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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**

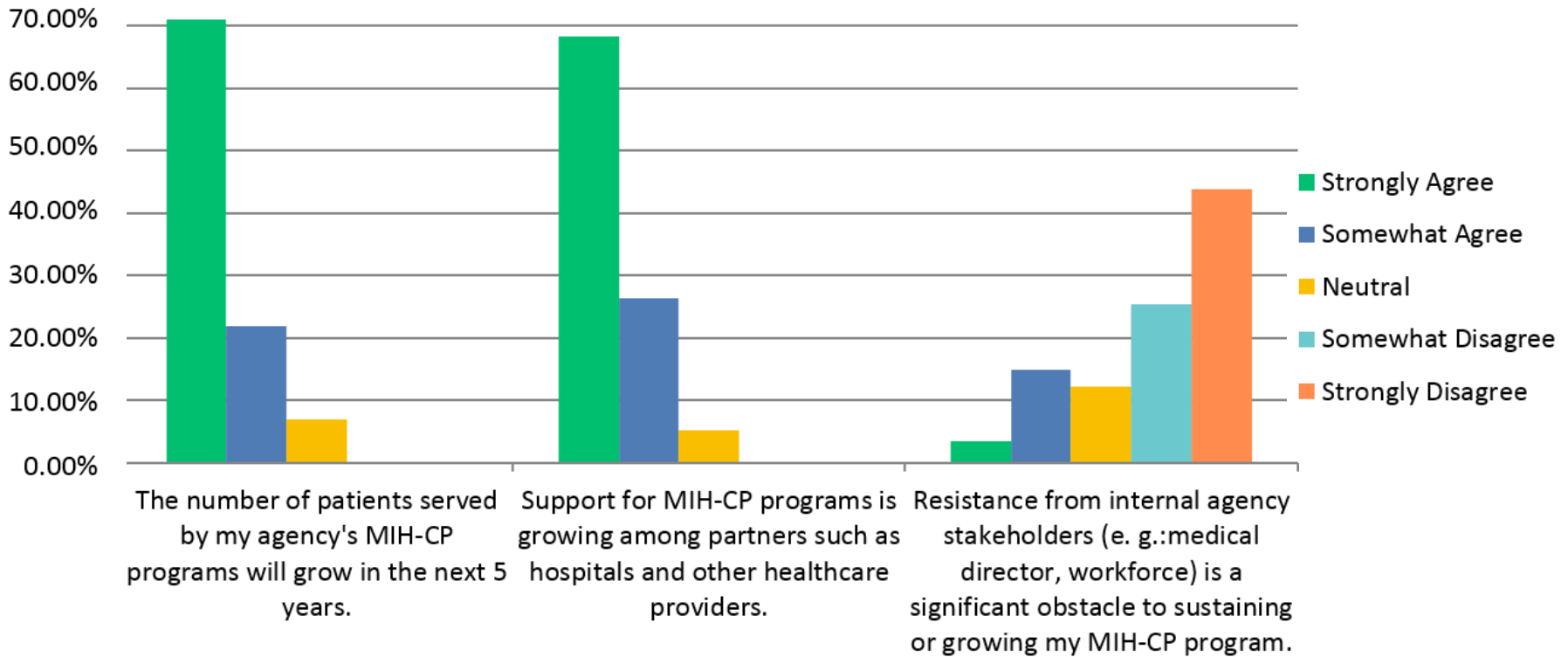
- **Treat and No Transport; and**
- **Treat and Alternative Destination**
 - 5 Year Pilot Program
 - Applications This Summer --- Starts January 2020
 - Rolling Applications
 - Capped at 30% of Medicare Contractor Services
 - Requires “Provider” Consultation on Scene or via Telehealth

