GMVEMS Council

Research Committee Meeting

October 19, 2021

PRESENT

Dr. Nancy Pook, Chair of Clinical Research Committee and attending ER Physician for Kettering Health

President Marker, President of GMVEMS Council, Retired Lieutenant from Monroe Fire

David Gerstner, DFD/Regional MMRS Coordinator

Matt Zavadsky, Chief Transformation Officer for Medstar Mobile, Matt Zavadsky

Laura Clark, EMS Coordinator for Premier Health and Community Paramedicine Program Manager

Cameron Jackson, Xenia City Fire/FF/Paramedic/FSI

Paula Balcom, Riverside Fire FF/Community Paramedicine Program

Chief Nicholas Judge, EMS Chief for Dayton Fire

Cheryl Wears, RN, Mercy Health Champaign County, Community Paramedicine Program

Nick Thornton, EMS Coordinator for Mercy Health/Springfield

Amanda Via, Director of Telehealth for Premier Health

Chief Michael Guadagno, Washington Township Fire

Holden Kelly, PAC, Kettering Health

Jay Garner, PAC, Kettering Health

Alex Simon, PAC, Kettering Health

Casey Smith, Project Community Outreach Manager, PHDMC

Joe Lamoureux, Director of Air & Ground Operations

Nathan Pulliam, Dayton Fire, Community Paramedicine Program

Kendra Harris, Dayton Fire, Community Paramedicine Program, Co-chair of Research Committee

Call to Order

The October 19, 2021 research meeting of the Greater Miami Valley EMS Council was called to order at 12:01pm by Co-chair Kendra Harris followed by introductions.

Poll Survey

Poll taken to change Research meeting time from 12-2pm. Majority ruled time change to 10-12pm.

Guest Speakers

1. Chief Transformation Officer for Medstar Mobile, Matt Zavadsky
   See PDF Handout

2. Cheryl Wears, Mercy Health Champaign County
   Community Paramedicine Program received grant in 2020
   a. Model based on chronic disease, mental health and behavioral services
   b. Collaborating with Urbana Fire
   c. Home visits directed by Nurse

3. Officer Hines, Mobile Crisis Response Team (MCRT)
   a. Dayton Police collaborated with Social Workers
   b. Officers trained in mental health emergencies
   c. Follow ups includes, home visits, hospital and some transports to PCP's

4. Amanda Via, Director of Telehealth for Premier Health
   Premier Health using Telehealth to connect patients and healthcare providers
   a. Currently researching reimbursement for telehealth
   b. TeleIntensivist program, this program accelerates access to specialty care for the critically ill and remote hospitals
   c. NEUROne program, this program allows patients to stay in their local hospital and still receive the neurology care they need.

5. Mobile vaccinations
   a. See PDF Handout on "EMS Agency COVID19 Mobile Vaccination Teams in Montgomery County"

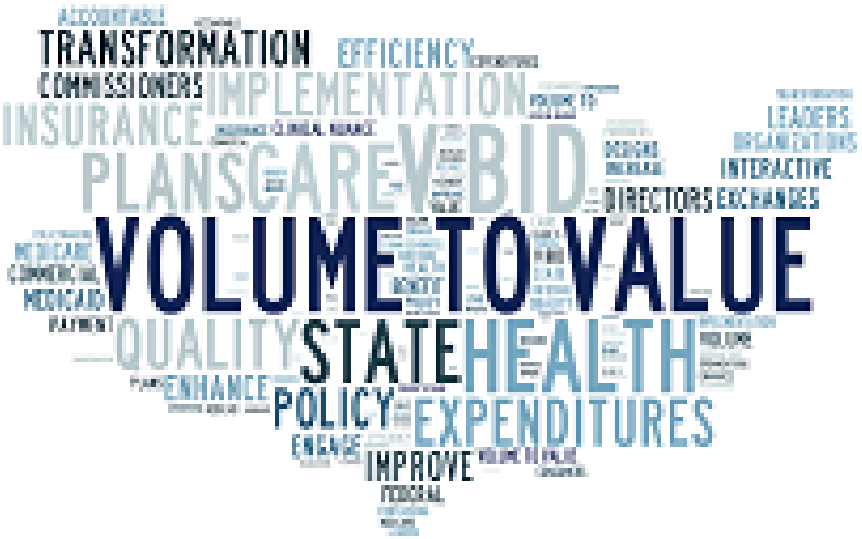
6. Crowdsourcing App
   To be addressed at next Fire Chief's meeting in December 2021.
   a. Similar to PulsePoint App.
   b. Being used by Columbus, Cleveland EMS, Akron
   c. Expensive; however, can be bought through grants

Adjournment

There was no further business or discussion meeting adjourned at 1329pm.

