



*Kevin McGinnis
Program Manager
Rural EMS and
Community Paramedicine
National Association of State EMS Officials*

Emergency
Triage , Treat,
and Transport
Project
("ET3")

Emergency Triage, Treat, and Transport Model

HHS UNVEILS MEDICARE 'ET3' EMERGENCY TRANSPORT PAYMENT MODEL

BY JOHN COMMINS | FEBRUARY 14, 2019



ET3 Features Summary

- **EMS Medicare Contractor Services**

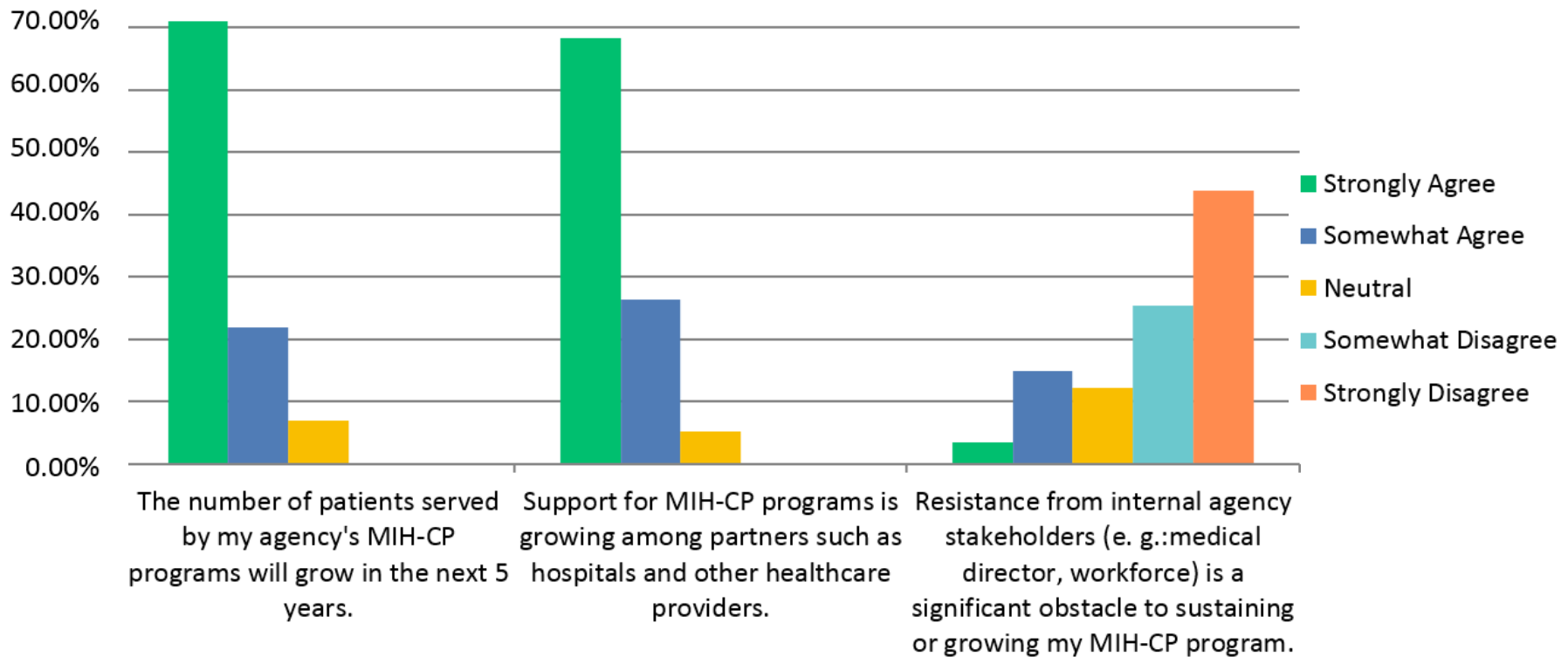
- **Treat and No Transport; and**
- **Treat and Alternative Destination**
 - 5 Year Pilot Program
 - Applications This Summer --- Starts January 2020
 - Rolling Applications
 - Capped at 30% of Medicare Contractor Services
 - Requires “Provider” Consultation on Scene or via Telehealth

- **Dispatch Triage Program**

- Governmental PSAP/Dispatch Agencies
- Dispatch at Least One Pilot Participant EMS Medicare Contractor Agency

- **Issues**

- What Telehealth? CMS definition and reimbursement of telehealth services (i.e. Video). See Nina Brown-Ashford presentation below.
- Wallet Biopsy Invited?
- Savings Demonstration Methods? See Brown-Ashford presentation below.
- Current CP Programs at Disadvantage?



