COMMONWEALTH of VIRGINIA
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April 9, 2020

Virginia EMS Stakeholders:

The current Coronavirus 2019 (COVID-19) pandemic has put stress on healthcare providers all over the world. In addition, patients are crowding (and often overcrowding) healthcare facilities and especially Emergency Departments (ED) located in those facilities.

On March 30, 2020, Center for Medicare and Medicaid Services (CMS) released notification of the issuance of several temporary regulatory waivers to allow for maximum flexibility to respond to the COVID-19 pandemic. Included in that notification is an expansion of the list of allowable destinations for ambulance transports, including any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished.

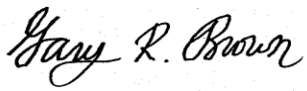
In an effort to reduce the number of patients being transported to ED that could receive appropriate care at an alternate (non-emergency department) medical facility, the Virginia Office of Emergency Medical Services (OEMS) is providing guidance in the form of a white paper to both EMS agencies and facilities considered to be allowable destinations for ambulance transports under the CMS guidance.

The white paper includes guidelines for agencies transporting patients to alternative sites, the protocols that outline the transportation options, funding for transportation to an alternate site, as well as further considerations for transportation to an alternate site.

Questions related to the transportation of patients to alternative sites by EMS agencies may be forwarded to Tim Perkins, Manager of the Division of Community Health & Technical Resources (CHaTR) at tim.perkins@vdh.virginia.gov.

Again, thank you for all you do in support of Virginia's EMS System. Your dedication and service to Virginia during these extraordinary times is truly remarkable.

Sincerely,



Gary Brown, Director
Virginia Office of EMS

Virginia Department of Health, Office of EMS
Transportation of Patients to Alternate Sites
April 9, 2020

Background:

The current Coronavirus 2019 (COVID-19) pandemic has put stress on healthcare providers all over the world. In addition, patients are crowding (and often overcrowding) healthcare facilities and especially Emergency Departments (ED) located in those facilities.

On March 30, 2020, Center for Medicare and Medicaid Services (CMS) released notification of the issuance of several temporary regulatory waivers to allow for maximum flexibility to respond to the COVID-19 pandemic. Included in that notification is an expansion of the list of allowable destinations for ambulance transports, including any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished.

These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, Critical Access Hospital (CAH) or Skilled Nursing Facility (SNF), community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other location furnishing dialysis services outside of the end stage renal disease (ESRD) facility, and the beneficiary's home.

The CMS fact sheet related to this announcement can be found at the link below:
https://www.cms.gov/files/document/covid-ambulances.pdf

In an effort to reduce the number of patients being transported to ED that could receive appropriate care at an alternate (non-emergency department) medical facility, the Virginia Office of Emergency Medical Services (OEMS) is providing guidance to both EMS agencies and facilities considered to be allowable destinations for ambulance transports under the CMS guidance, including any destination that is able to provide treatment to the patient in a manner consistent with state and local EMS protocols in use where the services are being furnished.

The American College of Emergency Physicians (ACEP) defines urgent care facilities as:
"…a walk-in clinic focused on the delivery of medical care for minor illnesses and injuries in an ambulatory medical facility outside of a traditional hospital-based or freestanding emergency department. Other names for similar types of facilities include, but are not limited to: after hours walk-in clinics, minute clinics, quick care clinics, minor emergency centers, and minor care clinics."

Virginia is home to dozens of urgent care facilities, both in rural and urban areas. The capabilities of, and services offered by urgent care facilities varies greatly. What one facility may offer in a geographic location may not be the same as those offered by a similar facility in that area, or anywhere in Virginia.

In addition, during the 2020 session of the Virginia General Assembly, Senate Bill 301 (SB301) was introduced by Senator William Stanley, Jr. SB301 proposed that the Virginia Board of Health "develop regulations for when emergency medical services agencies in medically underserved areas as defined by the Board may transport patients to 24-hour urgent care facilities or appropriate medical care facilities other than hospitals."

The full text of SB301 can be found at the link below:
https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+SB301ER+pdf

Also, In 2019, the CMS released information related to a new program, known as the Emergency Triage, Treat, and Transport (ET3) model. 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 CMS will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital 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 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.

While several EMS agencies in Virginia were selected for the pilot phase of ET3, this process is still in it's infancy, and is not applicable to all agencies in Virginia. In addition, on April 8, 2020, CMS announced that "As CMS and ET3 Model selected applicants work to respond to needs due to COVID-19, CMS has decided to delay the start of the ET3 Model from May 1, 2020 until Fall 2020."

Guidelines for EMS Agencies Regarding Transportation Options to Alternate Sites

OEMS acknowledges that the needs of one EMS system may vary significantly from those of another EMS system. Similarly, the number of medical care facilities, as well as their capabilities, are varied across Virginia.

It is incumbent upon all the EMS agencies in the state to determine if any facilities that meet the CMS criteria exist in their service area, and what their capabilities are. It is also equally important for EMS agency leadership (including Operational Medical Directors) to work collaboratively with the leadership of those facility(ies) to determine which patients can be adequately treated by those facilities versus being transported elsewhere for more definitive care, as well as the development of protocols to properly outline that process.

Protocols Outlining Transportation Options to Alternate Sites

It is the opinion of OEMS that the development of protocols for triage of patients that may meet criteria for transport to an alternate site are ultimate responsibility of the agency Operational Medical Director, in collaboration and agreement with the leadership of each facility. Protocols should take into consideration the operating hours of the facility, it's capabilities, as well as time and distance to facilities that may provide more definitive care.

Funding For Transportation to an Alternate Site By An EMS Agency

In addition to the CMS guidance, it is the hope of the OEMS that the EMS community continue to work with other insurance payors and health systems to determine ways in which reimbursement can be achieved consistently.

Further Considerations with Transportation to an Alternate Site by an EMS Agency

Inclusion of stakeholders is key with the development and deployment of a "Just In Time" protocol or policy. For example, ensuring adequate communication with public safety answering points (PSAPs) concerning the criteria and conditions for EMS transport to an alternate site. Additionally, communication with hospital emergency departments that frequently receive patient from the EMS agency to ensure they too understand the implications of Alternative Destination policies/protocols and any role they may have. Finally, patient care documentation should still be completed and fully reflect destination decisions and determination based upon alternative destination transport.

For documentation purposes, EMS agencies shall use to use 107--Non Hospital in the following elements:
eDisposition.01 - Destination/Transferred To, Name
eDisposition.02 - Destination/Transferred To, Code

The Office of EMS continues to monitor the ongoing situation regarding the spread of COVID-19. For more information please visit the link below:
http://www.vdh.virginia.gov/emergency-medical-services/coronavirus-2019-covid-19/