Beyond Mother, Jugs, & Speed:

The New Value Proposition for Healthcare & EMS Partnerships



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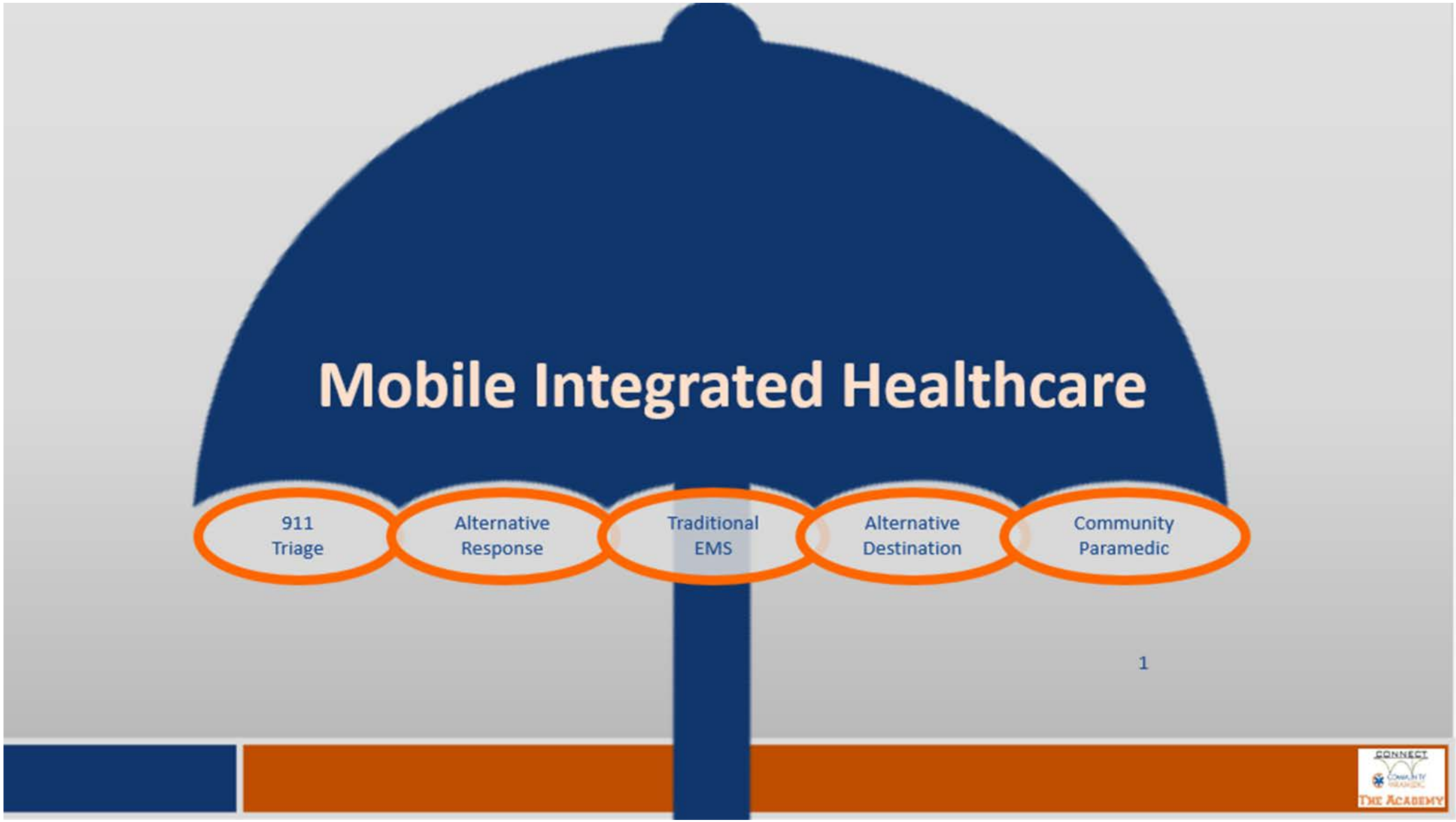

Courtesy of Dan Swayze

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Tale of Two ‘Times’

BC (*Before Coronavirus*)

AC (*After Coronavirus*)

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Before Coronavirus

- "***E***MS"
- Paid for ***Transport*** to the ED
  - Supplier vs. Provider
- Public Safety vs. Healthcare
- "So, what does EMS stand for again?"

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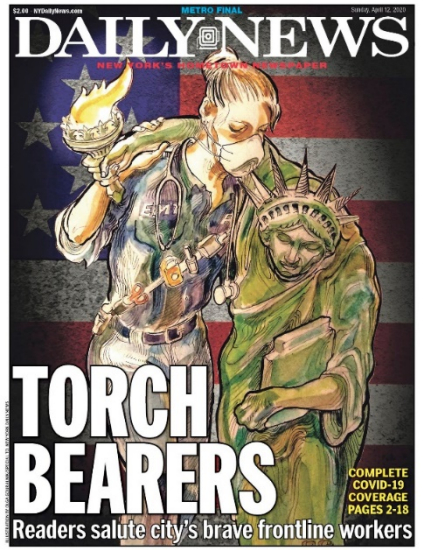
After Coronavirus

- Reinforced more than “EMS”
- Reimbursement for care and *navigation*
- Essential front-line healthcare providers



