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Triage, Treat, and Transport (ET3) Model

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Triage, Treat, and Transport (ET3) Model

Emergency Triage, Treat, and Transport (ET3) Model

The Center for Medicare and Medicaid Innovation's (Innovation Center) Emergency Triage, Treat, and Transport (ET3) Model is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.

Why develop a model for emergency medical services (EMS) innovation?

Currently, Medicare regulations only allow payment for emergency ground ambulance services when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. Most beneficiaries who call 911 with a medical emergency are therefore transported to one of these facilities, and most often to a hospital ED, even when a lower-acuity destination may more appropriately meet an individual's needs.

An earlier White Paper by the U.S. Departments of Health and Human Services and Transportation found that Medicare could save \$560 million per year by transporting individuals to doctors' offices rather than a hospital ED; taking into account avoided inpatient hospitalizations and opportunities for treating in place may garner further savings and quality of care improvements. Thus, there is great opportunity for improvement in care quality and reduction in costs to the Medicare program through innovation in emergency medical services (EMS).

In addition, a range of EMS innovations across the care continuum has been instituted throughout the country. The ET3 Model builds upon design components and lessons learned from such innovations as well as several EMS-related Innovation Center Health Care Innovation Award (HCIA) recipients.

How does the ET3 model transform the ambulance system?

With the support of local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches, ambulance suppliers and providers will triage people seeking emergency care based on their presenting needs. The model aims to ensure Medicare Fee-For-Service beneficiaries receive the

most appropriate care, at the right time, and in the right place. As depicted in the figure below, the model may help make EMS systems more efficient and will provide beneficiaries broader access to the care they need. Beneficiaries who receive treatment from alternative destinations may also save on out-of-pocket costs. An individual can always choose to be brought to an ED if he/she prefers.

What are the model's goals?

The ET3 model aims to reduce expenditures and preserve or enhance quality of care by:

- **Providing person-centered care**, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their healthcare through the availability of more options
- **Encouraging appropriate utilization of services** to meet health care needs effectively.
- **Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

How will the model achieve these goals?

The ET3 Model aims to achieve these goals through three core features:

1. 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

2. Support for 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 acting on their behalf in regions where selected model participants operate
- Focus funding on the establishment of medical triage lines to ensure appropriate use of EMS resources and advance multi-payer adoption to support overall success and sustainability

3. 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

Who can participate in the model?

The key participants in the ET3 Model will be Medicare-enrolled ambulance service suppliers and hospital-owned ambulance providers. In addition, to advance regional alignment, local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic areas where ambulance suppliers and providers have been selected to participate in the model will have an opportunity to apply for cooperative agreement funding.

Together, ambulance suppliers and providers will focus on direct services, while local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches will create a supportive structure to ensure successful and sustainable delivery of those services.

**Ambulance Suppliers and Providers**

will support EMS innovation by transporting Medicare beneficiaries to currently covered destinations (e.g., ED) or alternative destinations, and by providing treatment in place with a qualified health care practitioner (on site or via telehealth).

**Local Governments,**

its designees, or other entities that operate or have authority over one or more 911 dispatches will promote successful model implementation by establishing a medical triage line for low-acuity calls received via their 911 dispatch system.

Who is eligible for the model interventions?

Any individual who calls 911 and is connected to a dispatch system that has incorporated a medical triage line under the model would be screened for eligibility for medical triage services prior to ambulance initiation. Upon arriving on scene, participating ambulance suppliers and providers may triage Medicare FFS beneficiaries to one of the model's interventions upon ambulance dispatch following a 911 call. As part of a multi-payer alignment strategy, the Innovation Center will encourage ET3 Model participants to partner with additional payers, including state Medicaid agencies, to provide similar interventions to all people in their geographic areas.

How may Medicare beneficiaries and their families benefit from the ET3 model?

Participating ambulance suppliers and providers will have greater flexibility regarding where and how a beneficiary receives care following an emergency. By paying for ambulance transport to new destinations or treatment in place for beneficiaries with lower-acuity needs, beneficiaries will gain new ways of accessing care settings during an emergency. As a result, the model may allow beneficiaries to avoid hours spent in the ED as well as reduce exposure to hospital-acquired conditions.

How will funding be awarded?

The Innovation Center anticipates releasing a Request for Applications (RFA) in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. Once participants have been selected and announced, the Innovation Center anticipates issuing a Notice of Funding Opportunity (NOFO) in Fall 2019 for up to 40 of two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

The Innovation Center anticipates utilizing a phased approach with up to three rounds of RFAs, up to two releases of NOFOs, and staggered performance start dates. The staged approach across multiple application rounds is designed to advance key design elements of the ET3 Model and optimize overall impact, including regional uptake of its innovations and multi-payer alignment.

What is the model timeline?

The ET3 Model will have a five-year performance period. The anticipated start date is January 2020. The performance period for all participants, regardless of start date, will end at the same time; thus, only applicants selected through the first RFA will participate for the full five years.

Resources and Support

For more information on the ET3 Model, please visit: <https://innovation.cms.gov/initiatives/et3/>. If stakeholders have questions on the ET3 Model, they can send an email to ET3Model@cms.hhs.gov.