

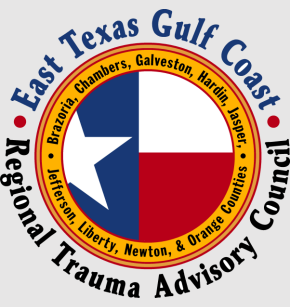


EMS Committee

September 2019

Agenda

- RAC-R Goals
- GETAC – September 2019
- GETAC Committee Applications
- ET3 Update





RAC-R Goals

Short Term Goals

- Develop and implement a more detailed EMS needs assessment
- Place New Membership Orientation packet on the RAC website
- Develop a regional perinatal plan
- Develop a regional educational program to improve the knowledge and skills of pre-hospital providers in perinatal care

Long Term Goals

- Provide guidance and assistance for successful designation for all Maternal facilities in the region by September 1, 2010
- Update Membership Orientation packet
- Facilitate a hospital data collection workshop
- Work to establish a plan to transmit EKG's to hospitals for the region (see current goals)
- Keep CE goal (see current goals)
- Plan and present trauma seminar
- Present regional educational program to improve the knowledge and skills of pre-hospital providers in perinatal care



GETAC EMS Committee Agenda

Agenda Items

- EMS Leadership Resources to be shared on DSH Website
- Increasing Medical Director involvement (joint workgroup with EMS Medical Directors)
- Use of Lights & Sirens Workgroup
- EMS agency response standards → contract/community requirements
- EMS Transition of Care Task Force (handoff to Air-Medical)
- EMS Peer Assistance Program
- Video recording inside ambulances & use of body cameras

Meeting Details

Thursday, September 26th,
2019

10:30 AM

Wyndham Garden Austin
3401 South IH 35
Austin, Texas 78741



GETAC Committee Applications

GETAC Council

- Zero Council Members from RAC-R
- Vacancies
 - Certified Paramedic
 - Public Member
 - Registered Nurse
 - RN with Trauma Expertise
 - Stand-Alone EMS agency

GETAC Committee

- RAC-R Representation
 - Lucille Maes – Air Medical & Specialty Care Transport
 - James Jones – EMS
 - Nathan Jung – EMS
 - Dave Ferguson – EMS
 - Ronald Mlcak – Pediatric
 - Kathy Rodgers – Trauma Systems

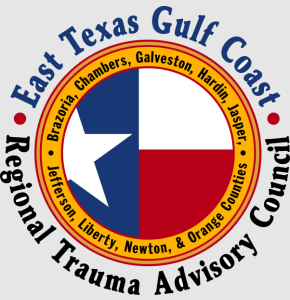
Applications Details

Due – September 30, 2019

[Download Application](#)

Committees

- Air Medical & Specialty Care Transport
- Cardiac Care
- Disaster/Emergency Preparedness
- EMS
- EMS Education
- EMS Medical Directors
- Injury Prevention & Public Education
- Pediatrics
- Stroke
- Trauma Systems



ET3 Update – Due September 12, 2019

ET3 Model Participant Partnership Guide

What partnerships are required?
 ET3 Model applicants are required to partner with at least one alternative destination. Additionally, at least one model intervention must be available 24 hours per day. Applicants that choose to only partner with alternative destination(s) must ensure an alternative destination is available 24/7; those that opt to also offer treatment in place must ensure that either an alternative destination, treatment in place intervention, or combination of the two, is available 24/7.

Required Partners	Optional Intervention	Recommended Relationships
Alternative Destinations	On site Treatment in Place Practitioner	Non Medicare Payers
	Telehealth Treatment in Place Practitioner	911 Dispatches

How can we prepare now to implement the ET3 Model?

- Assess Internal Capabilities**
 - Determine your capacity (e.g., staffing, protocols) to provide the required alternative destination intervention
 - Assess capacity and interest in the treatment in place option
- Identify ET3 Model Partners**
 - Identify existing or potential partners in your community that can serve as either alternative destinations or treatment in place practitioners
 - Verify organization and/or its providers are Medicare-enrolled
 - Verify hours of operation and how, together, the partners will meet 24/7 requirement
- Conduct Outreach to Start or Alter a Partnership**
 - Reach out to identified organizations to share ET3 Model information and materials
 - Communicate model implementation strategy (e.g. chosen region)
 - Determine partners' capacity to accept ambulance transports as an alternative destination, or capacity to provide treatment in place on-site or through telehealth
- Obtain Letters of Intent**
 - Request a letter of intent from each chosen entity
 - Ensure it includes all information required in the Request for Applications (RFA)
- Complete Application**
 - Complete your application on the ET3 Model website
 - Attach letters of intent (LOIs)
 - Submit your application

ET3 Model Participant Partnership Guide

Information and Tips for Recommended Relationships

While not required, it is highly recommended that ET3 Model applicants form or expand relationships with non Medicare payers in their region and that they consider working with governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in their community.

Non-Medicare Payers

Applicants may engage regional payers such as Medicaid Fee-for-Service or managed care plans, Medicare Advantage plans, commercial insurance plans, or other payers in order to set forth a multi-payer alignment strategy.

Rationale:

- Participants who implement model interventions across multiple payers will be in the best position to achieve ET3 Model cost and quality goals.

Requirements:

- Each applicant must describe its strategy for engaging other payers in its proposed service area, or explain how it would successfully implement the model for Medicare Fee-for-Service beneficiaries only.
- The strategy must include the proposed payers, a timeline for implementing payment of ET3 Model EMS innovations with each payer, and a plan for identifying eligibility to receive services through the model.
- Letters of intents should include a description of their capacity to align with the ET3 Model.

Resources:

- The RFA outlines information to be collected from payers and included as part of the application.
- CMS will support the goal of multi-payer alignment by providing targeted activities to state Medicaid programs.

911 Dispatches

Local governments, their designees, or other entities that operate or have authority over a 911 dispatch system in a region or regions in which ET3 Model participants have been selected can apply through a Notice of Funding Opportunity (NOFO) for development or expansion of a medical triage line. Participants are encouraged to work together with these entities.

Rationale:

- Implementation of a medical triage line can reduce inappropriate initiation of ambulance services, increase efficiency in EMS systems where participants operate, and allow for faster emergency response to the most time-sensitive cases.

Requirements:

- Each applicant must describe their current unscheduled, emergency ambulance services capacity, including the number of 911-dispatch generated ambulance transports conducted annually; the proportion of total transports per year that are in response to 911 dispatch and the number of emergency transports of Medicare Fee-for-Service beneficiaries.

Resources:

- After model launch, the ET3 Model learning and diffusion system will support participants, their partners, and Cooperative Agreement awardees (911 dispatches and triage lines) to identify and implement best practices through peer-to-peer knowledge sharing.

For more information on forming partnerships and the ET3 Model, please visit <https://innovation.cms.gov/initiatives/et3/>