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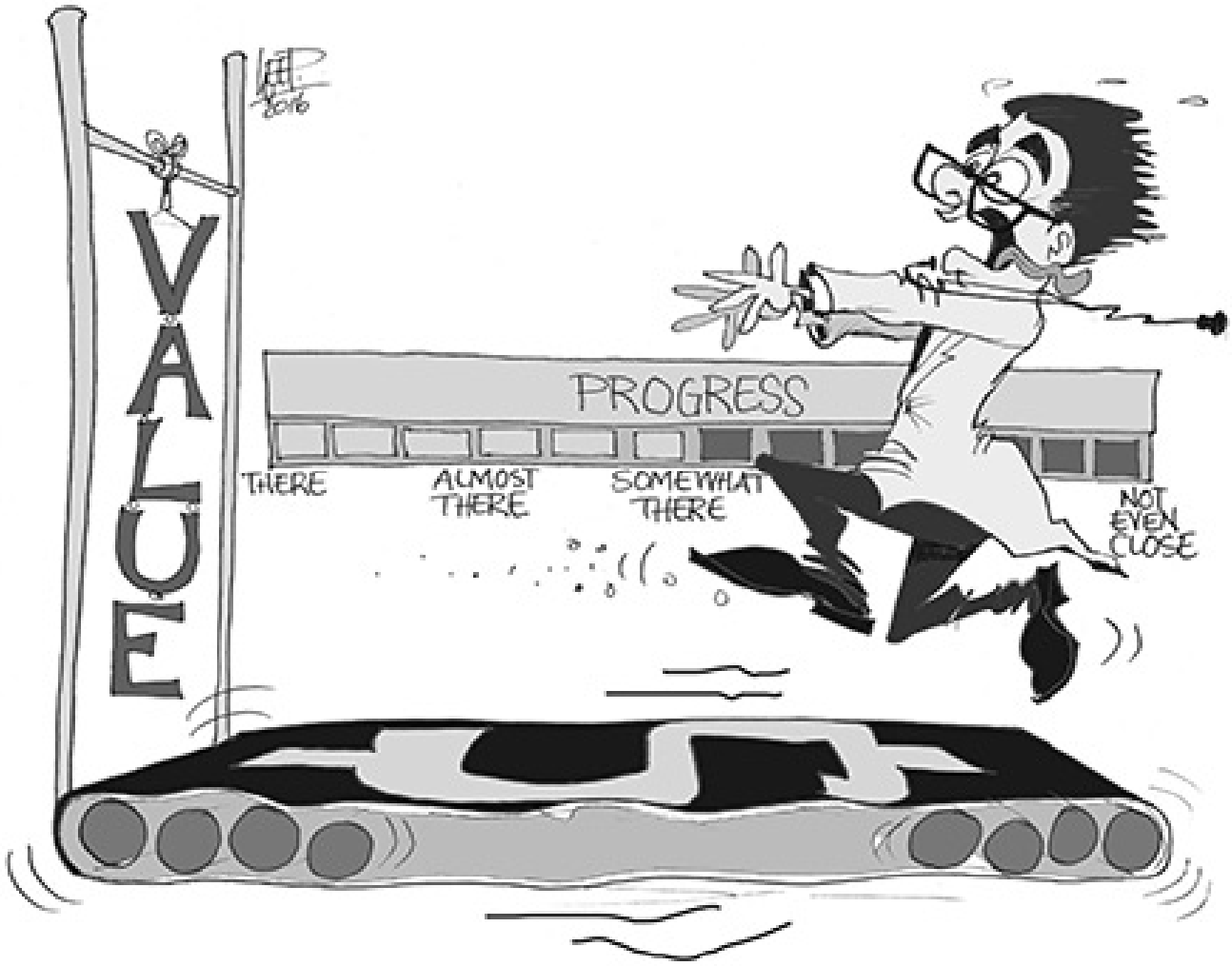

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Mobile Integrated Healthcare

- **Stop responding to calls we can prevent…**
  - o High Utilizer Group (HUG) patients
  - o Admission/readmission prevention
  - o “Observation Admission” Avoidance
  - o Hospice revocation avoidance
  - o Home Health partnership
  - o Palliative Care partnership
  - o Ambulance Transport Alternatives

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Our *value* has little to do with "*transportation*"

About Your EMS Call

3/20

You were evaluated by EMS personnel and determined to have symptoms consistent with a respiratory illness. You have reassuring vital signs and appear well today. A decision was made to not transport you by ambulance to the Emergency Department in an effort to prevent potential spread and possible further exposure of COVID-19. Our evaluation and determination to not transport are NOT considered to be a formal diagnosis of COVID-19, and our evaluation is not a substitute for formal medical evaluation by your healthcare provider. If appropriate, inform your doctor that EMS was called, and provide the information the EMS personnel recorded on this brochure.

Please review the information in this brochure. You will find contact information at the bottom for any further questions.

