



**Contra
Costa
County**

To: Contra Costa County Fire Protection District Board of Directors
 From: Lewis T. Broschard III, Chief, Contra Costa Fire Protection District
 Date: October 8, 2019

Subject: Centers for Medicare & Medicaid Services Emergency Triage, Treat, and Transport (ET3) Model

RECOMMENDATION(S):

AUTHORIZE the Fire Chief, or designee, to apply to the Centers for Medicare & Medicaid Services to participate in the Emergency Triage, Treat, and Transport (ET3) Model.

FISCAL IMPACT:

Application only. If the District is selected to participate in the ET3 Model, the District will return to the Board with a more detailed report and analysis, including a fiscal impact statement.

BACKGROUND:

Emergency Triage, Treat, and Transport (ET3) 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

☒ APPROVE

☐ OTHER

☒ RECOMMENDATION OF CNTY
ADMINISTRATOR

☐ RECOMMENDATION OF BOARD
COMMITTEE

Action of Board On: **10/08/2019** ☒ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYE: John Gioia, Director
 Candace Andersen, Director
 Diane Burgis, Director
 Karen Mitchoff, Director
 Federal D. Glover, Director

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: October 8, 2019

David Twa, County Administrator and Clerk of the Board of Supervisors

Contact: Lewis T. Broschard, III,
 Fire Chief (925) 941-3300

By: June McHuen, Deputy

cc:

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.

This program can assist with Ambulance Patient Off-Loading Time (APOT) by delivering patients to the right location for the right care, lessening the demand at hospital emergency rooms. Contra Costa County Fire Protection District estimates that approximately 4,000 out of 73,000 annual transports can be redirected to alternative destinations (AD) through this program. The District would use a combination of Emergency Medical Dispatch (EMD) as well as field assessments to determine which patients may be candidates for AD intervention.

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. 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. 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.

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

BACKGROUND: (CONT'D)

- 1- 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;
- 2- Encouraging appropriate utilization of services** to meet health care needs effectively; and
- 3- Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.