



COMMUNITY HEALTH
PROGRAMS

Preparing for ET3
Emergency Triage, Treatment and Transport

PA EMS Innovation Conference
June 28, 2019





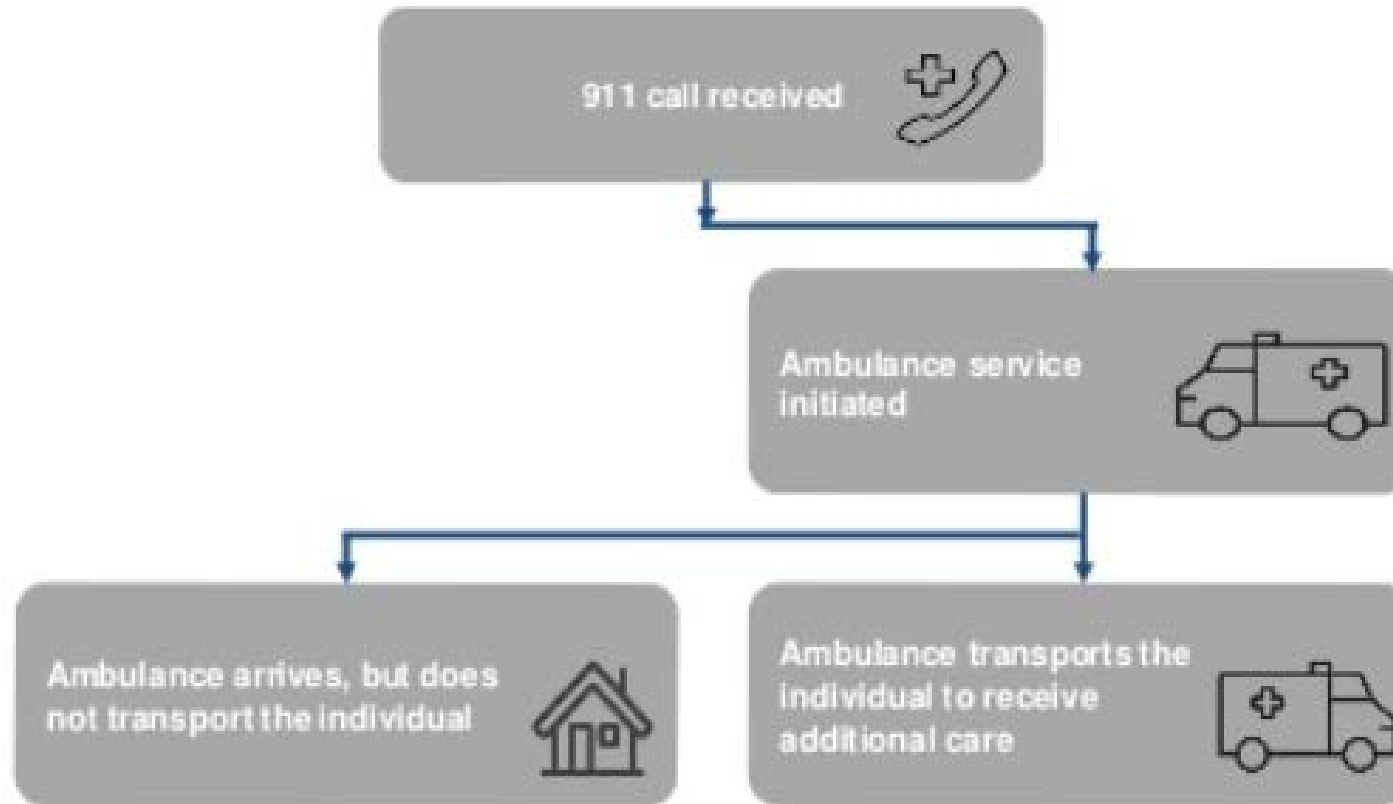
ET3 Payment Model

Emergency Triage, Treat and Transport (ET3) Model

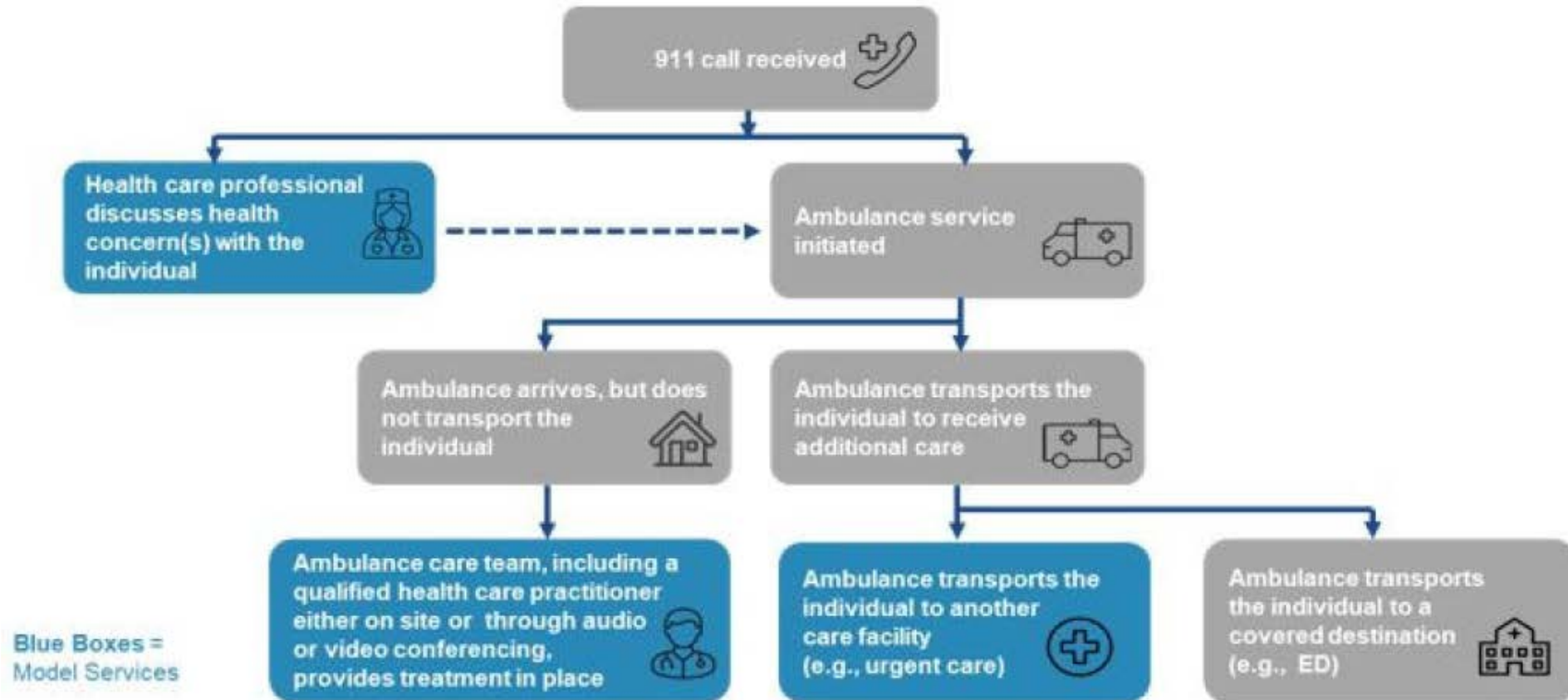
CMMI ET3 Goals

- Provide person-centered care
- Increase efficiency in the EMS system
- Encourage appropriate utilization of emergency medical services

Current State of Ambulance Transport



ET3 Payment Model



<https://innovation.cms.gov/initiatives/et3/>

ET3 Payment Model

Emergency Triage, Treat and Transport (ET3) Model

Alternative Destination Transport

- **Who:** Medicare-enrolled Ambulance Suppliers & Providers
- **Payment:** Medicare fee-for-service payment BLS/ALS-E PLUS performance-based payment adjustment
- **Application:** Request for Application (RFA)
- **When:** Summer 2019

Treatment in Place

- **Who:** Medicare-enrolled Ambulance Suppliers & Providers PLUS Qualified Practitioners
- **Payment:** Medicare fee-for-service payment BLS/ALS-E & Existing CPT codes
- **Application:** Request for Application (RFA)
- **When:** Summer 2019

Medical Triage

- **Who:** Local Governments or Designees (PSAP, 2-PSAP, Ambulance Dispatch Centers)
- **Payment:** TBD via Cooperative Agreement
- **Application:** Notice of Funding Opportunity (NOFO)
- **When:** Fall 2019

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 Goals

CMMI ET3 Goals

- Net Medicare FFS Savings
- Beneficiary Safety & Satisfaction
- Successful Model
- Program Integrity

What are your priority goals?