Date: ___/___/___ Time: _____

EMS Agency: _____

Response #: _____

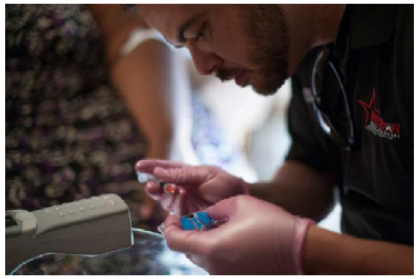
EMS Assessment at the Time of Call:

RR: _____ HR: _____ BP: ____/____

Temp: _____ O2 SAT: _____

If you have any questions or comments regarding this brochure contact MedStar at 817-923-3700 or info@medstar911.org

Potential COVID-19 Related Illness



Home Care Instructions

Potential COVID-19 Related Illness

Potential COVID-19 Related Illness

If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Instructions after your EMS call*:

- **Stay home**. People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor**. Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation**. Avoid using public transportation, ride-sharing, or taxis.

*If you develop **emergency warning signs** for COVID-19 get medical attention or call 9-1-1.*

Emergency warning signs include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

COVID-19 Evaluation & Testing Resources:
Baylor Health System: https://my.bswhealth.com/
Medical City Health: https://medicalcityhealthcare.com/covid-19/
Texas Health Resources: 682-236-7601

*Adapted from CDC Guidance:
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Actions You Should Take*:

- **Stay away from others**: As much as possible, you should stay in a specific "sick room" and away from other people in your home. Use a separate bathroom, if available.
- **Call ahead**: If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.
- **Cover**: Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose**: Throw used tissues in a lined trash can.
- **Wash hands**: Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- **Do not share**: Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use**: After using these items, wash them thoroughly with soap and water or put in the dishwasher.
- **If needed, seek additional help by contacting your doctor or medical facility, or in an emergency, call 9-1-1.**

Additional Resources:
Tarrant County Public Health COVID-19 Hotline: 817-248-6299
CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html

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Follow-up on Patients Treated and Navigated Under COVID-19 Non-Transport Medical Directive

Summary Data for Dates of Service 3/25 - 7/21/2020

Total Patients Navigated Under the Protocol with Phone Number in the ePCR:	**330**	
Follow-Up Calls Able to be Completed:	**93**	**28.2%**

	Better	**Worse**	**Same**
How are you feeling now?	93	0	0
	100.0%		

	Yes	**No**	**Not Indicated**
Did you follow the recommendations for follow-up care the MedStar Crew Left You?	89	1	3
	98.9%	1.1%	3.2%

	No	**Yes**	
Did you seek medical care within 72 hours of the MedStar encounter?	75	*ER*	*PCP/UCC*
	89.3%	4	5
		4.8%	6.0%

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	No	**Yes**		
Did you get tested for COVID-19?	47	45		
	51.1%	48.9%		
		Positive	*Negative*	
If so, what was the result of the test?		21	24	
		46.7%	53.3%	

One scale of 1 - 5, with 5 being most satisfied, how satisfied were you with the MedStar experience?	**5**	**4**	**Other**	**Average**
	91	1	0	**4.99**
	98.9%	*1.1%*		

Is there anything else you'd like us to know about your MedStar experience?

"MedStar Is Fort Worths Angels."
"I Love you guys. Thank you."
"Praying For MedStar"
'Thank you for checking on me'
"Sober now…MedStar saved my life"
"Overall very good"
"Thank God For MedStar!"
"Thank you so much for calling and checking on me."

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Patient Navigation

Ambulances: CMS Flexibilities to Fight COVID-19

The Trump Administration is issuing an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. The goals of these actions are to 1) to ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls); 2) remove barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states so the healthcare system can rapidly expands its workforce; 3) increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home; 4) expand in-place testing to allow for more testing at home or in community based settings; and 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

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Patient Navigation

CMS Hospital without Walls (Temporary Expansion Sites)

- During the Public Health Emergency (PHE) for the COVID-19 pandemic, we are temporarily expanding the list of allowable destinations for ambulance transports. During the COVID 19 PHE, ambulance transports may include any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or SNF, community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other location furnishing dialysis services outside of the ESRD facility, and the beneficiary's home.

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[CMS-1744-IFC]
RIN 0938-AU31
Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency
AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Interim final rule with comment period.

"….. We note that in specifying that direct supervision includes virtual presence through audio/video real-time communications technology during the PHE for the COVID-19 pandemic, *this can include instances where the physician enters into a contractual arrangement for auxiliary personnel as defined in § 410.26(a)(1), to leverage additional staff and technology necessary to provide care that would ordinarily be provided incident to a physicians' service (including services that are allowed to be performed via telehealth). For example, physicians may enter into contractual arrangements with a home health agency (defined under section 1861(o) of the Act), a qualified infusion therapy supplier (defined under section 1861(iii)(3)(D) of the Act),* ***or entities that furnish ambulance services*** *in order to utilize their nurses or other clinical staff as auxiliary personnel under leased employment* (§ 410.26(a)(5)). In such instances, the provider/supplier would seek payment for any services they provided from the billing practitioner and would not submit claims to Medicare for such services. For telehealth services that need to be personally provided by a physician, such as an E/M visit, the physician would need to personally perform the E/M visit and report that service as a Medicare telehealth service."

