

AN INNOVATIVE WAY TO PAY EMS? RESPONSE VS. TRANSPORT PAYMENTS

TEXAS EMS AGENCIES HAVE WITNESSED A DRAMATIC EVOLUTION IN THEIR CAPABILITIES:

Many patients who used to require a hospital transport can now be effectively treated at the scene and referred to care other than an emergency department by EMS professionals. Unfortunately, EMS payment policy has not progressed with the enhanced service capabilities: With limited exceptions, an ambulance in Texas is only paid if it transports a patient.

An increasing number of state governments and commercial insurance payers are recognizing the progression of EMS services and are paying EMS agencies for responses (as opposed to simply paying for hospital transports).

THE ALTERNATE DESTINATION PROJECT IN TARRANT COUNTY



MedStar Mobile Healthcare, which provides EMS for Tarrant County, implemented the alternate destination project with a large commercial payer in April 2018. The program is available to the commercial plan's 14,000 members in the service area. The plan pays the EMS agency a PMPM Capitated payment (versus the traditional fee-for-service for transports).

Crews are notified upon dispatch (through a matching algorithm in MedStar's 9-1-1 dispatch software based on patient name, D.O.B. and phone number or address). Since implementation, only two patients met the criteria to need immediate transport from the scene of the 9-1-1 call to an alternate destination (urgent care). One patient had an ankle injury and the other had flu-like symptoms with a comorbidity.

The hospital transport rate for 9-1-1 callers in this population has dropped from an average of 71 percent to 64 percent. MedStar believes that this is a result of these patients being assessed, treated and referred from the scene to other health care follow-up appointments that do not require ambulance transport to get there.

The return-on-investment for the payer is the delta of 27 calls that did not go to the emergency department, at an average ED payment of \$2,700, or \$48,000 in six months.

MedStar responds to 140,000 calls per year and transports 99,500 patients. If its overall transport rate dropped to 64 percent, it would result in a reduction of 9,900 transports to the emergency department. With a Medicaid payer mix of 16 percent, it would likely result in 1,600 fewer Medicaid transports per year, at an estimated savings of \$1,430 per patient, or over \$2.3 million in annual potential savings to Medicaid in Fort Worth.



MEDICARE'S REVOLUTIONARY ET3 MODEL

Medicare announced the voluntary Emergency Triage, Treat and Treatment (ET3) model on February 14, 2019. The model will cut down on inappropriate emergency department transports by allowing EMS agencies to use innovative strategies such as telemedicine and treatment on scene to address low-acuity 911 calls.

EMS RESPONSES THAT RESULTED IN HOSPITAL TRANSPORTS

Each agency has taken a different approach to patient responses and transports, as evidenced by the data below. The Center for Medicare and Medicaid Innovation (CMMI) recently asked EMS agencies across the country for data regarding what percentage of their responses resulted in emergency department transports. The following data were gathered by the National Association of Emergency Medical Technicians.

MONTGOMERY COUNTY, MD	95%
MONTGOMERY COUNTY, TX	92%
KOOTENAI COUNTY, ID	86%
MOUNTAIN HOME, AR	84%
DENVER, CO	78%
UPPER PINE VALLEY, CO	73%
FORT WORTH, TX	71%
RICHMOND, VA	61%

ALTERNATE DESTINATION CRITERIA

MedStar's medical director-approved protocol includes the inclusion and exclusion criteria for the alternate destination. The most common "no transport" clinical impressions are unrelated to car accidents and are defined by specific conditions that resulted in greater than 2,000 "no transports" in 2017:

- DIABETIC/HYPOGLYCEMIA
- SEIZURES
- GROUND LEVEL FALL WITHOUT SIGNIFICANT INJURY
- PSYCHIATRIC
- GENERAL ILLNESS
- FAINTING