



HHS launches innovative model with new treatment & transport options

Supporting ambulance triage options aims to allow beneficiaries to receive care at the right time and place

In February, the U.S. Department of Health and Human Services (HHS), Center for Medicare and Medicaid Innovation (Innovation Center), which tests innovative payment and service delivery models to lower costs and improve the quality of care, announced a new payment model for emergency ambulance services that aims to allow Medicare Fee-For-Service (FFS) beneficiaries to receive the most appropriate level of care at the right time and place with the potential for lower out-of-pocket costs.

“This model will create a new set of incentives for emergency transport and care, ensuring patients get convenient, appropriate treatment in whatever setting makes sense for them,” said HHS Secretary Alex Azar. This “announcement shows that we can radically rethink the incentives around care delivery even in one of the trickiest parts of our system. A value-based healthcare system will help deliver each patient the right care, at the right price, in the right setting, from the right provider.”

The new model, the Emergency Triage, Treat and Transport (ET3) model, will make it possible for participating ambulance suppliers and providers to partner with qualified health care practitioners to deliver treatment in place (either on-the-scene or through telehealth) and with alternative destination sites (such as primary care doctors’ offices or urgent-care clinics) to provide care for Medicare beneficiaries following a medical emergency for which they have

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IN EVERY ISSUE

- ✓ SAVE THE DATES
- ✓ WELCOME TO EMSC
- ✓ EMSC PUBLICATIONS
- ✓ JOB OPPORTUNITIES
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Maine, Newest EMSC State Partnership Publishes Newsletter

Marc Minkler, Maine EMSC Program Manager, and the Maine EMSC program have initiated a newsletter to be shared statewide (and further!). The goal is to share a consistent message on a regular basis with all stakeholders in EMS, hospitals, and other caregivers. Maine EMSC intends to provide connections to national news, local interest, educational opportunities related to pediatric care. The newsletter is electronically distributed to all EMS providers, hospital liaisons, and various others and is available on the program [website](#).

When asked how he gets it all together, Minkler indicates that “I have colleagues who are physicians, educators, providers and co-workers review it. Thanks to connections made at the NEDARC workshop last year, Amanda Broussard, the Louisiana program manager has also been a sounding board and graciously helped review materials. I took my inspiration from my daughter’s school principal who sends a weekly update that reflects on the past week and upcoming events. I figured if he could do it weekly, the least I could do is monthly. The “deep dive” is where I spend the most time— I am trying to put my educators hat on and explain the whys and hows of protocols or assessments applicable to all levels of EMS. I have received good feedback from providers for the insight and from hospital staff for the perspective.

I am grateful for our partners who share so much info and being in the Maine State EMS office, allowing access to all of the upcoming classes and conferences. The time I spend connecting with clinicians and stakeholders allows the program to become a hub of info for pediatric care.”

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 (Email)

EMSCInnovation@TexasChildrens.org
 (Web)

<http://EMSCImprovement.Center>

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Save the Dates! The EICC website now has an [Events page](#) that includes a list of upcoming events and activities pertinent to the EMSC community. Please bookmark and visit often.

EMSC Town Halls Occur Quarterly: Block your calendar now!

Remaining 2019 calls are scheduled from 3-4 pm ET on May 1, August 14 and November 13, 2019

- **Preparedness Summit 2019: The Evolving Threat Environment** in St. Louis, MO March 26-29, 2019. This conference is the longest running national conference on public health preparedness and will feature experts from the healthcare, emergency management and public health to address the gaps between life-saving industries. **For more information and registration [click here](#).**
- **2019 AAP Legislative Conference** --Mark your calendars! The 2019 AAP Legislative Conference will take place April 7 – 9 in Washington, DC. Each year, the conference brings together pediatricians who share a passion for child health advocacy. Activities include skills-building workshops, guest speakers, learn about policy priorities and go to Capitol Hill to urge Congress to support strong child health policies. **For more information and registration [click here](#).**
- **Joint Commission 2019 Emergency Preparedness Conference** will meet in Washington DC, April 23 & 24, 2019 and focuses on how compliance with Joint Commission standards will help prepare organizations for emergencies and disasters. Registration [open](#).
- [Pediatric Academic Societies](#): April 24-May 1, 2019, Baltimore
- **EMSC Town Hall** – 3-4 pm ET, May 1, 2019
- [National Association of State EMS Officials](#): May 13-16, 2019, Salt Lake City
- [Society for Academic Emergency Medicine](#): May 14-17, 2019, Las Vegas
- **NEDARC's June Tech Talk** will focus on **Creating Effective Posters** for meetings. It will be held on June 27th at 12:00 Noon MST. You may [sign in here](#) at the time of the meeting.
- **EMSC Town Hall** – 3-4 pm ET, August 14, 2019
- **EMSC: A Journey to Improve Pediatric Emergency Care.** The EMSC Program's 2019 All Grantee Meeting, held every other year, will be August 19-23, 2019, at the Hilton Crystal City in Arlington, VA. This EMSC Program conference is an opportunity to interact with EMSC colleagues across the grant spectrum. August 19 & 20 are preconference days. The main conference begins on Wednesday, August 21 and will conclude on Friday, August 23. Watch [this page](#) and your email for further details.
- **EMSC Town Hall** – 3-4 pm ET, November 13, 2019

Resources Available

Please be sure to watch for items of interest to the EMSC Community including **national projects, webinars, and opportunities to support EMS for Children** on the [EICC Facebook page](#) and [Twitter](#). We use these channels to announce items on short notice.

