



## National Association of EMS Physicians®

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### **NAEMSP® Applauds New “Emergency Triage, Treat and Transport” Model**

OVERLAND PARK, KS (February 14, 2019) – Today, Feb. 14, Secretary of Health and Human Services (HHS) Alex Azar, Centers for Medicare and Medicaid Services (CMS) Seema Verma, and Director of CMS’ Innovation Center (CMMI) Adam Boehler [announced a new voluntary demonstration project](#) around reimbursement for EMS services that promises to decrease unnecessary emergency department utilization, improve patient outcomes and generate savings to the health care system.

Historically, EMS services have been reimbursed based solely on transporting a critical care patient to the emergency department. Even if a patient is suffering from a treatable condition in the field, such as low blood glucose, EMS agencies are not reimbursed unless the patient is transported to the emergency department. Similarly, even if a non-emergency department facility is able to treat a patient the EMS agency will not be reimbursed for care and transport of that patient to that facility. Such a precedent has greatly increased utilization of emergency departments nationwide for non-life-threatening conditions at a cost both to the health care system and to those patients who are experiencing life-threatening events.

HHS’ new model, known as the “Emergency Triage, Treat and Transport Model,” or ET3, will test reimbursing EMS agencies through Medicare Fee-For-Service beneficiaries for two additional forms of common emergency response: treatment on-site by a qualified health care practitioner without additional transport, and treatment and transport to alternative, non-emergency department locations. To assist with on-site response, HHS will test utilizing telehealth or e-consult services to connect EMS personnel in the field with qualified health care practitioners, such as physicians, nurse practitioners and physician assistants. According to Mr. Boehler, such a model could save 45 minutes per patient in average treatment time, resulting in a savings to Medicare of \$1 billion. The model would also lay out a series of quality measures in later years of the demonstration that would potentially offer up to a five percent payment adjustment for achieving these key quality measures. State Medicaid agencies and private insurers would also be invited to participate.

“For years, ambulance suppliers and providers have either had to transport non-emergent patients to an already crowded emergency department or forgo reimbursement for valuable life-saving care given in the field. This model, which promises to include valuable quality measures for care, can potentially transform the way the EMS community provides, and is reimbursed for, care. We look forward to working with HHS, CMS and CMMI as they further develop and deploy this model nationwide for the benefit of all patients,” said NAEMSP President David K. Tan, MD, EMT-T, FAAEM, FAEMS, Washington University School of Medicine in St. Louis, Missouri.

CMS anticipates releasing a Request for Applications this upcoming summer, with implementation to begin in the fall of 2019. Please find a fact sheet for the ET3 model [here](#) and additional information on the model [here](#).

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### **About the National Association of EMS Physicians® (NAEMSP®)**

The National Association of EMS Physicians® (NAEMSP®) is an organization of physicians and other professionals partnering to provide leadership and foster excellence in the subspecialty of EMS medicine. [www.naemsp.org](http://www.naemsp.org)

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