STRATEGIC PLANNING FOR
THE CMS ET3 INITIATIVE

Meeting Agenda

10:00 Welcome
10:15-10:45 Overview of CMS ET3 Initiative
10:45-11:15 Review of FAQs
11:15-11:30 Q&A
11:30-12:10 Break for lunch
12:10-13:00 Table discussions
13:00-13:30 Whole group discussion
13:30-14:00 Q&A/ Next steps

Questions? Please reach out to Melanie Mitros at mmitros@vitalysthealth.org
Welcome & Introductions

Session Objectives

- **Provide information** to get stakeholders in AZ on the same page regarding CMS ET3.
- **Identify groups interested** in moving forward with ET3 submission and begin to strategize how to convene.
- **Envision** where and how to support efforts.
- **Identify** individuals interested in participating in AZ MIH Network.
- **Compile** a standard high-priority list of questions from attendees to clarify with CMS.
MIH-CP in Arizona

Timeline
2012: MIH-CP (re) exploration

2013: EMS Stakeholder meetings

2014: First federal grants for MIH-CP program Mesa & Rio Rico

February 2014: AZ MIH 360 Conference

2015: Multiple MIH-CP programs started

April 2015: Statewide environmental scan

November 2015: EMS Stakeholder meetings

2016: Fired Up Policy Primer

February 2016: 10 active MIH-CP programs

July 2016: WV CP Consortium

October 2016: Initiate Treat & Refer

2017-2018: HRSA Planning Grant for statewide network

February 2017: Treat & Refer Recognized, 2nd Scan

April 2017: EMS agencies Treat & Refer

August 2017: Lessons Learned

Future: ET3, AZMIH Network, etc
Overview:
Centers for Medicare and Medicaid (CMS) ET3 Initiative
Model

- Emergency Triage, Treat, and Transport (ET3)
- 16% of Medicaid FFS emergency ambulance transports to the ED could have been treated in lower-acuity settings
- **Goal:** Address misaligned incentives and provide optimal care and the right time and right place

CMS ET3: Perspective on Current State

1. 911 call received
2. Ambulance service initiated
3. Ambulance arrives, but does not transport the individual
4. Ambulance transports the individual to receive additional care
CMS ET3: Goal for Future State

911 call received

- Health care professional discusses health concern(s) with the individual
- Ambulance service initiated

Ambulance arrives, but does not transport the individual
- Ambulance care team, including a qualified health care practitioner either on site or via telehealth, provides treatment in place

Ambulance transports the individual to receive additional care
- Ambulance transports the individual to another care facility (e.g., urgent care)

Ambulance transports the individual to a covered destination (e.g., ED)

Blue Boxes = Model Services
ET3 Model Core Features

- **Quality-adjusted payments for EMS innovations:**
  - New payment options for transport (third leg of MIH-CP)
  - Tie payment to performance milestones

- **Aligned regional markets:**
  - Make cooperative agreements available to local govts, its designees, or other entities responsible for 911 dispatches to establish medical triage lines in regions where selected model participants operate
  - Advance multi-payer adoption to support success and sustainability

- **Enhanced monitoring and enforcement**
  - Accountability: monitor specific quality metrics and adverse events
  - Enforce patient safety and program integrity

# Two Award Types

<table>
<thead>
<tr>
<th>Ambulance suppliers and providers</th>
<th>Local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Model participants</td>
<td>• Awardees</td>
</tr>
<tr>
<td>• Voluntary model with national solicitation</td>
<td>• Voluntary model with selection criteria restricting participation to regions with ET3 model participants</td>
</tr>
<tr>
<td>• Model participation agreement</td>
<td>• Cooperative agreement</td>
</tr>
<tr>
<td>• Selection based on regional clusters and demonstrated ability to achieve model goals</td>
<td>• Application open to include local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches</td>
</tr>
<tr>
<td>• Direct delivery of intervention to individuals</td>
<td></td>
</tr>
</tbody>
</table>

ET3 Model Summary (from CMS)

EXISTING CHALLENGES
- Medicare primarily pays for emergency ground ambulance services when individuals are transported to a hospital emergency department (ED).
- Therefore, beneficiaries who call 911 with a medical emergency are often transported to a high-acuity care setting, even when a lower-acuity, less costly destination may be more appropriate.