The Emergency Medical Services for Children's Program of DC (EMSC-DC) is recruiting for a Project Manager. See details for the position in [this posting](#).

National Healthcare Coalition Preparedness Conference is calling for abstracts.

The December 2019 Conference theme is **"Taking Coalitions to New Heights."** Abstracts must be submitted by April 12, 2019. For more information, click [here](#).

NEDARC TechTalks are scheduled for the 4th Thursday of the month at 2pm ET (unless otherwise advised). Live TechTalks are intended for EMS for Children Program Managers. Recordings of prior sessions can be found [here](#).

EMSCPulse welcomes articles about people, programs, and initiatives related to emergency medical services for children. Submit to EMSCInnovation@TexasChildrens.org

National EMS Week 2019 is May 19 - 25, 2019

Emergency Medical Services for Children (EMSC) Day on Wednesday, May 22. This year's theme is "BEYOND the CALL." Watch for further information in the coming weeks!

Nominations for 2019 National EMS Awards of Excellence are Open!

Recognize the very best in EMS. Nominate a colleague for the National EMS Awards of Excellence!

Now through June 30, submit your nomination for the **2019 National EMS Awards of Excellence**. Award recipients receive a cash award, a travel grant and free registration to EMS World Expo in New Orleans, LA, and national recognition.

Award categories are:

- **Paramedic of the Year**, sponsored by Nasco
- **EMT of the Year**, sponsored by Braun Industries
- **Educator of the Year**, sponsored by Jones & Bartlett Learning
- **EMS Medical Director of the Year**, sponsored by Bound Tree
- **Military Medic of the Year**, sponsored by North American Rescue



Find nomination forms and selection criteria by visiting [this site](#). Nominations open through June 30.

NHTSA Office of EMS Partners with AHRQ to Research and Update Guideline for Treating Pain

The opioid crisis has raised questions about the best way to address patients' pain in the field. While there's no evidence tying prehospital administration of narcotics to addiction or overdose deaths, finding alternatives to managing pain could reduce the amount of opioids in the field. At the same time, it is critical that patients' pain is not ignored, and safe and effective treatments are available to EMS clinicians.

To help address the issue, the [NHTSA Office of EMS is working with AHRQ experts](#) to examine the research and evidence related to prehospital management of acute pain by EMS. AHRQ has selected researchers at the University of Connecticut Evidence Based Practice Center to steer the effort, which will result in a report that will be used to update the evidence-based guidelines for prehospital analgesia in trauma, [originally published online in 2013](#).

The National Quality Forum (NQF) Draft on Healthcare System Readiness Open for Comment by April 9

The National Quality Forum (NQF) has posted a [draft report](#) (PDF) on Healthcare System readiness with the results of a systematic environmental scan as well as a conceptual framework, which includes the feasibility and strategy to focus future quality measurement on readiness. NQF members and the public may [submit comments](#) on the draft report **through April 9 at 6:00pm ET**.



NATIONAL
QUALITY FORUM

NHTSA Recommends that Daylight Savings Time Should Signal Inspections

Daylight saving time has long been used as a reminder to check smoke detector batteries to protect your home from fire. It's also a time to check for vehicle recalls. Every vehicle recall affects the safety of your car or truck and its drivers, passengers, and others on the road. So add checking for recalls to your spring and fall to-do lists.

The National Highway Traffic Safety Administration recommends that you not only check batteries, but recalls for items such as vehicles, child safety seats and tires as well. See this [web page](#) for more information.

Emergency Triage, Treat and Transport (ET3) Model Continued from page 1

accessed 911 services. In doing so, the model seeks to engage health care providers across the care continuum to more appropriately and effectively meet beneficiaries' needs. Additionally, the model will encourage development of medical triage lines for low-acuity 911 calls in regions where participating ambulance suppliers and providers operate. The ET3 model will have a five-year performance period, with an anticipated start date in early 2020.

"The ET3 model is yet another way CMS is transforming America's healthcare system to deliver better value and results for patients through innovation," said CMS Administrator Seema Verma. "This model will help make how we pay for care more patient-centric by supporting care in more appropriate settings while saving emergency medical services providers precious time and resources to respond to more serious cases."