Emergency Triage, Treat, and Transport (ET3) Model Overview

Nina Brown-Ashford, MPH
Deputy Director, Prevention & Population Health Group
Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services (CMS)

National Association of State Emergency Medical Services Officials Annual Meeting
May 15, 2019
Salt Lake City, Utah



Agenda

- CMS Innovation Center
- Background and Opportunity
- ET3 Model Goals and Design
- Timeline and Next Steps

CMS Innovation Center

The CMS Innovation Center Statute

“The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles.”



Three scenarios for success from statute:

1. **Quality improves; cost neutral**
2. **Quality neutral; cost reduced**
3. **Quality improves; cost reduced (best case)**

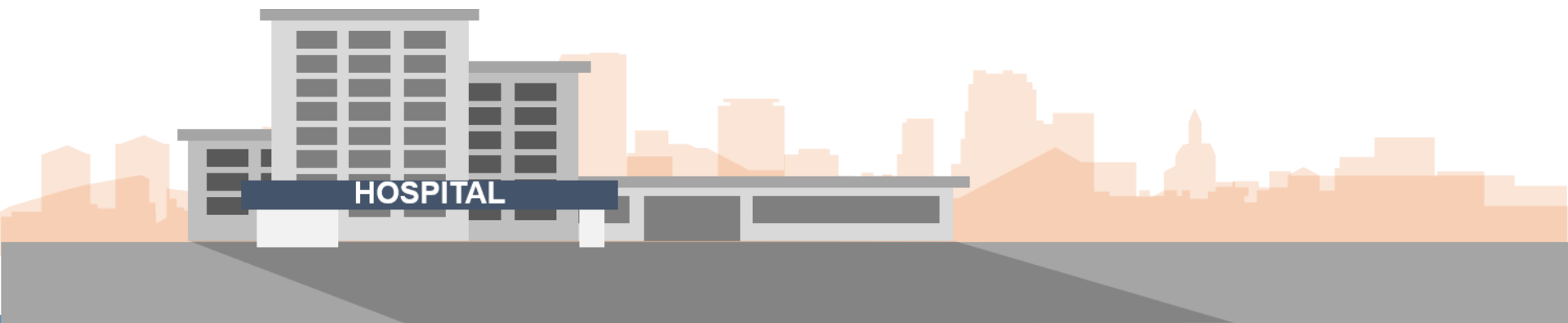
If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking.

Emergency Medical Services

The Problem: Misaligned Incentives

Medicare primarily pays for emergency ground ambulance services when individuals are transported to a limited number of covered destinations like hospital emergency departments (ED).

Therefore, beneficiaries who call 911 with a medical emergency are often transported to a high-acuity care setting, even when a lower-acuity, less costly destination may be more appropriate.



The Opportunity: Optimal Care at the Right Time and Place

16%

Medicare fee-for-service emergency ambulance transports to the ED that could have been treated in lower-acuity settings.

\$560M

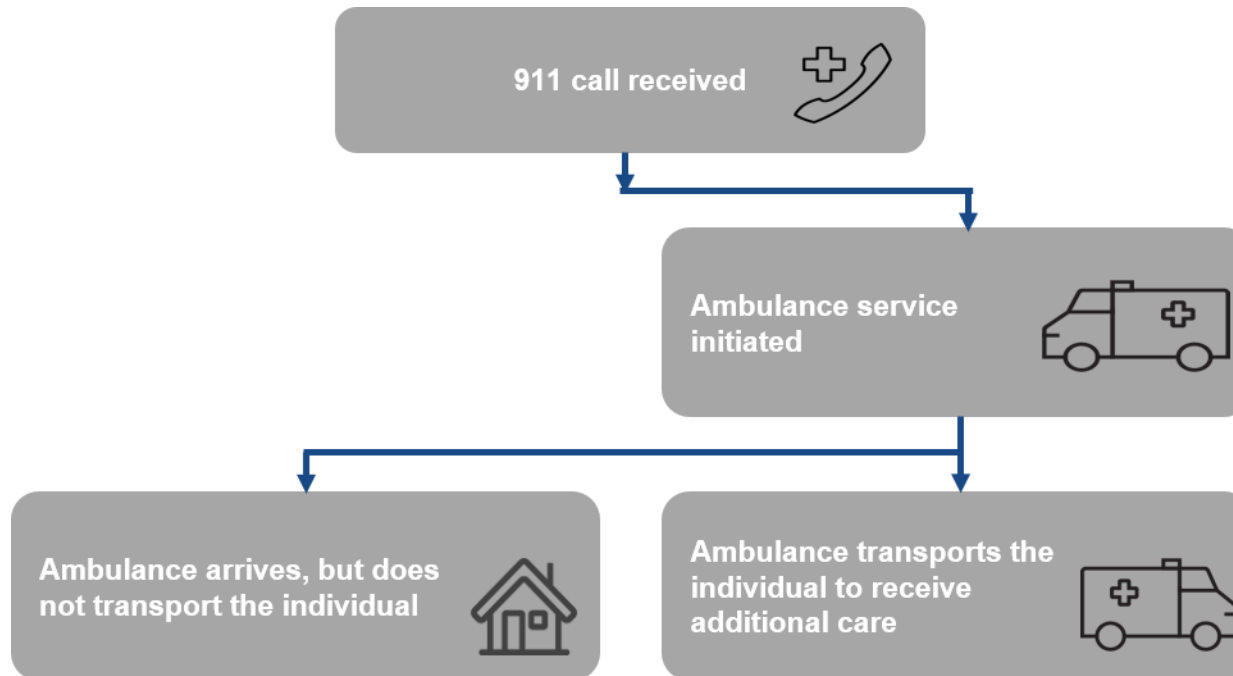
In savings per year by transporting individuals to doctors' offices rather than a hospital ED