REMSA ET3 Goals

- ET3 Margin & Payment Bonus
- No Adverse Outcomes
- Leverage Commercial Payers
- Medicare Compliance

ET3 Request for Application

Round One Application Timeline

Table 1. ET3 Model Round 1 Application Timeline

Milestone	Timeline
RFA Released	Spring 2019
RFA Application Submission Period	Summer 2019
Participants Selected	Fall 2019
Performance Start	January 2020
Performance End	December 2024

ET3 Request for Application Payment Scenarios

iii. Table 2. Illustrative Table of Possible ET3 Payment Scenarios

INTERVENTION	PAYMENT TO PARTICIPANT ¹⁰	PAYMENT TO NON-PARTICIPANT PARTNER
TRANSPORT TO ALTERNATIVE DESTINATION	BLS-E or ALS1-E base rate + mileage and adjustments ¹¹	Medicare billed for services furnished under the applicable FFS rules.
TREATMENT IN PLACE (QUALIFIED HEALTH CARE PRACTITIONER, VIA TELEHEALTH)	Payment equal to BLS-E or ALS1-E base rate = Telehealth originating site fee + modifier to equal BLS-E or ALS1-E base rate	Medicare billed under Physician Fee Schedule for telehealth services furnished Payment = Medicare Physician Fee Schedule amount for furnished service
TREATMENT IN PLACE (QUALIFIED HEALTH CARE PRACTITIONER, IN -PERSON)	Payment = BLS-E or ALS1-E base rate	Medicare billed under Physician Fee Schedule for services furnished Payment = Medicare Physician Fee Schedule amount for furnished service

ET3 Request for Application

Application Component Criteria

Component	Value
Applicant Organizational Information	0
Proposed Model Region	10
Applicant Governance Structure and Capacity to Implement the ET3 Model	10
Intervention Design: Alternative Destination Intervention	35
<i>Intervention Design: Treatment in Place Intervention (Optional)</i>	<i>Up to 10 bonus points</i>
Interoperability Plan	10
Compliance Analysis and Plan	15
Payer Strategy	20
Patient-Centered Design	10

ii. Application Review: Component Criteria



Driver Diagram
Emergency Triage, Treatment and Transport (ET3)

Primary Drivers

Secondary

Aim

By 12/31/2024, improve access to appropriate levels of quality care and reduce net Medicare fee-for-service expenditures by \$XX million over five years for 9-1-1 callers in the Northern Nevada region.

Measures

- Increase % low acuity 911 patients safely receiving better care via transport to alternative destinations by x% per year by 12/31/24.
- Increase % low acuity 911 patients safely receiving better care via treatment in place by x% per year by 12/31/24.
- Increase % low acuity 911 patients safely navigated to alternative care sites via referral by the nurse triage line by x% per year by 12/31/24.

9-1-1 emergency ambulance triage, treatment & transport redesign: Alternative integrated care pathways for patients accessing the 9-1-1 system.

Enable exchange of data/communications: New health information technologies link emergency ambulance delivery system and the broader health care delivery system.

Stakeholder, patient & provider engagement: Stakeholders, targeted patient populations and health care providers have improved knowledge of new care pathways.

Aligned financial incentives: Sustainable funding of new patient care services, supported by the evidence-base and value proposition, via multi-payer arrangements.

• Integrate protocols and care patient care needs to appropriate interventions: alternative destination and nurse triage.

• Update local and state regulatory emergency triage, treatment and

• Design integrated health inform systems and telehealth capabilities secure and HIPAA compliant exchange

• Exchange patient care data across settings and networks (including departments, primary care physicians, clinics and health inform

• Engage key health care partners target patient populations to ensure services to meet health care needs

• Establish partnership agreements practitioners and alternative destinations, detoxification, mental health, cli

• Execute measurement strategy independent evaluation and to performance-based payment adjustment experience, utilization, cost, and

• Implement a multi-payer aligned Medicaid program and other cost intervention payments.

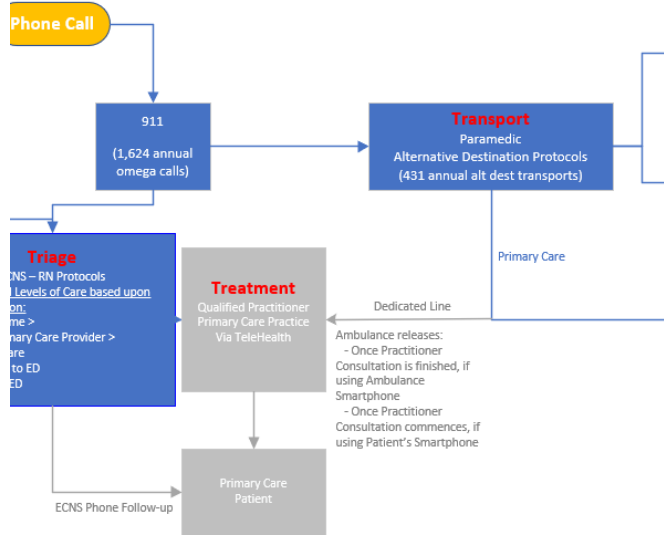
• Ensure program integrity by build prevention measures in partners healthcare organizations.

REMSA ET3 Measures - Consolidated

Recommended measures are in bold print; all other measures are optional.