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Telemedicine Waivers

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and *including in patient's places of residence starting March 6, 2020*. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. *Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.*

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

*Covered health care providers **will not** be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the COVID-19 nationwide public health emergency.* This Notification does not affect the application of the HIPAA Rules to other areas of health care outside of telehealth during the emergency.

https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights

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117TH CONGRESS
1ST SESSION

S. _____

To amend title XI of the Social Security Act to provide Secretarial authority to temporarily waive or modify application of certain Medicare requirements with respect to ambulance services furnished during certain emergency periods.

IN THE SENATE OF THE UNITED STATES

Ms. CORTEZ MASTO (for herself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title XI of the Social Security Act to provide Secretarial authority to temporarily waive or modify application of certain Medicare requirements with respect to ambulance services furnished during certain emergency periods.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

S.149 - A bill to amend title XI of the Social Security Act to provide Secretarial authority to temporarily waive or modify application of certain Medicare requirements with respect to ambulance services furnished during certain emergency periods.

117th Congress (2021-2022) | Get alerts

BILL Show Overview

Summary (0) | Text | Actions (1) | Titles (1) | Amendments (0) | Cosponsors (1) | Committees (1) | Related Bills (0)

All Actions S.149 — 117th Congress (2021-2022)

All Information (Except Text)

Hide Filters

1 result for All Actions | Compact View

Sort by Newest to Oldest

- Actions Overview [1]
- All Actions Except Amendments [1]
- All Actions [1]

Date	All Actions
02/02/2021	Read twice and referred to the Committee on Finance. Action By: Senate

https://www.congress.gov/bill/117th-congress/senate-bill/149?s=2&r=8

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ET3 Program Summary

April 5, 2021 through: **10/5/2021**

Overall Emergency Response Volume

Documented Medicare Patient Contacts	16,952	
≥ 65	12,430	73.3%
< 65	4,522	26.7%
Transported	13,426	79.2%
AMA (incl. Refused All Care & Refusal w/o Capacity)	1,284	7.6%
ET3 Telehealth Intervention - IES	180	1.1%
ET3 Telehealth Intervention - MHMR	3	
Outcomes		
Transported	34	18.9%
Hospital ED	30	
Other	4	
TIP	139	77.2%
Dispatch Health Referral	42	

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EMS INNOVATION
TREATMENT IN PLACE & ALTERNATE DESTINATION TRANSPORT

SB 2028 WILL ENHANCE CARE AND CREATE SAVINGS FOR MEDICAID

Many patients who used to require a hospital transport are now effectively treated at the scene by EMS professionals and referred to further care outside of the hospital emergency department.

Despite this innovation in the care delivered by EMS, the majority of commercial and governmental health plans still pay EMS only when they transport a patient to a hospital. However, that changed in 2019 when Medicare announced the voluntary Emergency Triage, Treat and Transport (ET3) model, which pays EMS agencies for treatment in place and alternate destination transports.

SB 2028 by Sen. Lois Kolkhorst and the accompanying rider by Rep. Giovanni Capriglione seek to apply Medicare's ET3 model to the Texas Medicaid program.

THE ALTERNATE DESTINATION PROJECT IN TARRANT COUNTY

Many Texas EMS agencies are already offering innovative alternative care models in their communities. 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.

Legislative Advertising Authorized by:
Craig Holzheauser | Texas EMS Alliance | P.O. Box 13531 | Austin, Texas 78711

Greater Miami Valley EMS Council

By: Kolkhorst S.B. No. 2028

A BILL TO BE ENTITLED
AN ACT

relating to the Medicaid program, including the administration and operation of the Medicaid managed care program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.024142, 531.02493, 531.0501, 531.0502, 531.0512, and 531.0605 to read as follows:

Sec. 531.024142. NONHOSPITAL AMBULANCE TRANSPORT AND TREATMENT PROGRAM. (a) The commission by rule shall develop and implement a program designed to improve quality of care and lower costs in Medicaid by:

(1) reducing avoidable transports to hospital emergency departments and unnecessary hospitalizations;

(2) encouraging transports to alternative care settings for appropriate care; and

(3) providing greater flexibility to ambulance care providers to address the emergency health care needs of Medicaid recipients following a 9-1-1 emergency services call.

(b) The program must be substantially similar to the Centers for Medicare and Medicaid Services' Emergency Triage, Treat, and Transport (ET3) model.

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Role Innovations: Medical Care Provider

- **Physician extender role**
  - o Facilitate telemedicine
  - o Contracts with Physicians
- **Healthcare Navigator**
  - o Episodic and scheduled

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Who's Paying {& Why}?

- **Hospitals {*Reduced penalties and uncompensated care*}**
  - Readmission prevention
  - Super Utilizers
  - BPCI programs
- **Home Health {*More referrals; narrow network contracts*}**
  - Preventable ED and admission reduction
    - 9-1-1 Notification and care coordination
    - After hours back-up support

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Who's Paying {& Why}?