**An earlier White Paper by the U.S. Departments of Health and Human Services and Transportation found this savings potential; An important note is that by taking into account avoided inpatient hospitalizations and opportunities for treating in place, the savings potential and quality of care improvements may be even greater.*

Emergency Triage, Treat, and Transport (ET3) Model

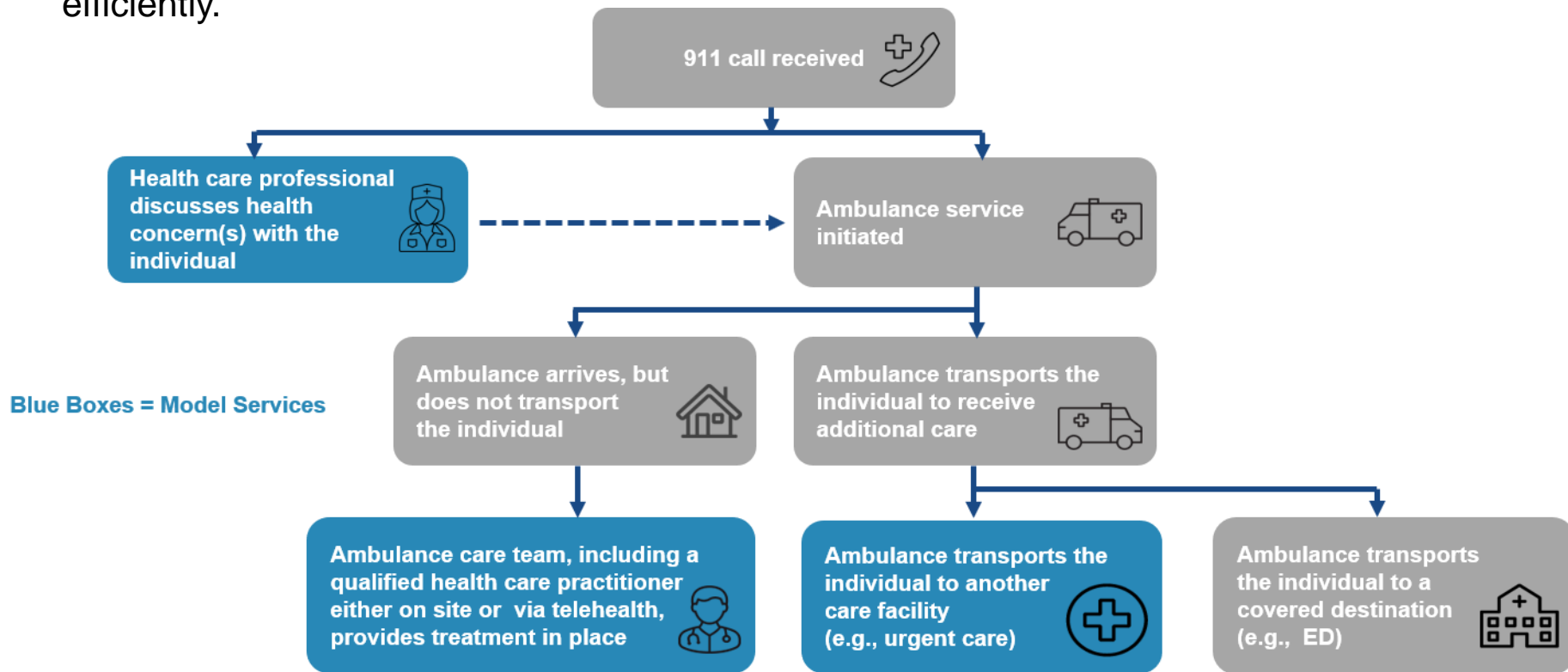
Current State

Ambulance dispatched regardless of acuity, with transport to ED even if lower-acuity alternatives could safely meet an individual's needs.




Re-aligning Incentives for Future State

New options help individuals get the care they need and enable ambulances to work more efficiently.