Currently, Medicare primarily pays for unscheduled, emergency ground ambulance services when beneficiaries are transported to a hospital emergency department (ED), creating an incentive to transport all beneficiaries to the hospital even when an alternative treatment option may be more appropriate. To counter this incentive, the ET3 model will test two new ambulance payments, while continuing to pay for emergency transport for a Medicare beneficiary to a hospital ED or other destination covered under current regulations:

- payment for treatment in place with a qualified health care practitioner, either on-the-scene or connected using telehealth; and
- payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations (such as 24-hour care clinics) other than destinations covered under current regulations (such as hospital EDs).

The ET3 model encourages high-quality provision of care by enabling participating ambulance suppliers and providers to

earn up to a 5% payment adjustment in later years of the model based on their achievement of key quality measures. The quality measurement strategy will aim to avoid adding more burden to participants, including minimizing any new reporting requirements. Qualified health care practitioners or alternative destination sites that partner with participating ambulance suppliers and providers would receive payment as usual under Medicare for any services rendered.

The model will use a phased approach through multiple application rounds to maximize participation in regions across the country. In an effort to ensure access to model interventions across all individuals in a region, CMS will encourage ET3 model participants to partner with other payers, including state Medicaid agencies.

CMS anticipates releasing a Request for Applications in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. In Fall 2019, to implement the triage lines for low-acuity 911 calls, CMS anticipates issuing a Notice of Funding Opportunity for a limited number 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.

Of note, *this Medicare program will only apply to children who have dual Medicare and Medicaid funding initially*. In the future, the EIIC believes that states will be encouraged to work with Medicaid and other payers to move toward adopting this model.

For more information, including fact sheets and a White paper, please visit:

<https://innovation.cms.gov/initiatives/et3/>.

New Report Details States' Emergency Preparedness

The 2019 Trust for America's Health report, "[Ready or Not: Protecting the Public's Health from Diseases, Disasters and Bioterrorism](#)", tracks public health emergency preparedness related to disasters and disease outbreaks in the United States. The report documents progress in the nation's level of preparedness as well as geographical areas still in need of improvement. The report also identifies specific action-steps, that if taken, would improve a state's overall level of emergency preparedness. The 2019 report finds that states have made progress in key areas, including public health funding and participation in coalitions. However, performance in other areas, such as flu vaccination, hospital patient safety, and paid time off for workers, has not improved.

Fun and Games to Break the Ice

Engaging an EMSC Advisory Board can sometimes be a challenge. Louisiana's State Program Manager, Amanda Perry, M.Ed., NRP decided to shake things up a bit at a recent meeting. She chose a communication activity to help the Board warm up to one another in a fun, engaging, and competitive way, which included a purpose too. The activity set the tone for the meeting right off the bat as friendly, welcoming, and not taking themselves too seriously.

Members chose their own partners, but it had to be someone they didn't know well. They agreed on who was in which role -- artist or describer. Sitting back to back, the "artist" had a blank cardstock (green in pics) and a marker. The "describer" had a geometric shape on orange cardstock. The shape was given to the describer so the artist could not see it. The describer had to give the artist instructions/descriptions about the shape. The artist had to draw the shape to scale based on the description given to them. Neither was allowed to say "this is hard." Either could ask any clarifying question they wanted of the other. Neither were allowed to peek at the other's cardstock

With 10 minutes to complete the activity, other instructions included:

- Sit back to back
- One draws, the other gives instructions
- No peeking!
- Draw the image to scale
- The pair with the closest match to the original image is the winner of bragging rights

Upon completion of the task, the group reconvened and responded to three questions (a few responses included):



- What assumptions did each of you make?
 - Response: We assumed we were holding the cardstock the same way (portrait vs. landscape)!
- What questions did you ask one another?
 - Response: How far from the edge of the paper is the shape?
 - Response: What every day object does the shape resemble? (football, rose, placard)
- What was the hardest part about communicating?
 - I couldn't use my hands!
 - It was hard not seeing facial expressions.

The result was free-flow conversation throughout the rest of the meeting and it was effective! The Board generated some great ideas, and they made some decisions necessary to move the needle forward in some key areas!



Targeted Issues Grant Program Update -- The PAR Project: Online Education, Social Media Initiatives and Real Time Performance Reports

The [Performance Adherence Reports \(PAR\) Project](#) aims to improve the prehospital care of pediatric patients in North Carolina in the critical areas of trauma, sepsis, and respiratory distress. Utilizing established performance measures, the PAR Project provides EMS personnel with real-time feedback about their performance in the field and educational resources to support their growth.

PARs are straightforward, online reports that allow EMS providers to examine how well they meet State-wide, protocol-driven performance measures. They summarize the individual provider's performance and allow for quick and easy comparison between themselves, their EMS System, and the state. Providers can choose to view their performance for either pediatric or adult patients, and can search their history to view performance over time. Additionally, providers can access their PARs on any internet-capable device at any time.