- **IPAs {*Shared risk contracts*}**
  - Readmission prevention
  - Super Utilizers
  - BPCI programs
- **Hospice {*Cost of care; reduce revocations*}**
  - Revocation prevention
  - Care coordination
    - 9-1-1 Notification and care coordination
    - After hours back-up support

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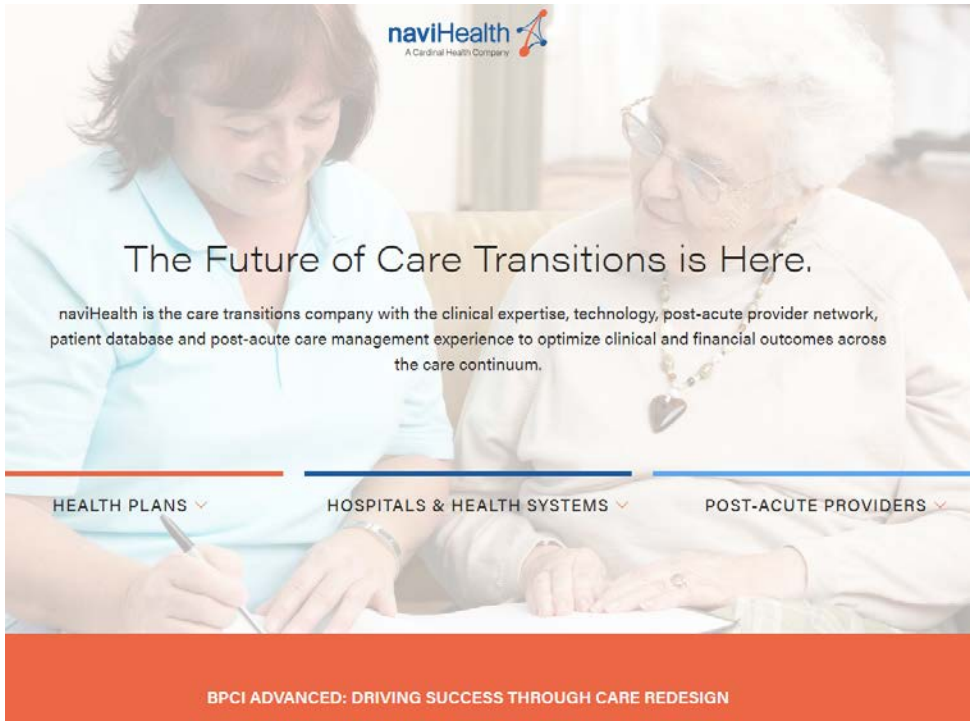
Who's Paying {& Why}?

- **Post Acute Care agencies {*Shared risk contracts*}**
  - Admission/readmission prevention
  - Super Utilizers
  - BPCI programs



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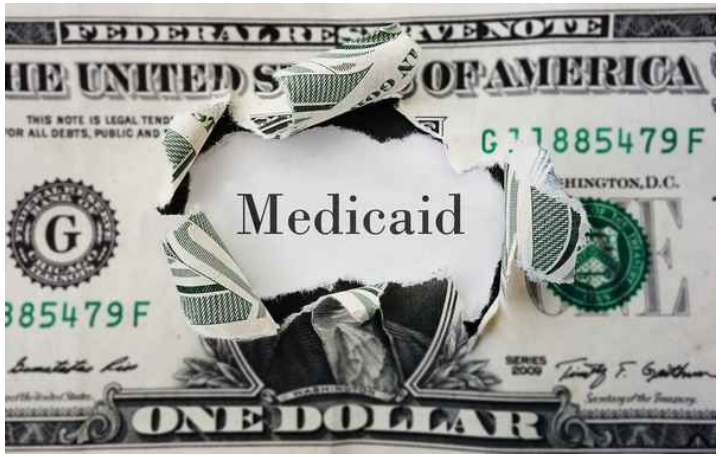
Who's Paying {& Why}?

- **3rd Party Payers {*Expenditure savings*}**
  - Ambulance Transport Alternatives
  - Readmission prevention
  - Super Utilizers
- **Medicaid**
  - FFS
    - MN, NV, AZ, NM
  - DSRIP/1115a
    - ID, TX