ET3 Model Goals



Provide person-centered care such that individuals receive care safely at the right time and place
Increase efficiency in the EMS system to allow ambulances to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes
Encourage appropriate utilization of emergency medical services to meet health care needs effectively

Three Core Features of the ET3 Model

Quality-adjusted payments for EMS innovations

- Provide new payment options for transport and treatment in place following a 911 call
- Tie payment to performance milestones to hold participants accountable for quality

Aligned regional markets

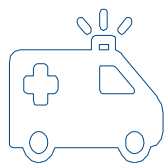
- Make cooperative agreements available to local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches to establish medical triage lines in regions where selected model participants operate
- Advance multi-payer adoption to support overall success and sustainability

Enhanced monitoring and enforcement

- Build accountability through the monitoring of specific quality metrics and adverse events
- Include robust enforcement to ensure patient safety and program integrity

ET3 Model Participants and Awardees

Together, ambulance suppliers and providers will focus on direct services, while local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches that receive cooperative agreements will create a supportive structure to ensure successful and sustainable delivery of those services.



Medicare-Enrolled Ambulance Suppliers & Providers

will support EMS innovation by transporting Medicare FFS beneficiaries to covered destinations (e.g., ED) or alternative destinations, and by providing treatment in place with a qualified health care practitioner (on site or via telehealth).



Local Governments,

its designees, or other entities that operate or have authority over one or more 911 dispatches will promote successful model implementation by establishing a medical triage line for low-acuity calls received via their 911 dispatch system.

ET3 Model Participants and Awardees, Continued

The CMS Innovation Center will issue two award types to achieve model goals

Ambulance suppliers and providers

- Model participants
- Voluntary model with national solicitation
- Model participation agreement
- Selection based on regional clusters and demonstrated ability to achieve model goals
- Direct delivery of intervention to individuals

Local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches

- Awardees
- Voluntary model with selection criteria restricting participation to regions with ET3 model participants
- Cooperative agreement
- Application open to include local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches

ET3 Model Payment Approach

New available payments under the model will build off of Medicare's existing fee-for-service structure.

Ambulance transport
to alternative
destinations

Treatment in place
via a qualified health
care practitioner

Performance-based
payment adjustment
for achievement on
key quality
measures

Ambulance Transport to Alternative Destinations

- Alternative destinations under this model may include physician offices, behavioral health centers, or urgent care centers.
- Participants furnishing transport to alternative destinations will receive payment at a rate equivalent to the Medicare Part B ambulance fee schedule base rate for basic life support (BLS) ground ambulance emergency in addition to mileage and any other applicable add-on or adjustment to the BLS rate.

Treatment in Place via a Qualified Health Care Practitioner

- Either on scene using a member of the EMS crew (e.g., nurse practitioner) or by using a telehealth
- Participants that facilitate treatment in place via telehealth will be paid as telehealth originating sites at a rate equivalent to the base BLS ground ambulance rate.
- Qualified health care practitioners that treat individuals in place using telehealth during non-business hours will be eligible for an increased payment rate.

Performance-Based Payment

- Performance-based payment for achievement on key quality measures
- Beginning in Year 3, participants will have an opportunity to receive as much as an additional 5% in model payments based on performance on quality measures.

ET3 Model Summary

EXISTING CHALLENGES

- Medicare primarily pays for emergency ground ambulance services when individuals are transported to a hospital emergency department (ED).
- Therefore, beneficiaries who call 911 with a medical emergency are often transported to a high-acuity care setting, even when a lower-acuity, less costly destination may be more appropriate.

MODEL INTERVENTIONS

- Ambulance transport to alternative destinations
- Treatment in place via a qualified health care practitioner
- Medical triage line
- Performance-based payment adjustment for achievement on key quality measures

MODEL GOALS

- Provide person-centered care
- Increase efficiency in the EMS system
- Encourage appropriate utilization of services to meet health care needs effectively

Next Steps

Timeline

Summer 2019 | Request for Applications (RFA) release

Fall 2019 | Announce participants

Fall 2019 | Notice of Funding Opportunity (NOFO) release

Early 2020 | Award cooperative agreements

Preparation

- Identify interest and ambulance supplier and provider priorities
- Seek opportunities for partnership
- Look out for RFA and NOFO release

Resources and Contact Info

- The main source of information is the ET3 model website: <https://innovation.cms.gov/initiatives/et3>
- The ET3 model team can be reached at: ET3Model@cms.hhs.gov

Thank you for your interest in the CMS Innovation Center and the ET3 model.

CONTACT INFORMATION

Kevin McGinnis MPS, Paramedic Chief (Ret.)
Program Manager,
Community Paramedicine - Mobile Integrated
Healthcare, and Rural Emergency Care

National Association of State EMS Officials

mcginnis@nasemso.org

(207) 512-0975