

Reimburse EMS for Treatment in Place and Transport to Alternate Destination

Request

Please pass legislation to reimburse ambulance services for patient “Treatment in Place” (TIP) and “Transport to Alternate Destinations” (TAD).

Under the COVID-19 Public Health Emergency (PHE) declaration, CMS authorized waivers that allowed EMS agencies to be reimbursed for caring for patients in their homes in lieu of transport and transporting patients to alternate destinations for care. These waivers will expire at the end of the PHE on May 11, 2023.

Background

During the COVID-19 PHE, CMS issued four waivers for ambulance services to allow for reimbursement for transporting patients to facilities other than a hospital emergency department, treatment in lieu of transport, EMS facilitation of telehealth services, and hospital at home utilizing community paramedics. Telehealth and hospital at home waivers have already been extended until December 31, 2024.

These reimbursement policies gave EMS the flexibility to navigate patients to the right care, at the right time, and in the right setting. These waivers were granted in 2021, well into the pandemic. At that time, healthcare provider partners had limited resources and capacity to collaborate with EMS. Additionally, the waivers contained other conditions that limited extensive implementation. However, those EMS agencies that were able to use the waivers demonstrated effectiveness in helping hospitals to increase their surge capacity by having low acuity patients treated at home or transported to alternate healthcare facilities.

Many patients who call 9-1-1 have medical conditions that do not require transport to the emergency department and could be more appropriately managed on-scene, with referral to the patient’s primary physician or by transport from the scene of a 9-1-1 call to an alternate destination, such as an urgent care or behavioral health center.

The current EMS economic model incentivizes transport to an emergency department, since treatment in place or transport to other appropriate destinations are not covered by Medicare or Medicaid. Reimbursement for TIP and TAD will allow EMS agencies to implement patient-centric protocols for patients who access healthcare through the 9-1-1 system by providing treatment on-scene along with effective navigation and transport when needed to the most appropriate healthcare destination without enduring a financial penalty by doing so.

Reimbursing EMS agencies for TIP and TAD will shorten task times for EMS agencies struggling with workforce shortages and help decompress busy hospitals, which often have challenges with transitioning care from the EMS agency to the hospital emergency department. Currently, many hospitals hold EMS personnel for hours waiting for an available bed in the emergency department, which limits EMS resources available to the community. In addition, facilitating referral of care to the patient’s own caregivers, who know the patient and their medical history as opposed to an emergency department staff who typically do not know much about the patient, is a much more patient-centric protocol.

Recent estimates on the cost for a hospital emergency department visit is \$2,500 - \$5,000 per visit. In addition to enhancing clinical care through the use of TIP and TAD, every patient who is appropriately

navigated to an alternate source of care will be able to avoid the expense of a hospital emergency room visit.

The goal of all healthcare should be to provide patients with the right care at the right time in the most cost-effective manner possible. The historical payment model for EMS contradicts this goal by only reimbursing EMS if we use an ambulance (the most expensive means of response and transport) to take patients to the emergency department (the most expensive setting) where typically little is known about the patient.

Reimbursement for TIP and TAD as permanent payment policy would support better patient care and save both hospital and EMS resources, both of which are in short supply.

Please contact NAEMT's Director of Government Relations, Kim Champi Krenik at 202.365.8342 or Kim.Krenik@naemt.org on specific ways you can assist with this legislative initiative.