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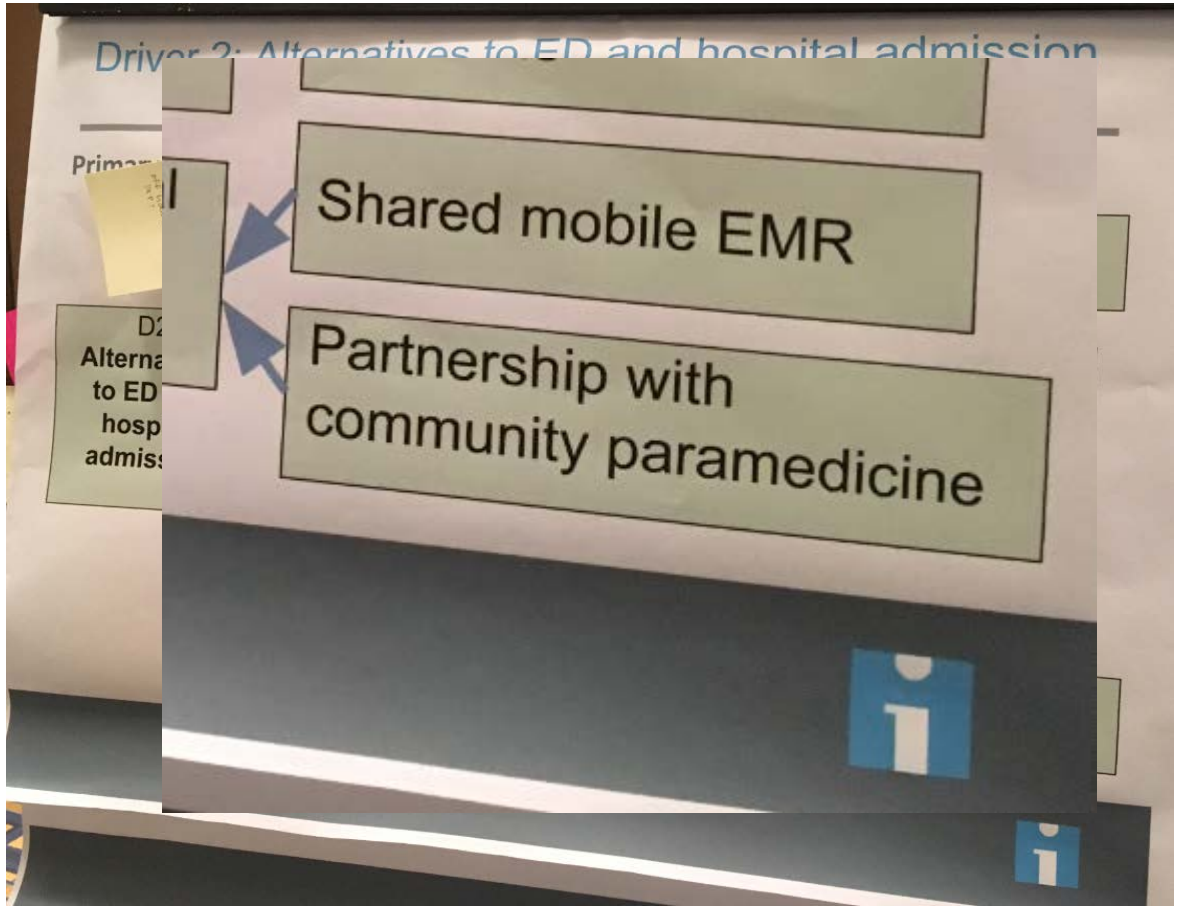
Who's Paying {& Why}?

- **Managed Care {*Expenditure savings*}**
  - Medicare
  - Medicaid
    - Medical Expense Issues
      - 15% vs. 85%
- **ACOs {Expenditure Savings}**
  - Medicare/Commercial



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Anthem…

- **Decouple payment from transport**
  - Allow EMS to make patient-centric, clinical decisions
    - VS. Economic decisions for the EMS agency
- **HCPCS Code A0998**
  - Ambulance Response and Treatment, without Transport
  - Historically not funded, a non-covered benefit
- **Anthem will pay at…**
  - 75% of the state average of allowed payment for all ambulance trips
  - Missouri example:
    - $688 average allowed x 75% = allowed amount of $516.08

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MedStarSaver+PLUS

Registration in MedStar's Mobile Integrated Healthcare (MIH) Program

Specialized protocols

- Primary and Secondary member tracked in MedStar's 9-1-1 Dispatch System for care coordination
- 2 non-emergency home visits per household, per year, at the request of the primary or secondary MedStarSaver+PLUS are included with your MedStarSaver+PLUS Member. Additional visits will be billed at $200/visit.

JOIN TODAY
www.medstarsaver.org | 817.923.3700

MEDSTAR MOBILE HEALTHCARE

MedStarSaver+PLUS Membership

MedStarSaver+PLUS Ambulance Service

Mobile Medical Care

Peace of Mind

MedStar saves lives.
Membership saves money.

MedStar. *To your Rescue.*
Enroll online at www.medstarsaver.org

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NAEMT

Advancing the EMS profession

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EMS3.0 Transformation

EMS 3.0

Home / Initiatives / EMS 3.0

EMS 3.0 Transformation

What is EMS 3.0?

EMS 3.0 *is an EMS industry initiative to help EMS agencies and practitioners understand the changes that are needed in EMS to fully support the transformation of our nation's healthcare system, and to provide tools and resources to help them implemented these changes.*

- America's healthcare system is broken and needs fixing. The best way we can fix our healthcare system is by changing the way care is delivered and coordinated across the spectrum of healthcare providers and facilities. EMS must be a part of the solution.
- Today, EMS operates in communities across the country as a trusted and expected medical provider. EMS providers administer care in homes and throughout the community, delivering rapid and reliable medical assessment, care and transportation.
- Many of the patients to whom EMS provides care are not in need of emergent medical interventions, but rather have medical needs that can be better addressed through actions other than transporting these patients to an emergency department.Some examples of these actions can include care coordination, community resource acquisition, and facilitation of transportation to appropriate healthcare facilities.