Agency-wide PARs are also available for EMS System administrators to evaluate the performance of both their System and by certification level of their providers. This view allows administrators to compare their System performance to that of other similar Systems or the State as a whole.

To address educate EMS administrators and providers about the uses and importance of performance measures and address deficiencies that personnel might become aware of via the use of PARs, our team has developed four online educational courses. These courses have been rigorously reviewed by EMS experts in each area and certified for Statewide CEU credit. Additionally, through partnerships with pediatric specialists at the Medical College of Wisconsin and the University of California Davis, we are producing a [podcast series](#) on these pediatric prehospital topics that can further support providers' education. To promote the use of PARs and educational resources among providers and administrators, a social media campaign has been launched on sites frequented by



users in the average EMS age range: Facebook, Twitter, Instagram, and LinkedIn. These pages are constantly updated with information, news, and events related to the project and pediatric prehospital care. Additionally, we have collaborated with the National Registry of EMTs to disseminate a nation-wide survey to collect information about EMS providers' use of social media.

Targeting seven NC EMS Systems (four rural, three urban), the research team believes this project will be of significant importance on both the local and national level. While researchers and policy makers have disseminated clinical practice guidelines, we have little understanding of methods to successfully implement these guidelines. EMS medicine is in the early stages of identifying how to utilize performance measures and research in this area is in its infancy. Understanding how to deploy and teach providers to integrate standardized performance measures into their practice of prehospital pediatric care may greatly improve the quality of care patients receive through EMS. By implementing a multi-faceted educational and performance improvement campaign in prehospital pediatric care, we hope to explore the benefits of such a delivery mechanism and foster replicability across NC and the nation.

To help support the dissemination of this project, "like" and "follow" us on Facebook (@UNCPAR), Twitter (@UNC_PAR), Instagram (@UNCPAR), and LinkedIn (UNC PAR).

What is FAN Mail? In each issue of the EMSC Pulse, you will find a “FAN Mail” section with information specific to our Family Advisory Network (FAN) members. Each issue will contain announcements, links to resources and highlights of the work being accomplished by the FAN members across the country.

Upcoming Webinar Specifically Targeted to EMSC Family Advisory Network Members

Please join us for an exciting new webinar “Effective Use of Social Media for the EMSC Family Advisory Network (FAN) on **Tuesday, April 16th from 4-5 EST**. To register, please click the link <https://www.surveymonkey.com/r/DYK8V7R>

The webinar will feature Dr. Padma Swamy, a pediatrician at Baylor College of Medicine and Texas Children's Hospital. Dr. Swamy's clinical interests include providing care for vulnerable and underserved children. She is also passionate about using social media for advocacy and has presented

lectures locally and nationally on this topic. You may also follow her [@PadmaGloHealth](#), her personal Twitter account. Please note that this account does not reflect the official views of the EMSC, TCH, BCM or the EIIC.

Social media has many benefits that can support your work:

- Create targeted messages for specific demographics
- Build relationships with your partners and community
- Create word of mouth advocacy
- And its FREE

March is Traumatic Brain Injury Awareness Month

One of the most common types of TBI is a concussion. A concussion is caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.

Resources include: the [Centers for Disease Control and Prevention](#), the [AAP](#) and the [Children’s Safety Network](#). Watch this [great video](#) to learn more about concussions and how it can affect your brain. [Watch this video](#) for more tips on how to buy the correct helmet for your child’s sport, as well as how to ensure proper fit.

General prevention tips:

- Always use age and size appropriate, properly installed car seats and booster seats.
- Wearing a well-fitting and sport appropriate helmet.
- Use stair gates at the TOP and BOTTOM of stairs to prevent falls in infants and toddlers.
- Go to playgrounds with soft material under the equipment such as sand and mulch, not grass or dirt.

To help keep children safe:

- ✓ Use playground equipment that is right for your child's age.
- ✓ Make sure there are guardrails to help prevent falls.
- ✓ Check that playgrounds have soft material under them, such as wood chips, sand, or mulch.
- ✓ Look out for things in the play area that can trip your child, like tree stumps or rocks.

Be HEADS UP on the Playground

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Test your knowledge!

Question Time

Someone with a concussion may report feeling:

- a) nauseous
- b) bothered by light or noise
- c) feeling tired
- d) headache
- e) all the above

To submit your answer and start a [#concussiondiscussion](#) visit and follow the EMSC on Twitter [@EMSCImprovement](#), on Instagram [@EMSCIIC](#) or [Facebook](#)

FANs -- Let us see you in Action!

If you have pictures or content you wish to share on the EIIC Facebook page and Twitter, please [email Cassidy Penn](#) at the EIIC.