EMS Reimagined:

Health System Integration, MIH, EMS Professionalism
States Strive to Keep Medicaid Patients Out of the Emergency Department

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The entrance to the emergency department at North Fulton Hospital in Roswell, Georgia. A new approach to reducing the number of nonemergency visits to emergency departments among Medicaid beneficiaries is showing promise. (AP)
Health Insurer Goal:
“Keep patients out of ED and hospital”
Health Insurer Goal:  
“Keep patients out of ED and hospital”
Better Goal:  
Keep People Well at Home
“In the future, every EMS provider will be viewed as an MIH provider.”

Kupas, 2019
EMS Revenue
CMS History

Transport Supplier

vs.

Health Care Provider
Access to Emergency Care in the United States

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Figure 1. Access to any ED (driving only).*
*All estimates allow vehicles to cross state lines.

Figure 2. Access to a higher-volume* ED (driving only).
*Higher-volume EDs are defined as treating at least 1 patient/hour, 24 hours/day, 7 days/week (ie, at least 8,760 visits/year).
Keystone ACO
(Accountable Care Organization)
What is Our Value?
TactiCOOL or MediCOOL

Healthcare

Public Safety

Public Health
"EMS of the future will be community-based health management which is fully integrated with the overall healthcare system"
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EMS Agenda for the Future
(NHTSA, 1996)
One Model
Geisinger EMS

Traditional 911 Transport

911 treat-in-place

SNF treat-in-place

Post ED Care

Post-admission Care

Geisinger-at-Home

Hospital-at-Home

Heart Failure/COPD

Home Care

Preventative Care

ED Telemedicine/EM System Triage Officer
EMS Medical Directors

G@H Physician/AP eHospitalist
Cardiology Clinic
Pulmonary Clinic

Primary Care

All non-911 care documented in health system EHR
“In the near future, EMS agencies that embrace patient-centered healthcare that is integrated with regional health systems will provide 20% traditional 911 transport and 80% home-centered care.”

Kupas, 2019
COST & PAYMENT

By Abby Alpert, Kristy G. Morganti, Gregg S. Margolis, Jeffrey Wasserman, and Arthur L. Kellermann

Giving EMS Flexibility In Transporting Low-Acuity Patients Could Generate Substantial Medicare Savings

$560 million

Saved
If low-acuity cases were managed in less expensive settings, Medicare could save roughly $560 million per year.
The Emergency Triage, Treat, and Transport (ET3) Model is a voluntary 5-year CMS payment model that provides greater flexibility and new payments to ambulance care teams for Medicare beneficiaries.

**ET3 Model Goals**
- Encourage appropriate utilization of emergency medical services
- Increase efficiency in the EMS system
- Provide person-centered care at the most appropriate care level

911 call received

Ambulance service initiated

**ET3 Model intervention** (Notice of Funding Opportunity)
A health care professional discusses health concern(s) and may refer the individual to a community resource and/or divert the caller from ambulance services/emergency department (ED) if appropriate.

- **Standard intervention**
  - Ambulance transports to a covered destination (e.g., ED)
  - Ambulance suppliers and providers paid based on the ambulance fee schedule

- **ET3 Model intervention**
  - Ambulance transports to alternative destination (e.g., urgent care)
  - Ambulance suppliers and providers paid based on level of service provided (BLS-E or ALS1/E rate)

- **ET3 Model intervention**
  - A qualified health care practitioner provides treatment in place either on site or via telehealth
  - Ambulance suppliers and providers paid based on level of service provided (BLS-E or ALS1/E rate)
Goals

Historical Performance

- 2011: 0% Alternative payment models (Categories 3-4), 68% FFS linked to quality (Categories 2-4), 32% All Medicare FFS (Categories 1-4)
- 2014: ~20% Alternative payment models (Categories 3-4), >80% FFS linked to quality (Categories 2-4), 18% All Medicare FFS (Categories 1-4)
- 2016: 30% Alternative payment models (Categories 3-4), 85% FFS linked to quality (Categories 2-4), 15% All Medicare FFS (Categories 1-4)
- 2018: 50% Alternative payment models (Categories 3-4), 90% FFS linked to quality (Categories 2-4), 10% All Medicare FFS (Categories 1-4)

Goals

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What about:

- Value?
- Pay for Measurement?
- Pay for Performance?
BACKGROUND

OOHCA Care Paradigms

Scoop and Run

Vs.

Treat on the “X”
After adjusting for significant confounding variables, the following significant differences emerged when comparing patient outcomes between LFTA and HFTA.

<table>
<thead>
<tr>
<th></th>
<th>LFTA</th>
<th>HFTA</th>
<th>Adjusted OR</th>
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</thead>
<tbody>
<tr>
<td>ROSC</td>
<td>26.4%</td>
<td>35.4%</td>
<td>1.20</td>
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<tr>
<td>Survival to Discharge</td>
<td>8.5%</td>
<td>12.5%</td>
<td>1.95</td>
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<tr>
<td>Favorable Neurologic</td>
<td>77.9%</td>
<td>86.7%</td>
<td>1.60</td>
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Funding Cardiac Arrest Care

CURRENT STATE
- Pay ALS fee if treated/transported
  - >$4,000 ED fee
- Pay BLS fee if treat and field termination

PROPOSAL
- Fund CARES data
- Pay ALS fee (possibly x2) if treated and FTOR
- Pay BLS fee for DOA
WHAT DO WE NEED FOR THIS VISION?
WHAT DO WE NEED FOR THIS VISION?

- Nomenclature
- EMS Profession
WHAT’S IN A NAME? EMS STAKEHOLDERS DISCUSS THE PROFESSION’S NOMENCLATURE

*NEMSAC recommendation for a change in nomenclature brings more than 20 EMS stakeholder groups together for a conversation about EMS terminology*

The term “emergency medical services” and the associated titles of EMS providers is the topic of an ongoing discussion in the profession. In 2017, the National EMS Advisory Council (NEMSAC) approved an advisory entitled “Changing the Nomenclature of Emergency Medical Services is Necessary.” In this advisory, NEMSAC outlined its concerns about the number of terms used to describe EMS and its practitioners over the years, and how this can be extremely confusing for the general public, elected officials and members of the media, as well as within healthcare and public safety. The council also recommended specific terminology to describe the practice of EMS clinicians and recommended the creation of a single term to describe all certified EMS practitioners.
The Profession of Paramedicine (EMS)

Credit for Education (degree)

Commensurate Pay as a Health Care Practitioner

We Make House Calls
EMS Reimagined

- Paid for services, not transport
- Integrated with health systems
- All EMS practitioners have a role in MIH
- Engaged medical direction is critical
- This is paramedicine (or whatever nomenclature is best)
- Paramedicine practitioners must be on par with similar healthcare professionals
- Paramedicine can improve increasing healthcare gaps in rural areas
- We make house calls and can keep people well at home