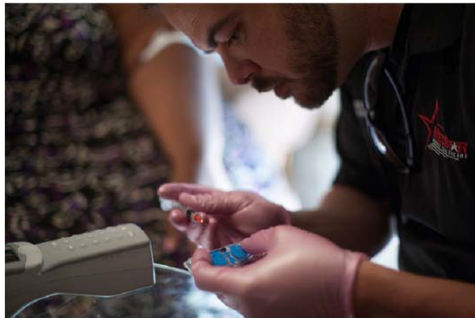
### Potential COVID-19 Related Illness





## Role Innovation: Patient Navigation

- Before and EMS call
  - At-risk populations
    - HUG, etc.
- After and EMS call
  - 'Safe landings'



## Role Innovation: Public Health

- Vaccines
  - Flu, childhood immunizations
  - "Shots across Texas"
- Opioid Treatment
  - Suboxone, Narcan



Last year, MedStar crews responded to over **1,000 patients with flu like illness...**  
**We'd like to help reduce that number this year!!**

MedStar is being pro-active by offering mobile flu vaccine clinics for 10 or more people at a place convenient for YOU!

**Anytime – Anywhere – MedStar on Demand**



To schedule an on-site flu vaccine clinic, visit <http://www.medstar911.org/medstar-mobile-flu-vaccine-program>, call 817-632-0522 or email [MZavatsky@medstar911.org](mailto:MZavatsky@medstar911.org)

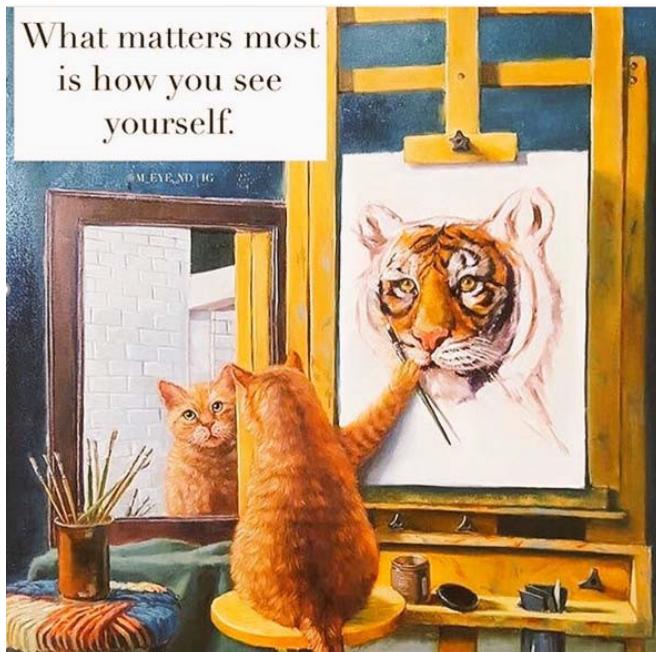
\*Vaccines are \$25 each and we will provide documentation for insurance reimbursement\*



## Role Innovation: Public Health

- COVID Pandemic

- Facility-based & in-home 'testing'
- Contact tracing



If we want others to see us as **more** than a "ride to the hospital," then we must see ourselves that way...



## EMS Metamorphosis