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http://www.naemt.org/initiatives/ems-transformation

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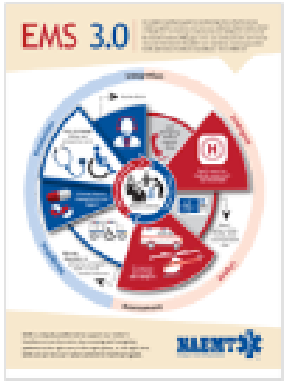
EMS 3.0: Explaining the Value to Payers. This document has been created to provide talking points for EMS agencies to explain to payers the value of EMS 3.0 services.



Infographic for EMS stakeholders is intended for payers and other EMS stakeholders to help them learn how EMS can help transform our nation's healthcare system.

EMS Transformation: moving our profession to "EMS 3.0" is an informational presentation to help better understand the move to EMS 3.0.

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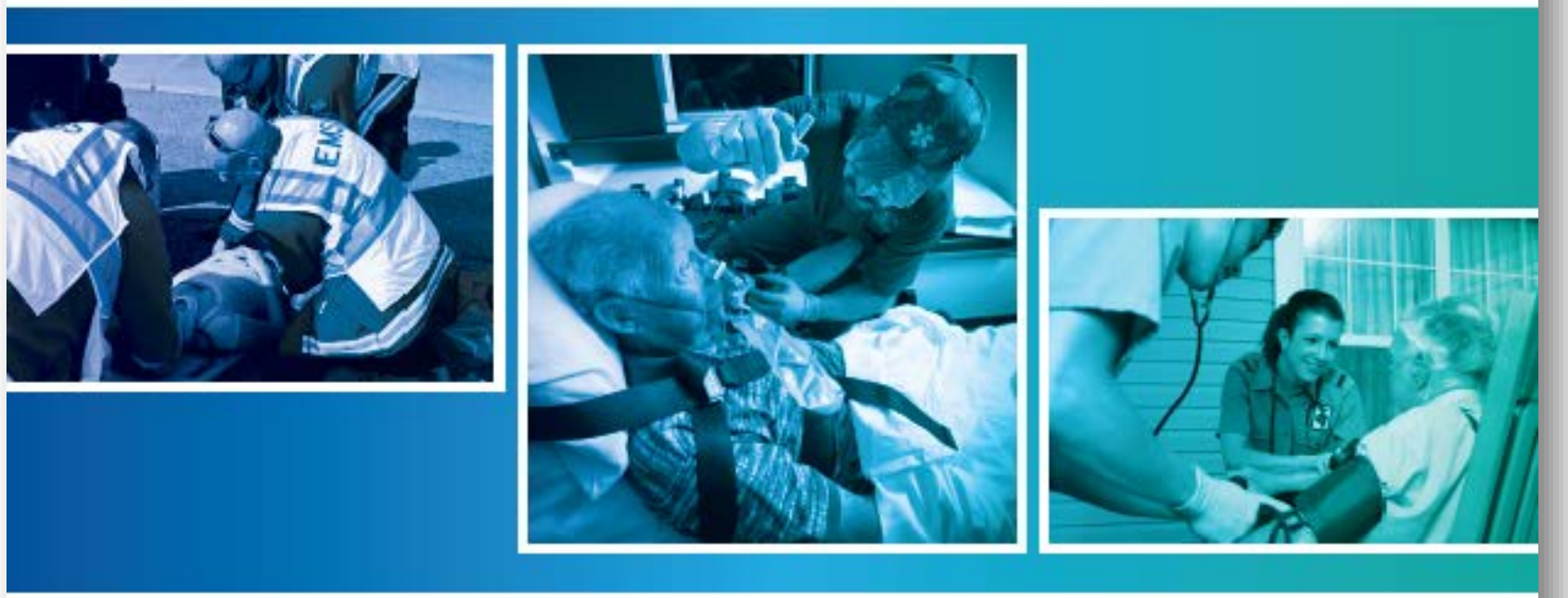
EMS3.0

Explaining the Value to Payers



NAEMT
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MEDSTAR MOBILE HEALTHCARE

Greater Miami Valley
EMS Council

EMS3.0

Explaining the Value to Payers

This document has been created to provide talking points for EMS agencies to explain to payers the value of EMS 3.0 services.

Please review and download as needed the following talking points:

PAYER

→ EMS 3.0 INFOGRAPHIC

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Future EMS Economic Model

- **Response fee vs. transport fee**
- **CPT codes for MIH services**
- **Per Member/Per Month (Capitation)**
  - No FFS billing
- **Shared Savings**
  - Total cost of care reduction
  - Case-rate reduction

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Future EMS Economic Models

- ***Supplier* to *Provider* status**
- **Part of a bundled payment**
- **Shift to outcome-based payments**
  - Like the rest of healthcare
- **Capitated fees (*happening now*)**
- **Pay for 'performance'**
  - Adherence to clinical bundles
  - Proven to make a 'clinical' difference
    - STEMI, Stroke, Trauma, COPD clinical bundles

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thank you!

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