- **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

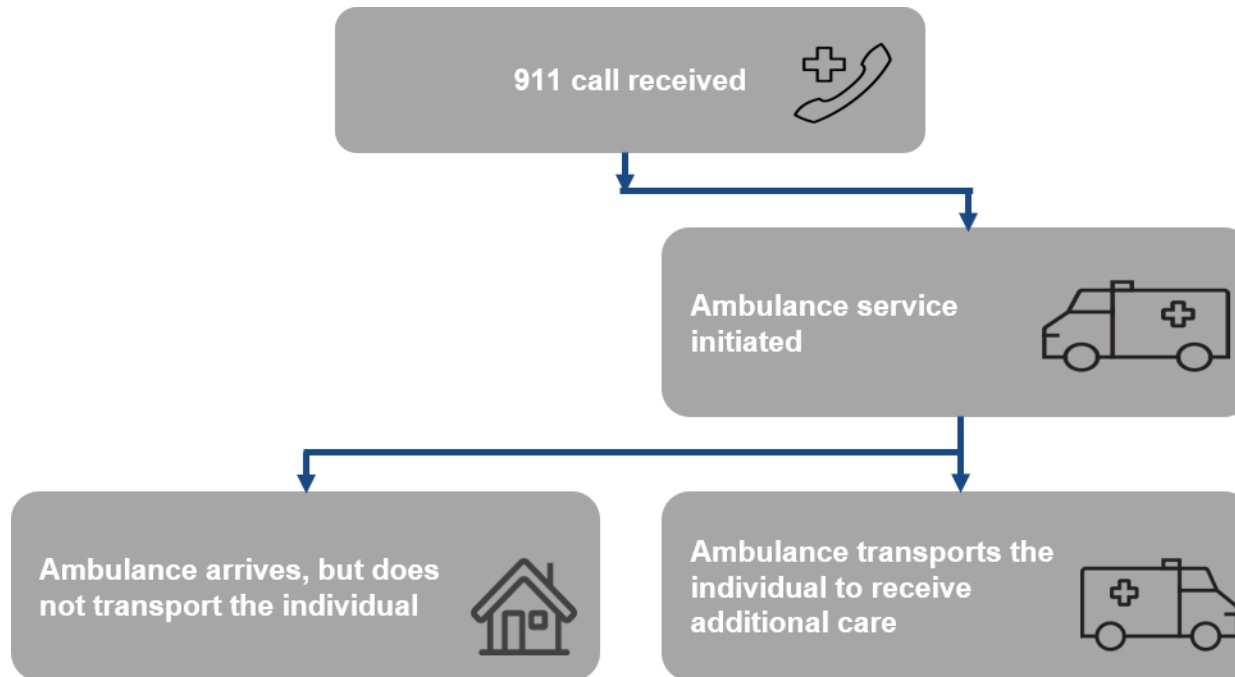
In savings per year by transporting individuals to doctors' offices rather than a hospital ED

**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

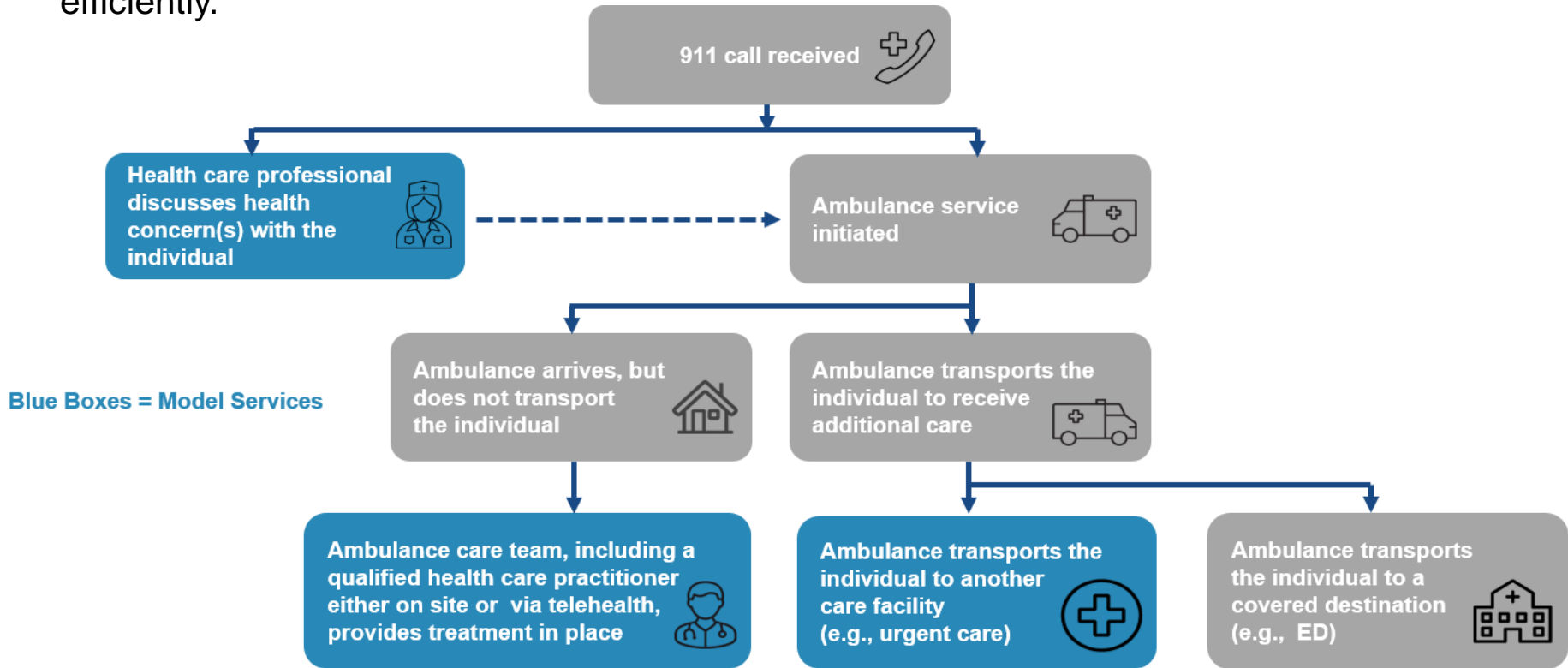
Current State

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.



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

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