	Description	Intervention Category	Sample Goal	Sample Calculation	Type	Domain	Specific
	Text description of measure	Alternative Destination, Nurse Triage, Treatment in Place, or ET3			Process or Outcome	Quality, Safety, Experience, Utilization, Cost	
	Percentage of patients transported to an alternative destination that were NOT clinically eligible upon retrospective medical director review (minimize)	ADT	99.87%	1-(2/1,500)		Quality	ONE MINUS (NUMERATOR: clinically in-eligible patients transported to alternative destination) / Total number of patients transported to alternative destination
	Percentage of completed ECNS protocols (monitor)	NT	50.0%	12,000/24,000		Quality	ONE MINUS (NUMERATOR: completed ECNS protocols) / Total number of ECNS protocols
	Percentage of patients treated in place that were NOT clinically eligible upon retrospective medical director review (minimize)	TIP	99.34%	1-(10/1,500)		Quality	ONE MINUS (NUMERATOR: clinically in-eligible patients treated in place) / Total number of patients treated in place
Rate	Percentage of unintended ED visits or ambulance transports to the ED following non-ED recommended level of care	ET3				Safety	NUMERATOR: Number of unintended ED visits or ambulance transports to the ED following non-ED recommended level of care / Total number of patients with non-ED recommended level of care
	Percentage of clinically eligible patients successfully transported to ADT (increase)	ADT	12.5%	1,500/12,000		Quality	NUMERATOR: Number of clinically eligible patients successfully transported to ADT / Total number of clinically eligible patients
	Percentage of Omega-classified 9-1-1 calls successfully navigated to a non-ED recommended level of care (increase)	NT				Quality	NUMERATOR: Number of Omega-classified 9-1-1 calls successfully navigated to a non-ED recommended level of care / Total number of Omega-classified 9-1-1 calls
	Percentage of clinically eligible patients successfully treated in place (increase)	TIP	12.5%	1,500/12,000		Quality	NUMERATOR: Number of clinically eligible patients successfully treated in place / Total number of clinically eligible patients
Calls Rate	Percentage of 9-1-1 calls with medical prioritization	ET3				Quality	NUMERATOR: Number of 9-1-1 calls with medical prioritization / Total number of 9-1-1 calls

REMSA ET3 Model
Draft 4-9-19





**Tips for Preparing for ET3:
Emergency Triage, Treatment & Transport**

Immediate Steps to Prepare for ET3

1. Review enabling regulations & statutes; identify & recommend adjustments as needed
2. Assess alternative destination receiving facility capacity
3. Identify organization (s) best suited for medical triage and begin regional discussions
4. Sign-up: ET3model@cms.hhs.gov

Project Charter

Situation: Description of the problem you are trying to solve?

Analysis: What are the key drivers needing improvement?

AIM: What are you trying to accomplish?

Measurement: How will you know a change is an improvement?

Current Situation: Where do things stand now?

Changes: What changes will result in improvement and why?

Opportunity to Collaborate

REMSA to Form ET3 Model Alliance

- **ET3 Model Alliance for joint application for all three interventions**
- **Accelerate execution, improvement, best practices & sustainability**
- **Executive sponsorship & organizational readiness necessary for rigorous and rewarding experience**
- **Establish a leading innovation position in your market**

bstaffan@remsa-cf.com

ET3 Model Resources

REMSA to Form ET3 Model Alliance

Alternative Destination Transport

- **Protocols, Policies, Procedures**
- **Field Training Objectives**
- **Receiving Facility Contracts**
- **Implementation Plan**
- **Learn & Share Best Practices**
- **Operational Data & Outcomes Measures**

Nurse Health Line

- **Hiring Best Practices**
- **Orientation & CQI Guidance**
- **Directory of Services**
- **Community Outreach Strategy**
- **Implementation Plan**
- **Learn & Share Best Practices**
- **Operational Data & Outcomes Measures**

Treatment in Place

- **Results of Vendor and Practitioner Options Analysis**
- **Techniques to Align All Three Interventions**
- **Learn & Share Best Practices**
- **Operational Data & Outcomes Measures**

Principles

Balanced triage	Prudent layperson definition of emergency
Patient-centered	Patient choice <i>and</i> consent
Integrated	Emergency care, primary care, mental health, social needs
Stakeholder-engaged	Tailored strategies for clinical partners
Payor-aligned	Referral to in-network care
New health information technologies	Exchange of patient records and data
Evidence-based	Use of new data analytics across all domains

References

- *CMMI ET3 Payment Model*
 - <https://innovation.cms.gov/initiatives/et3>
 - ET3Model@cms.hhs.gov
- *REMSA Community Health White Paper*
 - <https://remsahealth.com/communityhealthoutcomes>
- *Independent Evaluation*
 - <https://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/>



Thank You

blee@remsa-cf.com

ET3Model@cms.hhs.gov