MODEL INTERVENTIONS
- Ambulance transport to alternative destinations
- Treatment in place via a qualified health care practitioner
- Medical triage line
- Performance-based payment adjustment for achievement on key quality measures
- Qualifying alt destinations: physician offices, behavioral health centers, or urgent care

MODEL GOALS
- Provide person-centered care
- Increase efficiency in the EMS system
- Encourage appropriate utilization of services to meet health care needs effectively

**Timeline**

**Summer 2019:** Request for Applications (RFA) release

**Fall 2019:** Announce participants

**Fall 2019:** Notice of Funding Opportunity (NOFO) release for up to 40 awardees

**Early 2020:** Award cooperative agreements, with a 5-year performance period

Positives in AZ

- 5+ years of experience
- Regulatory authority to transport to a non hospital
- 2 federal grants for innovation
- Health Current - statewide HIE
- AZ PIERS
- HSAG - QIN-QIO
- Existing and growing partnerships with health plans
How can an EMCT transport a patient to some place OTHER than a hospital?

Read the Rule!

R9-25-504 B

These slides are a summary
Advance Work

– Administrative Medical Director:
  • What type of patients qualify?
  • Which facilities qualify?
  • Hand off to a physician, a registered nurse practitioner, a physician assistant, or a registered nurse,
  • Create and maintain written records for patients transported under this rule.
At the Time of the Call

- Must be a 9-1-1 call,
- Patient has to agree,
- No immediate threat to life or limb,
- The facility has to be agree to take the patient,
- Hand off only to a physician, a registered nurse practitioner, a physician assistant, or a registered nurse takes over care of the patient,
- Create a written record of the care and transport
THANK YOU

Ben Fisher | Section Chief

benjamin.fisher@azdhs.gov | 602-542-2246

azhealth.gov

@azdhs

facebook.com/azdhs
Themes and FAQs

See Themes & FAQ Handout
Themes from Registration

- Reimbursement
  - Amounts?
  - AHCCCS, Private Plans
- ET3 vs. Treat & Refer
- ET3 impact on all partners:
  - Tribal implications
  - EMS providers
  - ED/Urgent Care/Behavioral Health
  - Ambulance providers
- Role of ADHS in ET3 in AZ
- Role of community partners in ET3
FAQs from Registration

- How will reimbursement work? (process question)
- What is the rate of reimbursement compared to transport reimbursement?
- Relationship with insurance companies and reimbursement under this model?
- What are recovery costs for patient care?
- How will ET3 affect Treat and Refer?
- How does this affect Emergency Departments and EMS Providers?
- What community partnerships will be prioritized for this program?
- How will this impact pre-hospital care?
- What is the overall impact of ET3 to delivery of EMS in our system?
- What does sustainability look like after the 5 years are completed?
- What is the applicability to tribal nations?
- How will ADHS support ET3 agencies in AZ?
- How will AHCCCS participate since dual eligible are included?
- How can other agencies (ex. ASU) assist in the proposal process?
Question & Answer Session
Break for Lunch

Grab lunch
Sign-up for AZ MIH Network
Return to tables
AZ MIH Network

- September 2017: Rio Rico received HRSA planning grant to develop a statewide network
- February 2018: Fiscal sponsorship with TAPAZ
- April 2018: Completed strategic planning
  - Advocate
  - Lead
  - Support
• By when should I complete this? Friday, April 19th by 5 pm. We will send reminders.

• How long will this take? It should take you between 20-30 minutes max, although many of you may complete it in less time.

• How will the information be used? The results of this evaluation will inform future grant applications, support activities, and the development of a Version 2 of a MIH/CP policy primer that can serve as a learning tool for the state of Arizona and beyond (Version 1 Here).

• IRB: Because we hope to disseminate these results broadly and may disseminate through academic conferences or papers, the first page of the survey includes a consent form with official IRB language. The actual survey starts on Page 2.

https://vitalysthealth.us2.list-manage.com/track/click?u=7cd85ea5c8abce401f3036574&id=b790930c8a&e=a62a725ad7
Table Discussions
Designate a Facilitator and Note Taker
Walk through Table Facilitator Guide
Prepare to report out on top 3-4 questions and rationale
Full Group Report Out and Discussion

mmitros@vitalysthealth.org
480.740.4780
2019 AZ Environmental Scan:

https://vitalysthealth.us2.list-manage.com/track/click?u=7cd85ea5c8abce401f3036574&id=b790930c8a&e=a62a725ad7

ET3 Resources:

- https://innovation.cms.gov/resources/et3-overview.html
Closing

- Final questions and reflections
- Follow-up and Action Commitments
- Next AZ MIH Network Meeting: Tuesday, April 30th from 9:30 – 11:30 am
  - Sign up if you have not already!